

[Parallel Process: Staff Splitting](#)

Parallel Process

I find it stunning. I find it appalling. That I would have to educate my professional colleagues before I can have a professional level discussion with them.

That should not be. If you are a licensed psychologist, I should not have to first educate you to be able to have a professional-level patient care discussion with you. That should **not** be.

I was the Clinical Director for a three-university assessment and treatment center for children ages 0-5 in the foster care system. I've also served as the Clinical Director for a FEMA/DOJ project to develop a national model for the mental health assessment of juvenile fire setting behavior, a court-involved forensic pathology.

I am senior clinical staff.

If you are a licensed psychologist, I should not have to educate you before I can have a professional-level discussion with you about patient care.

If I have to first educate you in order to have a professional-level discussion about patient care, then I'm recommending you be placed on remediation and that your patient care duties be suspended until a remediation plan has been completed.

I'll tolerate some ignorance from a pre-doctoral intern; we have supervision pretty tight on them. I will tolerate only a little ignorance from a post-doctoral fellow, they need to get to work and learn. I will not tolerate having to first educate licensed staff in order to have a professional-level discussion of patient care with you.

That is a fact. And yet, in forensic psychology I find myself in exactly that position, of having to educate all of forensic psychology in order to have a professional-level discussion of patient care with them. I find that stunning. I find it appalling. That is not acceptable.

That should never be. You are an ignorant psychologist, and that is unacceptable in patient care.

Remediation

So, let me begin the remediation. The first construct is parallel process. Its application is to you, the psychology person (when you act like a professional, I will call you a professional – until then, you are a psychology person). You are manifesting a parallel process, you most likely don't know what that is, and you certainly don't realize that you are captivated by it.

That is the start of your remediation. Parallel process, what it is, and how you are manifesting it as a mental health person.

You are working with borderline personality pathology. You do understand that, right? Or are you so ignorant that you don't even realize that the "high-conflict" court involved divorce cases often

involve (always involve) narcissistic and borderline personality pathology. Do you not even realize that yet?

Because if that's the level of your professional ignorance, that you don't even realize that you're working with narcissistic and borderline parental personality pathology (splitting; "sides," absence of empathy, lots of continual high-conflict drama), then your remediation program is more extensive (there are many of you in this category of extensive remediation).

For the remainder, those of you mental health people who recognize that "high-conflict," high-intensity, court-involved family conflict often involves narcissistic and borderline personality pathology, I'm confident that you then have learned about narcissistic and borderline personality pathology, right?

You wouldn't be assessing, diagnosing, and treating pathology you know nothing about. That's absurd. So clearly, you have taken it upon yourself to learn about borderline and narcissistic personality pathology.

Let's start with borderline. So you realize that a lot of the "high-conflict" court-involved families you work with involve borderline personality pathology to varying degrees, right? So you would want to learn about borderline personality pathology, right?

Who do you turn to for that? Marsha Linehan, no doubt. Dialectic Behavior Therapy (DBT), all the rage. Marsha Linehan is undeniably top-tier on borderline personality pathology. So you'd get her book, right? On borderline personality pathology, Marsha Linehan's book. You'd read that, right?

Linehan, M. M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York, NY: Guilford

Marsha Linehan, *Cognitive-Behavioral Treatment of Borderline Personality Disorder*, you've read that, right? Because you're working with borderline personality disorder, so you'd read Marsha Linehan, right?

And in reading about treating borderline personality pathology, you'd read about the splitting pathology, which is so central to borderline (and narcissistic) personality pathology. And you'd read how this splitting pathology can spread to the mental health professionals working with the borderline pathology, right?

You know, parallel process. Or is this the first time you've heard of parallel process?

You know, when the mental health professionals begin to mirror the pathology they're treating. Marsha Linehan calls it "staff splitting," it's when the splitting pathology (the polarized side-taking) spreads to the mental health providers and they also divide into polarized "sides" – the parallel process of splitting.

Since you certainly read Marsha Linehan's book on borderline personality pathology because you are working with borderline personality pathology, then you obviously read her description of the parallel process of staff-splitting

From Linehan: “Staff splitting,” as mentioned earlier, is a much-discussed phenomenon in which professionals treating borderline patients begin arguing and fighting about a patient, the treatment plan, or the behavior of the other professionals with the patient.” (Linehan, 1993, p. 432)

From Linehan: “Arguments among staff members and differences in points of view, traditionally associated with staff splitting, are seen as failures in synthesis and interpersonal process among the staff rather than as a patient’s problem... Therapist disagreements over a patient are treated as potentially equally valid poles of dialectic. Thus, the starting point for dialogue is the recognition that a polarity has arisen, together with an implicit (if not explicit) assumption that resolution will require **working toward synthesis.**” (Linehan, 1993, p. 432)

You, all of you forensic psychology people, are living a parallel process of splitting. Yes you are. You are polarized into two sides by the construct of “parental alienation.” That’s the pathogenic function of the construct. It is a symptom of the pathology. The construct of “parental alienation” is a symptom of the pathology. Its function is to create discord and division in professional psychology, the polarized sides, and the parallel process.

You don’t think parallel process happens consciously, do you? Heavens no, it’s entirely an unconscious process. Look at yourself, you’ve all been doing it for years and years and haven’t even realized it. I have to now educate you on parallel process and “staff splitting” as a construct in working with borderline personality pathology to get you to self-reflect.

Once you self-reflect, you’ll go “Oh, I see it now. Wow, I never saw that before.” Yeah, because parallel process is unconscious.

But you are the mental health person. I shouldn’t have to educate you about this. You should already have known this (all of you), and you should already have stopped doing it... all of you.

Just look at Gardner’s PAS. Have you ever seen a more polarizing construct ever? Holy cow, the vitriol that flew back and forth. Polarized sides – all of professional psychology began “arguing and fighting about a patient, the treatment plan, or the behavior of the other professionals with the patient.”

A circular and entirely non-productive argument between two polarized sides. Sound familiar? That’s the pathology isn’t it? I am talking about the pathology, right? A circular and entirely non-productive argument between two polarized sides that goes on for years without end.

Or am I talking about the endless circular round-and-round argument in professional psychology surrounding the construct of “parental alienation.”

Can’t tell, can you. That’s what parallel process is. The process in the mental health people mirrors exactly the process of the pathology.

Parallel process. In this case, sides, endless unproductive conflict.

What if we stopped using the construct of “parental alienation,” what would happen? We would have to apply knowledge, like family systems therapy. We would then recognize that the child is being **triangulated** into the spousal conflict through the formation of a **cross-generational**

coalition with one parent against the other parent, resulting in an **emotional cutoff** in the child's relationship with the targeted parent (Minuchin, Bowen, Haley, Madanes; family systems therapy).

My goodness, we might even apply [Boszormenyi-Nagy](#), a family systems therapist who literally wrote the book on loyalty conflicts in the family:

Boszormenyi-Nagy, I., & Spark, G. (1973; 1984). [*Invisible Loyalties: Reciprocity in Intergenerational Family Therapy*](#). New York: Harper & Row. (Second edition, New York: Brunner/Mazel)

Or we might apply the scientific research on the attachment system (Bowlby, Ainsworth, Sroufe, Tronick), since a child rejecting a parent is a problem in love-and-bonding, in the attachment system. And then, when we did that, we would obviously apply Bowlby's statement that a breach in the attachment bond is the result of "pathological mourning."

From Bowlby: "The deactivation of attachment behavior is a key feature of certain common variants of pathological mourning." (Bowlby, 1980, p. 70)

Once we did that, then we would clearly be able to link the pathological processing of sadness inherent to narcissistic and borderline pathology to the "pathological mourning" described by Bowlby for "deactivating" attachment bonding. You do know about that, right? Kernberg?

From Kernberg: "They [narcissists] are especially deficient in genuine feelings of sadness and mournful longing; their incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated." (Kernberg, 1977, p. 229)

As a psychologist working with borderline and narcissistic pathology, you're certainly familiar with Otto Kernberg. He literally wrote the book on narcissistic and borderline personality pathology:

Kernberg, O.F. (1975). *Borderline Conditions and Pathological Narcissism*. New York: Aronson.

You certainly wouldn't be working with borderline and narcissistic pathology without having read Kernberg. Literally, he wrote the book on the pathology. So obviously you know that narcissistic and borderline personalities have an inherent problem in processing sadness. You know that, right?

You don't, do you. You've never read Linehan or Kernberg, have you. <sigh> Okay.

So, as part of your remediation plan, all of you, start with reading Marsha Linehan regarding borderline personality disorder pathology, she literally wrote the book on it. Know what you are doing. Then read Otto Kernberg on the borderline personality and pathological narcissism. He also literally wrote the book on the pathology, one's CBT one's psychoanalytic. Read both.

Or do you think it's okay to be ignorant about what you're doing? Because it's not. If I'm the Clinical Director, I'm pulling your patient contact until you know what you're doing. This is the remediation plan, start with Linehan and Kernberg.

Minuchin and Bowen are on the reading list, as is Bowlby and van der Kolk. But start with Linehan and Kernberg, because this is important, the parallel process, the endless circular non-productive sides that directly mirrors the pathology of endless conflict.

PAS is Pathogenic

Gardner's PAS model is atrocious. It is designed to sow discord and division in professional psychology. Look what happens the moment we stop using it... all the discord and division in psychology stops, we apply knowledge, and we solve the pathology.

What happens when we use the construct of "parental alienation" – 40 years of endlessly circular and non-productive fighting and arguing in professional psychology, a division, a rift, polarized sides... parallel process.

All mental health professionals – you, the professionals – who know knowledge and apply knowledge – must STOP using the construct of "parental alienation" and must no longer participate in the parallel process of "staff splitting" created by the construct of "parental alienation."

All mental health professionals, you, the professionals, must ONLY rely on the established constructs and principles of professional psychology to which everyone agrees – offering multiple citations to leading figures like John Bowlby, Salvador Minuchin, Murray Bowen, Theodore Millon, Marsha Linehan, Otto Kernberg, Bessel van der Kolk, or Edward Tronick to support your statements, or citations to the scientifically established research literature.

No "new pathology" proposals will be entertained for consideration until AFTER – AFTER – you have applied the established knowledge of professional psychology, and then only based on your argument offered AFTER you apply knowledge that some area of family systems therapy, and attachment research, and research into complex trauma, personality disorders, and the neuro-development of the brain is somehow inadequate to the task of diagnosis and treatment.

Because they're not. The application of knowledge in professional psychology will absolutely solve the pathology. Apply knowledge to solve pathology.

The construct of "parental alienation" is pathogenic; it creates pathology. It creates the pathology of staff splitting in professional psychology, endless argument, entirely unproductive, round-and-round, thereby disabling the mental health system's response to the pathology. That's its function.

That's one of the reasons I have always put the term "parental alienation" in quotes. It is toxic. It is a pathogenic construct, it creates the parallel process of staff splitting in professional psychology (thereby disabling the mental health system into endless argument). I will not use it in a professional capacity. Ask Dorcy, I write a lot of reports for her CRM data profiles, I never once use the construct of "parental alienation" and they are powerful reports.

Once we drop using the construct of "parental alienation," the solution becomes available immediately; family systems therapy, complex trauma, attachment pathology.

Look what Marsha Linehan says about what we must do to escape the parallel process of endless non-productive fighting and arguing in professional psychology, we must work toward **synthesis**.

From Linehan: "...resolution will require **working toward synthesis.**" (Linehan, 1993, p. 432)

That's what an attachment-based description of the pathology provides (AB-PA), a way of synthesis, of rejoining the two "sides" split into conflict in professional psychology. We give up the construct of "parental alienation" and instead we apply the established knowledge of family systems therapy, and personality disorders, and complex trauma, and the attachment system.

We then solve the family conflict and restore healthy bonds of love and affection throughout the family. If there is disagreement about some aspect of an AB-PA model, then what does the research on attachment say? Or the research on personality disorders? Or on family systems therapy?

There is ground, professional ground foundation, to stand on to address and resolve professional disagreements; Bowlby, Minuchin, Beck, van der Kolk, Tronick and all of the scientific research from 100 years of professional psychology.

Beginning with diagnosis... assessment leads to diagnosis, and diagnosis guides treatment.

That is foundational to clinical psychology. Apply the DSM-5. What is your diagnosis? That, then, will guide your treatment.

But that's another area of your remediation, the diagnosis of delusional pathology and Factitious Disorder Imposed on Another. During that remediation domain we'll discuss the BPRS (the Brief Psychiatric Rating Scale) for the assessment of delusional pathology, we'll discuss a shared psychotic disorder (folie a deux; ICD-11 F24) and Factitious Disorder Imposed on Another (Munchausen by Proxy; DSM-5 300.19).

But start with the parallel process of splitting, staff splitting. The construct of "parental alienation" when used in a professional capacity creates endless and non-productive division, discord, and argument about the construct.

From Linehan: "Staff splitting," as mentioned earlier, is a much-discussed phenomenon in which professionals treating borderline patients begin arguing and fighting about a patient, the treatment plan, or the behavior of the other professionals with the patient."

Stop it. The construct of "parental alienation" promotes "arguing and fighting about a patient, the treatment plan, or the behavior of the other professionals with the patient." Parallel process – staff splitting – stop it. Stop doing it.

What to do instead?

From Linehan: "Arguments among staff members and differences in points of view, traditionally associated with staff splitting, are seen as failures in synthesis and interpersonal process among the staff rather than as a patient's problem.

It's our problem, as mental health professionals, we have to be aware and we have to stop doing it. We are allowing ourselves to become polarized into sides. It is OUR continued polarization into sides

(our failures in synthesis), and we must stop doing that. We must come together, in professional psychology.

We will drop the divisive (and pathogenic) construct of “parental alienation” and instead apply constructs from family systems therapy (triangulation, cross-generational coalition, emotional cutoff, multi-generational trauma; Minuchin, Bowen, Haley, Madanes) which are fully defined, which are fully accurate, and which everyone in professional psychology accepts as valid.

From Linehan: “Therapist disagreements over a patient are treated as potentially equally valid poles of a dialectic.”

The Gardnerian model of PAS is the worst model for a pathology ever proposed in the history of mankind. Establishment psychology is absolutely correct in rejecting it, and I agree with them. Gardnerian PAS (“parental alienation”) is an absolutely atrocious professional description of a pathology.

That pole in the dialectic is entirely valid.

There is also a pathology present, it involves the collapse of a narcissistic-borderline personality parent under the stress of the marital failure and divorce. The child is being triangulated into the spousal conflict through a cross-generational coalition with this narcissistic-borderline parent, resulting in an emotional cutoff in the child’s relationship with the targeted parent (Bowlby, Minuchin, Beck, van der Kolk, Tronick).

That pole in the dialectic is entirely valid.

There is a pathology present. That is factually correct. The diagnostic model of “parental alienation” is an atrocious description of the pathology and should NOT be used in a professional capacity. That is also factually correct.

From Linehan: “Therapist disagreements over a patient are treated as potentially equally valid poles of a dialectic.”

What then?

From Linehan: “Thus, the starting point for dialogue is the recognition that a polarity has arisen, together with an implicit (if not explicit) assumption that resolution will require **working toward synthesis.**” (p. 432)

First, you, the licensed psychologists, must recognize “that a polarity has arisen” – you must first see the parallel process before you can stop doing it. It is an unconscious process. If you don’t see it, you live it, you become the parallel process of endless, circular, non-productive argument and discord. You must first recognize “that a polarity has arisen.” First step.

Then, we must work toward... **synthesis**. Establishment psychology correctly objected to the construct of “parental alienation” because it has no scientifically formulated foundations to it. So then, let’s apply the scientific knowledge of professional psychology (Bowlby, Minuchin, Beck, van der Kolk, Tronick; attachment, family systems therapy, personality disorders, complex trauma, the neuro-development of the brain). There, scientifically established foundations, all solved.

We move, we discontinue the use of “parental alienation” in a professional capacity and we apply only the established knowledge of professional psychology, we move toward synthesis.

Then from the other side of the pole, parents require that the pathology be recognized and diagnosed. Fair enough, the pathology exists, narcissistic and borderline personality exists, cross-generational coalitions exist, emotional cutoffs and multi-generational trauma exist.

Establishment psychology then also moves toward synthesis, recognizing the pathology and diagnosing the pathology using the scientifically established constructs of professional psychology (Bowlby, Minuchin, Beck, van der Kolk, Tronick). They move, they acknowledge the pathology exists and they define domains of applied knowledge necessary for professional competence (family systems therapy, attachment, personality disorders, complex trauma, the neuro-development of the brain in childhood).

We move, they move, we find common ground in the scientifically established knowledge of professional psychology. We end the parallel process, we end the endless round-and-round of non-productive argument and discord, and we end the polarization into sides.

We’re the psychologists after all. That’s our job.

Remediation & Patient Contact

However... if you are a licensed professional, I shouldn’t have to first educate you about parallel process and staff splitting surrounding borderline personality pathology in order to have a professional-level discussion with you. You should ALREADY have known this, and you should have ALREADY made it stop. Marsha Linehan’s book was 1993. Salvador Minuchin’s structural family diagram for EXACTLY this pathology was 1994. Kernberg’s book was 1977, Minuchin’s on family therapy was 1974, and Bowen’s was 1978.

This is not new knowledge. Why did no one, in forty years of parallel process, ever see the parallel process, and why did no one ever return to applying knowledge to solving pathology? Sloth. Because you were lazy.

That should never be. That is not acceptable from any licensed psychologist.

Working with this pathology for 20 years is NOT something I would advertise as a professional qualification. Doing something entirely wrong for 20 years is not a positive job qualification.

Standard 2.04 of the APA ethics code requires – requires – that you apply the scientifically established knowledge of professional psychology. If you have not done that – and you have not – then you have been an unethical psychologist for your entire practice. How long are you saying you’ve been an unethical psychologist, 20 years? Being an unethical psychologist (an ignorant charlatan and fraud) for 20 years is hardly a recommendation.

I’m senior staff, and I am not at all happy about having to educate licensed staff in order to have a professional-level discussion of patient care.

You are working with borderline and narcissistic personality pathology. The parallel process of staff splitting has emerged (for 40 years), created by the atrocious construct of “parental alienation” and the wholesale abdication by everyone of reliance on established constructs and principles (Bowlby, Minuchin, Beck, van der Kolk, Tronick).

First thing, you must stop using the construct of “parental alienation” in a professional capacity and you must rely **ONLY** on the established knowledge of professional psychology, which means you must **KNOW** the established knowledge of professional psychology.

THAT... is a requirement of Standard 2.01a of the APA ethics code, you must know the knowledge for the domain of pathology you are treating, it’s called your “boundaries of competence.”

You should **NOT** be working with patients until you know what you are doing. If I’m your Clinical Director, I’m pulling your patient contact and putting you on a remediation plan, starting with lots of reading, Bowlby’s three volumes on Attachment, Separation, and Loss. Minuchin and Bowen on family systems therapy. Beck, Linehan, Kernberg, and Millon on personality disorders and van der Kolk for complex trauma. Siegel and Tronick are essential for the neuro-development of the brain in the parent-child relationship. Then I’ll add a bunch of articles, research studies like the Mineka study on parental emotional signaling of parental anxiety in the creation of child anxiety.

Or is ignorance acceptable? Do you think that it doesn’t matter if your heart surgeon knows anything about open-heart surgery. They’ll wing it. Is that acceptable, if your cancer specialist doesn’t really know anything about cancer or its diagnosis or treatment. Is that okay?

No, it’s not. You are a licensed mental health professional. Your obligation is both to know knowledge and apply knowledge. My dog can do ignorant diagnosis and treatment, and a five-year-old child can make stuff up. You are a professional. Act like it. Know what you’re doing.

Is it okay for psychologists to **not** know about families and how families function when they are assessing, diagnosing, and treating families? No, it is not.

Is it acceptable for psychologists to know **nothing** about the attachment system even though they are assessing, diagnosing, and treating a child who is rejecting a parent, an attachment pathology? No, it is not.

Is it acceptable for psychologists to be entirely ignorant yet make recommendations that separate parents from children... entirely ignorant decisions that destroy the lives of children and devastate parents in traumatic grief and loss, is that acceptable?

No, it's not.