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I recently completed a consultation report regarding materials provided for my review. The report ended with a description of the treatment-related factors that might be relevant given the family conflict issues evidenced in the materials I reviewed. As part of this report, I also provided an Executive Summary that briefly highlighted the issues described in the main body of the report.

The discussion of the treatment-related factors is based on established principles and models of psychotherapy, and this discussion may be of broader interest generally to targeted parents and other professionals.

I am therefore making this excised portion of my executive summary and consultation report available to help educate targeted parents, legal professionals, and mental health professionals regarding the type of treatment-related factors that may need to be considered in addressing an induced suppression of the child's attachment bonding motivations toward a normal-range and affectionally available parent that results from a cross-generational coalition of the child with a narcissistic-borderline parent against the other parent.

Executive Summary: Treatment Factors

- Professional psychology contains no defined model for “reunification therapy.” A form of psychotherapy called “reunification therapy” does not exist in professional psychology.
- A more applicable term referencing an existing form of psychotherapy is family systems therapy.
- A primary construct in family systems therapy is the child's *triangulation* into the spousal conflict. One prominent form of the child's triangulation into the spousal conflict is through the formation of a cross-generational coalition with one parent against the other parent.
- The pathology of a cross-generational coalition (called a “perverse triangle” by the preeminent family systems therapist, Jay Haley) is a covert and hidden form of family pathology (“there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition” - Haley, 1977).
- The treatment for a cross-generational coalition is to expose the covert and hidden parent-child alliance into general awareness and seek the active cooperation of the allied parent in releasing the child from the coalition.
- If the allied parent does not acquire insight into his or her role in creating the cross-generation coalition with the child, alternative treatment plans will need to be developed that protect the child from becoming a “psychological battleground” between

the goals of therapy to restore a normal-range affectional parent-child relationship with the targeted parent, and the continuing goals of the allied pathogenic parent to maintain the child's symptomatic hostility and rejection of the targeted parent.

- Alternative treatment models may involve a period of Court-ordered protective separation of the child from the pathogenic parenting of the allied parent that is creating significant pathology in the child. This period of Court-ordered protective separation would allow therapy to restore and stabilize the child's normal-range affectional attachment bond to the targeted parent while protecting the child from becoming a "psychological battleground" as a result of the contrary psychological pressures imposed on the child by the manipulative pathogenic parenting of the allied narcissistic parent in the cross-generational coalition.
- An alternative treatment model may involve a Strategic family systems intervention that provides a prescriptive intervention that alters and disrupts how the child's symptom confers power within the family.
- Brief-intensive psychoeducational interventions exist that can restore the normal-range functioning of the child's attachment system within a matter of days. The child's recovery still needs to be stabilized with follow-up therapy through a period of protective separation from the pathogenic parent to prevent relapse.

Reunification Therapy

By way of clarification, the term "reunification therapy" is a lay term with no correspondence to any existing form of psychotherapy. Nowhere in any of the professional literature is there any description or model offered for what defines and entails a form of therapy called "reunification therapy." In professional clinical psychology; no such thing as "reunification therapy" exists. In all of the professional literature, there is no definition of what "reunification therapy" entails, and there is no mental health theorist who has ever described a model for "reunification therapy."

There are four principle schools of psychotherapy, 1) psychodynamic, 2) cognitive-behavioral, 3) humanistic-existential, and 4) family systems. Of these four established and defined forms of psychotherapy, family systems therapy is the most appropriate for addressing and resolving family relationship conflicts.

Within family systems therapy, there are two primary models, *Structural* family systems therapy (principle theorist: Salvador Minuchin), and *Strategic* family systems therapy (principle theorists: Jay Haley and Cloe Madanes). Additional family systems therapy models have also been defined by other family systems theorists.

Since "reunification therapy" is not a defined form of therapy in clinical psychology, Court orders for "family therapy" instead of "reunification therapy" would provide a more accurate directive.

Family Therapy

One of the primary constructs in family systems therapy is the child's "*triangulation*" into the spousal conflict by one or both of the parents (turning the two-person spousal conflict into a three-person triangulated conflict). There are two forms of triangulation:

1. **Parental Alliance Against the Child.** In this form of triangulation, the parents join together in a coalition against the child (who becomes the "identified patient"). This form of triangulation typically occurs when the inter-spousal conflict threatens the marital unit with divorce. The spousal conflict that is threatening the marital unit with divorce is therefore "diverted" onto a focus on the child's behavior problems, thereby uniting the spousal couple in their shared concern over the child's behavior problem. In this form of triangulation, it is important to resolve the marital conflict as a means of resolving the child's presenting behavioral problems.
2. **Cross-Generational Coalition.** In this form of triangulation, one parent joins with the child in a cross-generational alliance against the other parent (called a "perverse triangle" by Haley). This form of triangulation typically occurs when one spouse cannot directly express anger at the other spouse, and so instead diverts the *spousal anger* through the child. In this type of triangulation, the child's behavior problems with the targeted parent represent the expression of the allied parent's *spousal* anger toward the other *spouse*, which is being redirected through the parent's alliance with the child.

The cross-generational coalition of one parent with the child against the other parent is a covert and hidden family pathology, and the parent-child alliance is denied by the child and allied parent. The typical presentation by the child and the allied parent (the supposedly "favored" parent) is that it is the problematic parenting of the targeted parent that is creating the child's behavior problems. Two prominent features of family relationships, however, can help identify the presence of a cross-generational coalition of a parent with the child against the other parent:

1. **Inverted Hierarchy:** An inverted parent-child hierarchy in which the child sits in judgement of the parent's adequacy as a person and parent reflects the child's over-empowerment in the family through the support the child is receiving from the allied and supposedly "favored" parent.
2. **Selective Parental Incompetence:** Since the child's behavior problems toward the targeted parent are pleasing to the allied parent, the allied and supposedly "favored" parent must covertly support the child's behavior toward the other parent while maintaining deniability regarding the cross-generational coalition. This deniable support is achieved through selective parental incompetence, in which the allied and supposedly "favored" parent claims that there is nothing he or she can do about the child's behavior problems with the other parent.

Oftentimes, this selective parental incompetence by the allied and supposedly "favored" parent is accompanied by displays of parental "understanding" and sympathetic nurturance for the child's supposed frustration and anger toward the other parent. Instead

of providing proper parental discipline and correction for the child's misbehavior with the other parent, the allied and supposedly "favored" parent takes the child's side and provides the child with nurture and comfort. In nurturing the child who is being oppositional and defiant of the other parent, the allied parent defines a polarity of the "good parent" and the "bad parent." As the "good parent" in this fabricated polarity, the allied and supposedly "favored" parent takes the child's side and justifies the child's anger and hostility toward the other parent as being legitimate (since the other parent is supposedly the "bad parent").

Treatment Plans

Treatment for a cross-generational coalition first requires that the hidden and covert parent-child coalition be exposed and acknowledged. Therapy then relies on fostering the allied parent's insight and empathy for the child to allow this parent to voluntarily discontinue the parent-child alliance and free the child to have an independent relationship with the other parent. This is often accompanied by helping the formerly allied parent more directly express and resolve his or her *spousal* anger toward the other spouse, thereby relieving the need for this parent to divert his or her spousal anger through the child.

If the allied parent cannot develop insight into the cross-generational coalition and continues to deny its existence even though "there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition" (Haley, 1977),¹ then an alternative treatment approach needs to be developed. The challenge is that while therapy is creating change in the child of restoring an affectionally bonded relationship with the targeted parent, the allied parent will be placing equal or greater psychological pressure on the child to maintain the child's symptomatic rejection of the targeted parent. This will essentially turn the child into a "*psychological battleground*" between the goals of therapy to restore a positive and affectionally bonded relationship with the formerly targeted-rejected parent, and the goals of the allied parent to maintain the child's symptomatic rejection of the targeted parent.

In order to psychologically protect the child during therapy when the allied parent will not release the child from the parent-child coalition, a Court order for a period of protective separation from the pathogenic parenting of the allied parent may be needed to allow family therapy to restore the child's normal-range and healthy affectionate bond to the targeted parent while preventing the allied pathogenic parent from applying equal or greater psychological pressure on the child to maintain the child's symptomatic state.

¹ Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

From Haley: "The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two... In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By 'coalition' is meant a process of joint action which is *against* the third person... The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition... In essence, the perverse triangle is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological." (p. 37)

Strategic Family Systems Therapy

An alternative treatment approach might be available through a Strategic family systems intervention. A basic construct of Strategic family systems therapy is that the symptom confers power. To eliminate the symptom, Strategic family systems therapy develops a prescriptive intervention which, when it is enacted, will alter how the child's symptom is conferring power within the family.

In a cross-generational coalition, the child's symptom confers power to the allied parent to inflict emotional suffering on the other parent (anger and revenge) and in some cases to nullify Court orders for shared joint custody ("What can I do? I can't force the child to go on visitations with the other parent."). A Strategic family systems intervention would present a prescriptive plan that interferes with how the child's hostility and rejection toward the targeted parent confers power to the allied and supposedly "favored" parent.

One approach might be to establish by Court order a plan whereby the child's custody time with the allied and supposedly "favored" parent is made contingent upon the child's cooperation and affectional bonding to the formerly targeted parent. Under such a plan, the child's hostility and non-cooperation with the targeted-rejected parent would confer more custody time to the targeted-rejected parent in order to "work on their relationship problems." In order for the child to earn time with the formerly allied and supposedly "favored" parent, the child would have to display cooperative and pleasant behavior with the formerly targeted-rejected parent. In applying this prescriptive intervention, the child's symptom would no longer confer power to the allied parent (the ability to nullify Court orders for shared custody) but would now confer power (i.e., more custody time) to the targeted parent. Once the child's symptom no longer confers power within the dysfunctional family pathology, it will drop away.

In such a Strategic family systems intervention, the child would be removed from the loyalty conflict created by the triangulation. Instead, the child's bonding to the targeted parent would become an expression of loyalty to the allied parent by increasing the child's custody time with the allied parent. The child could be "loyal" to the allied parent by bonding with the other parent.

If, even through the Strategic family systems intervention, the allied parent continues to maintain the cross-generational coalition with the child and continues to require that the child maintain his or her hostility and rejection toward the other parent out of "loyalty" to the allied parent, then prominent professional concerns emerge regarding the profound failure of parental empathy and the level of parental pathology being expressed by the allied parent which then warrant *child protection* considerations.

Child Protection

Pathogenic parenting that is creating significant developmental pathology, personality pathology, and psychiatric pathology in the child in order to meet the emotional and psychological needs of the allied parent may rise to the level of child psychological abuse (i.e., a DSM-5 diagnosis of V995.51). Whenever pathogenic parenting is creating significant pathology in the child as a means to meet the emotional and

psychological needs of the parent, professional considerations change from those of child custody and visitation to prominent child protection concerns.

The appropriate response to all forms of child abuse, physical child abuse, sexual child abuse, and psychological child abuse, is to protectively separate the child from abusive parent, treat the consequences of the abuse, and then restore the child's relationship with the formerly abusive parent under proper therapeutic guidance and monitoring. During the period of protective separation, the standard treatment approach is to require that the abusive parent seek collateral therapy to gain and demonstrate insight into the causes of the prior abuse, so as to reassure the treatment team that the abuse will not continue when the child's relationship with the abusive parent is restored.

This is the standard mental health response to all forms of abusive parenting; physically abusive parenting, sexually abusive parenting, and psychologically abusive parenting. Pathogenic parenting that is creating significant psychopathology in the child in order to meet the parent's emotional and psychological needs shifts the professional considerations from those of child custody and visitation to those of child protection.

Progressive Approach to Intervention

A progressive stepwise approach to intervention with a cross-generational coalition might involve the following stages:

Stage 1: Eliciting Insight & Cooperation:

The hidden and covert cross-generational coalition is exposed and discussed in therapy with the allied parent, whose insight and cooperation is sought in voluntarily releasing the child from the cross-generational coalition against the other parent.

If the allied parent fails to demonstrate insight and fails to release the child from the cross-generational coalition to allow therapy to restore the child's normal-range affectional bond to the other parent, then intervention proceeds to Stage 2.

Stage 2: Strategic Family Systems Intervention:

With the support of Court orders, a Strategic family systems intervention is implemented in which the child's custody time with the formerly allied and supposedly "favored" parent is made contingent upon the child's behavior toward the formerly targeted parent. The implementation of the Strategic family systems intervention would be supervised by a expert mental health professional who would provide timely treatment progress reports to the Court.

If the allied parent continues to require the child's "loyalty" to the cross-generational coalition and does not release the child from the cross-generational coalition to allow therapy to restore the child's normal-range affectional bond to the other parent, then intervention proceeds to Stage 3.

Stage 3: Protective Separation & Treatment:

A period of Court-ordered protective separation of the child from the *pathogenic parenting* of the allied parent is initiated to:

1. Allow therapy to restore the child's normal-range and affectionally bonded relationship with the formerly targeted parent;
2. Protect the child from becoming a "psychological battleground" between the goals of psychotherapy to restore an affectional parent-child bond with the formerly targeted parent, and the goals of the allied parent in the cross-generational coalition to maintain the child's symptomatic hostility and rejection of the formerly targeted parent.

Stage 4: Reunification with the Pathogenic Parent

Once the child's symptoms have been resolved and the recovery of the child's normal-range and healthy functioning has been achieved and stabilized, the pathogenic parenting of the formerly allied parent is reintroduced under therapeutic monitoring to ensure that the child does not relapse upon re-exposure to the pathogenic parenting of the formerly allied parent.

During the period of Court-ordered protective separation, the allied parent in the cross-generational coalition is required to obtain collateral therapy with the goal of helping this parent develop insight into their prior role in establishing and maintaining the cross-generational coalition with the child, and insight into the destructiveness of this coalition to the child's healthy emotional and psychological development.

Brief-Intensive Interventions

Brief-intensive psychoeducational parent-child interventions are available that can quickly and gently restore the child's normal-range attachment bonding motivations within a matter of days (such as the *High Road to Family Reunification* protocol of Pruter). These psychoeducational workshop interventions involve presenting a sequenced set of videos depicting family stories, much as one might see on Saturday morning family television, along with structured family communication and problem-solving activities that will effectively restore the normal-range functioning of the child's attachment system which has been distorted by the pathogenic parenting of an allied narcissistic parent. These brief-intensive interventions typically require a period of Court-ordered protective separation from the pathogenic parenting of the allied parent and follow-up therapeutic stabilization of the child's recovery in order to prevent relapse due to the child's premature re-exposure to the pathogenic parenting of the allied parent.

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