The Therapeutic Risk Typologies

The Alpha Risk Typology

In INA, the Type 1 therapeutic risk typology or Alpha parents are unlikely to have significant risk ratings on psychological assessments, diagnostic consultations; or commit re-offenses when stable employment, counseling, or healthy personal relationships exist. Overall, the Alphas criminal history is minor or isolated. If a child is removed from an Alpha, they are likely returned with limited restrictions by regulatory agencies, such as, CPS or family courts. In relation to child abuse, Alphas should be required to participate in psychological evaluations every 12 months (e.g. gun fitness evaluations) if they possess a registered gun. Alphas during moments of significant distress, such as, divorce or job loss, may psychologically decompensate, increasing the likelihood of neglectful supervision. Without treatment during stressful life events, Alphas are at risk for exhibiting more serious psychopathic patterns, such as, Tragic Hero themes or narrations (Canter et al, 2003; Canter & Ioannon, 2004; Canter & Youngs, 2012). These narrations are harmful as they may result in an increasing risk for self-destructive or suicidal patterns to "save others from wrong-doing". Tragic Hero themes are also insidious to criminal justice professionals, social workers, and inexperienced law enforcement professionals.

The Alpha's Tragic Hero themes may be exacerbated by cultural hypersensitivity. This process is an emotional sensitivity process discussed primarily ethnic minorities and immigrants, but may apply generally to various ethnic and cultural groups. Cultural hypersensitivity is theoretically based on the high psychological exposure to opposite or conflicting core cultural beliefs/morals (e.g. the rejection of physical punishment); and subsequent limited or restricted access to supportive or congruent cultural practices or beliefs (e.g. therapy conducted by someone of a different ethnicity or religion). Clinically, a diagnosis or symptoms of Adjustment Disorder are likely with Alphas with very little immediate evidence of risk or harm to self or others. Relapse prevention strategies are also discussed with Alphas with minor substance abuse problems. Overall, Alphas are likely to successfully complete mandatory services plans. However, the lack of follow-up in psychological evaluations and services should be considered cautionary to regulatory agencies or courts.

The Beta Risk Typology

According to INA, the Type 2 therapeutic risk typology or Beta parents exhibit an initial willingness for mandatory or voluntary services, but also occasional high insidious dystonic risk patterns directly associated with a high probability for neglectful supervision, abuse, and treatment relapse (Chandler, 2013). Betas are unique from other typologies in that they exhibit low threat control from time to time; and are likely to have histories or patterns of hostility or volatility. On psychological evaluations, Betas likely have to a diagnosis or moderate symptoms of Bipolar Disorder, PTSD, Major Depressive Disorder, or Borderline Personality Disorder. On progress reports, Betas may have moderate to low levels of emotional insight, self-sufficiency, employment, or housing stability (Chandler, 2012). Betas also likely to have a childhood history of abuse and neglect with could affect their threat control levels during life stressors, including, legal proceedings and status hearings.

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Beta mothers are likely to become shadow parents; leaving their children with strangers or family members with questionable criminal histories or childhood histories. Poor decision making is often a result of poor emotional regulation. Betas are also likely to have a history or affiliations with others who have a history of domestic violence, assault, drug use, or drug possession. Betas may associate with others who have multiple or serious misdemeanor violations; or those with court cases for unpaid tickets, fines, or child support hearings. Betas may also encounter divorces, break-ups, and enter into new relationships quickly causing conflicts with the adjustment of children. Betas will have difficulties in separating from paramours or spouses who are at-risk for committing child abuse or domestic violence. During counseling, Betas are likely to exhibit low treatment efficacy within the first 90 days.

On the surface, Betas may be misidentified by Victim narrations during counseling sessions or CPS interviews (Chandler, 2013; Canter et al, 2003; Canter & Ioannon, 2004; Canter & Youngs, 2012). There may be a mismatch is court ordered service selection to involve anger management and battery intervention. However, Betas require longer weekly/bi-weekly intervals of counseling or rehabilitation than Alphas (e.g. 6 months or more) to work through core therapeutic issues relative to neglectful supervision, therapeutic visitations, and child abuse risks. Along with Victim narrative themes, the focus of counseling should be generally on subjective knowledge (emotional regulation), self-sufficiency, employment, relational skills, relapse prevention, and safety & supervision planning. Through long periods or histories of probation or legal cases, Betas may become therapeutically manipulative to seek child visitations, shortened service plans, or shortened monitored sentencing provisions by CPS, FBSS, family courts, and/or criminal courts. Young children of Betas are likely to have difficulties with parental attachments, parental loss, and/or parental alienation. Random drug screens or assessments are essential for Betas. Overall, children of Betas benefit from joint managing conservatorship, kinship placement, monitored returns, and court-ordered visitation services.

The Gamma Risk Typology

According to Chandler (2013), the Type 3 therapeutic risk typology or the Gamma parents exhibit a low therapeutic willingness for treatment compliance, but also low dystonic risk patterns directly associated with neglectful supervision and child abuse. During INA, Gammas are likely to have significant psychiatric or rehabilitative histories. On psychological evaluations, Gammas are likely to have a diagnosis or exhibit symptoms of Schizoaffective Disorder, Bipolar Disorder, Borderline Personality Disorder, Substance Dependence, or other chronic health conditions. Gammas are also likely to be aware of their psychological dysfunctions or health limitations. They are also likely to have juvenile histories, school difficulties, and special education. Their history of limited discriminatory thinking or poor judgment affects their child safety and well-being. Gammas are also likely to have limited adult criminal or legal histories than Betas; but when criminal charges occur, they tend to be more severe in nature. The non-compliance of forensic psychotherapy, psychiatric medications, and/or rehabilitation are the core factors that places Gamma children at-risk for neglectful supervision.

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Gammas are likely to have limited relationships outside of family members or relatives who may also be at-risk for child abuse, neglect, and criminality. Gammas have a limited self-sufficiency; and are likely to seek disability/assistance for housing and financial stability with limited to moderate success. The children of Gammas are likely raised or supervised by relatives. Gammas are also likely to engage in high-risk relationships and misuse prescriptions, alcohol, and drugs to self-medicate or seek acceptance by paramours or significant others. Routine alcohol and drug screens are recommended for Gammas (Chandler, 2012). The treatment efficacy is low to average within the first 6 months. The treatment focus is primarily on parenting skills or other rehabilitation skills (e.g. relapse prevention, life skills, etc). If a child is removed from a Gamma, it is likely that the child would benefit from a guardian, kinship placement, possessory parental status, or supervised visitations. For Gammas, CPS and courts are likely to consider possessory level statuses only to reduce recidivism or re-offenses against their children. The children of Gammas are likely to have developmental disabilities or delays; and/or exhibit symptoms of a disorganized attachment style (Chandler, 2012). Overall, the extensive psychiatric and/or rehabilitative history would likely prohibit Gammas from possessing a registered gun.

The Delta Risk Typology

The Type 4 therapeutic risk typology or Delta parents are likely to exhibit low therapeutic compliance and high dystonic risk patterns without legal intervention (Chandler, 2013). According to INA, a Delta is likely to have serious criminal histories or chronic legal problems that place them at a high probability for child abandonment, neglectful supervision, and abuse. The Deltas' criminal history is typically for assault, theft, drug possession, and/or firearm possession. Delta mothers and fathers are likely to have a series of misdemeanor violations, probation, and/or child custody/paternal issues. Deltas are less likely to have consistent legal employment due to their criminal record. They may appear to have an initial interest in CPS, FBSS, or other court services to avoid or manipulate legal consequences (e.g. court ordered child support payments). On psychological evaluations, Delta parents are also likely to have inconsistent reports or problems with valid psychological profiles. (They tend to invalidate psychological tests).

The social networks for Deltas are likely with others with similar antisocial patterns; or they will seek relationships for dominance and control over docile paramours with less extensive criminal backgrounds. Deltas exhibit the Professional (criminal) themes during counseling (Canter et al, 2003; Canter & Ioannon, 2004; Canter & Youngs, 2012). Therefore, their manipulative thinking and criminal orientation is often the core feature that places their child at-risk for neglect and abuse. Deltas may use drugs recreationally and professionally; and thus, commit unsafe acts around their children (e.g. buy, use, or deal drugs). They may utilize corporal punishments regularly for discipline and their bond with their children is also low, disorganized, or non-existent. The emotional instability and/or drug use patterns are less likely treated without CPS or court ordered interventions. It is essential to conduct urine and hair follicle drug screens with Deltas.

For Deltas, the core features of counseling are legal stability, relapse prevention, safety & supervision planning, and community resources (Chandler, 2012). Symptoms of Major Depressive Disorder, Bipolar Disorder, PTSD, Gambling Addiction, Substance-Related Disorder, and Grief/Loss are not uncommon. If a child is removed from a Delta, it is likely that CPS or the court will seek parental termination due to frequent violations in service planning or court orders. Deltas are likely to only rehabilitate under strict CPS and court ordered treatment regimens that are greater than 12 months in duration. The treatment efficacy is likely to be within the moderate range within a 6-month interval. Young children of Deltas are likely to exhibit a disorganized attachment style during observations or family counseling sessions. Due to serious criminal histories, Deltas tend to possess guns illegally.

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