

## Stimulus Control and Identifying Inauthentic Parent-Child Conflict

The authenticity of parent-child conflict is easily determined through the psychological construct of “stimulus control”:

From Wikipedia: “**Stimulus control** is said to occur when an organism behaves in one way in the presence of a given stimulus and another way in its absence. For example, the presence of a stop sign increases the probability that "braking" behavior will occur.”

As referenced in the definition, the construct of stimulus control is typically explained through the analogy of a traffic light (i.e., the stimulus). Our driving behavior is under the stimulus control of the traffic light; if the light – the stimulus - is green we go, if the light is red we stop. Our driving behavior is under the **control** of the **stimulus** of the traffic light.

Stimulus Control: When the stimulus changes, our behavior changes.

In authentic parent-child conflict, the child’s behavior is under the **stimulus control** of the parent’s behavior. In authentic parent-child conflict, if we change the parent’s behavior then we will see a corresponding change in the child’s behavior, because the child’s behavior is under the **stimulus control** of the parent’s behavior.

In inauthentic parent-child conflict, on the other hand, the child’s behavior is **not** under the stimulus control of the parent. This means that if we change the parent’s behavior the child’s behavior remains unchanged. This would represent strong clinical evidence that the parent-child conflict is **not** authentic.

There are two possible hypotheses for inauthentic parent-child conflict in which the child’s behavior is **not** under the stimulus control of the parent’s behavior:

1. **Inherent Child Vulnerability:** The child may be the sole cause of the parent-child conflict because of some inherent child vulnerability, such as autism, or ADHD, or sensory-motor processing deficits, that is leading to the parent-child conflict.

In this type of situation, the treatment is to alter the parent’s behavior to become more responsive to the child’s inherent vulnerabilities (for example we might work with the parent to set up various reward and punishment contingencies based on the child’s behavior). When we do this, we will then see a corresponding change in the child’s behavior because we will have then achieved **stimulus control** over the child’s behavior.

2. **Cross-Generational Coalition:** The other possibility for the absence of parental stimulus control over the child’s behavior is that the child is being **triangulated** into the spousal conflict between the husband and wife through the formation of a **cross-generational coalition** with one parent against the other parent.

In this case, the child's conflict with the targeted parent is being induced and supported by the allied parent in the cross-generational coalition, so that the *stimulus control* for the child's conflict with the targeted parent is in the support this parent-child conflict receives from the allied parent in the coalition.

When the stimulus control for the parent-child conflict with one parent is in the response this parent-child conflict receives from the other parent (i.e., a *cross-generational coalition* with one parent against the other parent) then it doesn't matter how much we may change the behavior of the targeted parent, the child's behavior will remain unaffected. If our driving behavior is not under the stimulus control of the traffic light, then it doesn't matter if the light is red, or green, or blue, or purple, our driving behavior will remain unaffected. We could change the color of the traffic light forever and produce no change on our driving behavior because our driving behavior is **not** under the stimulus control of the traffic light.

Similarly, if the child's behavior is not under the stimulus control of the targeted parent with whom the child is in conflict, then we can change the targeted parent's behavior forever without producing any change in the child's behavior. The focus of treatment needs to be on the correct locus of stimulus control for the child's behavior. In order for treatment to be successful, we need to correctly identify the location of stimulus control for the child's behavior and then change that stimulus to change the child's behavior.

In a *cross-generational coalition*, the stimulus control for the child's conflict with the targeted parent is the tacit and covert support the parent-child conflict with the targeted receives from the allied parent in the cross-generational coalition. So in order to resolve the parent-child conflict with the targeted parent, therapy must alter the stimulus (the tacit and covert support) the child is receiving from the allied targeted parent.

The typical treatment strategy is to expose the hidden cross-generational coalition of the child with the allied parent and to have this (covert) coalition openly acknowledged as being responsible for the child's conflicts with the targeted parent. We then convince the allied parent to release the child from the cross-generational coalition, thereby allowing the child's behavior to come back under the stimulus control of the targeted parent.

If the allied parent does not acknowledge the coalition or does not release the child from the coalition, then treatment becomes highly intractable. Efforts to return the child to normal-range behavior will be met with equal or greater countervailing psychological pressure on the child from the allied parent seeking to keep the child in symptomatic conflict with the targeted parent. Treatment efforts that do not involve the release of the child from the cross-generational coalition will therefore turn the child into a "psychological battleground" between the goals of therapy to restore healthy normal-range development and the goals of the allied parent to keep the child symptomatic.

Turning the child into a "psychological battleground" between the goals of therapy and the goals of the allied parent will be psychologically harmful for the child. Therapy should therefore be ended under Standard 10.10 of the APA ethics code which requires termination of therapy that is not likely to be effective or that will be harmful. Therapy can be resumed once the proper protections are established to prevent the child from being turned into a "psychological battleground."

## Inverted Hierarchy

In addition to the absence of stimulus control over the child's behavior, one of the other highly prominent symptom indicators of a cross-generational coalition is an "inverted family hierarchy" in which the child is elevated and over-empowered in the family hierarchy to a position of judging the parent.

In healthy family hierarchies, parents exercise executive leadership in the family and children are expected to show age-appropriate cooperation with the executive leadership of their parents. In healthy families, parents judge children's behavior as appropriate or inappropriate and parents deliver consequences to their children based on these parental judgements. This is called parenting.

In an inverted family hierarchy, children are empowered within the family dynamics into a position of judging the parent, and children in an inverted hierarchy punish their parents for the children's judgements of parental failures. The child's over-empowerment to a status above that of the parent is the product of the child drawing power and support from the child's coalition with the allied parent in the cross-generational coalition. An ***inverted family hierarchy*** in which the child is empowered to judge the adequacy of a parent represents a strong clinical indicator of a cross-generational coalition as being the responsible cause of the parent-child conflict with the targeted parent.

**Defiance of Court Orders:** Child defiance of Court orders can also be a symptom feature of the child's over-empowerment in the family hierarchy (social hierarchy) through a cross-generational coalition with one parent against the other parent, in which the child feels entitled by the coalition with one parent to disregard the authority of the Court regarding custody and visitation orders with the other parent.

In some cases, this over-empowerment in the family hierarchy may be the result of parental abdication of authority (such as occurs with chronic juvenile delinquency; DSM-5 Conduct Disorder). In these cases the child displays a variety of anti-social behaviors such as theft, assault, and drug use. However, when the defiance of Court orders occurs in a child who is otherwise well-behaved at school and cooperative with the supposedly "favored" parent, then the child's selective defiance of Court orders is strongly indicative clinical evidence of a cross-generational coalition with the supposedly "favored" parent who is providing tacit support for the otherwise well-behaved child's defiance of Court orders.

A telling associated feature of such covert parental support from a cross-generational coalition for the child's defiance of Court orders is that the child's defiance confers benefit to the allied parent in the coalition. In the juvenile delinquency version of child defiance of Court orders the child's behavior only confers benefit to the child (such as through theft or intimidation of others), but is of no benefit to the parent.

**Nullification of Parenthood:** In some cases of the child's over-empowerment in the family hierarchy, the child's elevated status above the targeted parent achieves such a degree that it even nullifies the parental status of the child's parent. In these cases the child will stop referring to the parent as "mom" or "dad" and will begin

using the parent's first name when referring to the parent. So, for example, instead of saying:

"My father tells me to clean my room"

the child will instead use the parent's first name:

"Michael tells me to clean my room."

This use of the parent's first name is a symptom indicator of the nullification of the parent as a parent and reflects a psychological equivalency of the child to the parent in the family hierarchy. The nullification of the parent as a parent is a product of the child's over-empowerment in the family hierarchy to a position above that of the parent and is strongly suggestive clinical evidence of a cross-generational coalition with the allied and supposedly "favored" parent that empowers the child into an inverted family hierarchy with the other parent.

### Selective Parental Incompetence

A third diagnostic indicator of a cross-generational coalition is the appearance of selective parental incompetence by the allied parent in the coalition in being unable to provide appropriate parental guidance and discipline to the child relative to the child's conflicts with the other parent. Typically, this selective parental incompetence of the allied parent will place the child out front and will empower the child's "decisions" regarding the conflict with the other parent, and will typically be evidenced in a variant of the phrase:

"What can I do? It's not me, it's the child who... xyz."

This type of phrase evidencing selective parental incompetence reflects an abdication of parental executive leadership and is typically accompanied by allegedly impotent parental protestations of supposed support for the other parent that expose the allied parent's complete incompetence in altering the child's problematic behavior:

"I tell the child to try to get along with the other parent (to go on visitations with the other parent), but what can I do? I can't **force** the child get along with the other parent."

The characteristic use of the term "force" when referring to the child's **cooperation** with the parental directives of the allied and supposedly "favored" parent is symptomatically revealing of the presentation by this parent of selective helplessness and parental incompetence by **over-empowering the child's decision making** (i.e., placing the child in front). The child in these circumstances is typically cooperative with the allied parent with all other parental directives, but in this particular situation the child evidences a distinctive *selective defiance* of the supposed wishes of the allied parent to "get along with the other parent" (or go on visitations with the other parent) in this one circumstance.

Also a telling symptom indicator, as it is with the otherwise well-behaved child's selective defiance of Court orders, is that the child's supposedly selective defiance of the directives of the allied and supposedly "favored" parent confer advantage to the allied parent.

These phrases of selective parental incompetence by the allied parent (“It’s not me it’s the child. What can I do? I can’t *force* the child.”) represent the selective abdication of parental authority and parental obligations for providing appropriate parental guidance and discipline to the child for child misbehavior, and these phrases betray the coalition that this parent has with the child in which the allied parent is tacitly and covertly supportive of the child’s conflicts with the other parent.

Children recognize this covert communication of tacit parental support and respond in accord with the covert parental directive to be selectively defiant rather than to the overt words of the allied parent that supposedly encourage the child to have a positive relationship with the other parent. The display of selective parental incompetence by the allied and supposedly favored parent (i.e., the covert communication of tacit parental support for the child’s conflict with the other parent) is a highly characteristic symptom indicator of a cross-generational coalition between the child and the supposedly “favored” parent against the other parent.

### Confluence of Diagnostic Evidence

Taken together, the absence of stimulus control which indicates an inauthentic parent-child conflict, the evidence of an inverted family hierarchy and the child’s entitlement and over-empowerment, and displays by the allied parent of selective parental incompetence regarding the child’s conflicts with the other parent all represent a strong preponderance of clinical evidence supporting the interpretation that the parent-child conflict with the targeted parent is not authentic and is instead the product of a ***cross-generational coalition*** of the child with the allied and supposedly “favored” parent against the other parent, the targeted parent.

Treatment will then need to focus on disrupting and dismantling the cross-generational coalition (a psychological “boundary violation”) in order to restore the child’s healthy and normal-range development. Treatment for a child who is being triangulated into the spousal conflict through a cross-generational coalition with one parent against the other parent must first ***protect the child*** from being turned into a “psychological battleground” between the goals of therapy to restore the child’s normal-range and healthy development and the goals of the allied and supposedly “favored” parent to maintain the child’s symptomatic conflict with the other parent.

Traditional therapy is to expose the hidden and covert cross-generational coalition and have the allied parent release the child from the coalition. Therapy can then proceed to restore the child’s normal and healthy development. If the allied parent does not choose to recognize the coalition and does not choose to release the child from the cross-generational coalition (because of the advantages this coalition provides to the allied parent), then therapy may need to be terminated under Standard 10.10 of the APA ethics code because therapy will likely be ineffective and may be harmful to the child by turning the child into a “psychological battleground” between the goals of therapy to restore the child’s normal-range and healthy functioning and the goals of the allied parent to maintain the child’s continuing symptomatic conflict with the other parent. Under these circumstances, once a protective separation of the child from the negative parental influence of the allied parent can be achieved, therapy to restore the child’s healthy development can be resumed.

## The Child's Expressed Wishes

From the perspective of clinical psychology and healthy child development, under **no** circumstances should the child's expressed wishes be given weight when there is significant inter-spousal conflict. Providing the child's expressed wishes with weight when there is significant inter-spousal conflict would effectively make the child's expressed wishes a "prize to be won" in the spousal conflict, thereby acting to further triangulate the child into the spousal conflict and would reward the parent who is able to form a pathological cross-generational coalition with the child.

The goal of therapy is to de-triangulate the child and dismantle cross-generational coalitions. Providing the child's expressed wishes with weight would be exactly the wrong thing to do from a treatment and healthy child development perspective. One of the pathological indicators of a cross-generational coalition is an unhealthy inverted family hierarchy in which the child becomes over-empowered by the coalition with one parent to judge the adequacy of the other parent. Treatment is to reestablish a healthy family hierarchy in which parents provide executive leadership and children are expected to cooperate with the executive leadership of their parents. Providing weight to the child's expressed wishes when there is significant inter-spousal conflict only supports the inappropriate elevation of the child in the family hierarchy above the parent by placing the child in a position of judging his or her parents, selecting a favored and rejected parent based on the judged adequacy of the parent. This is directly contra-indicated and highly destructive from a treatment perspective.

If there is a desire to provide the child's expressed wishes with weight, the inter-spousal conflict should first be resolved so that the child's expressed wishes do not become a "prize to be won" in the spousal conflict. Only in the context of low to no inter-spousal conflict should a child's expressed wishes be given weight in family decision making.

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