

Boundaries of Professional Competence: Understanding Parental Alienation, Pathogenic Parenting, and the Decompensation of Narcissistic-Borderline Personality Structure

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What has traditionally been called “parental alienation” represents a set of characteristic symptoms associated with the collapse and decompensation of a parent’s narcissistic-borderline personality structure into paranoid and persecutory delusional processes (Millon, 2011),¹ and the transfer of these aberrant and unbalanced meaning constructions from the pathological parent to the child through pathogenic parenting practices and the child’s inherent developmental tendency to socially reference the meaning constructions of parents in ambiguous situations, such as occurs during divorce and the dissolution of the family.

The child’s symptom presentation will be notable for the presence of prominent false beliefs (i.e., a persecutory delusion) regarding a parent whom the child rejects, that are being adopted from the psychopathology of the decompensating narcissistic-borderline parent, and that reflect the pathological parent’s aberrant and unbalanced beliefs regarding the abuse potential or fundamental parental inadequacy of the other parent. These false beliefs will be accompanied in the child’s symptom display by an array of narcissistic, borderline, and paranoid personality disorder features that are similarly being adopted by the child from socially referencing the aberrant and unbalanced meaning constructions of the decompensating narcissistic-borderline parent.

The imposed/adopted false and pathological meaning constructions transferred from the psychopathology of the decompensating narcissistic-borderline parent to the child suppress the child’s natural expression of the child’s inherent, neuro-biologically embedded attachment system. It is this suppression of the child’s natural attachment system expression, mediated by the transfer of delusional processes and personality disorder symptoms from the pathological parent to the child, that has typically drawn parental and professional attention as the primary feature associated with “parental alienation” processes.

The induction in a child of significant adult psychopathology (i.e., delusional beliefs, personality disorder traits, suppression of attachment system functioning) represents “pathogenic parenting” and raises prominent **child protection concerns**.

The assessment, diagnosis, and treatment of this interpersonal psychopathology requires the application of specialized professional knowledge in the following areas:

- An understanding of the characteristic decompensation processes of narcissistic-borderline personality disorder dynamics under stress;

¹ Millon, T. (2011). *Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal*. Hoboken: Wiley.

- Knowledge of child development processes relative to children’s innate neuro-biological press to socially reference, adopt, and express parental meaning constructions, particularly in ambiguous situations;
- The recognition, diagnosis, and treatment of induced delusional processes;
- The neuro-behavioral functioning, and dysfunctioning, of the attachment system in childhood.

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The interpersonal processes involved in the pathogenic parenting responsible for what has traditionally been referred to as “parental alienation” do not represent typical oppositional-defiant processes or typical clinical-range parent-child conflict. The interpersonal processes involved in the pathogenic parenting represent specific personality disorder and delusional disorder processes that require specialized professional knowledge for both diagnosis and treatment.

If a mental health professional does not possess this specialized knowledge, then this knowledge needs to be acquired through study or consultation prior to assessing, diagnosing, or treating this type of mental health condition.

If assessment, diagnosis, or treatment occurs in the absence of this specialized knowledge, then this professional activity may be in violation of Standard 2.01 and 2.03 of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association;

2.01 Boundaries of Competence (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

2.03 Maintaining Competence Psychologists undertake ongoing efforts to develop and maintain their competence.

and Standards 3.11 and 3.1 of the Ethics Code of the American Association for Marriage and Family Therapy;

3.11 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

If the failure of a mental health professional to acquire appropriate and adequate expertise regarding this type of mental health condition results in the misdiagnosis or inappropriate treatment of this type of mental health condition, so that harm accrues to the child or to the

parent who is targeted by the psychopathology, the mental health professional may be in violation of Principle A of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association;

Principle A: Beneficence and Nonmaleficence Psychologists strive to benefit those with whom they work and **take care to do no harm**. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally **and other affected persons...** (emphasis added)

If a mental health therapist engages in protracted and ineffective therapy with a child expressing this condition that is based on a misdiagnosis of the condition because of the therapist's professional ignorance of the complex personality disorder, delusional processes, and developmental issues involved, this activity by the therapist may be in violation of Standard 10.10 of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association;

10.10 Terminating Therapy (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, **is not likely to benefit, or is being harmed by continued service**. (emphasis added)

and standard 1.9 of the Ethics Code of the American Association for Marriage and Family Therapy;

1.9 Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

In some jurisdictions, such as California, professional ethics code standards are codified into the legal statutes governing the practice of psychology;

California Business and Professions Code § 2936. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the "Ethical Principles and Code of Conduct" published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.