

C. A. CHILDRESS, Psy.D.

LICENSED CLINICAL PSYCHOLOGIST, PSY 18857

219 N. INDIAN HILL BLVD., STE. 201 • CLAREMONT, CA 91711 • (909) 821-5398

To: The Family Therapist

Re: Working with attachment-related pathology surrounding divorce

The parent who is providing you with this letter deeply and dearly loves his or her child, and wants to do everything possible to restore and develop a wonderfully positive, loving and bonded parent-child relationship. I am a clinical psychologist with a professional background in attachment-related pathologies surrounding high-conflict divorce. I have provided parents with this letter that offers some possible therapy-related suggestions that can be helpful in restoring and ensuring a positive and healthy parent-child bond.

Typically in high-conflict divorce situations, the child is caught in a “loyalty bind” – called a “cross-generational coalition” (Haley; Minuchin)¹ – that can lead to the child’s apparent efforts that seek to terminate the child’s relationship with a normal-range parent following divorce – called an “emotional cutoff” (Bowen; Titelman).² Rescuing the child from the middle of high-conflict divorce and allowing the child to love both parents, and to accept and receive the love of both parents in return, can be a challenging task for therapy that is conducted within a high spousal conflict divorce. The following are some treatment-related suggestions for consideration:

Solution-Focused

When treating attachment-related pathology surrounding high-conflict divorce, it is incredibly important to remain ***solution-focused*** so as to avoid feeding the “inverted hierarchy” created by the child’s covert coalition with the allied parent, from which the child has become empowered to judge the adequacy of the normal-range targeted parent. Remaining entirely solution-focused on current parent-child interactions avoids falling into the blaming that is ripping family relationships apart, and a solution-focused approach to therapy can provide the child with the balanced perspectives on normal-range parenting and normal-range family functioning that are essential to the healthy restoration of the child’s normal-range attachment to both parents.

One approach to remaining solution-focused on current relationship interactions, and for providing the child with a balanced perspective on what constitutes normal-range parenting and normal-range child behavior, is to incorporate the *Parent-Child Relationship Rating Scale* (appended) into the targeted parent’s daily ratings of the parent-child relationship, and also into the weekly family therapy sessions of the child with the targeted

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.

Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.

² 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. Titelman (ed). New York: Haworth Press.

parent. The parent should rate the quality of the parent-child relationship for that day at the end of every day during the parent's visitation time with the child. This parental rating could even be in discussion with the child, providing the parent and child with the opportunity to review their day and their efforts to restore a normal-range and healthy relationship.

Then, during the family therapy sessions, they can discuss their overall ratings for their time together, describing incidents when things became problematic and the scores were lower, how they responded to these incidents and recovered, or didn't recover – or these in-session discussions of the ratings could reinforce how the child and parent handled an incident well. Item 4 regarding *Parenting Style* can lead into discussing the parent's style of parenting and how this affects the child, with the family therapist providing a balanced interpretation regarding what represents normal-range parenting in families. In families where excessive and intrusive text messaging or phone calls from the allied parent are a problem, discussions during the family sessions of ratings on Item 5 regarding *Text and Phone Cooperation* can help clarify family rules and expectations.

The *Parent-Child Relationship Rating Scale* can be a useful in-session resource and jumping off point for fostering family discussions that provide a consensus decision, with the professional input and guidance from the therapist, into what represents normal-range parenting and normal-range child behavior.

The *Parent-Child Relationship Rating Scale* also helps counteract the "inverted hierarchy" created by the child's coalition with the allied parent from which the child is being empowered to judge the targeted parent. In normal-range and healthy families, parents occupy positions of executive leadership in which they judge the appropriateness or inappropriateness of child behavior (Minuchin & Nichols).³ The daily ratings by the parent using the *Parent-Child Relationship Rating Scale* helps restore the normal-range and healthy family hierarchy of parental executive leadership of the family.

Balanced Constructions of Meaning

The child who is caught in the middle of the parents' spousal conflict will often become emotionally and psychologically torn apart by conflicting feelings of "loyalty" created by the child's love for both parents when the parents themselves are in such high conflict with each other. The sadness, hurt, anger, and blaming of the spouses surrounding the divorce can affect parental communications to the child, interfering with the child's ability to remain affectionately bonded to both parents.

Helping the child sort through the child's often complex and conflicting emotions surrounding divorce - particularly high-conflict divorce – is one of the important roles of the family therapy. One possible approach to helping the child understand his or her complex and often conflicting emotions is to explain to the targeted-rejected parent in session, *with the child present*, what the child might be experiencing surrounding the

³ Minuchin, S. & Nichols, M.P. (1993). *Family healing: Strategies for hope and understanding*. New York: Touchstone.

divorce. The treatment goal is to offer the child a balanced understanding for the child's sadness, anger, and loyalty conflicts in a sensitive and empathic way that will provide the child with organized constructions of meaning for these feelings, constructions of meaning that will allow the child to love both parents, and that allow the child to accept and receive the love of both parents in return.

By providing the targeted parent with an (empathic) description of the child's experience with the child present, the therapist allows the child to listen to this sensitive and empathic explanation of the child's experience without putting pressure on the child to formulate and explain this often complex self-experience. A useful stem-phrase to start these (empathic) explanations to the parent (with the child present and listening), is:

"You know, I wonder if <the child's name> is feeling..."

These offers of empathic understanding for the child's experience, provided to the parent with the child listening, are offered tentatively, and the child is allowed to deny the experience if the child wants. They are simply put into the ether for consideration. I view these empathic explanations of the child's feelings to the parent with the child present as bringing a lantern into the dark areas of self-awareness in the child's self-experience.

Identity

Children belong to two families, and children's identity is formed from both families. For a child to erase one parent and lose one side of the child's family heritage is for the child to lose half of the child's foundational self-identity. Helping the child to understand and maintain and integrated self-identity from two families of origin while the child's parents are in high-conflict surrounding the end of their integrated family structure, can become an important therapeutic role for the family therapist.

One potential approach to supporting the child's healthy self-identity that integrates the child's identity that comes from both families, is to explore with the targeted parent and child (and potentially with the allied parent and child in a separate session) the family-of-origin histories from both sides of the child's family that serve to create the child's family and culturally embedded self-identity. Any exploration of family-of-origin history should obviously be conducted with sensitivity to avoiding possible disclosures of family-of-origin issues that may not be appropriate for the child to hear, but the core issue in this family-of-origin exploration with the parent and child is to help create for the child a positive culturally embedded self-identity from both sides of the family.

One approach to a family-of-origin session would be to construct a genogram in a joint session with the parent and child (and this can also be done in a separate session of the child with the allied parent) in which the therapist seeks information from the parent about this parent's family-of-origin history, what the parent knows about his or her own parents and the extended family, what it was like growing up in that family, how the parent left home and launched into young adulthood, and exploring the parent's (and child's) identity that is rooted in family and culture. Children belong to two families, and their healthy self-identity integrates this origin from both families.

Healthy Attachment Bonding

The goal of attachment-related therapy surrounding high-conflict divorce is to restore the child's normal-range attachment bonding with both parents, which will allow the child to love both parents, and – just as importantly – to receive the love of both parents in return. Love is a good thing, love is healthy for children, and for the child to receive abundant love from all sources is wonderful.

Mary Ainsworth, one of the leading figures in attachment theory, offers a description of the normal-range functioning of the attachment system:

I define an “affectional bond” as a relatively long-enduring tie in which the partner is important as a unique individual and is interchangeable with none other. In an affectional bond, there is a desire to maintain closeness to the partner. In older children and adults, that closeness may to some extent be sustained over time and distance and during absences, but nevertheless there is at least an intermittent desire to reestablish proximity and interaction, and pleasure – often joy – upon reunion. Inexplicable separation tends to cause distress, and permanent loss would cause grief.

An “attachment” is an affectional bond, and hence an attachment figure is never wholly interchangeable with or replaceable by another, even though there may be others to whom one is also attached. In attachments, as in other affectional bonds, there is a need to maintain proximity, distress upon inexplicable separation, pleasure and joy upon reunion, and grief at loss. (Ainsworth, 1989, p. 711)⁴

On behalf of the parent who provided you with this letter, we are appreciative of your time and efforts with this family, and for your time in reading and considering these possible treatment options.



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

⁴ Ainsworth, M.D.S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.

Parent-Child Relationship Rating Scale

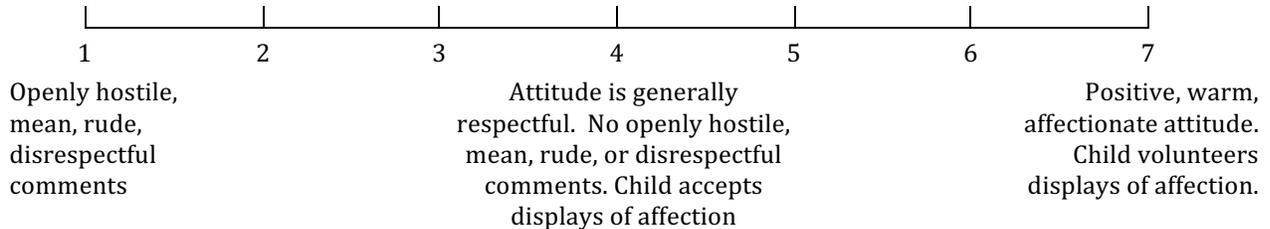
Childress, C.A. (2015)

Date: _____

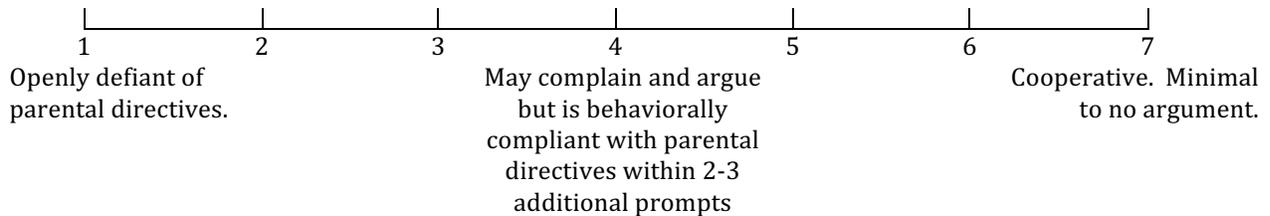
Child's Name: _____

Parent's Name: _____

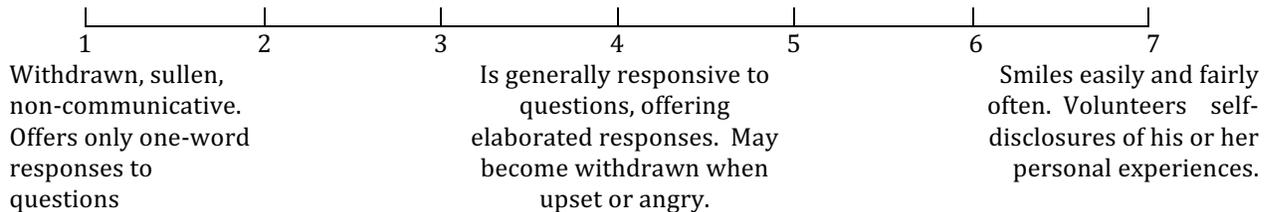
1. Child Attitude: Hostile to Pleasant



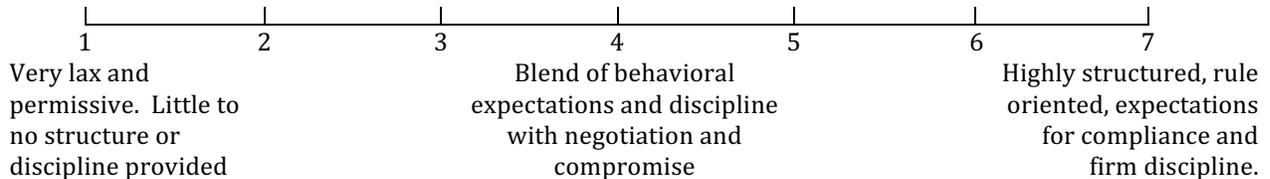
2. Child Cooperation: Behavioral Defiance to Cooperation



3. Child Sociability: Withdrawn to Social



4. Parenting Style: Permissive to Structured



5. Texting & Phone Call Cooperation

