From Tangle to Tango:
Fostering Family Cohesion in an Adversarial System

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Outline

- A primer on healthy (or at least healthy-ish) family dynamics - What is “normal” in how children respond to divorce
- Red flags! Warning signs of a failing family system
  - Personality disordered parents
  - Triangulation, parental alienation, and parental alienation
- Overview of mental health expert roles & scopes of practice
- Case Study

“All happy families are alike; each unhappy family is unhappy in its own way.”

-Leo Tolstoy from Anna Karenina

A Primer on Healthy Family Dynamics:
How Children Respond to Divorce

- In response to parents' divorce, approximately what percentage of children:

  - Show **no long-term effects** (i.e., return to pre-divorce level of adjustment)?

    1/3

  - **Improve** in overall adjustment following divorce?

    1/3

  - Manifest **significant maladjustment** following divorce?

    1/3

A Primer on Healthy Family Dynamics:
How Children Respond to Divorce

Interparental conflict and the **primary parent’s emotional distress** strongly predict problems in parent-child bonds and children’s emotional and behavioral maladjustment following divorce

Typical Response to Parents' Divorce by Developmental Stage

- Preschoolers (2-5 years)
  - Too young to grasp meaning
  - Confused and fearful about loss of a parent
  - Ego centrism leads to self-blame
  - Developmental regression and tantrums
- Younger elementary school aged (5-8 years)
  - Understand enough to feel depressed, grief stricken
  - May wish for parental reconciliation, feel conflict loyalties
  - Still ego centric
  - School and social difficulties
- Older elementary school aged (9-12 years)
  - May be depressed, grief stricken
  - More likely to blame and be angry at one or both parents
  - May try to parent siblings
- Adolescents (12-16 years)
  - Less family dependence may be protective
  - Self-esteem drops for many, may question own ability to succeed in relationships
  - May express considerable anger
  - Can trigger delayed or accelerated entry into adolescence

adapted from literature summary compiled by "Voice and Support: Programs for Children Experiencing Parental Separation and Divorce", Canadian Department of Justice

Red Flags!

Warning Signs of a Failing Family System:

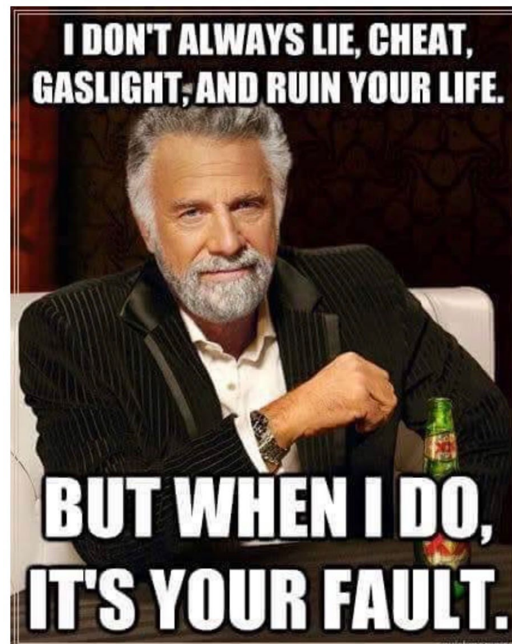
Personality Disordered Parents, Triangulation, Parental Alienation, & Child Parentification

What is a personality disorder?

- Persistent, inflexible pattern of maladaptive traits involving:
  - Cognition (i.e., ways of perceiving self, others, and events)
  - Affectivity
  - Interpersonal functioning
  - Impulse control
- Symptoms typically manifest in late adolescence or early adulthood and become exacerbated in response to unmet interpersonal needs
- Narcissistic PD & Borderline PD most often involved in disrupted parent-child attachments and high-conflict divorce/custody situations

Narcissistic Personality Disorder

- Self-grandiosity, excessive need for admiration, lack of empathy, entitlement
- Fragile self-esteem highly dependent on positive regard of others
- Highly sensitive to criticism from others and failure, causes humiliation, respond with rage or contempt, vicious counterattacks
- Common co-morbidities include depression, substance use disorders (cocaine)



Narcissistic Personality Disorder in Parents

- Tend to be possessive/controlling of their children and feel threatened by children’s independence
- Often have an anxious attachment style with their children, highly reactive to any sings of abandonment or betrayal, oscillate between admiration and devaluation, sometimes will dichotomize “black sheep” and “golden child”
- Children may be fiercely protective and parent induces compliance through belittling, withholding love and affection, verbal and sometimes physical abuse (proactive vs. reactive)
- Sabotage children’s experiences with success

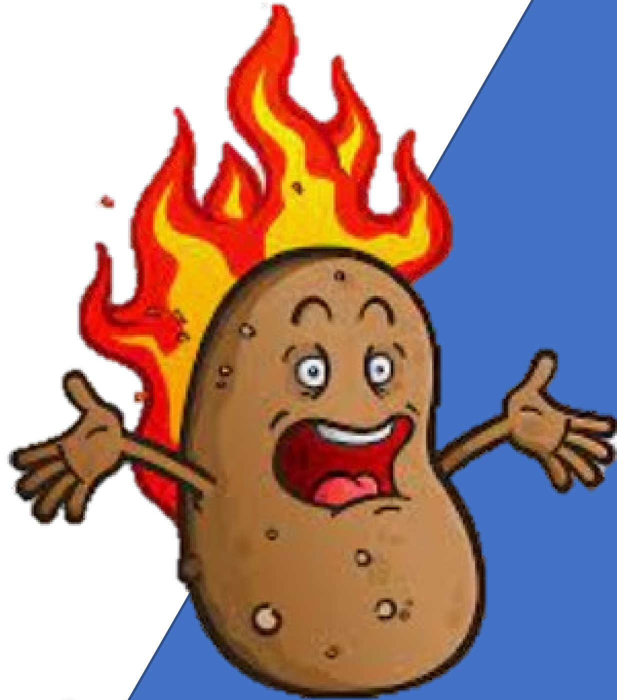
Borderline Personality Disorder

- Frantic efforts to avoid real or perceived abandonment
  - Generate crises to invite rescue and caregiving by others
  - High risk of suicidality in which goal is not death
  - Intense fear and anger in response to perceived abandonment/neglect
- Pattern of intense, unstable relationships (“I hate you, don’t leave me”)
  - Abrupt, dramatic shifts from idealization to devaluation
  - Impulsivity leading to self-harm
- Emotional dysregulation
  - Intense anger, followed by shame and guilt
  - Anxiety begets paranoia

Borderline Personality Disorder in Parents

- Difficulty validating children’s emotions, especially in times of intense stress or emotional upheaval
- Children can be exposed to verbal/physical abuse with anger outbursts and poor impulse regulation
- Oscillating between extremes of idealization and devaluation (combined with child’s egocentric developmental stage)
- Child parentification as children used to meet parent’s emotional/interpersonal needs

victim



savior

perpetrator

An Attachment-Based Model of Parental Alienation (Childress, 2016)

- Alternative/complementary scientifically-based model to the more often cited 5-Factor Model from Bernet, Baker, et al.
- Three diagnostic indicators always present:
  - **Attachment Suppression**: child shows suppression of attachment bonding motivations toward a normal-range parent.
  - **High Protest Behavior**: child exhibits either high-anger protest defined as presence of five specific narcissistic personality traits, and/or high-anxiety protest as defined by specific phobia with the parent as the target.
  - **Persecutory Delusion**: child shows toward a normal-range parent.
- Normal-range parent defined as Level 3 (Normal-Range Problematic) or Level 4 (Normal-Range Healthy) parenting on *Parenting Practices Rating Scale,* with Level 1 = Abusive and Level 2 = Highly Problematic

An Attachment-Based Model of Parental Alienation (Childress, 2016)

- 12 Associated Clinical Signs, not always but often present
  1. **Use of Word "Forced"**

     child shouldn't be forced to have a relationship, What to do – I can't force child to go to visitation… get in car vs child being given opportunity to bond with both parents)
  2. **Empowering the Child** to reject other parent

     Child should decide, we should listen to the child, seeking child's testimony in court and empowering child to reject parent to judge
  3. **The Exclusion Demand**

     child seeks to exclude targeted parent from child's activities; child serves as "regulatory object" to stabilize narcissistic/borderline parent who becomes dysregulated when targeted parent present, stressing child. *Not present in any other pathology nor in normal-range children and nearly 100% diagnostic of AB-PA
  4. **Parental Replacement**

     Calling targeted parent by first name or step-figure as parental appellations

An Attachment-Based Model of Parental Alienation (Childress, 2016)

- 12 Associated Clinical Signs, not always but often present

5. **The "Unforgivable Event"**

   A negative past event used to justify all current and future rejection of targeted parent

6. **Liar – "Fake"**

   Child makes claims of targeted parent, often in response to parent's sadness or love. Arises from child's attempt to cope with guilt for rejecting by discounting authenticity of parent's (and child's own) sadness and loss

7. **Themes of Rejection** – characteristic set of reasons (too controlling, too angry/anger management problems, targeted parent doesn't take responsibility or apologize, new romantic relationship rejects child, prior neglect, vague personhood, non-forgivable grudge, not adequately feeding child)

8. **Unwarranted Use of the Word "Abuse"** to describe normal-range parenting in lieu of less inflammatory words

An Attachment-Based Model of Parental Alienation (Childress, 2016)

- 12 Associated Clinical Signs, not always but often present

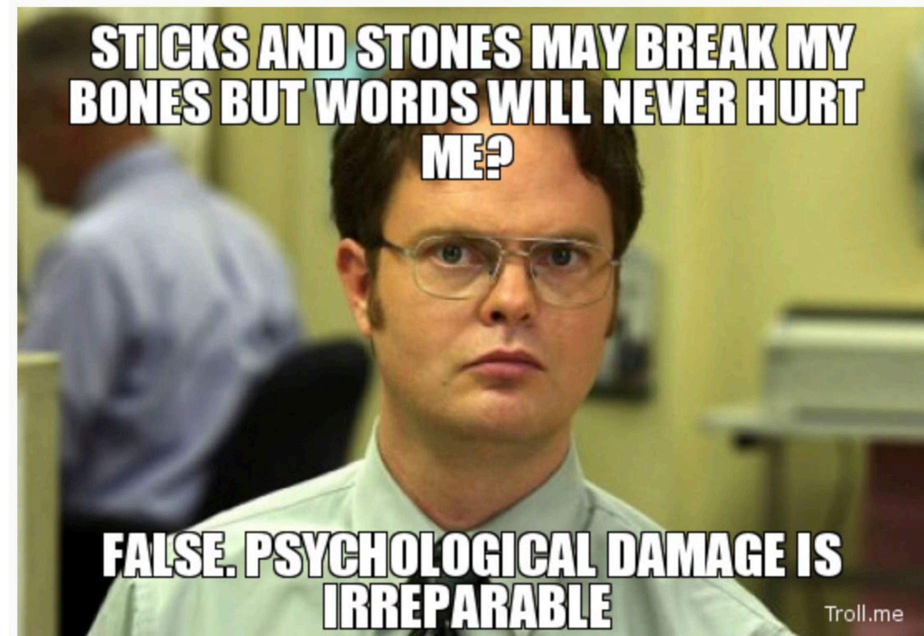
9. **Excessive Texting** – child acting as regulatory object to calm narcissistic/borderline parent's anxiety when separated because child may bond with targeted parent
10. **Role-reversal Use of Child**

    Narcissistic/borderline parent abdicates parental decision-making and manipulates child's desire then hides behind it (”It's not me, it's the child who wants…”)
11. **The Parent "Deserves" to be Rejected**

    Classic spousal abuse theme from narcissistic justification of abuse/cruelty vs teaching healthy value that we are not nice to other people because of who <u>they</u> are; nice because of who <u>we</u> are.
12. **Disregard of Court Orders**

    Narcissistic personality does not recognize construct of "authority;" rather, authority synonymous with power; narcissistic entitlement (exempt from rules of ordinary people); narcissistic individuals use power and entitlement as evidence of superiority

Mental Health Experts: Roles & Scopes of Practice



Who are you, anyway? The ABC (DEFG…)s of Mental Health Professional Roles

Doctoral-level Providers

Licensed Clinical (Neuro)psychologists

- PsyD/PhD/EdD
- Only professional role who can perform psychological assessments, can also conduct therapy
- Training focus on evaluation, complex/comprehensive diagnosis, treatment planning & intervention

Psychiatrists

- MD
- Can prescribe medication
- Can diagnose & treat
- Most confident of the mental health professions

Doctoral-level Therapists

- PhD/EdD/DMFT
- Licensed at the Master's degree level

Masters-level Providers

Licensed Professional Counselor (LPC-MHSP)

- Two-tiered licensing system with MHSP (Mental Health Service Provider) designation

Licensed Marriage & Family Therapist (LMFT)

- More of a family systems/family dynamics focus to the therapeutic process, compared to LPCs

Licensed Clinical Social Worker (LCSW)

- Not all MSWs (Master of Social Work) are LCSWs. Must be an LCSW to conduct counseling/psychotherapy

Mental Health Professionals in the Legal System

- **Treating Expert:** A mental health professional, who serves/ has served as the therapist for a parent, child, couple or family involved with the legal system.

- **Mental Health Forensic Expert:** A mental health professional hired by a party or appointed by a Court to answer a legal question through the application of psychological methods. Often conduct child custody evaluations, psychological evaluations, or competency evaluations.

(*Guidelines for Court Involved Therapists, Association of Family & Conciliation Courts*)

Common Reasons for Appointing a Forensic Psychological Evaluator in Divorce/Custody Cases

- Suspected or known psychological factors on the part of either parent or any child(ren) affecting absolute or relative parenting fitness
- Suspected or known substance abuse issues
- Allegations of mis-parenting/abuse
- Allegations of parental alienation or other co-parenting factors/child alignment factors
- Assisting the Court in gaining a comprehensive picture of parenting and family dynamics in the context of (extra) complicated cases
- Assessment and treatment recommendations to protect and promote children's emotional well-being in situations involving high conflict or mental health instability factors

Bow & Quennell, 2002, *Family Court Review*

Table 1
Procedures Used in Child Custody Evaluations

Procedure	Percentage Using Procedure
Interview with father	100.0
Interview with mother	100.0
Interview with each child	92.3
Testing of father	90.4
Testing of mother	90.4
Parent-child observation in office setting	82.7
Document review	78.8
Interview with significant other, if applicable	75.0
Collateral contacts	
Therapist, if applicable	77.7
Other (e.g., friends, guardian ad litem)	73.1
Doctor, if applicable	65.5
School personnel, if applicable	62.0
Relatives	51.9
Testing of child(ren)	38.5
Home visit	34.6
Testing of significant other, if applicable	33.3
Initial conjoint interview	15.4

Bow & Quennell, 2002, *Family Court Review*

Table 2
Types of Psychological Tests Administered to Adults and Children

Test Category	Percentage Using Test Category
Adults	
Objective personality tests	87.8
Parenting inventories	44.9
Projective personality instruments	40.8
Child rating scales	30.6
IQ tests	22.4
Achievement tests	0.0
Children	
Projective personality tests	21.6
Child perception of parent scales	21.6
Objective personality tests	19.6
IQ tests	11.8
Achievement tests	3.9

- **Community Therapist:** Any mental health professional providing psychotherapeutic treatment of a parent, child, couple or family who is not involved with the legal system at any time during the treatment.
- **Court-Involved Therapist** (CIT): Any mental health professional providing psychotherapeutic treatment of a parent, child, couple or family who is, at any time during the treatment, involved with the legal system.
- **Court-Appointed Therapist:** Any mental health professional providing psychotherapeutic treatment of a parent, child, couple or family undertaken because the particular psychotherapist was ordered by a judge to provide treatment. The Court order designates the specific psychotherapist and may describe the expected treatment.
- **Court-Ordered Therapist:** Any mental health professional providing psychotherapeutic treatment of a parent, child, couple or family undertaken because it was ordered by a judge. The Court order does not designate a specific therapist and may describe the expected treatment.

(*Guidelines for Court Involved Therapists, Association of Family & Conciliation Courts*)

Considerations When Working with Court-Involved Therapists

- Informed consent process & issues regarding who holds child(ren)'s privilege and consent to waive
- Clinical competency in navigating high-conflict co-parenting dynamics and managing competing interests
- Treatment must fit the problem! Misguided therapy goals and loss of therapeutic objectivity can exacerbate harm in an already taxed family system.
- Court orders help us help families! Clearly defined roles and expectations are necessary for therapeutic effectiveness (e.g., pros and cons of therapists testifying)

CASE STUDY

- Manor v Manor, Case No. 15-CV-551, The Honorable Judge Spitzer presiding
- Post-divorce custody modification involving two minor children, aged 10 and 13
- Long-standing history of co-parenting conflict
  - Father alleges mother perpetrating physical and sexual abuse
  - Mother alleging father and grandmother perpetrating parental alienation
- At time of Rule 706 appointment, Father had sole medical decision making and Mother limited to DCS-supervised therapeutic supervised visitation
- Finding of parental alienation

CASE STUDY

- Recommendations:
  - sole temporary placement with Mother
  - Father limited to written communication and clinically-supervised visitation
  - Family reunification therapy with Mother
  - Father to participate in qualified individual therapy
  - Oldest minor child cease individual therapy or transfer providers
  - All mental health providers access report
  - Paternal grandmother not have unsupervised contact pending successful clinical intervention

Thank you for your attention!

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