

**With proper assessment, diagnosis, and treatment of pathogenic parenting.**



by [Michael Allen](#)

How many of you have been through the court system, been assigned a mental health professional from a “court roster” to help you with “[Reunification Therapy](#)”? How many of you have been through this only to find yourself stuck in the same cycle and even worse the mental health professional assigned to help you reunify has gotten the dynamic completely backwards?

The simple truth of the matter is that [Pathogenic Parenting](#) is so well hidden that even well trained professionals are missing the red flags and even at times aligning unknowingly with the psychologically abusive parent. Most people, even therapists, psychologists, and psychiatrists are ill equipped to understand the dynamics of personality disorder pathology and family systems.

So what are we to do? The professionals we rely on to help our children need our help. While this may sound strange and even though it is not right it is our job as parents to educate our mental health community on the unique dynamic of our situations.

Mental health is moving forward but is still largely in the “dark ages.” These problems we

all face are ultimately rooted in trauma. Trauma begets more trauma - you hurt me so I have to hurt you back. Many are still unfamiliar with how deceptive and hidden personality disorders can be and unless absolutely glaring professionals can very easily miss the behavior. Things like [Borderline Personality Disorder](#) (BPD), [Narcissistic Personality Disorder](#) (NPD), [Anti Social Disorder](#) are all rooted in trauma. They are in a sense “attachment trauma”—usually where a bond to a parent is interrupted for whatever the reason in their family dynamic.

Most people tend to react to their trauma in some form or another. With the alienating parent the NPD tends towards being masculine—the idea being “How dare you leave someone so great as me? I will punish you but taking away what you love most and turning them against you.” With the Borderline disorder it tends to be more feminine—rooted in abandonment fear. Usually someone who has suffered some type of early trauma like rape or sexual abuse in their early years. The narrative in the mind of a Borderline type is “I’m taking the kids, I know you love them therefore you can never leave me.”

These are broad generalizations of course and every story is different. The point is they are all rooted in trauma and once we understand the trauma patterns we as the chosen (healthier) parents can chose to break them.

To deal with mental health professionals who may not be properly trained or understand this complicated dynamic we as the healthier of the two parents have to show up differently. We have to change the narrative of our conversations and learn how to focus on the symptoms emerging in our children vs the actions of the other parent. When speaking with mental health professions (MHP) begin using language like “My ex is reacting to unresolved trauma and repeating those patterns to triangulate our children into the spousal conflict”. This type of language will make MHP’s sit up and listen.

Most people in mental health truly want to help people and are there to make a difference. Those in mental health are our allies and it is up to us to educate them in this complicated dynamic and help them awaken. People struggling with NPD/BPD (diagnosed or not) have very specific traits that are easily identifiable. Tactics such as “[splitting](#)”(recruiting friends and family members against us) , “[gas lighting](#)”(subtle psychological manipulation that makes you question your own sanity), “[projecting](#)” (it’s not me it’s you) are used by all of them. **It takes a properly trained professional to spot the behavior because it can be very subtle.**

Unfortunately more often than not you will get an MHP who gets the problem completely backwards and will align with the alienating parent. Sometimes, therapists are afraid to

diagnosis NPD/BPD for fear of retaliation from the person they diagnose. In these cases parents are still not helpless. Every professional has a license to protect and are governed by a [state licensing board](#). You can file a board complaint as an absolute last resort. You can state professional incompetence if they are not trained or equipped to handle family systems or personality disorder pathology with either your state licensing board or the APA ([American Psychological Association](#)).

We want to avoid that if we can because most MHP's do want to help children and are enlarge good people. As we continue to work towards helping mental health shift, I do see a solution to this problem as more and more parents work together and are able to rise above their own trauma of being separated from their children to come together as once voice. There are tools in the DSM V ([Diagnostic and Statistical Manual Version Five](#)) which is best explained as the "bible" of mental health and diagnosing disorders. There is a hand out written by California Psychologist Dr. Craig Childress called "[professional to professional consultation](#)" that you can hand a mental health provider and say "this is what my family is going through".

We do have tools to use, we just have to pick them up and use them. Many of us have to make the choice to pick up these tools and move forward for our children. Every Alienating parent and every chosen (targeted) parent can benefit from working on their responses with proven and effective treatments like EMDR ([Eye Movement Desensitization and Reprocessing](#)) therapy. It is trauma treatment that is very effective and let's face it....every person in this dynamic is going through a trauma. Especially the children who are being psychologically abused when they are being manipulated to reject a parent when they really just want to love two parents.

The chosen (healthier) of two parents have to make the choice to move forward vs. getting stuck in the pain. Waiting for the other parent to "realize the error of their ways" just won't happen.

Below are diagnosis taken from the DSM V that you can research and utilize to help educate your mental health professional on how to best treat your family.

Be kind to others and to yourself.....it's the only way to break the trauma cycle.

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**Diagnoses mental health can use:**

**✖ Billable codes:**

- [T74.32XD](#) - Child psychological abuse, Confirmed, Subsequent encounter
- [T74.32XA](#)- Child psychological abuse, Confirmed, Initial encounter
- [T74.32XD](#)- Child psychological abuse, Confirmed, Subsequent encounter

**Non billable however can be used to initiate treatment:**

- [Z69.020](#)- Encounter for mental health services for victim of nonparental child psychological abuse
- [Z69.010](#)- Encounter for mental health services for victim of child psychological abuse by parent

**Typical Diagnosis (or un diagnosed and untreated) of Alienating parent:**

- [F60.81](#)- Narcissistic personality disorder
- [F60.3](#) - Borderline personality disorder

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