



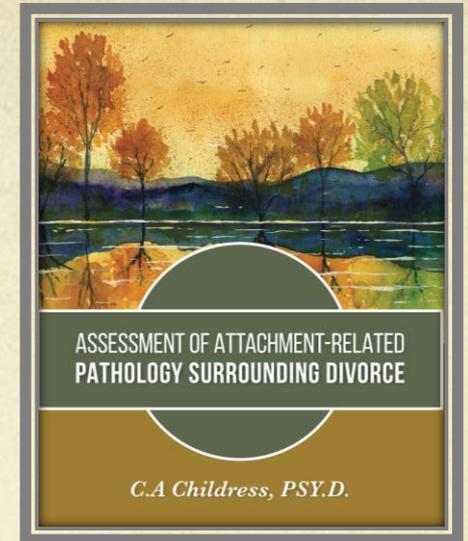
Assessment

Treatment Focused Assessment Protocol

Treatment-Focused Assessment

Session Protocol:

- **Phase 1:** Meet with each parent individually to collect background history and symptom information
- **Phase 2:** Meet jointly with child and targeted parent to collect direct observation information
- **Phase 3:** Meet with each parent individually to collect schema-related information



Documenting Pathogenic Parenting

Parenting Practices Rating Scale

Documents pathogenic parenting by the targeted-rejected parent (abusive parenting)

Parenting Practices Rating Scale
CA Children's Psych (2015)

Name of Parent: _____ Date: _____
Name of Child: _____

Level of Child Abuse:

- 1.0 Sexual Abuse
- 2.0 Physical Abuse
- 3.0 Emotional Abuse
- 4.0 Psychological Abuse
- 5.0 Neglect
- 6.0 Domestic Violence Exposure

Diagnostic Checklist for Pathogenic Parenting

Documents pathogenic parenting by the allied supposedly "favored" parent (cross-generational coalition with a narcissistic/(borderline) parent)

Diagnostic Checklist for Pathogenic Parenting: Extended Version
CA Children's Psych (2015)

All three of the diagnostic indicators must be present (either 2 or 2b) for a clinical diagnosis of attachment-based "parental alienation." Subclinical clinical presentations can be further evaluated using a "response to intervention" trial.

1. Attachment System Suppression

Present: **Low** **None** The child's symptoms indicate a selective and targeted suppression of the normal functioning of the child's attachment bondings to the targeted-rejected parent. The child seeks to entirely terminate a relationship with this parent (i.e., a relationship central to the child's relationship with a same-gender and affectionally available parent).

Secondary Criterion: **Normal-Range Parenting**

100% The parenting practices of the targeted-rejected parent are assessed to be broadly appropriate, with the consideration given to the wide spectrum of acceptable parenting that is typically displayed in non-abusive families. Normal-range parenting includes the legitimate exercise of parental prerogatives in establishing, enforcing limits, values through present expectations for absent child, and other child-relevant to discipline practices.

2(a). Personality Disorder Traits

Present: **High** **None** The child's symptoms evidence all five of the following antisocial/overly personality disorder features displayed toward the targeted-rejected parent.

Sub-Criterion:

- Grandiosity** The child displays a grossly low perception of occupying an inappropriately elevated status in the family hierarchy than is observed in targeted-rejected parent from which the child feels empowered to act in judgment of the targeted-rejected parent as both a parent and co-parent.
- 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.
- Entitlement** The child displays an over-empowered sense of entitlement in which the child expects that he or she must will that the targeted-rejected parent, the child's caretaker, and if the rejected parent fails to meet the child's entitled expectations to the child's satisfaction then the child feels entitled to exact a retaliatory punishment on the rejected parent for the child's judgment of parental failure.
- Impulsivity and Irritability** The child displays an attitude of impulsivity, impatience and contemptuous attitudes for the targeted-rejected parent.
- Spitting** The child evinces polarized extremes of attitude toward the parents, in which the supposedly "favored" parent is idealized as the aligned and nurturing parent while the rejected parent is entirely devalued as the aligned and entirely antagonistic parent.

The Referral Question

A treatment focused assessment protocol answers the referral question:

“Which parent is the source of pathogenic parenting creating the child’s attachment-related pathology following the divorce, and what are the treatment implications?”

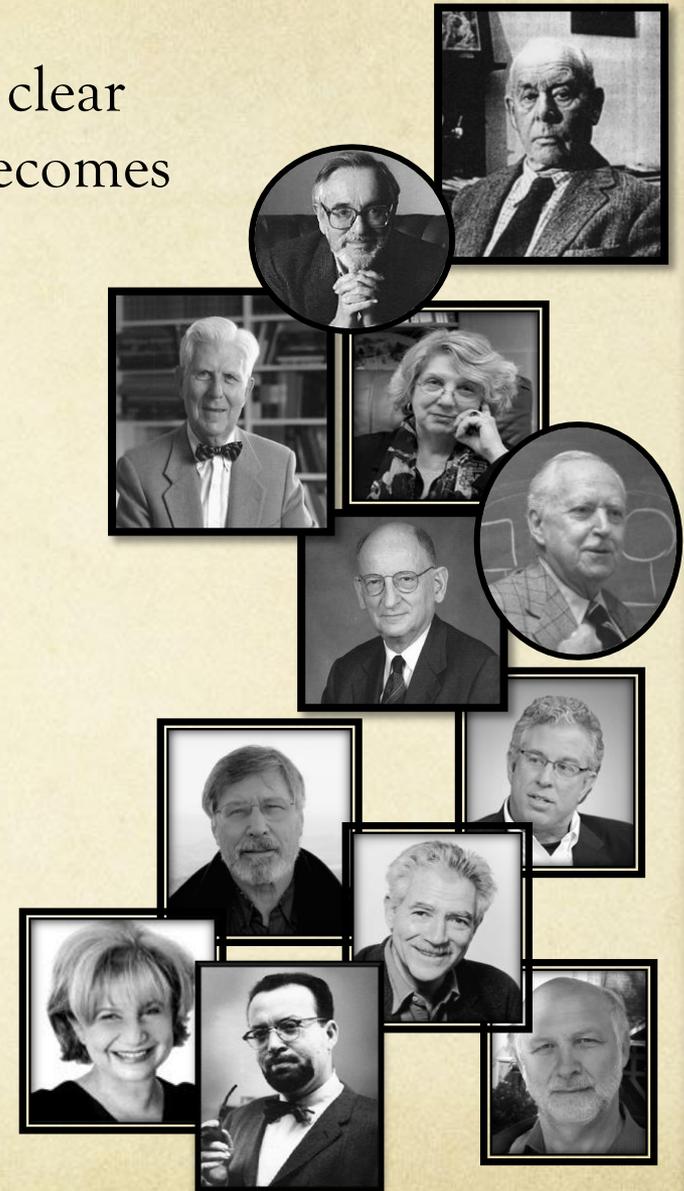
Behavior Chain Interview

A behavior chain interview is exceptionally helpful in:

1. Identifying the delusional pathology (victimization/persecution)
2. Identifying stimulus control features
3. Clarifying “abuse” allegations
4. Examining empathy and insight
5. Examining credibility in reporting

The more knowledge one has, the more clear the assessment and diagnostic process becomes

- **Bowlby:** the attachment system
- **Beck:** personality pathology
- **Minuchin:** family systems therapy
- **Millon:** personality pathology
- **Kernberg:** personality pathology
- **Bowen:** family systems therapy
- **Stern:** neuro-relational development
- **Fonagy:** intersubjective development
- **Madanes:** family systems therapy
- **Linehan:** personality pathology
- **Perry:** trauma
- **van der Kolk:** trauma



Report Appendix

Mary Jones

Diagnostic Checklist for Pathogenic Parenting: Extended Version

C.A. Childress, Psy.D. (2015/2017)

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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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).

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

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

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

Sub-Criterion Met

yes	no	
<input checked="" 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.
<input checked="" 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.
<input checked="" 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
<input checked="" 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.
<input checked="" 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

Highlight Parent Category Targeted Parent

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 (loss of privileges or desired objects, or appropriate use of time-out) 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 blends clearly defined and structured rules with flexible negotiation at times. Parenting effectively balances structured discipline with flexible parent-child dialogue.

Additional Information

Appendices

Family Therapy Constructs

Family systems therapy is one of the four primary schools of psychotherapy:

Psychoanalytic Psychotherapy: Emerged from the work of Sigmund Freud developing insight into deep unconscious motivations. Individual focus to therapy.

Cognitive-Behavioral Therapy: Emerged from laboratory experiments with animals on the Learning Theory and behavior change principles of reward and punishment. Individual focus to therapy.

Humanistic-Existential Therapy: Emerged from philosophical roots of existentialism, personal growth, and self-actualization. Individual focus to therapy.

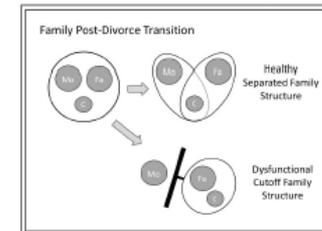
Family Systems Therapy: Describes the interpersonal processes of both healthy and pathological family relationships. Interpersonal focus.

Of the four primary schools of psychotherapy, only family systems therapy deals with resolving the current interpersonal relationships within families. All of the other models of psychotherapy are individually focused forms of therapy. Family systems therapy is therefore the appropriate conceptual framework for understanding and resolving family conflict and family pathology.

Divorce ends the marriage, but not the family. With divorce, the family structure shifts from an *intact family structure* that was previously united by the marriage, to a new *separated family structure* that is now united by the children, through the continuing co-parenting responsibilities and by the continuing bonds of shared affection between the children and both parents.

A child rejecting a parent is a form of family systems pathology called an “emotional cutoff” (Bowen, 1978; Titelman, 2003).⁸ A cutoff family structure represents a pathological family transition following divorce, typically associated with unprocessed trauma from previous generations.

A key principle of family systems therapy is that when conflict between spouses becomes excessive and non-functional, a third party, typically the child, will be brought into the inter-spousal conflict to help stabilize the dysfunctional spousal conflict and the problematic emotional-psychological processing of one (or both) parents. This is referred to as *triangulating* the child into the spousal conflict by turning the two person spouse-



⁸ Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronson.

Titelman, P. (2003). Emotional cutoff: Bowen family systems theory perspectives. New York: The Hawthorn Press, Inc.



Solution

Child Protection

Pathogenic parenting that is creating significant

- ◆ **Developmental pathology** in the child
(diagnostic indicator 1);
- ◆ **Personality disorder pathology** in the child
(diagnostic indicator 2);
- ◆ **Delusional-psychiatric pathology** in the child
(diagnostic indicator 3);

DSM-5 diagnosis:

V995.51 Child Psychological Abuse, Confirmed.

Protective Separation

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

The child is then treated for the impact of the abuse, and the child’s normal-range development is restored.

The child’s relationship to the abusive parent is then restored with sufficient safeguards to guarantee that the abuse does not resume.

Protective Separation

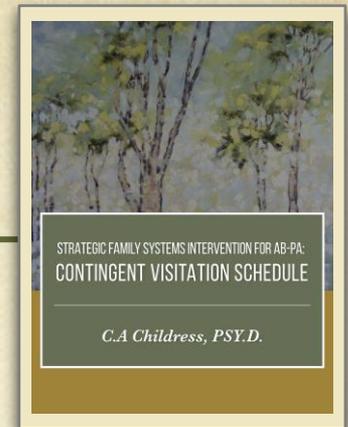
The professional rationale for the protective separation period is a confirmed DSM-5 diagnosis of V995.51 Child Psychological Abuse made by a mental health professional within the context of a treatment-focused assessment of the child's symptomatology.



Solution

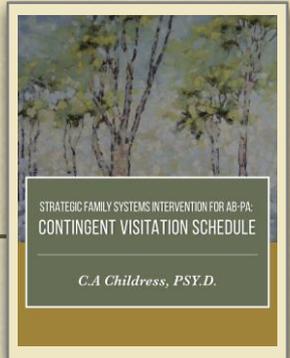
Strategic Family Systems Therapy
Contingent Visitation Schedule

Strategic Family Systems Intervention



The Contingent Visitation Schedule is a structured Strategic family systems intervention (Haley; Madanes) that adjusts visitation time in a defined way based on documented changes in the child's symptoms.

Parent-Child Relationship Rating Scale



The Contingent Visitation Schedule is grounded on daily ratings of the child's symptoms using a structured rating scale of the child's relationship symptoms:

- Affection
- Cooperation
- Social Involvement

The image shows a sample of the Parent-Child Relationship Rating Scale form. It is titled "Parent-Child Relationship Rating Scale" and "Childress, CA (2015)". The form includes fields for "Date:", "Child's Name:", and "Parent's Name:". It consists of five sections, each with a 7-point scale and descriptive anchors at the ends:

- 1. Child Attitude: Hostile to Pleasant**: Scale from 1 (Openly hostile, mean, rude, disrespectful comments) to 7 (Positive, warm, affectionate attitude. Child volunteers displays of affection).
- 2. Child Cooperation: Behavioral Defiance to Cooperation**: Scale from 1 (Openly defiant of parental directives) to 7 (Cooperative. Minimal to no argument).
- 3. Child Sociability: Withdrawn to Social**: Scale from 1 (Withdrawn, sulen, non-communicative. Offers only one-word responses to questions) to 7 (Smiles easily and fairly often. Volunteers self-disclosure of his or her personal experiences).
- 4. Parenting Style: Permissive to Structured**: Scale from 1 (Very lax and permissive. Little to no structure or discipline provided) to 7 (Highly structured, rule oriented, expectations for compliance and firm discipline).
- 5. Texting & Phone Call Cooperation**: Scale from 1 (Frequent arguments and demands to exceed contact limitations) to 7 (Pleasant and cooperative attitude; understands reasons for contact limitations).

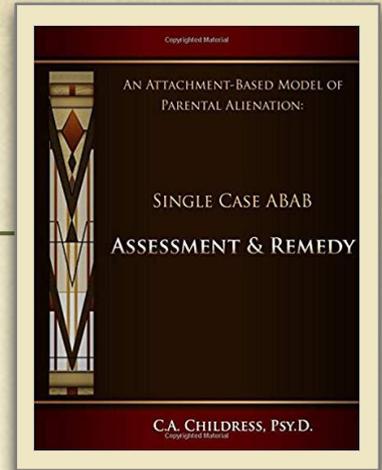


Solution

Single Case ABAB

Single-Case ABAB

A single-case ABAB clinical research design can be applied to both assessment and remedy (treatment) to identify the causal origins of the child's attachment-related symptoms, and to restore the child's normal-range and healthy emotional functioning.



A

B

A

B

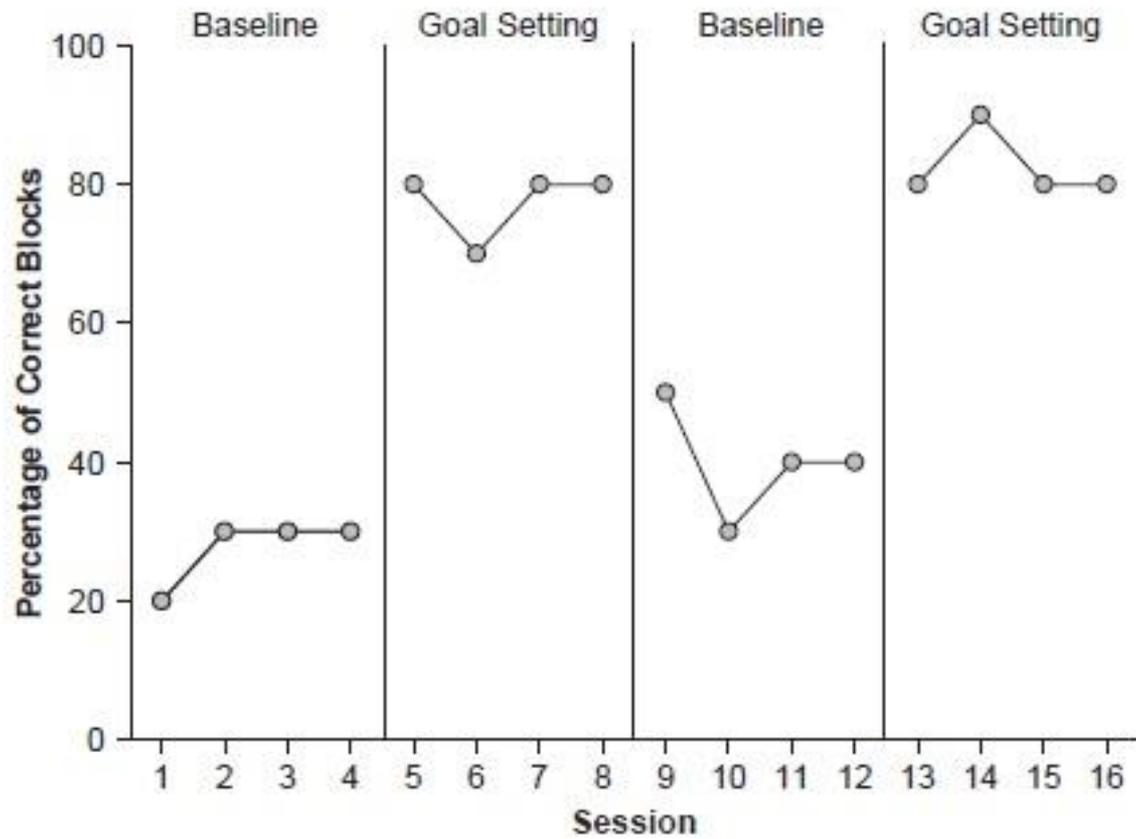
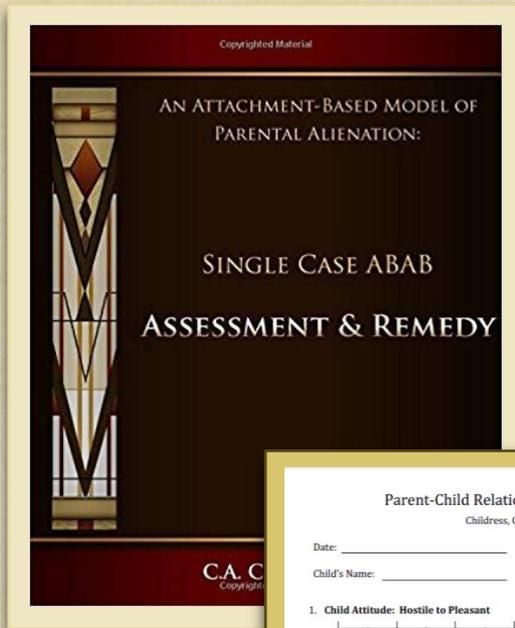


Figure 10.5 Shows an example of an A-B-A-B design.

Barlow, D.H., Hersen, M. (1973). Single-case experimental designs: **Uses in applied clinical research.** *Archives of General Psychiatry*, 29, 319-325.

Long, C.G. & Hollin, C.R. (1995). Single case design: A **critique of methodology** and analysis of recent trends. *Clinical Psychology & Psychotherapy*, 2, 177-191



A single-case ABAB protocol is available for complex family conflict creating attachment-related family pathology surrounding divorce.

Parent-Child Relationship Rating Scale
Childress, C.A. (2015)

Date: _____
Child's Name: _____ Parent's Name: _____

1. **Child Attitude: Hostile to Pleasant**

1 2 3 4 5 6 7

Openly hostile, mean, rude, disrespectful comments Attitude is generally respectful. No openly hostile, mean, rude, or disrespectful comments. Child accepts displays of affection Positive, warm, affectionate attitude. Child volunteers displays of affection.

2. **Child Cooperation: Behavioral Defiance to Cooperation**

1 2 3 4 5 6 7

Openly defiant of parental directives. May complain and argue but is behaviorally compliant with parental directives within 2-3 additional prompts Cooperative. Minimal to no argument.

3. **Child Sociability: Withdrawn to Social**

1 2 3 4 5 6 7

Withdrawn, sullen, non-communicative. Offers only one-word responses to questions Is generally responsive to questions, offering elaborated responses. May become withdrawn when upset or angry. Smiles easily and fairly often. Volunteers self-disclosures of his or her personal experiences.

4. **Parenting Style: Permissive to Structured**

1 2 3 4 5 6 7

Very lax and permissive. Little to no structure or discipline provided Blend of behavioral expectations and discipline with negotiation and compromise Highly structured, rule oriented, expectations for compliance and firm discipline.

5. **Texting & Phone Call Cooperation**

1 2 3 4 5 6 7

Frequent arguments and demands to exceed contact limitations Cooperative and accepting of contact limitations and restrictions Pleasant and cooperative attitude; understands reasons for contact limitations

Childress, C.A. (2015). An attachment-based model of parental alienation: Single-case ABAB assessment & remedy. Claremont, CA. Oaksong Press.

Amazon.com



Solution

The High Road Workshop