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Consultation on Attachment Related Family Pathology Surrounding Divorce

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Assessment leads to diagnosis, and diagnosis guides treatment.

This is a fundamental axiom of clinical psychology. This is the guiding principle of solving pathology.

Assessment

The solution begins with:

- 1.) a **proper professional assessment** of the pathology, which leads to...
- 2.) an **accurate diagnosis**, which then guides...
- 3.) the development of an **effective treatment plan**.

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The Referral Question

The first question in assessment – the tip of the spear for solution – is the referral question; an assessment for what?

Is the *referral question* about behavior problems in the classroom? Is the reason for referral ADHD symptoms? Or autism-spectrum symptoms? Learning problems? The very first question in assessment is; assessment for what?

Attachment Pathology: A child rejecting a parent is an attachment related pathology. The attachment system is the brain system governing all aspects of love and bonding throughout the lifespan, including grief and loss. A child rejecting a parent is a problem in the love and bonding system of the brain; the attachment system.

Pathogenic Parenting: Attachment related pathology is always caused by 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 typically used in reference to attachment related pathology, since the attachment system never spontaneously dysfunctions, but only becomes dysfunctional in response to pathogenic parenting.

Referral Question: Which parent is the source of pathogenic parenting creating the child's attachment related pathology?

The assessment is of **attachment related family pathology surrounding divorce**, and is to identify the **source of pathogenic parenting** that is creating the child's attachment related pathology.

The Attachment System

The attachment system is the brain system governing all aspects of love and bonding throughout the lifespan, including grief and loss. A child rejecting a parent is an attachment related pathology that is always caused by pathogenic parenting:

Either from the targeted-rejected parent in the form of severe physical abuse or sexual abuse of the child,

Or from the allied and supposedly “favored” parent through the formation of a cross-generational coalition of the child with the allied parent against the targeted parent (Minuchin; Haley).

Attachment related pathology is always caused by pathogenic parenting (parenting creating pathology in the child), the assessment is to determine which parent is the source of pathogenic parenting. This is accomplished through a structured and standardized assessment protocol centering on two data documentation instruments:

The [Parenting Practices Rating Scale](#).

The [Diagnostic Checklist for Pathogenic Parenting](#).

Assessing Pathogenic Parenting

The Targeted Parent:

Potential pathogenic parenting by the targeted-rejected parent is documented using the [Parenting Practices Rating Scale](#).

Aberrant Parenting:

Parenting practices by the targeted-rejected parent in **Categories 1 and 2** would be considered sufficiently pathogenic as to possibly account for a child’s reluctance to be with this parent. Parenting practices by the targeted parent rated as Categories 1 and 2 should be the focus of treatment. Alternative diagnoses (including a cross-generational coalition with the allied parent) can be considered once the identified abusive pathogenic parenting by the targeted parent is resolved.

Normal-Range Parenting:

Parenting rated in **Categories 3 and 4**, on the other hand, represents *normal-range parenting* which cannot account for attachment bonding rejection evidenced by a child. The attachment system is a goal-corrected motivational system that ALWAYS maintains the goal of forming an attachment bond to the parent. In response to problematic parenting, the attachment system MORE strongly motivates the child to bond to the problematic parent. This is called an insecure attachment. Problematic parenting produces an *insecure attachment* that MORE strongly motivates the child to bond to the problematic parent.

Normal-range parenting does **not** produce attachment bonding rejection by the child.

The Allied Parent:

Potential pathogenic parenting by the allied and supposedly “favored” parent is documented using the [Diagnostic Checklist for Pathogenic Parenting](#).

Aberrant Parenting:

Potential pathogenic parenting by the allied and supposedly “favored” parent emerges from a *cross-generational coalition* formed between the child and the allied parent (as described by Minuchin and Haley),¹ resulting in an *emotional cutoff* (as described by Bowen; Titelman).²

An attachment-based description of the pathology (the child’s *triangulation* into the spousal conflict through the formation of a *cross-generational coalition* with the allied parent against the targeted parent, resulting in an *emotional cutoff* in the child’s relationship with the targeted parent) is evidenced in three highly unusual and definitive child symptoms:

1. **Attachment Pathology:** Attachment system suppression toward a normal-range and affectionally available parent.
2. **Narcissistic Personality Pathology:** The child displays five a-priori predicted specific narcissistic personality disorder traits toward the targeted parent; grandiosity, absence of empathy, entitlement, haughty and arrogant attitude, splitting.
3. **Psychiatric-Delusional Pathology:** The child evidences a fixed and false belief in the child’s supposed “victimization” by the normal-range parenting of the targeted parent (an encapsulated persecutory delusion).

The presence of all three of these diagnostic indicators in the child’s symptom display represents definitive diagnostic evidence of pathogenic parenting by an allied narcissistic/(borderline) parent. No other process in all of mental health can create this specific set of symptoms other than a cross-generational coalition of the child with an allied narcissistic/(borderline) parent against the other parent.

The presence of all three symptoms (each extremely unusual), all predicted by an attachment-based model of the pathology, represents extraordinarily strong symptom evidence for the accuracy of the diagnostic model that predicted such an unusual and disparate set of symptoms.

¹ Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

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

² Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.

Titelman, P. (2003). *Emotional cutoff: Bowen family systems theory perspectives*. New York: Haworth Press.

Assessment Protocol

The [Parenting Practices Rating Scale](#) and the [Diagnostic Checklist for Pathogenic Parenting](#) serve as the structural core for a limited-scope treatment focused assessment protocol. Six clinical interview sessions structured into three phases should typically be sufficient to produce the information needed to complete the two data documentation instruments (the [Parenting Practices Rating Scale](#) and the [Diagnostic Checklist for Pathogenic Parenting](#)).

The treatment focused assessment protocol is described in the booklet:

[Assessment of Attachment-Related Pathology Surrounding Divorce](#)

Diagnosis: Child Psychological Abuse

If a treatment-focused assessment identifies the three diagnostic indicators of AB-PA (attachment-based “parental alienation”: **pathogenic parenting** by an allied narcissistic-borderline parent who has formed a **cross-generational coalition** with the child against the other parent), then the DSM-5 diagnosis is V995.51 Child Psychological Abuse, Confirmed.

Pathogenic parenting that is creating significant developmental pathology in the child (attachment system suppression; diagnostic indicator 1), personality disorder pathology in the child (five specific narcissistic personality symptoms; diagnostic indicator 2) and delusional-psychiatric pathology in the child (an encapsulated persecutory delusion; diagnostic indicator 3) represents the DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed.

Assessment leads to diagnosis,...

And diagnosis guides treatment...

Treatment of Attachment-Related Pathology & Pathogenic Parenting

The confirmed DSM-5 diagnosis of V995.51 Child Psychological Abuse provides the professional rationale for the protective separation period.

Protective Separation: In all cases of child abuse, physical child abuse, sexual child abuse, and psychological child abuse, the standard of practice and duty to protect requires the child’s protective separation from the abusive parent.

The damaging consequences of the child abuse are then treated and the child’s normal-range and healthy development is restored. Once the child’s normal-range development has been recovered, contact with the formerly abusive parent is reintroduced with sufficient safeguards to ensure that the child abuse does not resume once contact with the formerly abusive parent is restored.

Ongoing ***solution-focused family therapy*** is warranted to stabilize the family’s transition into a healthy and functional separated family structure. Solution-focused family

therapy is an integration of the foundational principles of family therapy (Minuchin, Bowen, Haley, Madanes) with solution-focused therapy (Berg, de Shazer).³

4-day Attachment Restoration Workshops

If there is concern about the child's initial response to the protective separation, there are 4-day psycho-educational workshop protocols that can gently and effectively restore the child's normal-range attachment bonding motivations within a matter of days. The two most recognized programs are the *High Road* workshop of Dorcy Pruter and *Family Bridges* through Richard Warshak.

I have personally reviewed the *High Road to Family Reunification* workshop protocol of Dorcy Pruter, and I have observed it in practice. I understand at a professional level how it works and achieves its success. The *High Road* psycho-educational workshop will quickly, gently, and effectively restore the child's normal-range attachment bonding motivations within a matter of days.

I have not reviewed the *Family Bridges* protocol, although the two protocols (the *High Road* and *Family Bridges*) are reportedly based on similar underlying principles.

Contingent Visitation Schedule

If the Court is reluctant to protectively separate the child even with a confirmed DSM-5 diagnosis of V995.51 Child Psychological Abuse by the assessing mental health professional, then a six-month "Response-to-Intervention" (RTI) trial with the Strategic family systems intervention of a *Contingent Visitation Schedule* is an option for court order.

The *Contingent Visitation Schedule* is a structured, data-driven, Strategic family systems intervention (Haley, Madanes) designed to systematically address the creation of pathology in the child by the allied parent. Triggering of the intervention protocol is based on the documented symptomatic level displayed by the child.

[Strategic Family Systems: Contingent Visitation Schedule](#)

The booklet describing the *Contingent Visitation Schedule* can be provided to the Court to explain this treatment-related intervention, and can be provided to the mental health professional who is tasked with running the *Contingent Visitation Schedule*.

Unfortunately, as with the treatment-focused assessment, targeted parents are not likely to find anyone who can run a *Contingent Visitation Schedule*, but the assigned therapist can consult with me, and professional-to-professional consultation may be an option to include in a court order.

³ Dolan, Y. (n.d.). What is solution-focused therapy? Retrieved from <http://www.solutionfocused.net/what-is-solution-focused-therapy>

International Alliance of Solution-Focused Teaching Institutes. (n.d.). Certification of trainees. Retrieved from http://iasti.org/?page_id=19

Iveson, C. (2002). Solution-focused brief therapy. *Advances in Psychiatric Treatment*, 8(2), 149-156. DOI: 10.1192/apt.8.2.149. Retrieved from <http://apt.rcpsych.org/content/8/2/149>

Dr. Childress Consultation

I would be available to personally conduct the assessment protocol if both parents agree, or by court order.

Alternatively, if a mental health professional is identified who is willing to conduct a treatment focused assessment protocol using the two data documentation instruments, I would be available for professional-to-professional consultation regarding the assessment protocol and data documentation.

If another mental health professional documents the child symptoms and parenting information using the *Parenting Practices Rating Scale* and the *Diagnostic Checklist for Pathogenic Parenting*, then I would also be available as an expert witness regarding the clinical psychology and treatment related implications of family symptom patterns documented by these two instruments.

With regard to ongoing family stabilization through solution-focused family therapy, I can provide this personally if both parents agree, or by court order – as long as I have not served in a consultation role previously.

Alternatively, if a mental health professional is identified who is capable to provide solution-focused family therapy, I would be available for professional-to-professional consultation regarding solution-focused family therapy for parent-child attachment related pathology surrounding divorce.

Trauma-Responsive Parenting

Dorcy Pruter has developed a nine-week parenting skills curriculum (*Higher Purpose Parenting*) for targeted parents that can effectively stabilize the child's functioning even in the presence of pathogenic parenting by a dysfunctional narcissistic-borderline parent. The parenting skills for the targeted parent work toward eliminating micro-trauma triggers for the targeted parent's trauma-resonant parenting. The parenting of the targeted parent is in no way causing the child's symptoms, but the attachment trauma of the narcissistic-borderline parent that is being transmitted to the child is finding stabilization in trauma-resonant parenting responses of the targeted parent (born in micro-traumas in this parent's background).

Altering in specific ways how the targeted parent responds to the child's pathology can de-resonate and counteract the pathogenic parenting of the narcissistic-borderline parent, and stabilize the child's normal-range functioning. The approach requires the targeted parent to identify and change their own micro-trauma beliefs (creating trauma resonant responding) that stabilize the trauma pathology being imposed on the child by the allied parent.

The treatment and resolution of family pathology is the responsibility of professional psychology through solution-focused family therapy. Parents should also be aware of their full range of potential options, including counteracting and child stabilizing parenting skills responding.