

C. A. CHILDRESS, Psy.D.

LICENSED CLINICAL PSYCHOLOGIST, PSY 18857

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<date>

To: <parent's name>

Re: Professional-to-Professional Consultation

Dear <parent's name>,

I am in receipt of your email in which <therapist's name> declined your request that <he/she> consult with me regarding your family situation. I find <therapist's name> refusal of your request to be troubling.

The ethics code of the American Psychological Association specifically encourages professional-to-professional consultation:

Principle B: Fidelity and Responsibility Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

That <therapist's name> directly refused a seemingly reasonable request by a client to seek additional professional-to-professional consultation would seemingly place the onus of proof upon <therapist's name> that such professional-to-professional consultation is unnecessary to “serve the best interest” of you and your family, and that the professional-to-professional consultation you requested is unnecessary to <therapist's name> undertaking “ongoing efforts to develop and maintain” professional competence. <therapist's name> refusal of professional consultation would be of even greater concern if <he/she> has not yet read *Foundations*, and so might not be aware of the extent of the information about which <he/she> may be unaware.

Attachment-Related Pathology

Your concerns regarding your family struggles reflect concerns about a significant attachment-related pathology being evidenced by your child. The attachment system is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss (Bowlby, 1969; 1973; 1980).¹ The attachment system is a *primary motivational system* of the brain that functions in characteristic ways, and that dysfunctions in characteristic ways. Due to the significant survival advantage provided to children by the attachment system, the

¹ Bowlby, J. (1969). Attachment and loss. Vol. 1. Attachment. NY: Basic Books.

Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation: Anxiety and anger. NY: Basic Books.

Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss: Sadness and depression. NY: Basic Books.

attachment system never spontaneously dysfunctions, but ONLY becomes dysfunctional in response to “pathogenic parenting” (patho=pathology; genic=genesis, creation). Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices. Pathogenic parenting is an established professional construct in both developmental and clinical psychology and is most often used in reference to attachment-related pathology since the attachment system never spontaneously dysfunctions, but ONLY becomes dysfunctional in response to pathogenic parenting.

Since <therapist’s name> has refused your request to seek additional professional consultation to “serve the best interests” of your family, I must assume that <therapist’s name> is already an expert in the attachment system and attachment-related pathology, including the assessment, diagnosis, and treatment of attachment-related pathology created by pathogenic parenting.

I would therefore suggest that you provide <therapist’s name> with the following two scales (appended) by which <therapist’s name> can 1) document your child’s symptoms related to pathogenic parenting by an allied narcissistic/(borderline) personality parent (Beck et al., 2004; Millon, 2011)² who has formed a cross-generational coalition with the child against the other parent (Haley, 1977; Minuchin, 1974)³ that has resulted in an emotional cutoff in the family (Bowen, 1978; Titelman, 2003),⁴ and 2) document the nature of your parenting practices:

The Diagnostic Checklist for Pathogenic Parenting

The Parenting Practices Rating Scale

Once your child’s symptoms and your parenting practices have been appropriately documented, an effective treatment plan can be developed to resolve the apparent attachment-related pathology within your family.

Sincerely,



Craig Childress, Psy.D.
Clinical Psychologist, PSY 18857

² Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

Millon, T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

³ Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), The interactional view (pp. 31-48). New York: Norton.

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

⁴ Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.

Titelman, P. (2003). Emotional cutoff in Bowen family systems theory: An Overview. In *Emotional cutoff: Bowen family systems theory perspectives*, P. Tetelman (ed). New York: Haworth Press.

Diagnostic Checklist for Pathogenic Parenting: Extended Version

C.A. Childress, Psy.D. (2015)

All three of the diagnostic indicators must be present (either 2a OR 2b) for a clinical diagnosis of attachment-based “parental alienation.” Sub-threshold clinical presentations can be further evaluated using a “Response to Intervention” trial.

1. Attachment System Suppression

Present	Sub- Threshold	Absent	The child’s symptoms evidence a selective and targeted suppression of the normal-range functioning of the child’s attachment bonding motivations toward one parent, the targeted-rejected parent, in which the child seeks to entirely terminate a relationship with this parent (i.e., a child-initiated cutoff in the child’s relationship with a normal-range and affectionally available parent).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Secondary Criterion: **Normal-Range Parenting:**

yes	no	The parenting practices of the targeted-rejected parent are assessed to be broadly normal-range, with due consideration given to the wide spectrum of acceptable parenting that is typically displayed in normal-range families.
<input type="checkbox"/>	<input type="checkbox"/>	

Normal-range parenting includes the legitimate exercise of parental prerogatives in establishing desired family values through parental expectations for desired child behavior and normal-range discipline practices.

2(a). Personality Disorder Traits

Present	Sub- Threshold	Absent	The child’s symptoms evidence all five of the following narcissistic/(borderline) personality disorder features displayed toward the targeted-rejected parent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sub-Criterion Met

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	Grandiosity: The child displays a grandiose perception of occupying an inappropriately elevated status in the family hierarchy that is above the targeted-rejected parent from which the child feels empowered to sit in judgment of the targeted-rejected parent as both a parent and as a person.
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<input type="checkbox"/>	<input type="checkbox"/>	Absence of Empathy: The child displays a complete absence of empathy for the emotional pain being inflicted on the targeted-rejected parent by the child’s hostility and rejection of this parent.
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<input type="checkbox"/>	<input type="checkbox"/>	Entitlement: The child displays an over-empowered sense of entitlement in which the child expects that his or her desires will be met by the targeted-rejected parent to the child’s satisfaction, and if the rejected parent fails to meet the child’s entitled expectations to the child’s satisfaction then the child feels entitled to enact a retaliatory punishment on the rejected parent for the child’s judgment of parental failures
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<input type="checkbox"/>	<input type="checkbox"/>	Haughty and Arrogant Attitude: The child displays an attitude of haughty arrogance and contemptuous disdain for the targeted-rejected parent.
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<input type="checkbox"/>	<input type="checkbox"/>	Splitting: The child evidences polarized extremes of attitude toward the parents, in which the supposedly “favored” parent is idealized as the all-good and nurturing parent while the rejected parent is entirely devalued as the all-bad and entirely inadequate parent.
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2(b). Phobic Anxiety Toward a Parent

Present	Sub-Threshold	Absent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The child's symptoms evidence an extreme and excessive anxiety toward the targeted-rejected parent that meets the following DSM-5 diagnostic criteria for a specific phobia:

Criterion Met yes	no
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent Unwarranted Fear: The child displays a persistent and unwarranted fear of the targeted-rejected parent that is cued either by the presence of the targeted parent or in anticipation of being in the presence of the targeted parent |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe Anxiety Response: The presence of the targeted-rejected parent almost invariably provokes an anxiety response which can reach the levels of a situationally provoked panic attack. |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoidance of Parent: The child seeks to avoid exposure to the targeted parent due to the situationally provoked anxiety or else endures the presence of the targeted parent with great distress. |

3. Fixed False Belief

Present	Sub-Threshold	Absent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The child's symptoms display an intransigently held, fixed and false belief regarding the fundamental parental inadequacy of the targeted-rejected parent in which the child characterizes a relationship with the targeted-rejected parent as being somehow emotionally or psychologically "abusive" of the child. While the child may not explicitly use the term "abusive," the implication of emotional or psychological abuse is contained within the child's belief system and is not warranted based on the assessed parenting practices of the targeted-rejected parent (which are assessed to be broadly normal-range).

DSM-5 Diagnosis

If the three diagnostic indicators of attachment-based "parental alienation" are present in the child's symptom display (either 2a or 2b), the appropriate DSM-5 diagnosis is:

DSM-5 Diagnosis

309.4 Adjustment Disorder with mixed disturbance of emotions and conduct

V61.20 Parent-Child Relational Problem

V61.29 Child Affected by Parental Relationship Distress

V995.51 Child Psychological Abuse, Confirmed (pathogenic parenting)

Checklist of Associated Clinical Signs (ACS)

evident	not evident																												
<input type="checkbox"/>	<input type="checkbox"/>	ACS 1: Use of the Word "Forced"																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 2: Enhancing Child Empowerment to Reject the Other Parent																											
		<table border="0"> <tr> <td>evident</td> <td>not evident</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>"Child should decide on visitation"</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>"Listen to the child"</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Advocating for child testimony</td> </tr> </table>	evident	not evident		<input type="checkbox"/>	<input type="checkbox"/>	"Child should decide on visitation"	<input type="checkbox"/>	<input type="checkbox"/>	"Listen to the child"	<input type="checkbox"/>	<input type="checkbox"/>	Advocating for child testimony															
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<input type="checkbox"/>	<input type="checkbox"/>	ACS 3: The Exclusion Demand																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 4: Parental Replacement																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 5: The Unforgivable Event																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 6: Liar - Fake																											
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<input type="checkbox"/>	<input type="checkbox"/>	Not feeding the child																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 8: Unwarranted Use of the Word "Abuse"																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 9: Excessive Texting, Phone Calls, and Emails																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 10: Role-Reversal Use of the Child ("It's not me, it's the child who...")																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 11: Targeted Parent "Deserves to be Rejected"																											
<input type="checkbox"/>	<input type="checkbox"/>	ACS 12: Allied Parent Disregards Court Orders and Court Authority																											
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Parenting Practices Rating Scale

C.A Childress, Psy.D. (2016)

Name of Parent: _____ Date: _____

Name of Rater: _____

Indicate all that apply.

Child Abuse Ratings: Do not indicate child abuse is present unless allegations have been confirmed. In cases of abuse allegations that have neither been confirmed nor disconfirmed, or that are unfounded, use Allegation subheading rating not Category rating.

Level 1: Child Abuse

1. **Sexual Abuse**

As defined by legal statute.

- Allegation: Neither confirmed nor disconfirmed
- Allegation: Unfounded

2. **Physical Abuse**

Hitting the child with a closed fist; striking the child with an open hand or a closed fist around the head or shoulders; striking the child with sufficient force to leave bruises; striking the child with any instrument (weapon) such as kitchen utensils, paddles, straps, belts, or cords.

- Allegation: Neither confirmed nor disconfirmed
- Allegation: Unfounded

3. **Emotional Abuse**

Frequent verbal degradation of the child as a person in a hostile and demeaning tone; frequent humiliation of the child.

- Allegation: Neither confirmed nor disconfirmed
- Allegation: Unfounded

4. **Psychological Abuse**

Pathogenic parenting that creates significant psychological or developmental pathology in the child in order to meet the emotional and psychological needs of the parent, including a role-reversal use of the child as a regulatory object for the parent's emotional and psychological needs.

- Allegation: Neither confirmed nor disconfirmed
- Allegation: Unfounded

5. **Neglect**

Failure to provide for the child's basic needs for food, shelter, safety, and general care.

- Allegation: Neither confirmed nor disconfirmed
- Allegation: Unfounded

6. **Domestic Violence Exposure**

Repeated traumatic exposure of the child to one parent's violent physical assaults toward the other parent or to the repeated emotional degradation (emotional abuse) of the other parent.

- Allegation: Neither confirmed nor disconfirmed
- Allegation: Unfounded

Level 2: Severely Problematic Parenting

- 7. **Overly Strict Discipline**
Parental discipline practices that are excessively harsh and over-controlling, such as inflicting severe physical discomfort on the child through the use of stress postures, using shaming techniques, or confining the child in an enclosed area for excessively long periods (room time-outs are not overly strict discipline).
- 8. **Overly Hostile Parenting**
Frequent displays (more days than not) of excessive parental anger (a 6 or above on a 10-point subjective scale).
- 9. **Overly Disengaged Parenting**
Repeated failure to provide parental supervision and/or age-appropriate limits on the child's behavior and activities; parental major depression or substance abuse problems.
- 10. **Overly Involved-Intrusive Parenting**
Enmeshed, over-intrusive, and/or over-anxious parenting that violates the psychological self-integrity of the child; role-reversal use of the child as a regulatory object for the parent's anxiety or narcissistic needs.
- 11. **Family Context of High Inter-Spousal Conflict**
Repeated exposure of the child to high inter-spousal conflict that includes excessive displays of inter-spousal anger.

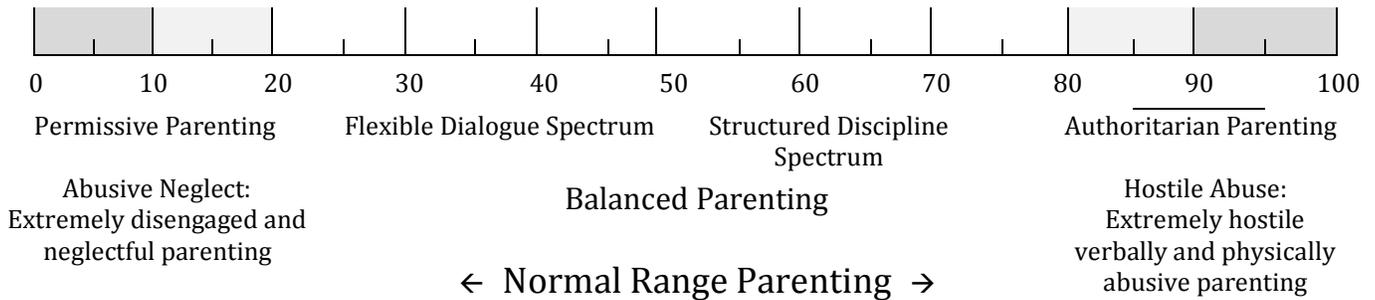
Level 3: Problematic Parenting

- 12. **Harsh Discipline**
Excessive use of strict discipline practices in the context of limited displays of parental affection; limited use of parental praise, encouragement, and expressions of appreciation.
- 13. **High-Anger Parenting**
Chronic parental irritability and anger and minimal expressions of parental affection.
- 14. **Uninvolved Parenting**
Disinterested lack of involvement with the child; emotionally disengaged parenting; parental depression.
- 15. **Anxious or Over-Involved Parenting**
Intrusive parenting that does not respect interpersonal boundaries.
- 16. **Overwhelmed Parenting**
The parent is overwhelmed by the degree of child emotional-behavioral problems and cannot develop an effective response to the child's emotional-behavioral issues.
- 17. **Family Context of Elevated Inter-Spousal Conflict**
Chronic child exposure to moderate-level inter-spousal conflict and anger or intermittent explosive episodes of highly angry inter-spousal conflict (intermittent spousal conflicts involving moderate anger that are successfully resolved are normal-range and are not elevated inter-spousal conflict).

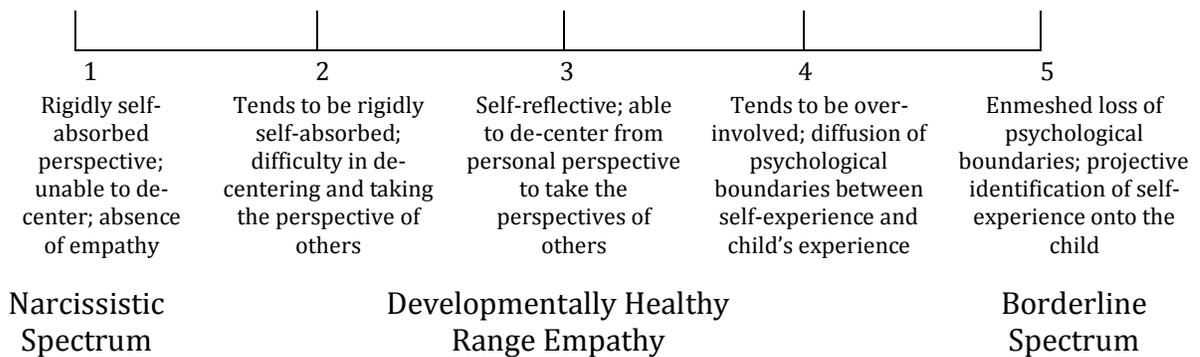
Level 4: Positive Parenting

- 18. **Affectionate Involvement – Structured Spectrum**
Parenting includes frequent displays of parental affection and *clearly structured* rules and expectations for the child's behavior. Appropriate discipline follows from clearly defined and appropriate rules.
- 19. **Affectionate Involvement – Dialogue Spectrum**
Parenting includes frequent displays of parental affection and *flexibly negotiated* rules and expectations for the child's behavior. Parenting emphasizes dialogue, negotiation, and flexibility.
- 20. **Affectionate Involvement – Balanced**
Parenting includes frequent displays of parental affection and parenting effectively balances structured discipline with flexible parent-child dialogue.

Permissive to Authoritarian Dimension Rating: _____



Capacity for Authentic Empathy Rating:



Parental Issues of Clinical Concern (CC)

- CC 1: Parental schizophrenia spectrum issues
Stabilized on medication? Yes No Variable
- CC 2: Parental bipolar spectrum issues
Stabilized on medication? Yes No Variable
- CC 3: Parental major depression spectrum issues (including suicidality)
Stabilized by treatment? Yes No Variable
- CC 4: Parental substance abuse issues
Treated and in remission (1 yr)? Yes No Variable
- CC 5: Parental narcissistic or borderline personality disorder traits
In treatment? Yes No Variable
- CC 6: Parental history of trauma
Treated or in treatment? Yes No Variable