

# CHILDREN RESISTING POSTSEPARATION CONTACT WITH A PARENT: CONCEPTS, CONTROVERSIES, AND CONUNDRUMS

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This article provides an overview of the key concepts, themes, issues, and possible mental health and legal interventions related to children's postseparation resistance to having contact with one parent. We maintain that the too often strongly gendered polemic on alienation and abuse is polarizing and needs to be replaced with a more nuanced and balanced discussion that recognizes the complexity of the issues so that the needs of children and families can be better met. This article reviews the historical development of the concept of alienation; discusses the causes, dynamics, and differentiation of various types of parent child contact problems; and summarizes the literature on the impact of alienation on children. These are complex cases. A significant portion of the cases in which alienation is alleged are not in fact alienation cases; for those where alienation is present, interventions will vary depending on the degree of the alienation. More severe alienation cases are unlikely to be responsive to therapeutic or psycho-educational interventions in the absence of either a temporary interruption of contact between the child and the alienating parent or a more permanent custody reversal. We conclude with a summary of recommendations for practice and policy, including the need for early identification and intervention to prevent the development of severe cases, interdisciplinary collaboration and further development and research of interventions.

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## INTRODUCTION

Alienation cases have received much public and professional attention in the last year, particularly in Canada, with many reported cases (Bala, Hunt, & McCarney, 2010) and media attention<sup>1</sup>. As with so many issues in family law, there are polarized, strongly gendered narratives of alienation. Some men's rights activists claim that mothers alienate children from their fathers to seek revenge for separation, some making false and malicious allegations of abuse.<sup>2</sup> These groups may further assert that the courts are gender-biased against fathers in dealing with child custody matters generally and especially when addressing alienation.<sup>3</sup> Some feminists dismiss all, or most, alienation claims as fabricated by male perpetrators of intimate partner violence, often also abusive fathers, to exert control over the victimized mother and maintain contact with children, who justifiably resist or refuse contact with them, this being an adaptive and positive coping mechanism.<sup>4</sup>

While there is some validity to both of these narratives, each has significant mythical elements, and furthermore, in our view, neither is especially helpful for improving the lives of children. The reality of these cases is often highly complex and not captured by either of these relatively simplistic explanations.

Clinical experience and research have shown that abusive men may alienate their children from their victim mothers (Johnston, Walters, & Olesen, 2005b). These men may allege attempted alienation by the victim as a smokescreen to their own abusive behavior,

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or claim that it is the mother's behavior that has alienated the children. Rightly, mothers whose partners are abusive attempt to protect their children. *And*, not "but," there are indeed other women consciously, or unconsciously, motivated by vengeance or due to personality disorders or mental illness who may alienate their children from fathers with whom the child had at least an adequate relationship and in many cases a good and loving relationship. A subset of these women may make repeated false allegations of abuse, some intentionally and more unintentionally, truly believing and even after thorough investigations not being able to be reassured that the abuse did not occur. The existence of alienation is not equivalent to a denial of child abuse or intimate partner violence. What is concerning is that the feminist advocates who, in the name of helping women, deny that alienation exists, do a great disservice to not only the many mothers who are unjustifiably alienated from their children, and often by abusive men, but more importantly do a disservice to the children.<sup>5</sup> Similarly, fathers' rights and "parental alienation *syndrome*" groups do a disservice to children and rejected parents if they portray all rejected parents as "victims" and resist scrutiny of the conduct of these parents.

These narrow and polarizing perspectives mirror the inflexible all or none thinking observed by alienated children and their parents. This is not an either/or proposition; there are abused children and there are alienated children. Professionals need to move beyond extreme and simplistic analyses. It can be very challenging for professionals to properly understand the dynamics of an individual family where allegations of alienation are present and for judges, lawyers, and mental health professionals to make decisions or offer opinions that truly promote the best interests of the children.

There are no reliable statistics on the prevalence of alienation. Even in high-conflict separations where it is common for each parent to express negative sentiments about the other parent to the child, most children continue to long for and seek contact with both parents (Wallerstein & Kelly, 1980; Hetherington, Cox, & Cox, 1985; Johnston, Walters, & Olesen, 2005b; Warshak & Santrock, 1983). Further, while alienating behaviors are common, not all children exposed to such behaviors become alienated (Johnston, Walters, & Olesen, 2005c). Writers note that even abused children are likely to want to maintain a relationship with their abusive parents.

A minority, between 11 and 15 percent, of children from community samples of divorcing families have been found to reject or resist contact with one parent while remaining aligned with the other parent (Johnston, 1993, 2003; Johnston, Walters, & Olesen, 2005b; Racusin & Copans, 1994; Wallerstein & Kelly, 1980). Estimates of alienation are higher in custody-disputing samples, with some studies reporting about one-fifth (Kopetski, 1998a, 1998b; Johnston, 1993, 2003; Johnston, Walters, & Olesen, 2005c), and others reporting as high as 40 percent of children exhibiting an alignment with one parent (Johnston & Campbell, 1988; Lampel, 1996). In one study of highly conflicted custody-disputing families, Johnston and her colleagues reported about one-fifth (20 to 27 percent) had alienation issues, but only about 6 percent were found to be extremely or severely rejecting of a parent.

Research consistently indicates that boys and girls experience alienation about equally, but that adolescents are more likely to become alienated from a parent than younger children (Kelly & Johnston, 2001). Both mothers and fathers can be alienated from their children (Bala, Hunt, & McCarney, 2010), although most successful alienation is perpetrated by the parent with custody or primary care of children (most commonly the mother), as it is difficult (though not impossible) for a parent with limited contact with a child to alienate a child from the primary caregiver.

## KEY CONCEPTS, THEMES, AND ISSUES

### DEVELOPMENT: CONTEXT AND CONTROVERSY

Although the concept of “alienation” is a relatively new psychological term, it is not a new phenomenon. In 1949, psychoanalyst Wilhelm Reich (Reich, 1949) wrote in his book, *Character Analysis*, that certain personality types amongst divorced parents defend themselves from narcissist injury by fighting for custody of the child and defaming the partner in an effort to rob the other parent of the pleasure of the child. In 1980, Wallerstein and Kelly (1980) referred to an “unholy alliance between a narcissistically enraged parent and a particularly vulnerable older child or adolescent, who together waged battle in efforts to hurt and punish the other parent.” Johnston and Roseby (1997) noted that these “unholy alliances” are a later manifestation of a failed separation–individuation process in vulnerable children exposed to dysfunctional family relationships during their early years.

In 1985, the late American psychiatrist, Richard Gardner, introduced the term “parental alienation syndrome” (PAS), defining it as:

The parental alienation syndrome (PAS) is a disorder that arises primarily in the context of child custody disputes. Its primary manifestation is the child’s campaign of denigration against a parent, a campaign that has no justification. It results from the *combination* of a programming (brainwashing) parent’s indoctrination and the child’s own contribution to the vilification of the target parent. When true parental abuse and/or neglect are present, the child’s animosity may be justified, and so the parental alienation syndrome explanation for the child’s hostility is not applicable (p. 61).

Gardner placed particular emphasis on three contributing factors: “parental ‘brainwashing,’ situational factors and the child’s own contributions.” The diagnosis of PAS is dependent on eight primary factors identified in the child: (1) campaign of denigration; (2) weak, frivolous or absurd rationalizations for the deprecation; (3) lack of ambivalence; (4) the “independent thinker” phenomenon (child claims these are their own, and not the alienating parent’s beliefs); (5) reflexive support of the alienating parent in the parental conflict; (6) child’s absence of guilt over cruelty to, or exploitation of, the alienated parent; (7) presence of borrowed scenarios; and (8) spread of rejection to extended family and friends of the alienated parent.

Gardner advised that PAS is determined by the extent to which the efforts of the alienating parent have been successfully manifest *in the child*, and not by the parent’s efforts alone. The eight symptoms are likely to appear in moderate and severe cases of PAS, while some, but not all, of them may occur in the milder forms.

Douglas Darnall (1997, 1998) differentiated PAS from Parental Alienation (PA), noting that PAS focuses on the *child’s* reaction while PA, his preferred term, focuses on the *alienating parent’s* behavior. Unlike others who criticize Gardner’s apparent emphasis on the conduct of the alienating parent’s role in the child’s resistance or refusal, at the exclusion of other factors, Baker and Darnall (2006) argue that Gardner tended to focus on the child, while they stress the alienating parent’s behavior in their conceptualizations.

Warshak (2001) identified three components that must be present for a *bona fide* identification of parental alienation: (1) a persistent, not occasional, rejection or denigration of a parent that reaches the level of a campaign; (2) an unjustified (unreasonable) or

irrational rejection by the child; and (3) rejection by a child that is a *partial* result of the alienating parent's influence. Initially, Warshak (2003a, 2006) suggested that the concept of "pathological alienation" might bridge the evident differences in the literature. He defines this as "a disturbance in which children, usually in the context of sharing a parent's negative attitudes, suffer unreasonable aversion to a person, or persons, with whom they formerly enjoyed normal relations or with whom they would normally develop affectionate relations" (2006, p. 361). This definition considers not only the role of the child, but explicitly identifies the role of the alienating parent, a necessary component of the problem. Importantly, Warshak's definition further identifies two critical aspects: (1) a *change* from a previously good relationship where the child shared a warm and healthy attachment, or would have been expected to develop a good relationship and (2) the possibility that the aversion may also be *applied to others* (such as other family members), and not only to parents. This recognition that a child once had a secure attachment to the now rejected parent, notwithstanding personality or parenting flaws, is of particular relevance for accurate assessment and when remedies are considered, a point to which we return later. More recently, Warshak (2010b) questions using a label that includes "pathological," because of its association with the medical model.<sup>6</sup>

#### ALIENATION AS A DIAGNOSIS—PAS?

Gardner's work was historically important, while also being controversial, both then and now. For example, many writers have abandoned the term "syndrome." While some mental health professionals support the validity of a PAS diagnosis (Brody, 2006; Burrill, 2006b; Katz, 2003; Kopetski, 2006; Leving, 2006; Lorandos, 2006; Rand, 1997a, 1997b; Rand, Rand, & Kopetski, 2005; Walsh & Bone, 1997), others have argued that having a diagnosis of PAS is not useful, is not valid clinically, and does not meet the criteria for a syndrome from an evidentiary perspective (Bruch, 2001; Emery, 2005; Faller, 1998; Hoult, 2006; Johnston & Kelly, 2004; Walker, Brantley, & Rigsbee, 2004b; Williams, 2001; Ziogiannis, 2001).

Criticisms include the observation that PAS is not included in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV™)*. Gardner's reply (2002b, 2004) explains that submissions were never made for PAS to be included, thus the committees did not have occasion to reject it. He adds that in the 1980s, when he began noticing and writing about PAS, it would have been premature to consider PAS for *DSM-IV* because there were too few articles in the literature to warrant a submission for inclusion to the committees that started meeting in the early 1990s. Years ago, Gardner predicted that the committees for *DSM-V* were likely to consider a submission for inclusion given that there were well over 100 articles at that time on PAS, including 18 by Gardner in peer-review journals, 66 by others, and 51 on the phenomena of pathological alienation (list available from [www.rgardner.com](http://www.rgardner.com) and [www.warshak.com](http://www.warshak.com)). There are many more articles since then. Gardner's prediction has come true and the *DSM* committees are now considering PAS as a diagnosis for inclusion in the next edition, scheduled to be released in 2012. However, as Warshak (2006) notes, *DSM* specifically cautions against its use in forensic settings (pp xxiii–xxiv). Warshak (2001) and others argue against the use the term "parental alienation *syndrome*" in reports and testimony, instead recommending inclusion of statements made by parents and children, and descriptions of family dynamics and behaviors.

## DIFFERENTIATING PARENT–CHILD CONTACT PROBLEMS

A child may resist or reject a parent for many reasons. Research and writing has resulted in the development of a more nuanced and better understanding of parent–child contact problems. Kelly and Johnston (2001) conclude that Gardner’s formulation placed too much emphasis on the conduct of the alienating parent, with insufficient consideration to the many other equally significant contributing factors, including the role of the rejected parent. In an effort to focus on the child, they refer to the “alienated child” who “freely and persistently expresses unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are disproportionate to their actual experience of that parent.”

Kelly and Johnston (2001)<sup>7</sup> provide a reformulated systems-based and multifactor model to explain why some children resist contact or reject a parent and remain aligned with the other parent. The identified factors include: (1) the alienating behavior and motivation of the aligned parent; (2) the rejected parent’s inept parenting and counter-rejecting behavior (before or after the rejection); (3) domestic violence/abuse and child abuse/neglect; (4) chronic litigation that typically includes “tribal warfare” (involvement of family, friends and new partners); (5) sibling dynamics and pressures; (6) a vulnerable child (dependent, anxious, fearful, emotionally troubled and with poor coping and reality testing); and (7) developmental factors (e.g., age-appropriate separation anxiety, response to separation or conflict consistent with the cognitive development of children aged 8 to 15 years).

Consistent with the work of Gardner (1992a) and others (e.g., Warshak, 2002), the Kelly and Johnston model emphasizes the need to differentiate the truly alienated child, consequent to a parent’s pernicious influence, from the child who resists or refuses contact with a parent for reasons not primarily due to an alienating parent’s overt, or covert, campaign against the other parent. In this model, because a child’s rejection of one parent can occur in the absence of an alienating parent, the behavior of the favored parent *may* not be the most important factor, and may not even be significant. Further, even when the alienating parent’s conduct is a contributing factor, Kelly and Johnston note that the other factors are as equally important to consider. Kelly and Johnston’s reformulated model, and subsequent developments of this model (Drozd & Olesen, 2004; Friedlander & Walters, 2010), require the various types of rejection or resistance (e.g., stage of development, response to the parental separation or high conflict, child abuse/neglect or violence) to be differentiated based on the reasonableness of the child’s reaction (Gardner 2002b; Warshak, 2000, 2001).

As aptly elucidated by Kelly and Johnston and others, children can refuse or resist contact with one parent for many reasons. A child while maintaining contact with both parents, may have an *affinity* toward one parent because of temperament, gender, age, familiarity, greater time spent with that parent, or shared interests. For example, a toddler may experience normal separation anxiety or a preference for the parent of the opposite gender, while an older child may prefer the parent of the same gender. This normal and developmentally expected ebb and flow of preferences (affinity) and gender identification occurs in both divorced and nondivorced families, and is not the result of an alienation process. When it occurs in divorcing families, however, affinities and gender identifications can be concerning to both parents; the preferred parent incorrectly concludes the other parent has erred in some significant way, and the resisted parent, feeling threatened, may incorrectly conclude that the other parent is trying to alienate the child.

*Alignments* between the child and the preferred parent may develop before, during or after the separation because of the nonpreferred parent's minimal involvement in parenting, inexperience or poor parenting, even if these shortcomings do *not* reach the level of abuse or neglect. Alignments may develop before the separation when parents invite their children to take their sides; these alignments may transition to alienation during or after the separation. Also, alignments may develop for divorce-specific reasons, such as when a child becomes angry or upset with a parent who leaves the family; leaves the left parent feeling hurt, upset, or angry; or starts a new relationship. Further, children may form alignments in response to ongoing or emergent parental conflict, such as that related to financial disputes or a desire to relocate. These divorce and parental conflict-related alignments, which may not be unjustified initially, may, if not remedied early on, develop into alienation where the child's reaction becomes disproportionate to the reality of their experience with the rejected parent.

As children mature cognitively, they move from egocentric and concrete reasoning to being able to consider the perspective of others. While younger children can take the perspective of the parent they are with at the time, they are unable, at least initially, to consider discrepant perspectives simultaneously. Accordingly, loyalty conflicts initially manifest with a child demonstrating a shifting allegiance (Johnston & Roseby, 1997). As children mature cognitively, they acquire the capacity for reflexive thought ("I know that you know that I know") and can then partially begin to retain more than one perspective at a time. When a child experiences contradictory parental perspectives, cognitive dissonance and true loyalty conflicts may emerge. To cope with persistent and contradictory information, distress and confusion, the child may move from shifting allegiances with each change in care to an alignment with one parent, accompanied by either a resistance or refusal to spend time with the other parent. To rationalize this behavior, the child tends to see the situation in black-and-white terms, believing that one parent is all (or mostly) good while the other is all (or mostly) bad. This "reasoning" can become fixed and inflexible and grow to have a life of its own; it persists without the evident influence of the aligned parent.

"Child alienation" needs to be differentiated from a "realistic estrangement," where the child's resistance or refusal may result from the trauma of witnessing domestic violence or from experiencing physical abuse, sexual abuse, or significantly inept or neglectful parenting by the rejected parent. It is truly abusive behavior or extremely compromised parenting that differentiates alienation from a realistic estrangement. In these cases, children may exhibit symptoms of post-traumatic stress disorder rather than a disproportionate or unjustified reaction to their actual experience with the rejected parent. Reacting with anger, fear or a need to retaliate, the aligned parent may attempt to protect the child from harm. Treatment and judicial remedies will necessarily be different in these two circumstances, both involving a parent-child contact problem.

With more research and experience, legal and mental health practitioners have noted that pure or "clean" cases of child alienation and realistic estrangement (those that *only* include alienating behavior on the part of the favored parent or abuse/neglect on the part of the rejected parent, respectively) are less common than the mixed or "hybrid" cases, which have varying degrees of enmeshment and boundary diffusion between the aligned parent and the child and some degree of ineptness by the rejected parent, making proper "diagnosis" and intervention planning extremely challenging (Friedlander & Walters, 2010). In some instances of realistic estrangement the aligned parent's reactions may be disproportionate to the circumstances and even emotionally harmful to the child (Friedlander & Walters,

2010; Johnston, Roseby, & Kuehnle, 2009). The protective response of the aligned parent in *both* child alienation and realistic estrangement can look like alienating behavior.

In cases where the rejected parent has been abusive or violent with the other parent, or neglectful, abusive or significantly inept with the child, the more correct “diagnosis” is realistic estrangement, justified *primarily*, though not always exclusively, by the rejected parent’s behavior. The child’s reaction to the rejected parent is relatively independent and occurs irrespective of the preferred parent’s attitudes and behavior. In alienation, the child’s resistance or rejection is *primarily*, though not always exclusively, the result of the alienating parent’s conduct, conscious or unconscious, subtle or obvious, direct or indirect. This parent may be malicious and vindictive, feel above the law, be deliberate in their actions, or have a mental illness that may be marked with disordered thinking or paranoia, suggesting their behavior is unintentional. In cases of realistic estrangement, protective and other reactive behavior by the preferred parent can be mild, moderate or severe, as can the level of the estrangement (the child’s reaction) itself.

While pure or clean cases may be less common than mixed cases, some cases may be more pure or clean than others. When attempting to differentiate alienation from realistic estrangement, it is important to recognize that lapses in good parenting are common and expected; there are no perfect parents. Incidents of poor parenting by the rejected parent may occur in some and even most cases of child alienation, although not necessarily all cases. In other cases, rejected parents are good or perfectly appropriate parents, both before and after the alienation surfaces (Baker & Fine, 2008; Johnston, Roseby, & Kuehnle, 2009). Here, the child enjoyed a good relationship with the parent, with any deficits in the parent’s personality or behavior being insufficient to cause a rift. What started out as a known parenting flaw may come to be seen as a contributing factor to the child alienation. It is also possible that once accepted parenting behavior changes for the worse postseparation because that parent is parenting in a different context and without the other parent as a support or buffer, resulting in rejection of that parent. When poor parenting is present in child alienation, it does not rise to the level of neglect, emotional abuse or physical abuse; if it did rise to this level, the identification should not be alienation but estrangement. It is *primarily*, although not exclusively, the disproportionate reaction *of the child* in combination with the aligned parent’s alienating behavior, intentional or unintentional, that makes it child alienation.

While a best practice assessment will assist the justice system in the differentiation and weight put on all of the contributing factors and on the analysis and ultimate categorization of parent–child contact problems, classification is not an exact science, but rather involves both art and science (Gould & Martindale, 2007). What is key in child alienation and helpful in making these sometimes fine distinctions, is *how* the aligned parent responds to inevitable instances of poor parenting by the rejected parent; that is, not only what the alienating parent does, but also what this parent does *not* do. In child alienation, the aligned parent puts a spin on the rejected parent’s flaws, which are exaggerated and repeated. “Legends” develop and the child is influenced to believe the rejected parent is unworthy and in some cases abusive. The child develops an anxious and phobic-like response. Like other phobias, the continued avoidance of the anxiety-provoking circumstances (parental conflict, loyalty bind), or feared object (the rejected parent), known as “anticipatory anxiety”, reinforces the child’s avoidance and rejection. The child’s resistance or refusal is reinforced by the aligned parent’s approval and extra attention. Further, a mutually escalating cycle of fear and anxiety develop between the child and alienating parent; the more upset the child is, the more protective and concerned the parent is, which in turn

escalates the child's reactions, and so on.<sup>8</sup> Learning theory demonstrates that the correction (extinction) of the avoidance is extremely difficult and requires exposure and systematic desensitization to the avoided circumstance or feared object.

Further, in alienation the child's relationship with the rejected parent is not supported by the alienating parent; the child is not encouraged to see both the good and not so good in the other parent. Nor is the child required to sort out and resolve the difficulties or conflicts, as the aligned parent would likely expect of the child in other situations, such as when the child complains about a friend, teacher or coach, giving the child the distinct impression that the child's relationships with other people are more important than having a relationship with their other parent. When difficulties occur between the aligned parent and the child (or with a relative of that parent), the parent is likely to expect and require the child to sort out those difficulties, not avoid them or sever ties with the people with whom the child experienced the conflict. Instead, the alienating parent exploits the rejected parent's common foibles and shortcomings, and purports to "leave the decision" about whether to have contact or even making efforts to resolve conflicts, to the child, thereby sending a strong message that the relationship is not that important. Interestingly, it is not uncommon for this parent who is noncommittal or lenient when it comes to the child seeing the other parent, to assert firm expectations and sometimes be intrusive and overly controlling when it comes to the child's behavior in other respects, such as homework, being polite with relatives and neighbors, chores, extracurricular activities and lesson and so on. Good parenting includes not only listening and validating a child's feelings, but also helping them to see things from another person's perspective, resolving not avoiding conflicts, having expectations, and modeling compassion, empathy and forgiveness; practices that are not part of the truly alienating parent's repertoire when it comes to the rejected parent.

There is a further necessary distinction that is not attended to sufficiently by some writers—between inappropriate and counterproductive behavior on the part of the rejected parent, behavior that is *reactive* to the situation and the child's resistance or rejection, and behavior on the part of the rejected parent that pre-dates the alienation and thus is *causal*. We discuss commonly observed reactive behaviors of the rejected parent below.

## THE CHILD

In addition to the aligned parent exhibiting degrees of alienating behaviour, manifestations of alienation in a child are varied and depend on many factors, including the degree of alienation itself—mild, moderate or severe.<sup>9</sup> Children will exhibit all or none thinking, idealizing the favored parent and devaluing the rejected parent. They will likely deny having ever experienced any good times with the rejected parent when this is clearly not the case; if shown video or photographs depicting otherwise, they will claim the images have been doctored or they were just pretending. Often, complaints are presented in a litany, some of these being trivial, false or irrational. The child's tone and description of the relationship with an alienated parent is often brittle, repetitive, has an artificial, rehearsed quality, and is lacking in detail. The child's words are often adult-like. The child's reaction of hatred or disdain is unjustified and disproportionate to the deed. The negative feelings are expressed with little if any ambivalence. They can be rude and disrespectful, even violent, without guilt. Feelings and hatred often include the extended family or friends of the parent, even when the child has had little or no contact with them for some time. The hatred may even extend to pets of the rejected parent.



The child's words are often incongruent with his or her affect. While claiming to be fearful, an alienated child, often and easily without a typical fear reaction, shows anger for abandonment, the separation, and for the rejected parent not being a responsible parent or for hurting the favored parent. Younger siblings often mimic what they have heard their older sibling say and are unable to elaborate on the details of the events they are alleging. Children are likely to deny any hope for reconciliation or having been influenced by, or concerned for, the favored parent. Some alienated children are precocious and appear pseudo-responsible or adult-like, while others may be vulnerable, dependent, and have special needs.

### THE FAVORED PARENT

Psychopathology and personality disorders are present in a significant proportion of high-conflict parents litigating over custody or access (Johnston, 1993; Feinberg & Greene, 1997; Friedman, 2004; Siegel & Langford, 1998). These parents may be rigidly defended and moralistic, perceive themselves to be flawless and virtuous, externalize responsibility onto others and lack insight into their own behavior and the impact of their behavior has on others (Bagby, Nicholson, Buis, Radovanovic, & Fidler, 1999; Bathurst, Gottfried, & Gottfried, 1997; Siegel, 1996). Psychological disturbance, including histrionic, paranoid, and narcissistic personality disorders or characteristics, psychosis, suicidal behavior and substance abuse are common among alienating parents (Baker, 2006; Clawar & Rivlin, 1991; Gardner, 1992b; Hoppe & Kenney, 1994; Kopetski, 1998a, 1998b; Johnston & Campbell, 1988; Johnston, Walters, & Olesen, 2005a; Lampel, 1996; Siegel & Langford, 1998; Rand, 1997a; Racusin & Copans, 1994; Turkat, 1994, 1999; Warshak, 2010a).

Janet Johnston and her colleagues compared parents, some of whom were alienating, participating in custody evaluations with data from two nonpatient samples of separated parents (Johnston, Walters, & Olesen, 2005a). They found that custody litigants were significantly different from the nonpatient samples on numerous variables, most notably their lack of resilience to separation and their experiences of loss. Sometimes an alienating parent, typically a father, is also a perpetrator of intimate partner violence or child abuse, and the child, through a process of identification with the aggressor, becomes alienated from the victim parent (Drozd, Kuehnle, & Walker, 2004; Drozd & Olesen, 2004; Johnston, Walters, & Olesen, 2005b).

Alienating behavior can be conceptualized on at least two dimensions: level of severity (mild, moderate or severe behaviors) and intentionality (conscious, malicious and direct, or more unconscious, manipulative and indirect).<sup>10</sup> Responsiveness to intervention and the court are important, related aspects of these dimensions. It is common for family and friends of the alienating parent to exert control and manipulation as well.

Clawar and Rivlin (1991) identify 8 different processes involved in severe alienation: (1) theme for the rationalization of rejection; (2) sense of support and connection to alienating parent is fostered; (3) feeling of sympathy for the alienating parent is fostered; (4) child's loyalty is tested by child's behavior/attitude; (5) reinforcement by seeking out behaviors of the rejected parent that reinforce the alienation; (6) maintenance of alienation: subtle reminders; (7) child shows support for beliefs of alienating parent; and (8) child's compliance tested: rewarded or not admonished for inappropriate behavior.

Darnall (1998) identifies three types of alienators: (1) *naïve alienators* are passive about the relationship with the other parent and occasionally say or do something to alienate or

reinforce alienation; (2) *active alienators* know what they are doing is wrong but, in an effort to cope with hurt and anger, alienate as a result of emotional vulnerability or poor impulse control; and (3) *obsessed alienators* feeling justified: this parent wants to hurt the target parent and destroy the child's relationship with that parent, rarely showing self-control or insight.

Baker (2005a) identifies five general strategies alienating parents use to turn children against the other parent and the extended family (some or all may be used), with levels of severity and explicitness ranging within each of these categories. In another study, Baker and Darnall (2006) identify as many as 1,300 actions, categorized into 66 strategies. These strategies are summarized into seven groups, plus a catch-all miscellaneous group:

- (1) Badmouthing (e.g., qualities, portrayed as dangerous, mean, abandoning; using the rejected parent's first name with the child instead of "Mom" or "Dad", etc.);
- (2) Limiting/interfering with parenting time (e.g., moving away, arranging activities during scheduled time with rejected parent, calling during contact; giving child "choice" about whether to have contact, etc.);
- (3) Limiting/interfering with mail or phone contact (blocking, intercepting, or monitoring calls and mail, etc.);
- (4) Limiting/interfering with symbolic contact (limiting mentioning, no photographs, having child call someone else "Mom" or "Dad"; changing child's name, etc.);
- (5) Interfering with information (e.g., refusing to communicate, using child as messenger not giving important school and medical information, etc.);
- (6) Emotional manipulation (e.g., withdrawing love, inducing guilt, interrogating child, forcing child to choose/express loyalty or reject, rewarding for rejection, etc.);
- (7) Unhealthy alliance (e.g., fostering dependency, child having to spy, keep secrets, etc.); and
- (8) Miscellaneous (e.g., badmouthing to friends, teachers, doctors, interfering with child's counseling, creating conflict between child and rejected parent, etc.)

The alienated child becomes highly attuned to the aligned parent's neediness and dependency on the child for love and acceptance. Quickly, the child comes to know that it is impossible to show love for both parents; showing love for and receiving love from the rejected parent is tantamount to betraying the alienating parent. A child's loyal behavior is rewarded with warmth, attention love and even material goods. Disloyal behavior is negatively reinforced with punishing looks, anger, withdrawal and abandonment, a risk the child cannot take having already "lost" one loving and loved parent.

## THE REJECTED PARENT

As previously mentioned, an important and often times omitted distinction needs to be made between the initial or *primary causes* of the alienation and the rejected parent's *reaction to provocative behavior* (Gardner, 1992a; Turkat, 1994; Warshak, 2003a). A rejected parent's reactive behavior may maintain or reinforce the alienation, and to this extent may be lacking in child-focus and in some cases, even harmful. If properly classified as alienation, this response will not rise to the level of neglect or emotional or physical abuse, in which case an identification of realistic estrangement is indicated.

Rejected parents often react with passivity and withdrawal in an effort to cope with the parental conflict that may pre-date the separation. They may wish to give the child “space” to have his or her feelings and to come around. These reactions may reinforce the allegations made against them by the alienating parent and the child, including abandonment, disinterest and poor parenting (Baker, 2006; Gardner, 2002c; Kelly & Johnston, 2001; Kopetski, 1998a, 1998b; Vassiliou & Cartwright, 2001). However, not giving the child some space is sometimes criticized as insensitive and pushy. Some rejected parents may lack appropriate degrees of empathy and be counter-rejecting, punitive and angry with their child, much like a knee-jerk reaction to being treated very poorly and disrespectfully by their child. The rejected parent may be easily offended and ironically react like their alienated child, with aggressive and disrespectful behavior. Some rejected parents vacillate between passivity and confrontational behavior (Baker, 2006; Kopetski, 1998b; Kelly & Johnston, 2001; Warshak, 2010a), which can be very confusing for their child.

Rejected parents may act in self-centered and immature ways, with little or no insight into how their own behavior is contributing to the ongoing problem and affecting the child. They may have difficulty separating their child’s needs and feelings from the motivations and behaviors of the alienating parent, quickly concluding—and inappropriately voicing—that the child is simply mimicking what they have heard or been told. Sometimes, a rejected parent may on the surface appear more disturbed than the alienating parent; if the rejected parent does not capitulate, the conflict escalates (Kopetski, 1998a; Lee & Olesen, 2001). Few rejected parents have the benefit of being adequately prepared in advance to deal constructively with at least some of the extreme behaviors manifest by the alienated child.<sup>11</sup>

## IMPACT OF ALIENATION

### EFFECTS OF ALIENATION ON CHILDREN

Understanding the short- and long-term effects of alienation on children is crucial when considering if, when and how there should be intervention. The literature consistently reports that alienated children are at risk for emotional distress and adjustment difficulties and further, at greater risk than children from litigating families who are not alienated (e.g., Burrill, 2006a; Cartwright, 1993; Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Gardner, 1992a, 2006; Garrity & Baris, 1994; Kelly & Johnston, 2001; Kopetski, 1998a, 1998b, Johnston, 2003; Johnston & Roseby, 1997; Johnston, Walters, & Olesen, 2005c; Lampel, 1996; Lee & Olesen, 2001; Lowenstein, 2006; Lund, 1995; Racusin & Copans, 1994; Rand, 1997a, 1997b; Rand, Rand, & Kopetski, 2005; Stahl, 1999; Stoltz & Ney, 2002; Turkat 1994, 1999; Waldron & Joanis, 1996; Walsh & Bone, 1997; Wallerstein & Blakeslee, 1989; Ward & Harvey, 1993; Warshak, 2010a). Clinical observations, case reviews and both qualitative and empirical studies uniformly indicate that alienated children may exhibit: (1) poor reality testing; (2) illogical cognitive operations; (3) simplistic and rigid information processing; (4) inaccurate or distorted interpersonal perceptions; (5) disturbed and compromised interpersonal functioning; (6) self-hatred; (7) low self esteem (internalize negative parts of rejected parent, self doubt about own perceptions, self blame for rejecting parent or abandoning siblings, mistrust, feel unworthy or unloved, feel abandoned) or inflated self-esteem or omnipotence; (8) pseudo-maturity; (9) gender-identity

problems; (10) poor differentiation of self (enmeshment); (11) aggression and conduct disorders; (12) disregard for social norms and authority; (13) poor impulse control; (14) emotional constriction, passivity, or dependency; and (15) lack of remorse or guilt.

High levels of parental conflict and severe alienation may be identified by child protection agencies as emotional abuse warranting the child is in need of protection when the child exhibits serious symptoms, such as anxiety, depression, withdrawal, self-destructive or aggressive behavior or delayed development (Fidler, Bala, Birnbaum, & Kavassalis, 2008). However, it is common for these agencies not to intervene, as they consider that the family assessment and court process are adequate to address the protection concerns, or because the agency concludes that the child is not being “abused” or “neglected” as defined by statute.

## EFFECTS OF ALIENATION ON ADULT CHILDREN

Amy Baker’s results from her qualitative retrospective study of adults alienated as children are sobering (2005a, 2005b, 2007). Many of these adults suffered from low self-esteem, having internalized the negative characterization by the alienating parent of their rejected parent. Self-hatred, self-blame and guilt for abandoning younger siblings were noted. Seventy percent disclosed suffering significant episodes of depression. Approximately one-third of the sample reported having had serious problems with drugs or alcohol during adolescence, using such substances to cope with painful feelings arising from loss and parental conflict.

The respondents in Baker’s study reported that their own experiences and memories did not match the picture painted by their alienating parent, which caused them to experience self-doubt about their own perceptions and feelings about themselves and others. They had difficulty trusting that anyone would ever love them; two-thirds had been divorced once and one quarter more than once. Consistent with case studies and clinical literature, Baker’s respondents reported that they became angry and resentful about being emotionally manipulated and controlled; eventually this negatively affected their relationship with the alienating parent. About half of Baker’s sample reported that they had become alienated from their own children.

Relevant to the controversy over how much weight to give children’s preferences, whether or not we should heed their wishes, and if they mean what they say, Baker reported that while most of the adults distinctly recalled *claiming* during childhood that they hated or feared their rejected parent and on some level did have negative feelings, they did not want that parent to walk away from them and secretly hoped someone would realize that they did not mean what they said. Similarly, Clawar and Rivlin (1991) reported that 80 percent of alienated children wanted the alienation detected and stopped. Baker’s results further indicated that for more than half of those alienated, their relationships remained severed for more than 22 years, while for all of them the alienation lasted at least 6 years.

Baker’s research provides an important contribution. Like all of the research in this field, the results need to be treated cautiously given the qualitative and retrospective nature of her study. Her group of adult respondents may have been among the more severely alienated as children. A comparison group of adult children of divorce who did not experience parental alienation was not included and not all of the children shared all of the reported reactions. While noting the limitations of her study, Baker concludes that the voices and felt experiences of these adult children deserve to be heard and provide a good foundation for future well-designed research.

Janet Johnston and Judith Goldman (2010) provide 15- to 20-year follow-up data from two sources; one-third of their 90 custody-disputing families initially referred by the courts and provided with confidential,<sup>12</sup> family-focused counseling, and the treatment records of 42 children from 39 litigating families who received counseling for nearly an average of 10 years. Referrals were made specifically to address the child's resistance or refusal to visit, or for other more general reasons relating to the parental conflict; these groups were not studied separately. Data included the young adults' retrospective reports from clinical interviews and ratings of the clinical files, both conducted by the first author, who was also the children's therapist years prior.<sup>13</sup> In addition, the young adults completed standardized measures of their emotional functioning, relationships and the quality of their parent-child relationships over the years.

Preliminary and speculative hypotheses are offered with respect to outcomes and the adult children's attitudes and feelings about their experiences in the judicial system. Johnston and Goldman observed that the range of resistance and rejection and outcomes varied depending on many factors, including the family dynamics and parental behaviors, the causes of the resistance or rejection, the age of onset, and the chronicity of the family dysfunction. Their article in this issue elaborates on these variations.

In summary, they observed that retrospectively the adult children had strong negative views and feelings when they were forced to participate with different therapists for reunification therapy, while those who had a single supportive long-term therapist found the experience beneficial. Nearly all of the youth between the ages of 18 and 21 years initiated contact with their rejected parents, having achieved their emancipation milestones. The outcomes, in terms of sustainability of the contact and relationship, were mixed. Interestingly, even though many were required by the court to attend counseling when they were children, the young adults reported that they initiated repairing their relationships with their parents voluntarily and without the help of their counselors. Johnston and Goldman (2010) suggest a "strategy of voluntary supportive counseling and/or backing off and allowing the youth to mature and time to heal the breach" instead of forcing adolescents to participate in counseling. They conclude that teenagers who feel empowered and that their autonomy is respected are better able to distance themselves from the parental and family conflicts and consequently more likely to initiate contact with the rejected parent. Despite the young adults' reported dissatisfaction with being forced to attend counseling and their reported belief that they initiated reconciliation without the help of the counselor, it is impossible to know on the basis of these data the extent to which maturity, the forced counseling, or some other factor or combination of factors, were responsible for the youth's decision to initiate contact with their rejected parent. The previously summarized findings of Baker, and Clawar and Rivlin, noting that young adults and children wished someone would have recognized they did not mean what they said are important considerations when identifying an appropriate intervention.

Johnston and Goldman (2010) report that better long-term outcomes were found when the predominantly negative feelings for one parent developed during adolescence (12 to 15 years), when primarily in reaction to the recent divorce, compared to earlier in childhood. The adolescent's resistance or rejection was a developmentally expected coping mechanism. The finding that poorer outcomes were found when the reactions began in earlier childhood lends support to the importance of early identification, intervention and prevention for this younger age group. Further, in this follow-up study highly successful outcomes occurred for a minority and were more likely with early intervention and prevention when alienation was first alleged.

In speaking about their poorest outcomes, where the child's rejection is primarily due to "serious parenting deficits" (presumably primarily realistic estrangement), Johnston and Goldman (2010) advise that these children should be permitted to "get on with life" with the assistance of a supportive therapist where voluntary, rather than persisting with court orders for reunification. They further note that, in cases of severe alienation where the aligned parent is mentally ill, has a serious personality disorder or is noncompliant with orders and therapy, a custody reversal, perhaps with the child residing with a third-party temporarily, may be warranted, providing the rejected parent has sufficient parenting capacity.

## REMEDIES

### SPONTANEOUS REUNIFICATION

Writers have followed cases and observed spontaneous reconciliations, or degrees of this (Johnston & Goldman, 2010; Darnall & Steinberg, 2008a, 2008b; Rand & Rand, 2006; Vassiliou & Cartwright, 2001). Maturation, independence, emancipation and life cycle trigger events, such as graduation, a rift in the relationship with the custodial parent, death or serious illness of a family member have been identified by these writers and clinicians as precipitants for a reconciliation, sometimes years later.

In severe alienation cases, some legal and mental health professionals advise rejected parents to give up on trying to enforce visitation, believing this is the least detrimental alternative for the child, in part expecting that the child's exposure to parental conflict and badmouthing will abate.<sup>14</sup> It remains unclear, though, the extent to which the adolescent who is cut off from the rejected parent will be protected from interparental conflict or badmouthing. Others are less inclined to offer this advice, in part because of the research indicating that: (1) children of divorce generally do best when they have good relationships with two involved and effective parents (Kelly, 2007); (2) in retrospect, young adults who experienced parental separation wished they had more time with their noncustodial parents (Fabricius & Hall, 2000; Finley & Schwartz, 2007; Laumann-Billings & Emery, 2000); (3) fathers play an important role in child development and adjustment (Parke, 2004; Schwartz & Finley, 2009); and (4) alienated children and adults alienated as children report that despite their protests otherwise, they secretly longed for more contact with their rejected parent and wished someone would have insisted they have contact (Baker, 2005b, 2007; Clawar & Rivlin, 1991). Even if the parent chooses to walk away, and notwithstanding a child's claims of hate or fear for the rejected parent, the child is likely to feel some sense of abandonment, in effect rejected by the parent. Such feelings may be mitigated if a "proper goodbye for now" between the child and rejected parent can be orchestrated in some way. However, in many severe cases even this is not possible, in which case efforts should be made for an indirect goodbye, such as a lawyer or mental health professional reading, in the absence of the rejected parent, a carefully crafted letter expressing love and offering an "open door."

Darnall and Steinberg (2008a, 2008b) studied 27 children and young adults who experienced varying degrees of spontaneous reunification without "any significant intervention from the court or mental health professional" (2008b, p. 254). They report that a crisis in life can create an opportunity for reconciliation between an adult child and parent. Four scenarios are identified, after years of no contact with a rejected parent, where the adult

child initiated contact: (1) “Hurting Stalemate” (e.g., a mutual crisis for the parents when they realize they are in a “no win” situation, such as a child being criminally charged); (2) “Recent Catastrophe” (e.g., a terminal illness of a close family member); (3) “Impending Catastrophe” or “Deteriorating Position” (e.g., each parent realizes that failure to act will lead to serious crisis for their child, such as depression or suicide); and (4) “Enticing Opportunity” (e.g., a child needing money).

In light of these reported results, it is important in cases where efforts to enforce contact are abandoned, in the absence of a finding of violence or child abuse, that the courts require a custodial parent to provide regular information updates to the rejected noncustodial parent, preferably through a third party, to more easily facilitate and monitor compliance with the order. Without this information, there will be even less opportunity to rely on life-changing events as a catalyst for reconciliation. However, with this information, it may be easier for a child to initiate contact with the rejected parent years later, knowing that parent remained interested and informed, even if only from a distance.

A review of Darnall and Steinberg’s case examples is instructive in our growing understanding of what may be instrumental in effecting change. They state that the courts and mental health professionals played no “significant role” in the reunifications. However, some of their case examples suggest otherwise, depending on how one defines “significant.” All of their reports of spontaneous reunification, irrespective of the specific category of crisis, had one or more of the following in common: (1) the favored parent had eventually come to support the reunification in some way, either for his or her own self-interest or by following the child’s lead; (2) the court became involved, in effect threatening a crisis for the parents, such as, a third party caring for the child; (3) the alienated child was influenced by siblings who had continued to have contact with the rejected parent; or (4) the child had found a way to appease the favored parent by claiming it was the court who made the reunification happen or by showing that the favored parent would benefit (e.g., not have to pay for college). A follow-up found that one-third (9/27) of the individuals continued to sustain the reunification, leaving two-thirds who did not. These data indicate that some cases involved pure spontaneous reunification while others involved some court involvement, and that the majority of reunifications were not sustained.

As indicated by the above studies summarized, there are different views on whether children should be required or pressured to reestablish a relationship with the rejected parent. Further, the existing data on spontaneous reconciliation and the sustainability of the contact and relationship are preliminary and mixed. What is clear is that these cases are often extremely complex, and the intervention or lack of it must be determined on a case by case basis; rules and presumptions are insufficient to address the variability across cases.

## MODALITIES, MODELS, AND GOALS OF COUNSELING INTERVENTION

The specific clinical or educational intervention and the extent of court involvement will depend on the nature (alienation, realistic estrangement, mixed case, degree of intentionality) and the level or extent (mild, moderate or severe; responsiveness to intervention and court) of the parent-child contact problem. Interventions involving education, counseling or psychotherapy tend to be suitable for *mild and some moderate cases*, which we propose may include the relatively pure or clean alienation or realistic estrangement cases or the mixed cases, which have elements of realistic estrangement, enmeshment, and alienation.<sup>15</sup>

Included in these mixed cases may be those where the child, while resisting due to an affinity, age, gender or divorce-related alignment continues to have contact with the parent to some degree. For many cases, it is difficult to know at the outset which of these cases may become severe if left on its own without court or clinical intervention. The screening or clinical assessment must include a way to conclude or at best hypothesize (correctly or incorrectly), based on all of the obtained information to date, that the aligned and rejected parents are likely to be responsive to some direction or education and in turn compliant with therapy and court orders. All severe and some moderate cases of alienation, which we elaborate on later, are likely to require a different and more intrusive approach if the relationship with the rejected parent is not to be abandoned and the alienation is to be successfully corrected.<sup>16</sup>

Various models, protocols and strategies for the less severe cases have been presented at professional conferences and written about in reputable journals. The articles in this special issue expand on a few of these important interventions.<sup>17</sup> Here, we briefly summarize important principles and considerations with respect to the structural components of these interventions.

### Family Systems Approach to Therapy

Alienation is a systemic and family problem where disruptions in family structure, boundaries and roles are evident (McHale & Sullivan, 2008; Minuchin, 1974). While there may be strong disagreement amongst the family members and the various professionals as to the causes and development of the alienation, *both* parents have responsibility for the solution.

A *family-systems approach* is required in mild and some moderate cases (Everett, 2006; Cartwright, 2006; Friedlander & Walters, 2010; Lowenstein, 1998; Gardner, 1998a, 2001b; Johnston, 2005b; Johnston & Roseby, 1997; Johnston, Roseby, & Kuehne, 2009; Johnston, Walters, & Friedlander, 2001, Sullivan & Kelly, 2001). This approach involves the participation of the entire family in various combinations (sometimes including individual sessions for child or parents), will always involve both parents and may include relatives such as stepparents, stepsiblings, and grandparents as well as any third-party professionals such as treating physicians and therapists.<sup>18</sup> Frequently, legal and mental health professionals may have the mistaken view that individual therapy alone for the child (or one or both of the parents) is indicated. Individual therapy for the child by either the same or a different therapist working as a member of a team, without the inclusion of other family members, is likely to deter the effectiveness of the intervention and may further entrench the alienation.

### Treatment Model Structure

Various intervention models ranging from the involvement of a single professional to a team of two or more professionals coordinated by court order may be used. As previously noted, since for many cases it is difficult to know in the earlier stages which of these may become severe and require more intrusive measures, there should be a detailed written service agreement for the intervention or counseling, preferably giving effect to a separation agreement or a court order for services (Drozdz & Olesen, 2009; Friedlander & Walters, 2010; Johnston & Goldman, 2010; Johnston, Walters, & Friedlander, 2001). A separate



treatment agreement or contract is usually necessary to augment a court order that frequently, at least in our jurisdiction, does not include sufficient terms and explanations (Fidler, Bala, Birnbaum, & Kavassalis, 2008).<sup>19</sup> When using a single-family therapist model, another professional, such as an arbitrator or parenting coordinator is desirable for monitoring and decision-making within a defined and limited scope. In the absence of this professional, these functions should fall to the court, as the therapist should not assume this role. In more complex cases, a team approach is likely to be preferable, where the child and possibly each parent have their own therapist. An additional therapist for parents together may be desirable, or this role can be assumed by a parenting coordinator or arbitrator, who would also assume the role of case manager, team leader, and decision-maker. In both the single- and multiprofessional (team) models, open and unrestricted communication between all of the professionals involved *and* the court is a key component, and must be agreed to or court ordered prior to therapy beginning (Friedlander & Walters, 2010; Johnston, Walters, & Friedlander, 2001; Sullivan & Kelly, 2001).

In some of the more challenging cases at the moderate level, it is very difficult, if not impossible, for one therapist to achieve the desired objectives and meet all of the various, complex and often competing needs of the different family members, let alone assume additional roles, such as arbitrator, which is likely to compromise the practitioner's effectiveness and neutrality in the eyes of the family. Similar to the problems inherent in an individual parent's or child's therapist offering recommendations in a custody case (Greenberg & Gould, 2001; Greenberg & Shuman, 1997), assuming the dual roles of therapist and decision maker poses serious ethical and practical issues (Greenberg, Gould, Schnider, Gould-Saltman, & Martindale, 2003; Kirkland & Kirkland, 2006, Ontario Psychological Association, 1998; Sullivan, 2004). The model proposed keeps the role of the family therapist (or parent-child contact facilitator) distinct from that of the parenting coordinator or mediator/arbitrator (Fidler, Bala, Birnbaum, & Kavassalis, 2008; Johnston, Walters, & Friedlander, 2001, Sullivan, 2004; Friedlander & Walters, 2010). If the child or parent understands that the therapist can also change or determine the parenting time schedule, the therapeutic efforts to implement the parenting time or repair the family relationships to the point that parenting time can resume will be seriously compromised. If seen in the role of an assessor or evaluator, the therapist is unlikely to ever be able to move beyond answering the question that asks *if* it is in the child's best interests to have contact with the rejected parent. Any counseling must have already determined that it *is* indeed in the child's best interests to have contact, based on a previous comprehensive clinical assessment or finding of the court.

Naturally, the family's financial means and the availability of clinical resources are an important constraint on any treatment plan. The therapeutic and psycho-educational models proposed here and by others (Friedlander & Walters, 2010; Jaffe, Ashbourne, & Mamo, 2010; Johnston & Goldman, 2010) are all expensive. The significant costs of these various models preclude many families from receiving these services, a problem that requires the attention of government and policy makers.

### Goals of Therapy

Therapy and counseling for the mild and some moderate cases, has been described by many (Carter, Haave, & Vandersteen, 2006; Drozd & Olesen, 2009; Fidler, Bala, Birnbaum, & Kavassalis, 2008; Friedlander & Walters, 2010; Johnston & Goldman, 2010; Johnston, Roseby, & Kuehnle, 2009; Johnston, Walters, & Friedlander, 2001). While it is often

referred to as reintegration or reconciliation counseling by judges, lawyers and some mental health practitioners, it is important to recognize that the goals of this therapy may include not only reunification with the rejected parent, but also facilitating global healthy child adjustment and coping mechanisms. This includes correcting the child's distorted and polarized views and replacing them with more realistic views of each parent, improving the child's healthy relationships with *both* parents, addressing divorce-related stress, boundaries and age-appropriate autonomy and restoring adequate parenting, co-parenting and parent-child roles.

A similar approach is practiced by a team of psychologists in Edmonton, Canada, called Family Restructuring Therapy (Carter, Haave, & Vandersteen, 2006, 2008, 2009). In July 2009, Robin Deutsch, Matt Sullivan, and Peggie Ward completed the second year of their innovative 5-day family camp, Overcoming Barriers Family Camp where *both* parents, the children, and stepparents participate (Deutsch, Sullivan, & Ward, 2008; Deutsch, Sullivan, Ward, Carey, & Blane, 2009). The camp program is described in detail in this issue (Sullivan, Ward, & Deutsch, 2010).

Bill Eddy (2009) has developed an early intervention, short-term and highly structured cognitive-behavioral program, New Ways for Families, for high-conflict family court cases, including those involving allegations of alienation. At the time of first appearances in court, many parents are simply not ready to engage meaningfully to resolve their disputes. The program's intention is to assist parents early on with communication and conflict-resolution skill development that will hopefully enable them to make better use of services to develop their post-separation parenting plans and arrangements.<sup>20</sup>

As noted, one of the many goals of a therapeutic and educational approach is to facilitate the child's relationship and contact with the rejected parent. The therapist may be required to assist the family to implement a previously agreed to or court ordered parenting time schedule, preferably detailed and unambiguous. This schedule may be final, interim or incremental, with increasing time for the child with the rejected parent. In other cases, initially a child's contact with a rejected parent may be limited to the therapy sessions ("therapeutic access") for a specified period, after which, with the benefit of a report from the therapist,<sup>21</sup> the family will return to the court or their arbitrator for further determinations of the parenting time schedule.<sup>22</sup>

It is important to distinguish therapeutically facilitated parenting time from supervised access or visitation. The latter may be appropriate for the mild or moderate cases of purer or primarily realistic estrangement. However, once any risk of harm has been ruled out, it is important that the reunification of the child with a rejected parent not be referred to as "supervised access", and that it not take place at a supervised access center identified as such, as this is likely to reinforce the child's irrational fears and to that extent do more harm than good (Johnston, 2005a, 2006).

## THE COURT'S EARLY AND VIGILANT INVOLVEMENT

Professionals vary in the extent to which they support the court's involvement (and the degree of this) in alienation cases, ranging from rarely to never involved (Bruch, 2001; Walker, Brantley, & Rigsbee, 2004a), to sometimes limited for the more severe cases (Jaffe, Ashbourne, & Mamo, 2010), to often including what may appear to be the more milder types initially to prevent the problem from getting worse (Fidler, Bala, Birnbaum, & Kavassalis, 2008; Friedlander & Walters, 2010; Rand, 1997b). Most experienced legal and mental health professionals emphasize the need for the court's early and vigilant

involvement. Formalizing the parents' consent to treatment in a court order is often prudent, because as previously noted, it is difficult to know in advance which cases may become severe, and usually, the longer the alienation lasts, the worse it gets and more difficult it becomes to remedy, even if there is reconciliation many years later. Further, without a court order, standards of practice and privacy legislation permit clients to revoke their consent for treatment for any reason at any time. The need for court involvement, then, applies not only to custody reversal, but also to other interventions typically recommended and used in alienation cases, such as individual and family therapy, reintegration therapy, parenting coordination, and some parent education programs (Warshak, 2010b). Given the consensus for early identification, triage and appropriate intervention, as noted in all of the articles in this issue, we believe that there is a very important role for the court, even for what may appear to be a mild case at the time.

Some argue that therapeutic change is necessarily dependent on voluntary participation; that forcing therapy is an oxymoron, as orders are poor motivators to change attitudes and feelings (Bruch, 2001; Darnall & Steinberg, 2008a; Wallerstein, Lewis, & Blakeslee, 2000). This argument has some intuitive appeal, and ultimately no one can be forced to engage meaningfully in therapy. However, clinical experience and the studies summarized in this issue suggest that in many alienation cases, education, coaching, and encouragement or threats of a judge can be prime motivators for change, including engagement in therapy. The fear of loss can be very motivating. Severe problems call for more interventionist solutions if long lasting and meaningful change (second order), not only surface or superficial change (first order) change, is to come about (Watzlawick, Weakland, & Fisch, 1974). Studies on short term, systemic therapies, such as structural, strategic, solution-focused, and cognitive-behavioral approaches, indicate that a behavioral change can occur without insight, and further, that a change in behavior can precipitate a shift in attitudes and emotions.

As discussed below and elaborated by Justice Martinson in this issue (2010), case management—one specialist family law judge for one family—is especially valuable for cases where alienation is alleged. Judicial continuity allows the judge to gain an appreciation of the complex nature of the case and to set clear expectations for the parents (and in some cases the children). Although contempt of court orders, reversal of custody and temporary suspension of contact with an alienating parent are important options in the judicial toolbox for dealing with alienation, they should be last resorts. The primary judicial role, in all but the most intractable cases, should be educational—an authoritative figure making clear to both parents how their behavior is affecting their children. The exhortations of a judge—setting out clear expectations and consequences for failures to comply—can move many parents and children, who may also be interviewed by the judge (Warshak, 2010b), to alter their behaviors, especially if combined with directions for educational or therapeutic interventions (Brownstone, 2008; Darnall & Steinberg, 2008a). Only the most personality-disordered parents are likely to defy a judge who has set out clear expectations and consequences. When this occurs, it may be necessary to resort to remedies more suitable for the severe cases of alienation.

Another option, short of reversing custody, is for the court to order a prolonged period of residence with the rejected parent, such as during the summer or an extended vacation, coupled with counseling and *temporarily* restricted or suspended contact with the alienating parent. This arrangement, which in the long run provides less disruption and greater continuity of care, may be more appropriate than reversing custody permanently, while also affording the child and rejected parent the uninterrupted time and space needed to repair and rebuild their relationship (see, e.g., *Pettenuzzo-Deschene*, 2007).

## CUSTODY REVERSAL: ONE OPTION FOR SEVERE CASES

Custody reversal is *one* option for severe cases of alienation. In our view, the question is not whether or not there should ever be a custody reversal, but rather, in which circumstances is it the most appropriate remedy and how and under what legal conditions it should be implemented. In more severe cases, it may be the least detrimental option for the child. Several important questions surface when considering for a specific case the option of reversing custody to the rejected parent while suspending, at least temporarily, the child's contact with the favored parent: Is the alienation emotionally abusive? Is custody reversal likely to cause more harm than good? That is, do the short or long term benefits of placing the child with the once loved, now rejected parent outweigh the risks (trauma or harm) of temporarily separating the child from the alienating parent? Stated differently, which risk is greater: Separation from an unhealthy or enmeshed relationship or remaining in that relationship? What are the capacities of the rejected parent? More general questions also arise, such as whether older children have sufficient maturity to make decisions about attending counseling or severing ties with a rejected parent, and most broadly, does custody reversal work?

The negative short-term and long-term effects of alienation, including intrusive parenting have been well documented (e.g., Baker, 2007; Barber, 2002; Johnston, 2005a; Johnston, Roseby, & Kuehnle, 2009; Johnston, Walters, & Olesen, 2005c). While there is general recognition that a reversal of custody may be warranted in severe cases (Drozd & Olesen, 2009; Gardner, 1998a; Johnston & Goldman, 2010; Johnston, Roseby, & Kuehnle, 2009; Sullivan & Kelly, 2001; Warshak, 2010b), debate continues with respect to identifying which cases are in fact severe enough. There may also be differing opinions regarding whether a case is severe or mixed, or with respect to cases that started with elements of less significant realistic estrangement but developed into disproportionate reactions on the part of the child because of alienating behavior by an overprotective or hyper-vigilant aligned parent who unintentionally or intentionally was not responsive to redirection and intervention.

Severe cases have been noted to have clinical pathology in the parents or children according to the *DSM-IV*, typically on Axis I and II (Clawar & Rivlin, 1991; Gardner, 1992b; Johnston & Goldman, 2010; Johnston, Roseby, & Kuehnle, 2009; Johnston, Walters, & Olesen, 2005c). The alienating parent may be psychotic, sociopathic or severely character-disordered, often involving either malicious or strongly believed allegations of abuse by the rejected parent that have not been substantiated after repeated investigations. In this subset of severe cases, alienating parents may be paranoid and there may be evidence of a *folie à deux* or Munchausen's by Proxy Contemporary Type (Rand, 1993). Also, severe cases may include the alienating parent having serious parenting deficits, such as being extremely overprotective or intrusive, having a substance abuse problem, or there may be a credible risk of child abduction (Johnston, Roseby, & Kuehnle, 2009). While some may be skeptical (Jaffe, Ashbourne, & Mamo, 2010), others have indicated that these severe cases are tantamount to significant emotional abuse (Johnston, 2005a; Gardner, 1998b; Rand, 1997a, 1997b; Sullivan & Kelly, 2001; Warshak, 2003a) and are unlikely to be remedied with education and therapy.

### Perspectives For and Against Custody Reversal

Bruch (2001) and Wallerstein, Lewis, and Blakeslee (2000) maintain that children who are rejecting or strongly resisting a parent will "come around" eventually, and further assert

there is no evidence that ordering contact or expensive treatment is effective.<sup>23</sup> In addition, these writers have questioned the benefits to children involved in high conflict parental separation of having relationships with both parents. These writers argue that enforced parenting time, treatment, and custody reversal are counterproductive, in that they will only serve to reinforce the child's hatred for the rejected parent, adding further stress to the already vulnerable child. Further concerns include that a custody reversal may place the child at risk for running away or self-destructive behavior (Jaffe, Ashbourne, & Mamo, 2010; Johnston, Roseby, & Kuehnle, 2009). Opponents to custody reversal argue that an abrupt and lengthy, even if temporary, separation from a primary attachment figure (referred to by some as a "parentectomy", even when, and especially when, the attachment and relationship are enmeshed or pathological, places the child at greater risk than losing contact with a rejected parent and half the family (Garber, 2004; Jaffe, Ashbourne, & Mamo, 2010).

Mental health and legal professionals are faced with what British Columbia Supreme Court Justice Bruce Preston referred to as the "stark dilemma" (*A.A. v S.N.A.*, 2007). Do the long-term benefits of having a relationship with the rejected and healthier parent outweigh the shorter-term risks, such as the emotional costs or the potential for the child's destructive behavior associated with temporarily separating the child from the favored parent? If irrational alienation is determined to be emotionally abusive, then the answer to the stark dilemma should be clear or clearer. Some professionals are very cautious about custody reversal and are likely to argue that any alienating conduct in a specific case is not abusive. Other professionals may be more likely in specific cases to maintain that court intervention is justified to protect a child from the unrelenting emotional abuse of the alienation, just as it is in child-protection cases, even when parents may not be conscious of their attempts to turn the child against other parent. The importance of focusing on the long-term welfare of children, notwithstanding the short-term risks, was recognized by the British Columbia Court of Appeals in its 2007 judgment in the previously mentioned case of *A.A. v S.N.A.*, where the court, reversing the trial decision, ordered that custody of a 10-year-old girl be transferred from her alienating mother to her rejected father, with a suspension of access to the mother and maternal grandmother, including telephone access, until otherwise recommended by the court-appointed professional, or by a court order (see Martinson, 2010, in this issue for further elaboration).

For proponents, a significant concern in addition to the child not having a relationship with the rejected parent and often the entire extended family, is the alienating parents' intrusive and overprotective parenting and the exploitation, indoctrination, induction of fear and hatred and, in some cases, paranoia, in children. Important distinctions need to be made between the *strength* and *quality* of an attachment; a strong bond does not necessarily mean it is healthy. In fact, strong bonds may be indicative of unhealthy and insecure attachments, as demonstrated by an abusive parent and their fearful child or by an overprotective or intrusive parent and their parentified or placating child. Writers also note that attachment is but one element of the parent-child relationship (Arredondo & Edwards, 2000; Byrne, O'Connor, Marvin, & Whelan, 2005) and a child's adjustment. Other factors include the parent's own attachment, the ability to meet the child's instrumental needs, parenting capacity and style (authoritarian, authoritative or permissive), teaching and role modeling and are predictive of a child's adjustment. Consequently, many factors, not only the quality or strength of the attachment with the aligned or alienating parent, must be considered when making recommendations or determinations in child custody disputes (Birnbaum, Fidler, & Kavassalis, 2008). There may also be subtle gender issues at play here. Would those who object to a child being separated from an alienating, and thus

emotionally abusive custodial mother, have the same objection when it is the custodial father who is emotionally abusive and alienating the child against the mother, thereby requiring a separation from the father?

Proponents of custody reversal may, in specific cases, conclude that an alienating parent's parenting is not only compromised but emotionally abusive, and consequently, the risks associated with not separating the child from the aligned parent are far greater than any potential risks of changing custody, providing the rejected parent is an at least adequate parent and the child once had a secure attachment and a reasonably good relationship with that parent. While most opponents of custody reversal acknowledge it is preferable for a child to have good relationships with both parents and their extended families, they are likely to argue that despite alienating conduct by the "primary" caregiver, severing ties with a rejected "non-primary" parent and the extended family is preferable to separating the child from the alienating primary parent. Each perspective calls for a different or opposite least detrimental solution.

There is an assumption that in severe cases, all or most children are likely to be traumatized or go into crisis when separated from the alienating parent, who in many cases is likely to be the custodial mother. We do not have controlled empirical studies for this particular population comparing alienated children who were separated and those who were not separated from their favored parent and placed with their previously loved parent. Examination of the child protection literature may be instructive. Preliminary research from retrospective studies and clinical anecdotes reported by many seasoned clinicians suggest that for at least some children, a separation from the favored parent is liberating because the child is able to resume what was a deep attachment to the parent they have not been free to love in the presence of the favored parent. Amy Baker's research (supported by that of Clawar & Rivlin, 1991) indicating that many children secretly wished that someone called their bluff and insisted they have a relationship with the parent they claimed to fear or hate, is an important consideration when making these extremely difficult decisions. In the case where a child threatens self-harm in contemplation of a move from the custodial to the rejected parent, it is often difficult, if not impossible, to ferret out the cause for the child's distress be it the potential move or the ill effects of the alienation process. Further, it must be borne in mind that children left with a severely alienating parent are likely to experience emotional trauma and also may eventually engage in self-harm.

Further, legal and mental health proponents of custody reversal (e.g., child representatives, evaluators, therapists, mediators and parenting coordinators) note that they have repeatedly observed that once out of the orbit of the preferred parent, an alienated child can transform reasonably, sometimes very quickly, from refusing or staunchly resisting the rejected parent, to being able to show and receive love from that parent. This transformation is often met by an equally swift shift back to the alienated position as soon as (or even before in anticipation) the child returns to the favored parent. The child's need and ability to vacillate between denying and accepting parts of themselves so quickly and visibly is difficult to believe unless one has actually observed it directly, and suggests a compromised adjustment and development of self.

Assessors and the courts need to consider carefully what poses the greatest risk to a *particular* child in a *particular* set of family circumstances, noting the likely short *and* long-term detrimental effects of living in a distorted reality where the child is not free to be who they are and emotionally autonomous. For some, the least detrimental long-term option is to place the child with the parent more likely to promote overall healthy psychological development and adjustment, including but not limited to a healthy relationship

with the other parent. For others, the reverse is the case. It is important to recognize that a healthy relationship is not without challenges or complaints; there is no perfect parent-child relationship. Rather, a functional relationship will include the ability to accept and integrate both good and bad qualities coupled with flexible thinking, the capacity for multiple perspective-taking, good communication and problem-solving skills, and so on, all of which are indices of mature interpersonal skills and relationships.

Ethical issues related to coercion, children's rights and civil liberties are important and debated considerations. As previously mentioned, these concerns are relevant not only to custody reversal, but to all of the interventions typically recommended and used in alienation cases, such as family-focused therapy, parenting coordination, some parent education programs, Overcoming Barriers Family Camp or the Family Bridges workshop (Warshak, 2010b).<sup>24</sup> It appears then, that the issue may be less about coercion per se and more about the nature and degree of the coercion, and further, for which cases it is appropriate. One needs to ask not only about the ethical issues of intervening when children protest, but also about the ethical issues when intervention is not provided to protect children from abusive parenting (Warshak, 2010b). We concur with Warshak, who elaborates on the ethical issues and notes that it will be up to the individual professional to determine "where they stand when it comes to the ethics of recommending or providing services to children who are referred against their will."

When to heed and not heed a child's wishes is another area of considerable discussion and debate. For example, Bruch (2001) and Wallerstein and Tanke (1996) assert that a child's stated wishes deserve careful consideration and should be respected in many cases. Some of these same writers have vociferously object to the court's involvement in mandating treatment, parenting time enforcement and custody reversal (see also Jaffe, Ashbourne, & Mamo, 2010; Faller, 1998; Walker, Brantley, & Rigsbee, 2004a, 2004b), while failing to discuss or giving lip service to the many studies of children and adult children of divorce, some of whom may have been alienated, reporting a longing to have had more time with their non-custodial fathers (see, e.g., Ahrons & Tanner, 2003; Hetherington & Kelly, 2002; Fabricius, 2003; Fabricius & Hall, 2000; Laumann-Billings & Emery, 2000; Parkinson, Cashmore, & Single, 2005; Parkinson & Smyth, 2004; Schwartz & Finley, 2009).

Proponents of custody reversal in severe cases of alienation note that while children's feelings and ideas are indeed important to consider, they are not determinative. A child's wishes and preferences must be independent to be given weight. Parental influence is, and ought to be, integral to parenting; however, there is good and bad influence. Children should always have a feeling of "being heard" while making it clear to them that they do not have the responsibility for making decisions (Warshak, 2003b). This is the case for adolescents, not only children, given that the adolescent brain and executive functioning (e.g., coordinating information, judgment, planning, weighing alternatives, analysis, cognitive flexibility, problem solving, etc), are developing rapidly in important ways. The adolescent brain is in effect "under construction", hence the greater risk-taking behavior, poor judgment and problems with impulse control often observed in adolescence. To make informed decisions, one has to be able to anticipate and understand the future consequences of different options. It is not until the early 20's that the brain completes the maturation process. By law, younger adolescents are not permitted to vote, consume alcohol, drive without a license, or be truant. Typically, good enough parents do not permit their children and adolescents to refuse to go to school or receive medical treatment. Logically then, proponents maintain that children should not be permitted to make a life-changing decision such as severing ties with one parent or their grandparents and other relatives. Rather,

parents should require, not force, their children to work towards resolving the conflicts with the other parent and resuming contact, unless there is a determination that such contact is not in the child's best interests.<sup>25</sup>

Another important consideration is the efficacy of treatment with severe cases. Qualitative case studies and experienced clinicians supporting recommendations and orders to reverse custody maintain that therapy, as the primary intervention, simply does not work in severe and even in some moderate alienation cases (Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Kopetski, 1998a, 1998b, 2006; Lampel, 1996; Lowenstein, 2006; Lund, 1995; Gardner, 2001a; Rand, 1997b; Rand, Rand, & Kopetski, 2005).<sup>26</sup> This is not unexpected given that by definition, severe cases involve significant parent psychopathology and character disorders, which may include paranoia, severe mental illness, disordered thinking, lack of insight capacity and sociopathy. Moreover, therapy may even make matters worse (Rand, 1997b) to the extent that the alienated child and favored parent choose to dig in their heels and prove their point, thereby further entrenching their distorted views (Fidler, Bala, Birnbaum, & Kavassalis, 2008).

In severe cases, where a child refuses contact with a parent, a program such as Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships may assist the family to adjust to transition and court order (Rand & Warshak, 2008; Warshak, 2010b). This program was developed in the early 1990s by psychologist Dr. Randy Rand in the context of child abduction, and then later expanded for cases of severe alienation by Drs. Richard Warshak and Deidre Rand. Family Bridges provides psycho-education, not therapy and is facilitated by two professionals who work initially with the children and the rejected parent; followed by the favored parent should he or she agree to participate in a subsequent workshop or aftercare treatment. See Richard Warshak's article in this issue for a comprehensive description of Family Bridges and the results of preliminary outcome research.

In other cases, transfer to a transitional site may be indicated before the rejected parent and child are united for further intervention (Gardner, 1998c, 2001b; Gottlieb, 2006; Johnston & Goldman, 2010). The child is separated from both parents for a short time before reintegrating with the rejected parent. Sites vary in degree of structure and control required, ranging from placement with a friend or relative to a treatment center, hospital or foster home. Once the child is successfully reunited with the rejected parent, a gradual reintroduction of the alienating parent, sometimes temporarily supervised, is carefully monitored to ensure that the alienation does not resume.

### **Research on Enforced Parenting Time and Custody Reversal**

To date, there has been little well-controlled research on outcomes, either positive or negative, of ordering parenting time or reversing custody in alienation cases. It is important to recognize that this lack of research on the effect of these interventions to remedy alienation exist in a context of a growing body of research about the long-term harmful effects of alienating parental conduct on children (e.g., Baker), but only very limited research on effects (or outcomes) of judicial decision-making related to court interventions in custody and access in general. Still, there is actually more literature and research (in this issue and elsewhere) on the effects of custody reversal than on other interventions that are typically recommended or ordered, such as parent education programs, family-focussed or reunification therapy, parenting coordination, supervised visitation, a finding of contempt of court, or a judicial decision not to deal with alienation because of a concern about the trauma of a change in custody or the limitations of the rejected parent.



Experienced clinicians and those reporting on their qualitative research using case studies have reported on the benefits of changing custody or enforced parenting time in severe alienation cases (Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Gardner, 2001a; Lampel, 1996; Rand, Rand, & Kopetski, 2005; Warshak, 2010b). For example, Clawar and Rivlin (1991) reported an improvement in 90 percent of cases in children's relationships with rejected parents and in other areas of their functioning in 400 cases where an increase in the child's contact with the parent was court ordered, half of these orders over the objection of the children. They further reported that children interviewed after the imposed parenting time expressed relief, saying they could not have reestablished the relationship on their own, indicating the need to be able to save face and lay blame for seeing the parent on someone else. In another study, Lampel (1996) reported improvement in 18 cases where there was a change in custody. In a case analysis of 26 cases, 16 of these meeting Gardner's criteria for severe PAS, Dunne and Hedrick (1994) reported that alienation was eliminated in four of the 26 children, for three of whom the court ordered a custody reversal and restricted contact with the alienating parent. In the remaining 22 cases, where there was no change in custody, improvements were not forthcoming with therapy alone.

Gardner (2001b) conducted a qualitative follow-up of 99 children from 52 families he had previously diagnosed with PAS. He concluded:

The court chose to either restrict the children's access to the alienator or change custody in 22 of the children. There was a significant reduction or even elimination of PAS symptomatology in all 22 of these cases. This represents a 100 percent success rate. The court chose not to transfer custody or reduce access to the alienator in 77 cases. In these cases there was an increase in PAS symptomatology in 70 (90.9 percent). In only 7 cases (9.1 percent) of the nontransferred was there spontaneous improvement. Custodial change and/or reduction of the alienator's access to the children was found to be associated with a reduction in PAS symptomatology ( $\chi^2(df=1)=68.28, p < .001$ ) (Gardner 2001b, p. 39).

He reported a spontaneous reconciliation in four cases and no reduction in PAS symptoms in the seven children (nine percent) for whom contact with the rejected parent was not increased. However, in all of the 22 instances in which custody was changed or the alienating parent's contact was restricted, PAS was eliminated or reduced. Limitations to Gardner's follow-up include that the same individual who formulated the hypotheses and diagnoses (Gardner) also conducted the follow-up interviews, and only the rejected parents and not either the children or the alienating parents were interviewed.

Rand, Rand, and Kopetski (2005) reported similar findings in their follow-up study of the 45 children from 25 families Kopetski had studied over 20 years starting in 1976. A range of moderate to severe PAS characterized these cases. Alienation was interrupted by judicial action for 20 children from 12 families where there was enforced visitation or a change of custody. For those in the treatment group where there were orders for therapy and gradually increased access, alienation remained uninterrupted and in some cases became worse. Those in the first group maintained better relationships with both parents unless the alienating parent was too disturbed. This group included those who experienced both enforced contact and custody reversal, and consequently, it remains unclear the extent to which each of these factors was successful in alleviating the alienation. The authors note that these follow-up results are consistent with other previously mentioned studies reporting on various interventions. They conclude that an assessor's recommendations and subsequent court decisions can make a difference between interrupted and completed alienation in more severe cases.

Proponents and opponents of custody reversal agree that it is preferable for children to have good relationships with both parents. In addition, they agree that it is preferable to implement interventions such as education, coaching, counseling, and court monitoring early to prevent the escalation of parent-child contact problems and the need for custody reversal. Further, with few exceptions, commentators agree that in the severest of cases, which may present as such at the outset or later after various efforts to intervene have failed, custody reversal may be the least detrimental alternative for the child.

## RECOMMENDATIONS FOR PRACTICE AND POLICY

Although a detailed discussion of the practice and policy prescriptions relating to alienation cases is beyond the scope of this paper, here we sketch ideas and directions that merit support.

- (1) *Prevention.* Psycho-educational programs are helpful before people decide to have children together and when raising children, and are especially valuable if they find themselves having relationship difficulties or are in the very early stages of separation. These programs can assist parents to develop effective communication, problem solving and conflict resolution skills, and effective parenting and co-parenting, including learning about the importance for their children of maintaining positive relationships with both parents and about the harm of alienation. Programs explaining the various methods of non-adversarial dispute resolution and the negative effects of parental hostility and litigation are imperative. While such programs may not prevent the most severe cases of alienation from occurring, they have positive value for many parents and children.

More general and divorce-specific psycho-educational programs for children in schools relating to communication and conflict resolution are also needed.<sup>27</sup> With prevention in mind, Andre and Baker (2009) have developed the *I Don't Want to Choose* book and workbook, part of a newly developed school-based curriculum for groups of middle school children whose parents are separated or divorced, that are designed to teach children to resist pressure to choose between their parents.<sup>28</sup>

- (2) *Education and standards for professionals.* Mental health professionals, lawyers and judges in the family justice system require initial and then continuing education and training in the specialized areas of high conflict cases (including the systemic problems related to “negative advocates,” family relationships, domestic violence and alienation) (Fidler, Bala, Birnbaum, & Kavassalis, 2008; Martinson, 2010). In some cases, lawyers and mental health professionals become inappropriately enmeshed with their clients, ultimately doing the children and the clients a disservice; education and training can help to deal with this. Cross-disciplinary training and collaboration are imperative (Beck, Holtzworth-Munroe, D’Onofrio, Fee, & Hill, 2009). Further development of best practice guidelines specifically for the various roles<sup>29</sup> and services connected with high conflict cases (e.g., mediation, consultation, coaching, education, assessments, parent-child contact problem family therapy, reintegration therapy or therapeutic access, parenting coordination, expert testimony, etc.) will be helpful.
- (3) *Early identification, screening, triage, and expedited process.* While there is debate on some important issues regarding responses to children resisting or

refusing contact with one parent, there is near unanimous agreement amongst experienced legal and mental health practitioners that there is a need for early identification and screening of high conflict cases, including recognition and responses to intimate partner violence. Effective early identification of high conflict cases will be assisted by the development of validated instruments (Birnbaum & Saini, 2007). In cases where there are alienation allegations, early assessment by a court appointed mental health professional with specialized knowledge is highly desirable; alienation generally becomes more difficult to address with the passage of time, as children and parents are more likely to become entrenched in their positions, further exacerbated by the litigation over parenting and financial matters. Later, ineffective interventions are not only a waste of resources, but can result in escalating polarization (Schepard, 2004).

If parents are able to agree that there are problems with a child's relationship with one parent and that it is indeed in the child's best interests to have contact with both parents, the parties themselves may consider moving immediately to counseling, accompanied by a detailed contract agreement or consent order, with a view to repairing the family relationships. A voluntary response is almost always best for all involved and most likely to be effective; the fact that the parties agree to take some action is itself an important predictor of positive outcomes. If therapy is undertaken, a clinical assessment for the purposes of the therapy is needed, as in any therapy case, during which a treatment/intervention plan should be developed. If the parents do not accept the plan, they are free to return to court. The therapist may choose to recommend a court-ordered comprehensive assessment if appropriate and mandatory reporting of abuse would be required thereby addressing cases suspected to involve pure or even primarily realistic estrangement at the outset.

If a court ordered assessment or evaluation is required by a court appointed assessor, the assessment (Bala, Fidler, Goldberg, & Houston, 2007) and settlement process and trial (Martinson, 2010), if necessary, should be expedited. We recommend that assessments in these cases should be completed as quickly as possible and in no more than six to eight weeks. Assessors should be canvassed in advance as to their expected completion date. In addition, consideration needs to be given to how, when, and where to best disseminate the evaluation findings or report to the parents to prevent misuse, including the ill-advised and premature involvement of the children leading to an exacerbation of the alienation and what can become the child's phobic reaction to the recommendations for therapy or custody reversal, with or without an intervention to assist with this transition, as the case may require. Initially, and before it is clear if there is going to be a settlement on the basis of the recommendations, it may be best for evaluation reports to be shared with the parents under the supervision of the court and their lawyers, with the evaluator providing guidance in understanding the report and recommendations as well as how to discuss these with the children. The parents should be required by the court not to share the report or its contents with the children until a time when it is appropriate to do so and even then, the conditions for doing this need to be clarified (Trussler, 2008).

Delays and ineffective intervention are likely to entrench the alienation, making it more difficult to remedy. Sometimes, the attempted solution becomes the problem. Those determining the intervention should carefully consider any previous

efforts that were unsuccessful so that similar approaches are not repeated, thereby reinforcing the alienation and the child's negative reaction to the failed efforts.

- (4) *Detailed and unambiguous parenting plan orders.* A detailed parenting plan and treatment order, where relevant, including but not limited to parenting time arrangements need to accompany any clinical interventions. In high conflict cases, detailed and comprehensive parenting plans, including all aspects of parenting arrangements (parenting time, location and manner of transitions, decision making, parental communication and sharing of information, and so on), will assist towards disengagement and parallel co-parenting, thereby protecting children from the damaging effects of unremitting parental conflict (Birnbaum, Fidler, & Kavassalis, 2008, Chapter 6).
- (5) *Early and vigilant case management by one judge.* The best resolution of mild and moderate alienation cases is often through judicial exhortation and encouragement towards counseling and settlement. This requires early identification of high conflict cases and judicial case management at the pre-resolution, resolution and enforcement stages (Martinson, 2010). Litigating parents need to know from the start that there will be accountability for their behavior and that there will be clear consequences for failing to comply with court orders or for undermining the child's relationship with the other parent; this requires judicial case management. In some cases when court monitored counseling is ordered or recommended, the judge may also need to include a warning that if there is noncompliance, the court may consider specific sanctions or a custody reversal.
- (6) *Effective enforcement of all court orders.* Recognizing that many alienating parents have personality disorders or have exhibited characteristics consistent with these disorders, the judiciary must follow through on their orders with appropriate responses to failure to comply (Bala, Hunt, & McCarney, 2010; Epstein, 2007; Kelly, 2010; Martinson, 2010). Not doing so only reinforces the parent's narcissism and disregard for authority and rules, characteristics also frequently observed in alienated children. In more severe, intractable cases, there may need to be a change in custody and temporary suspension of, or supervised contact with, the alienating parent.
- (7) *Improving professional collaboration.* The need for collaboration is clear. Legal and mental health professionals need to remain truly open-minded to each other's ideas and especially those that are inconsistent with their own. Think tanks or discussions within an atmosphere of mutual respect and space to disagree without rebuke are needed. This improved collaboration is imperative if the needs of children are to be properly identified and addressed. Given the systemic nature of this problem, the efforts and models used by mental health professionals cannot stand in isolation from those used by the legal and judicial system (Beck, Holtzworth-Munroe, D'Onofrio, Fee, & Hill, 2009). Improved interventions require both better collaboration in the research and the development of interdisciplinary professional standards of practice and local task forces to coordinate service provision.<sup>30</sup>
- (8) *Judicial control after a trial.* In some cases, judicial control must continue after a trial, by having the trial judge remain seized with a case and review previous orders. A change in custody may occur with or without therapy or another type of intervention. When these do occur, progress reports are needed to assist the court.

- (9) *Further development of clinical and educational programs and interventions.* Notwithstanding the more recent media attention, alienation is not a new phenomenon and professionals have been struggling with these difficult cases for decades. In recognizing what has not worked and where there is a need for further research, we have gained significantly in knowledge over the past years. Recently, there has been a renewed interest in alienation in legal and mental health writings and presentations at professional conferences. Further development of treatment models and strategies are necessary, these containing efficacy evaluation research.
- (10) *Better access to services.* Resources are limited. A small percent of the divorcing population uses a disproportionate amount of court-connected resources. While some families may benefit from multiple services and professionals, often too many are involved and working, albeit unintentionally, at cross purposes. We need to consider a triaged, as opposed to tiered, approach<sup>31</sup> in an effort to prevent waste and coordinate and expedite positive resolutions for these complex and varied high-conflict families (Salem, 2009), including those where parent–child contact problems, irrespective of sole or primary cause, are present. Services are expensive and not available in many areas. Efforts need to hone the best service for the particular family and to make these readily and equally available to all families in need.
- (11) *More and better research.* Well-designed, methodologically sound research into the efficacy of all of the different legal, educational, and clinical responses to mild, moderate and severe alienation is needed to know these remedies and interventions “do no harm,” but also to be confident that they have positive effects. Given the complexity of the causes and dynamics of resistance to parent contact, conducting such research poses significant fiscal, practical and ethical challenges.<sup>32</sup> Family life and high-conflict families in particular are complex; the dynamic interplay of many factors will impact our understanding of what works and what does not work. Large samples are needed to capture the complexity of these situations, but such numbers are not typically available. Results from any one study need replication. Without a large sample, longitudinal designs and random assignment, we can never be certain that the effects are due to the intervention and not due to some other factors. Ethical, not only fiscal, realities prohibit these approaches, especially more recently given the economic times. Further, we are in a catch-22 to the extent that children and families need to participate in these options for us to study their relative efficacy. Cross-sectional retrospective studies, qualitative research, and case analyses are more realistic to expect; these studies can be informative and instructive, especially when similarities are found across them. At best, data from these studies need to be treated as preliminary and upon which to develop hypotheses for further research and for our work with individual families.

While research is vitally important, legal and mental health practitioners cannot wait for science to catch up to their ongoing cases, as recommendations and decisions need to be made pending the outcome of good research. For example, it is already clear that therapy and education, at least the methods and programs currently available, are ineffective for the severe cases of alienation. In addition, there is good research available on the impact of separation, high conflict, and intimate partner violence on children and adolescents and on related matters that can inform our work in alienation cases.

Further, even when more and better designed research is available, decisions for any individual child and family cannot be based on aggregate data. Consequently, using the research available and our experience as legal and mental health practitioners, a careful investigation and risk–benefit analysis of each case is required, as would be the case even if good research were available. Once a case is before the courts, not intervening and leaving the child alienated and in the care of a disturbed parent—that is a decision to take no action—is also a decision that needs to be researched and justified. In some more severe cases, the best interests of the child require very significant interventions like custody reversal, Family Bridges or Overcoming Barriers Family Camp.

## NOTES

1. See, e.g., Sarah Hampson, *Courts Can Rescue Kids From an Alienating Parent*, THE GLOBE AND MAIL, Jan. 29, 2009.
2. See, e.g., Barbara Kay, *Brainwashing the Kids to Spite the Ex*, NATIONAL POST, Jan. 30, 2009; Kathryn Blaze Carlson, *Custody Judges Rule on Vengeance: Courts Criticized for Recognizing “Parental Alienation,”* NATIONAL POST, Mar. 28, 2009.
3. See, e.g., Kirk Makin, *Gender Bias Evident in Alienation Case*, THE GLOBE AND MAIL, March 28, 2009, reporting on a study by Toronto lawyer Gene Colman, presented at the Canadian Symposium For Parental Alienation Syndrome Mar. 27–29, 2009, Toronto.
4. Carol Bruch, *Parental Alienation Syndrome and Parental Alienation: Getting It Wrong in Child Custody Cases* (2001), 35 FAM. L.Q. 527; Jennifer Hoult, *The Evidentiary Admissibility of Parental Alienation Syndrome: Science, Law, and Policy* (2006), 26 CHILD RTS. L.J. 1; Joan Meier, *A Historical Perspective on Parental Alienation Syndrome and Parental Alienation* (July–December 2009), 6 J. CHILD CUSTODY. 232.
5. See Gardner (2002a) for further elaboration.
6. The term “irrational” alienation has been used more recently to replace the use of “pathological” (Fidler, Bala, Birnbaum & Kavassalis, 2008; Warshak, 2010a). Concerns have been expressed by contributors in this issue about including “irrational” in the term describing alienation. While by definition “irrational” means “illogical” or “unreasonable” and thus define what is meant by alienation as it is differentiated from realistic estrangement, we have chosen not to include “irrational” in a label and instead refer to “child alienation” or “alienation” as defined in this article.
7. See Gardner’s commentary (2004) and Johnston and Kelly’s rejoinder (2004).
8. Separated high conflict parents often have no direct contact with each other and rely on second hand information, including from their child, to form opinions about each other. See Campbell (2005) for further elaboration on the role of ambiguity and attribution theory in the development of anxiety and negative stereotypes that are highly resistant to change.
9. See Fidler, Bala, Birnbaum, and Kavassalis (2008) for an extensive list of behaviors exhibited by the alienated child, alienating parent and the rejected parent (Table 15, pp249–252).
10. See table referred to in footnote 9 for an extensive list of behaviors exhibited by the alienating parent (Table 15, pp249–252).
11. See article by Baker and Andre (2008), “Beyond the High Road: Responding to 17 Parental Alienation Strategies without Compromising Your Morals or Harming Your Child” for an excellent guide for rejected parents.
12. Reporting to the court was limited to whether or not the family attended the counselling.
13. This is a common methodology in conducting qualitative research (see, e.g., articles by Friedlander and Walters and Warshak in this issue).
14. Warshak (2010b) identifies this as Option 4 and provides a thorough discussion of the advantages and disadvantages. See Jaffe, Ashbourne, and Mamo (2010) and Johnston and Goldman (2010) for further discussion of the option in certain circumstances, including those related to alienation and realistic estrangement.
15. See Friedlander and Walters (2010) for further elaboration of these various dynamics.
16. Severe realistic estrangement may require the child to initially receive treatment for post-traumatic stress, potentially followed by family counseling, including reintegration therapy or supervised or therapeutic access, where appropriate, while severe alienation due to a disproportionate or unjustified reaction on the part of the child

may require a custody reversal with or without an approach like Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships (Warshak, 2010b), summarized further on.

17. In addition, techniques and strategies for working with each child, the rejected parent and the favored parent, as well as those for working with the family as a whole or in dyads and triads are beyond the scope of the paper. (See, e.g., Baker & Fine, 2008; Carey, Sullivan, & Ward, 2007; Carter, Haave, & Vandersteen, 2006, 2008, 2009; Coates et al., 2004; De Vries & Niemi, 2007; Sullivan, Ward, & Deutsch, 2010; Deutsch, Sullivan, Ward, Carey, & Blane, 2009; Drozd & Olesen, 2009; Eddy, 2009; Everett, 2006; Fidler, Chodos, Nelson, & Vanbetlehem, 2009; Freeman, Abel, Cowper-Smith, & Stein, 2004; Gardner, 1999, 2001c; Johnston, 2005a, 2005b; Johnston, Roseby, & Kuehnle, 2009; Johnston, Walters, & Friedlander, 2001; Sullivan & Kelly, 2001; Ward & Harvey, 1993).

18. The Multi-Modal Family Intervention (MMI) originally developed in 2001 by Johnston, Walters and Friedlander and expanded in this issue by Friedlander and Walters is a family-focused intervention based on systemic theory and includes individual psychotherapy, family therapy, case management and education, and coaching all under the umbrella of the family court.

19. For further elaboration, see Table 16, p261 for a checklist of components recommended for inclusion in orders and contracts for therapeutic intervention. A revised sample *Family Treatment and Intervention Agreement* used when there are parent-child contact problems may be obtained from the first author.

20. The program involves six weeks of individual and confidential parent counseling, following by a further six weeks of non-confidential, parent-child counseling. Using a Parent Workbook, the individual parent counseling sessions focus on learning and strengthening three key skills, namely, flexible thinking, managed emotions and moderate behaviors. During the Parent-Child Counseling, each parent meets with the child three times and teaches the child the three skills that the parent learned during the individual parent sessions, also relying on a workbook to guide them through the process. The expectation is that after the counseling, some families will be able to resolve their parenting arrangements on their own or through some form of alternative dispute resolution. If not, the parents may return to court and the parent-child counselor will provide a report to the court on the parent-child sessions. For further information and materials visit [www.highconflictinstitute.com](http://www.highconflictinstitute.com) or contact [newways@highconflictinstitute.com](mailto:newways@highconflictinstitute.com).

21. Note that any report from a therapist will tend to be descriptive and observational in nature about the process, the behaviors of the participants and the progress of therapy, and *not* provide recommendations for parenting time or legal custody given that a comprehensive custody evaluation was not completed.

22. Depending on the degree of the child's reaction and alienation, individual sessions may help the child prepare for eventual sessions with a rejected parent. For example, the court order may require that the child attend three individual sessions, followed by three months of therapeutic access coupled with individual or parent-child sessions with the aligned parent. Subsequently, the therapist's office may be used as a transitional site where the therapist meets with both parents and the child in various combinations, before and after the child's contact with the rejected parent. Sometimes someone other than the aligned parent may be designated to bring the child to the therapist's office. Next, sessions may occur before and after the parenting time, but not necessarily on the same day, still permitting the therapist to monitor and assess the family's progress and provide expedient intervention where required. Considerable advance planning and logistics are required to implement this model. The ultimate goal would be for the detailed, court-ordered parenting time to occur without the need for the therapist's involvement.

23. To support her claim, Bruch cites a newspaper report and telephone conversation with Judith Wallerstein on her follow-up of 25 young adults (Wallerstein, Lewis, & Blakeslee, 2000). Also, see Warshak (2003a, endnote 29 in 2010b) for a citation to Wallerstein's work that supports an alternative position.

24. See article in this issue for further elaboration of the ethical issues related to all approaches used in alienation cases, ranging from mild to severe.

25. See *S.V. v. C.T.I.*, [2009] O.J. No. 816, per Reilly J. where the judge makes the important distinction between a parent "forcing" and "requiring" certain behavior from a child, including such conduct as attending school and visiting with a non-custodial parent.

26. See next section for a summary of the research to date.

27. See Pollet (2009) for survey of programs for parents and children in the United States and a discussion of the related research and issues. For programs in Canada, see paper prepared by Pauline O'Connor for the Department of Justice, *Voice and Support: Programs for Children Experiencing Parental Separation and Divorce*, available at [www.justice.gc.ca](http://www.justice.gc.ca).

28. The 17+ week activity-based program promotes discussion of common family situations (e.g., one parent looking sad, hurt, or angry when a child departs for parenting time with the other parent, one parent confiding in the child or denigrating the other parent, and so on) and accompanying problem solving approaches to loyalty

conflicts, specifically, critical thinking, considering options, listening to one's hear, and getting support from within and from others.

29. For example, in June 2008, AFCC convened a multidisciplinary task force to provide best practice guidelines the role of court-involved therapy (AFCC Newsletter, Spring 2009).

30. See the July 2009 *Family Court Review*, Volume 47(3) for several articles which discuss models for multidisciplinary training and collaboration.

31. A triaged approach involves a screening and identification process that is then linked to a particular intervention, such as education, therapy, mediation or assessment, while a tiered approach tends to start with the least intrusive intervention, which in the case of failure, will then be augmented with another intervention, such as assessment followed by mediation.

32. See the article by Kelly and Ramsey (2009) and the reply by Austin (2009) both in *Family Court Review* for an important discussion of these issues with respect to custody evaluations. Much of the same can be said for research applied to the problem of and remedies for alienation.

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