

RETHINKING PARENTAL ALIENATION AND REDESIGNING PARENT-CHILD ACCESS SERVICES FOR CHILDREN WHO RESIST OR REFUSE VISITATION¹

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The Problems with Parental Alienation Syndrome.

The phenomenon of a child's strident rejection of one parent, generally accompanied by strong resistance or refusal to visit or have anything to do with that parent, was first recognized by Wallerstein and Kelly (1976, 1980) in their seminal study on children of divorce. They described it as an "unholy alliance" between an angry parent and an older child or adolescent. Later, Gardner (1987, 1998a) coined the label "parental alienation syndrome" (PAS) to describe a diagnosable disorder in a child in the context of a custody dispute, and it is this entity which has generated both enthusiastic endorsement and strong negative response, Gardner claims that PAS has three components. The first is a child who exhibits obsessive hatred of a target parent (an animosity that often extends to the parent's extended family), makes weak, frivolous and absurd complaints, justifies the stance by quoting "borrowed scenarios", and lacks any ambivalence or guilt towards the hated parent. The second component is a vindictive parent who is involved in consciously or unconsciously brainwashing the child into this indoctrinated stance; and third, are false allegations of abuse that are generated by alienating parent and child.

Allegations of PAS have become a fashionable legal strategy in numerous divorce cases where children are resisting contact with a parent, without due regard for possible historic reasons for such resistance within the marital home nor to the child's relationship with both parents (Rand, 1997a,b; Walsh & Bone, 1997; Wood, 1994). Most controversial are the radical recommendations that follow from Gardner's view that an alienating parent is the principal if not sole cause of the problem. In severe cases of PAS, he recommends changing custody (i.e. placing the child with the "hated" parent) as well as other punitive measures that have resulted, for instance, in the child's detention in juvenile hall, and/or the jailing and fining of the offending parent (Gardner, 1998b).

In the larger community, the concept of PAS has created its own gender politics. Father's rights groups have exalted and utilized the concept as a strategy in child support proceedings to retaliate against ex-wives who have not allowed them access to their children. In custody proceedings, PAS is often used to defend men against allegations of domestic violence and sexual molestation. Women's advocates have scathingly rejected Gardner's formulation as indicating institutional and social biases that victimize women. The media too has entered the debate with extensive stories and investigations, some well-balanced journalistic reporting, others sensationalized and one-sided (Carpenter & Kopas, 1998a,b,c; Farragher & Rodebaugh, 1989; Goldsmith, 1999; Stevens, 1996ab; Tanner, 1996). A more extensive review of the literature is beyond the scope of this paper, but can be found elsewhere (Clawar & Rivlin, 1991; Faller, 1998; Gardner, 1998; Nelson & Downing, www; Rand, 1997a,b; Turkat, 1994; Waldron & Jones, 1996). Rather, here the problems with Gardner's PAS are enumerated. The first problem is that PAS focuses almost exclusively on the alienating parent as the etiological agent of the child's

¹ Paper presented at the International Conference on Supervised Visitation, Staatsinstitut für Frühpädagogik Munich, Germany July 9-10, 2001. This paper is a summary of the joint work of a task force especially convened to study the problem of children who become alienated from one of their divorcing parents. The task force includes Steven Friedlander Ph.D., Janet Johnston Ph.D., Joan Kelly Ph.D., Margaret Lee Ph.D., Nancy Olesen Ph.D., John Sikorsky MD, Matthew Sullivan Ph.D., and Marjorie Walters Ph.D.

alienation. This flies in the face of clinical observations that shows that in high-conflict divorce, many parents exhibit indoctrinating behaviors but only a small proportion of children become alienated. In other cases, it has been observed that some children (especially adolescents) develop unjustified animosity, negative beliefs and fears of a parent in the apparent absence of alienating behaviors by a parent (Johnston, 1993). It would appear that alienating behavior by a parent is neither a sufficient nor a necessary condition for a child to become alienated.

Second, Gardner has formulated a definition of PAS that includes its hypothesized etiological agents (i.e. an alienating parent and a receptive child). This renders his theory of the cause of PAS unable to be falsified because it is tautological (i.e. true by definition). Third, PAS cannot properly be considered a "diagnostic syndrome" (according to the American Psychiatric Association, 1994) because there are no commonly recognized, or empirically verified pathogenesis, course, familial pattern, or treatment selection of the condition. If PAS is considered more simply as a grouping of signs and symptoms, based on their frequent co-occurrence, it could be considered a "non-diagnostic syndrome", but this sheds no light on cause, prognosis and treatment. Hence the term PAS does not add any information that would enlighten the court, the clinician, or their clients, all of who would be better served by a more specific description of the child's behavior in the context of his family. Fourth, using the terminology of a medical syndrome to explain the behavior of family social systems engenders controversy amongst mental health professionals of different philosophical orientation and training, ensuring that the validity of PAS will continue to be debated.

Most importantly, all of this controversy and debate has occurred in the virtual absence of empirical support for the reliable identification of PAS as a diagnostic identity. Rather, the evidence for PAS is largely based upon Gardner's (and other proponents') clinical experience and "expert testimony". Although there have been numerous references in the literature that make claims and counterclaims about the phenomena, the number that offer empirical data are preliminary and/or flawed studies (Dunne & Hedrick, 1994; Johnston, 1993; Kopetski, 1998, Lampel, 1996). There is an urgent need to investigate the many other factors that may be determinative in this phenomenon, and to distinguish the problem from the many diverse factors occurring in child custody disputes that induce children to resist or refuse contact with one of their parents.

A Reformulation of the Problem.

For the past two years, the author has been a member of a task force of experienced clinicians and researchers especially convened to study the problem. Together, we have formulated a conceptualization of the alienated child that we believe is more useful than PAS, developed hypotheses about the factors that are its causes and correlates, and distinguished it from developmentally normative reactions and from realistic responses to abusive and neglectful parenting. The results are a series of six published papers that address these important distinctions (Kelly & Johnston, 2001), as well as the admissibility of expert testimony about PAS in court (Williams, 2001; Ziropiannis, 2001), assessment of alienation (Lee & Olesen, 2001), case management issues (Sullivan & Kelly, 2001) and therapeutic interventions (Johnston, Walters & Friedlander, 2001).²

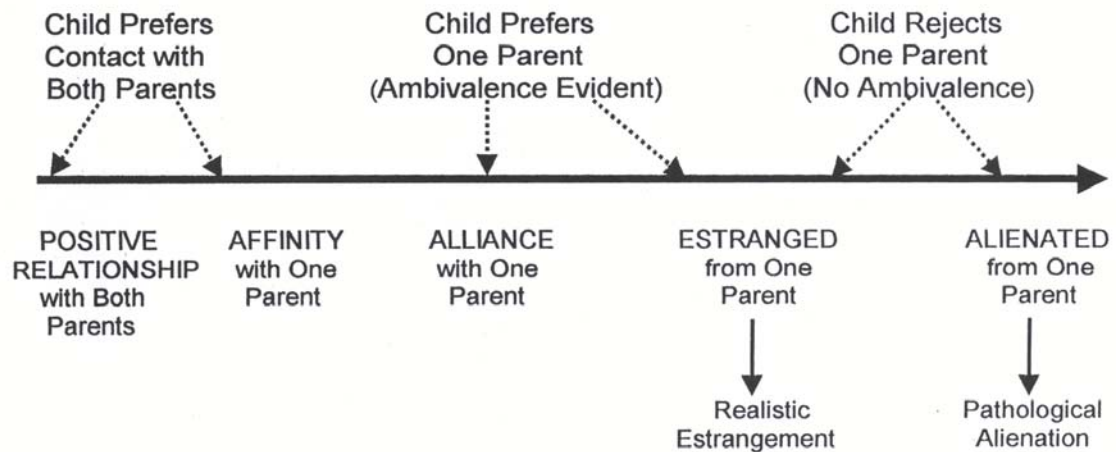
² A Cautionary Note. The ideas and views expressed in this paper are largely based on the clinical insights and practical experience of working with a broad array of high conflict divorcing families by a small task force of experienced mental health professionals. There is a critical need for more systematic research into this subject. Foremost, it is important to develop reliable clinical and empirical measures to identify alienation in children, and to differentiate it from children's realistic estrangement from an abusive parent. It is hoped that this work will provide a research agenda by offering more explicit definitions, distinctions, and a series of hypothesis regarding the antecedents of alienation in children. Furthermore, the psychological adjustment including the quality of attachment and peer relations in these children, needs to be studied. There is also a critical need for longitudinal research into what happens to the relationships of alienated children with both parents over the long term. Related questions that need to be

This new formulation focuses on the “alienated child” rather than “parental alienation”. An alienated child is defined as one who expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection and/or fear) toward a parent that are significantly disproportionate to the child's actual experience with that parent. From this viewpoint, the pernicious behaviors of a “programming” parent are no longer the starting point. Rather the problem of the alienated child begins with a primary, neutral, and objective focus on the child, his or her observable behaviors, and parent-child relationships.

A Continuum of Parent-Child Relationships.

We argue that it is critical to differentiate the alienated child (who persistently refuses and rejects visitation because of unreasonable negative views and feelings) from other children who also resist contact with a parent after separation but for a variety of normal developmentally expectable reasons. Too often in divorce situations, all youngsters resisting visits with a parent are improperly labeled "alienated". And frequently, parents who question the value of visitation in these situations are quickly labeled "alienating parents". Children's relationships with their parents after separation and divorce can be described on a continuum from positive to negative (with the most negative being alienation) as shown in Figure 1. At the benign and most healthy end of this continuum are the majority of children who have positive relationships with both parents and who clearly wish to spend significant (and sometimes equal) amounts of time with each parent. These are the "no preference" children who value both relationships.

Figure 1. A Continuum of Children's Relationships with Parents after Separation and Divorce



examined are the conditions under which an alienated stance might be a developmentally useful defense for a child in a vulnerable family situation, and when it predicts adult psychopathology. Furthermore, the process and outcomes of various therapeutic and case-management strategies discussed here, including change of custody, orders for access, or retreat of the rejected parent from the child's life, need to be carefully documented in evaluation research.

Also within the normal or healthy range are some children who express an “affinity” for one parent. By reason of temperament, age³, gender⁴, shared interests, sibling preferences of parents, and parenting practices⁵, these children have gravitated toward one parent more than the other, although such affinities may shift over time with changing developmental needs and situations. Generally, they do not express an overt preference for a parent and still want substantial contact with and love from both parents. Further along the continuum are children who have developed an “alignment”. These are children who demonstrate a clear preference for a parent during marriage or separation, and want limited contact with the non-preferred parent after separation. Unlike the fully alienated child, aligned children do not completely reject this parent or seek to terminate all contact. Most often, they express some ambivalence toward this parent, including anger, sadness, and love.

Alignments between a child and parent may arise from intense marital conflict in which the child was encouraged to take sides or carry hostile messages, a dynamic that often intensifies following separation. Frequently, alignments arise in older school-age children in response to the dynamics of the separation, involving children, moral judgment about which parent caused the divorce, who is most hurt and vulnerable, and who needs or deserves the child's allegiance and support. These strong alignments, and the accompanying expressions of moral outrage and contempt, are most often temporary if the child has an opportunity to process the separation with a therapist or trusted adult or conflict subsides. But they may also consolidate into more hardened alignments or even alienation in the context of a bitter divorce with protracted litigation, and may result in strong resistance to visiting. The key factor distinguishing these youngsters from children who are fully alienated is that most aligned children are able to acknowledge (sometimes begrudgingly) that they love the other parent, but just don't like being with them or want much contact at this point in time. Further, they do not engage in the fierce, brittle, hollow remonstrations and cruel behaviors toward the rejected parent observed in the alienated child. They are often protective of the preferred parent, who they perceive as wounded and needing their attention.

At the extreme end of the continuum are children who are fully "alienated" from a parent after separation and divorce, who express their rejection of that parent stridently, without apparent ambivalence or guilt and strongly resist or completely refuse any contact with that rejected parent. For the most part, these rejected parents fall within the broad range of marginal to good enough to sometimes better parents, who do not have a history of physical or emotional abuse of the child. Although there may be some "kernel of truth" to the child's complaints and allegations about the rejected parent, the child's grossly negative views and feelings are significantly distorted and exaggerated reactions. Thus, this unusual development is a pathological response. It is a severe distortion on the child's part of the previous parent-child relationship. These youngsters go far beyond an alignment in the intensity, breadth, and ferocity of their behaviors toward the parent they are rejecting. They are responding to complex and frightening dynamics within the divorce process itself, to an array of parental behaviors, and as a result of their own early developmental vulnerabilities which have rendered them susceptible. While the profound alienation from a parent more often occurs in high conflict custody disputes, it is believed to be an infrequent occurrence among the larger population of divorcing children.

³ Anxiety about separation from a primary parent in pre-school children are developmentally normal and should not be confused with alienation.

⁴ It is typical for children to have cross-gender attraction to parents during the oedipal phase of development and same gender preferences for a parent at other times, especially at adolescence.

⁵ Among teenagers, “means-oriented alliances” with the parent who provides them with material advantages or more freedom from monitoring are not uncommon.

Realistic Estrangement due to Parental Abuse, Violence and Neglect.

Children can be realistically "estranged" from one of their parents as a consequence of a parent's history of family violence, abuse and neglect and this phenomenon also needs to be clearly distinguished from alienated children. Estranged children may look like alienated children in that they can present with a mix of intense anger towards the abusive parent and subconscious fear of retaliation that can induce phobic reactions to that parent. Often children only feel safe enough to reject a violent or abusive parent after the separation.

Some children are realistically estranged as a cumulative result of observing repeated violence or explosive outbursts of that parent during the marriage or after separation, some were themselves the target of abusive parenting. Other youngsters are estranged in response to severe parental deficiencies. These include persistent immature and self-centered behaviors, chronic emotional abuse of the child or preferred parent, physical abuse which goes undetected, characterologically angry, rigid, and restrictive parenting styles, and psychiatric disturbance or substance abuse which grossly interferes with parenting capacities and family functioning.

We have hypothesized that the dynamics in some cases can be even more complex. Depending upon the developmental stage of the child and the nature of the prior attachment with each parent, family violence and the related trauma of parental separation can have different kinds of impact on children. The child does not have to be a direct witness to violence - they can see the aftermath of the violence or be left in the care of a victim parent who is traumatized by severe marital abuse. Also, young children can be traumatized by an act of violence that from an adult's perspective may not have been very serious or injurious.

It is also possible for the child to have experienced an early traumatic incident (involving abuse of a spouse, self or sibling) which forms a realistic basis for the child's estrangement from the perpetrator. Subsequently after parental separation, this event can be constantly evoked and used for tactical advantage in divorce disputes by the aligned parent and other family members, creating a family legend that can contribute to child alienation in addition to estrangement. In these cases, there is a mix of realistic and unrealistic fear, anger and avoidance that needs to be distinguished.

In other cases where children have sustained or witnessed abuse, they can become pathologically attached to the perpetrator and in turn, reject an innocent victim parent. In this context, the child fits the definition of an alienated child but the dynamics are somewhat different in that the alienation has been fuelled by the fear and control engendered by an abusive parent, or by the child's defensive identification with the aggressor. In all of these cases, the important reason for distinguishing children whose antipathy is rooted in the actual experience of family trauma from those who are alienated is that they generally need a Post Traumatic Stress Disorder intervention at the outset.⁶ Only after the trauma has been properly addressed should one consider whether interventions for alienation are necessary.

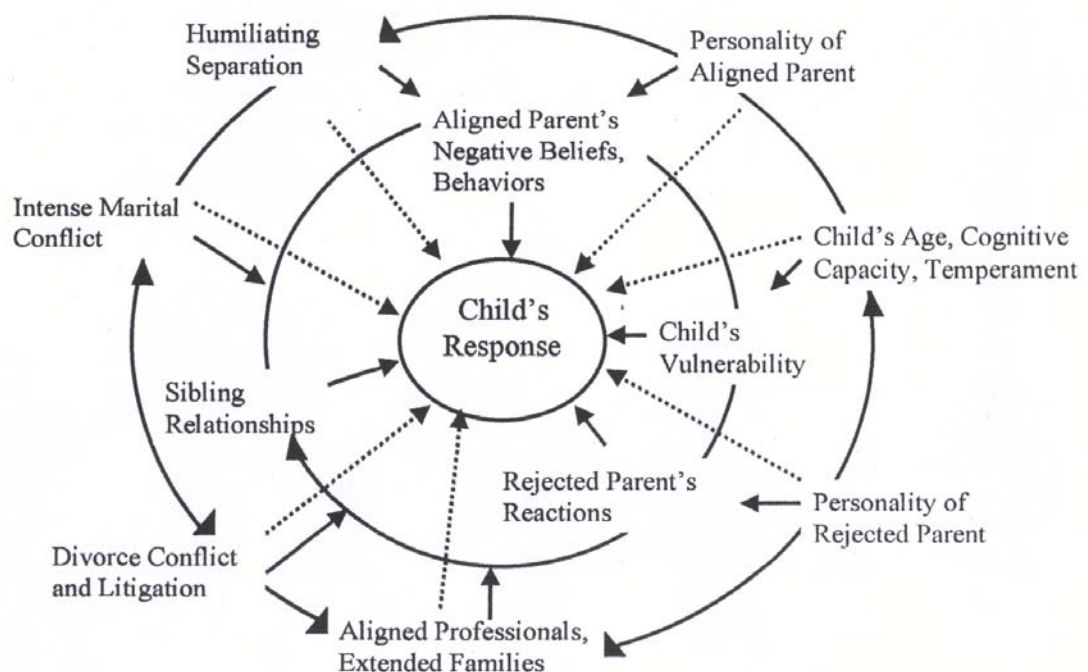
The central task of assessment or a custody evaluation is to distinguish whether the child's rejection of a parent is based upon realistic estrangement rather than alienation. Too often the responses of realistically estranged children following separation are incorrectly interpreted and played out in custody disputes as PAS cases. The deficient, abusive, or violent parent frequently accuses the other parent of alienating the child against him or her. They vigorously resist any suggestion that marital violence or severe parenting deficiencies have negatively impacted the parent-child relationship.

⁶ The therapy of choice in these cases is to facilitate the child's disclosure of the traumatic event (both the memory and the terrifying feelings associated with it), in a safe place. Therapists vary in their techniques, but the general idea is to systematically de-sensitize the child to the overwhelming terror and help him or her express expectable feelings. The therapist can then help the child to cognitively restructure any fixated or erroneous beliefs about his or her helplessness, vulnerability, culpability, and fantasies of rescue and revenge. In addition, some interpretation of the PTSD symptoms usually helps the child understand and manage them better (Pynoos & Eth, 1986; Silvem, Karyl, & Landis, 1995).

Precursors and Correlates of Child Alienation.

Our task force has hypothesized a set of factors that are predictive of children's alienation from a parent after divorce as illustrated in Figure 2. These include a set of background factors that directly or indirectly impact on the child. Common features of these cases include a history of intense marital conflict, often from the time the child was very young, wherein the child was triangulated or where the child replaced the rejected parent as the central object of a spouse's affection; a separation that was experienced as inordinately humiliating by the aligned parent; and subsequent divorce conflict and litigation that, can be fuelled by professionals and extended kin.

Figure 2: Background Factors, Intervening Variables, and the Child's Response



Common personality predispositions of the aligned parent include narcissistic vulnerabilities that escalate under threat and present as paranoid and borderline dynamics. Such parents may not be consciously spiteful and vindictive but nevertheless behave in emotionally abusive ways that damage the child's relationship with the other parent. They often harbor intense, abiding distrust of the rejected parent, hold convictions that the other parent is at best irrelevant and at worse a pernicious or dangerous influence on the child, and believe that he or she has never loved or cared about the child. Consequently they see the child as urgently in need of their protection from the rejected parent. On the other hand, typical personality predispositions of the rejected parent are associated with a range of parenting limitations that do not, however, rise to the level of abuse and neglect. These may include passivity and withdrawal in the face of conflict, a tendency to be self-centered and immature, to have diminished empathy and limited parenting skills, and/or to be overly critical demanding and counter-rejecting in response to the child's provocative and obnoxious behavior.

Child characteristics predicting vulnerability to alienation are foremost the age and cognitive capacity of the child. Pre-adolescent and adolescents (8-15 years) are those more susceptible because they have achieved a developmental stage when they are more pressured by loyalty demands from their opposing parents. At this age they can maintain a consistent stance of

anger and are more likely to make rigid moral judgments of a parent. Rarely can younger children present as fully and consistently alienated unless they have older siblings whom they emulate or who keep them under strict partisan control. In addition, children who are temperamentally vulnerable (anxious, fearful, dependent, or emotionally troubled) are those that are less able to withstand the inordinate stress inherent in being in the middle of a high conflict divorce. Instead they are more likely to be drawn into an alienated stance.

Redesigning Parent-Child Access Services for Alienated Children.

Alienated children need a *family-focused intervention* that includes all parties - the child, siblings, both the aligned and rejected parents, as well as other family members (e.g. stepparents, grandparents) determined to be contributing to the dynamics. The goal is to transform the child's distorted, rigidly held, polarized, and defensively split views of one parent as "all bad" and other as "all good" into more realistic and measured ones, rooted in the child's actual experience of both parents. In addition, the goal is to restore appropriate co-parental and parent-child roles within the family.

The simplest and most cost-effective therapeutic model for alienation cases is for an experienced family therapist to work with all members of the family, individually and in combination on an as-needed basis. In the more complex and entrenched cases, few therapists are equipped or willing to undertake this kind of sole responsibility. Moreover, the task of forging a therapeutic alliance simultaneously with each of the opposing family members, without being dismissed as aligned with or biased against one or the other, may be extremely difficult. At the very least, a sole family therapist will need an arbitrator or consultant in place who can support the therapeutic work and undertake the necessary case management, including communication with the court and ongoing decision-making about access arrangements with the rejected parent.

A therapeutic team of professionals - with individual therapists appointed for the alienated child and each parent in addition to a co-parenting counselor/mediator - is often the preferred model in the more difficult cases. It may be the only viable model where parents need individual therapy or where the child is especially emotionally troubled. However, a team of therapists is likely to be more expensive, cumbersome, and vulnerable to intra-team conflict⁷.

There are five principles of effective intervention. First a careful clinical assessment or custody evaluation is needed to a) identify an alienated child, b) distinguish alienation from realistic estrangement, and c) formulate the multiple interrelated factors in the family history, marital and divorce dynamics that have contributed to the problem. Second, it is vital to ensure continuity, consistency and coordination of professional involvement in the case, to guard against the insidious polarization and fragmentation within the family spreading among the professionals. Third, it is necessary to implement authoritative case management to pre-empt and manage the ongoing conflict and keep disputes out of the legal adversarial arena where the alienation is fueled. Fourth, early and timely interventions are critical to prevent entrenchment of destructive dynamics and to restore appropriate contact between the alienated child and rejected parent. Delays consolidate and reward the child's phobic or recalcitrant stance. And fifth, structural and therapeutic interventions need to be directed at the systemic array of factors in the family that contribute to the problem.

⁷ When different therapists are working with different members of the family, there are intense pressures for "splitting" among the professionals - that is, previously neutral individual therapists are often induced to support and advocate for their client's distorted perspective - whether it be the child's or one of the parent's. For this reason a therapeutic team needs to set up a forum at the outset for identifying and understanding the alliances that begin to crystallize. The team must take special care to preserve an open system with input from all parties on a continuous, updated basis, to check out the reality of disparate claims.

In accordance with the aforementioned principles, effective intervention in cases of alienation takes place within a legally defined framework (a stipulation, consent decree or court order). The legal contract between the parties or court order specifies the roles of all professionals and provide an overarching, coordinated, rule-governed process for managing the ongoing family conflict and implementing the intervention. Court orders should include the following elements: 1) the goals of the service; 2) the roles of any professionals working with the family; 3) who will be seen in sessions⁸; 4) the limits of confidentiality for each professional with the court and with each other⁹; 5) the permissible lines of communication among disputing parents, nonprofessionals and collaterals¹⁰; 6) a timely procedure for resolving disputed issues when parents are stuck (such as a mediation or arbitration); 7) payment for the intervention¹¹ and 8) an agreed-upon process for terminating the intervention or transferring to another therapist or arbitrator.

⁸ The family therapist needs to have access to all family members involved in the dispute on an as-needed basis.

⁹ To maximize coordination between the two parents who usually cannot communicate with one another directly, it may be specified that the therapist can use his or her discretion to exchange information freely between parents in separate interviews. However, to protect children who are often in a dangerously vulnerable position between parents, it can be made clear that the children's confidences will be respected. The only kind of feedback parents receive about their child will be general clinical impressions, unless the child consents to the release of more specific information. On the other hand, to protect the therapy from the litigation process, parents are usually asked to give their consent for all information obtained in the therapy to be held confidential from the court with the exception of any child abuse or threats of violence, for which reporting is mandated. This means the parties must stipulate that all involved therapists will not be asked or subpoenaed to testify in court. However, the family therapist or therapeutic team should be permitted to talk with the arbitrator, who, in turn, may be required to testify in court. Another approach would be for the arbitrator to protect the therapy by using different sources to formulate any opinion given to the court, and not specifying what was said by any of the sources.

¹⁰ It is particularly critical, if not imperative, for parents to sign releases at the outset for the family therapist or team of therapists to use their discretion in sharing information with other professionals and extended family members. This maximizes the potential for collaboration and limits the possibility of manipulation by the contending parties. Permission for the clinician to speak with new stepparents and extended kin involved in day-to-day care of the children is important. Releases to speak with teachers, childcare persons, and pediatricians can be added as needed.

¹¹ In order to ensure that each parent is assuming responsibility for the resolution of the family conflict, each should pay for their own individual sessions, for half of each joint session, and for half of the children's sessions. (If a sliding scale fee can be provided for each parent, this can take care of real inequities in resources.)

Most importantly, prior to beginning family therapy, the court order should provide a temporary access arrangement for the child's contact with the rejected parent, to be implemented forthwith. It should be an arrangement that the child is expected to tolerate. The court order should also specify how changes may be made in parent-child access arrangements as the case progresses. A mediator/arbitrator may be appointed or the court may continue to function in this role. To maintain balance and equi-distance with all family members, the family therapist should not be responsible for determining the schedule of the child's visitation with the rejected parent.

Therapeutically facilitated contact sessions (conducted by the family therapist) that initiate or maintain access between the rejected parent and an alienated child in a comfortable setting are often the place to begin. The more neutral concept of facilitated contact is preferred to that of "supervised visits" in order not to stigmatize the rejected parent. Labels such as "supervisor" or "visit monitor" tend to reinforce the allegations of dangerousness made against the rejected parent. On the other hand, at the initial stages within such a setting, all family members need to feel they will be "protected": the rejected parent from false allegations; the aligned parent from dismissal of legitimate concerns, and the child from any psychological or physical harm. Ideally, these therapeutically facilitated sessions will gradually expand and transform into more regular visits between parent and child, independent of the family therapist.

Working with Family Members.

Both parents need to be engaged in the therapeutic work in order to support the alienated child's access to the rejected parent. Siblings in a consolidated alliance need to be included but in separate sessions. The therapist's ongoing dilemma is how to maintain a working alliance with all disputing parties as well as a balanced perspective in the face of their extraordinary polarization and demands for exclusive allegiance. The immediate question is how to involve reluctant, avoidant, hostile members in the reunification process?

The Aligned Parent.

Building a realistic, supportive therapeutic alliance with the aligned parent begins when the therapist seriously listens to and addresses each of his or her allegations about the other parent and the child's physical safety and emotional well-being while with the other parent. The goal is to help aligned parents sort through these concerns, differentiating those worries that are realistic from those that are distorted by their own fears, lack of knowledge of, and/or inability to communicate with the other parent. This may include monitoring areas of concern that have not been clearly proven or dismissed. It also includes validating parenting strengths that have not been recognized or honored.

A second leverage in gaining the cooperation of the aligned parent involves addressing the issue of why the child should have a relationship with the other parent despite the child's reluctance or refusal to do so, and despite the other parent's alleged limitations. The therapist explains that there are profound psychological consequences for a children's developing sense of self-esteem, comfort with their gender identity, and capacity for future relationships when children dismiss or reject one of their biological parents and shows how their child is specifically at risk (Johnston & Roseby, 1997). The therapist points out that alienated child needs to learn to cope realistically with the "problem" parent, rather than avoiding the problem by running away and refusing to visit with or speak to the rejected parent. Noting that there will always be difficult people in the world that pose a challenge for their youngsters - be it a parent, teacher, coach, or boss - the therapist explains that this is an opportunity for their child to learn a range of coping skills and good interpersonal judgment. Capitalizing on the aligned parent's urge to rescue the child from the other parent, he or she is invited to protect their child in a new way - by promoting independence and helping, the child manage the relationship with the rejected parent. The hope and promise is that, compared to their parents, these children will grow up to make better choices

and to be better able to protect themselves from victimization. Usually an aligned parent will ruefully agree that this is an important goal.

For those aligned parents not persuaded by the above kinds of arguments, the therapist can also talk about the legal realities of their situation, pointing out that both parents have a legal right to have a relationship with their children and that children cannot terminate those parental rights. Moreover, the judge is bound to uphold parental rights unless there has been abuse or neglect. Noting that the custody evaluation and the court have determined that the rejected parent's alleged deficiencies do not rise to the level of abuse or neglect, the conclusion is driven home that their child's access to the rejected parent must occur. Pragmatically, it makes sense to take this opportunity to help their child learn to manage difficult family relationships with the guidance of a therapist and protections in place against realistic concerns.

Aligned parents can be counseled to help their alienated children in a number of ways. Most important is the message to their children that they support their reengagement with the rejected parent. The child needs to know he or she will not be blamed and disparaged for seeing the rejected parent, or dismissed and forgotten when gone. Specifically, first, the aligned parent needs to prepare the child for visits with the rejected parent, giving them precise details of the arrangement for the transfer and their return. Second, the parent needs to reassure the child that he or she (the parent) will be "OK- fine – safe" during the child's absence. Third, parents are counseled not to make special plans and activities that the child will miss while he or she is gone. Fourth, the child should be invited to find ways of enjoying the visit, Fifth, the child must be confident that he or she will be welcomed back after the visit.

The therapist should comment on any pattern of rude, obnoxious or abusive behavior on the part of the child toward the rejected parent that has been observed or reported. To highlight the problem, the therapist may express concern, surprise or even shock. Frequently, the custodial parent will totally blame the rejected parent for the child's aggression. Without debating the issue, the therapist can point out that this kind of rude behavior by the child is not a helpful coping response to a difficult relationship, and the negative consequences for the child of allowing him or her to be abusive to anyone. The aligned parent should be enlisted in the effort to manage the child's behavior toward the rejected parent. One can do this by asking how the parent would respond if the child behaved that way to anyone else in the family? Not only is this an opportunity to teach the child good values and interpersonal skills, it is also an opportunity to help the child feel emotionally safe and in more control of the situation. The therapist can elicit specific ways the parent can teach their child more civilized, appropriate responses to telephone calls, greetings, invitations and other approaches by the rejected parent. If at all possible, the aligned parent can also be encouraged and expected to draw the child's attention to and express appreciation for any good attributes of the child's other parent.

Some of the psychological forces driving the alienating parent can also be muted. For example, selective use of emotional support and acknowledgement of their specific strengths can act as a salve to a narcissistically wounded parent. Or the therapist can allay fears about further loss by reminding them of the goals for parent-child contact (i.e. normalized visitation not a change of custody).

Where possible the therapist tries to differentiate the child's experience of the other parent from the aligned parent's own anger and disappointment. A parent may be furious about an unexpected abandonment or a betrayal for a new lover by the ex-spouse. Or the aligned parent may have felt ignored and rejected. Typically, in response they believe the other parent will betray, ignore or reject the child. The child's refusal to visit, however, may be motivated by other factors. It may be a developmentally expectable reaction. For example, a four- year old might resist visitation because of difficulty separating from a primary caretaker. Whereas a seven-year old who refuses to visit his other parent may fear retaliation and abandonment by the aligned parent, a preadolescent might be choosing a stance that looks like alienation as a way of coping

with an unbearable loyalty conflict in a chronically conflicted divorce. Hence the aligned parent is helped to differentiate his/her experience from the realities of the child's experience.

Depending upon their capacity to tolerate dynamic interpretation, a therapist might gently explore the origins of aligned parents' response to their child by connecting with their own early history of disappointment with a neglectful, abandoning, or abusive parent. He or she can point out how early experience sets up unconscious expectations within them as to the uselessness or the dangerousness of the child's other parent. Considering their own past, the therapist can engage them in a conversation about their child's future, and the long term consequences of what it is like not to have another parent in their life.

The Rejected Parent.

Rejected parents are initially more motivated to engage in therapy than are aligned parents. After all, they are seeking allies in the war, hoping to balance the powerful alliance against them that has been formed by their ex-spouse and child. They usually present as bewildered, angry, innocent victims of this alliance, and blame the child's alienated stance entirely on "brainwashing" by a malicious and embittered other parent. The therapist can credit their good intentions in seeking to develop or reinstate a good relationship with their child and in assuming the responsibilities of parenting. Their feelings of sheer frustration can be validated; they should be assured that they are not disposable parents and that they do have something important to offer their child. In this way, the beginnings of a therapeutic alliance are formed.

However, in empathically relating to them in this manner, the therapist should beware of inadvertently confirming their often distorted, simplistic view of the situation, especially their tendency to blame the problem entirely on the other parent. Instead it is important to provide them with a more complete explanation of what has actually happened to their child in the context of the family, and the contribution of both parents, including and especially their own, to the problem. Giving them a deeper understanding of the child's alienated stance from a developmental and family perspective, helps them focus on their child and have more empathy for the child's plight, rather than seeing the child primarily as an extension or a mouthpiece of the other parent.

Once rejected parents are involved in treatment, the therapist's primary roles are as a coach and as a parenting counselor with them. Specifically, they need considerable encouragement and practical help on how to reach out and relate to their alienated child in ways that are loving, respectful, non-intrusive and non-coercive. Rejected parents typically have a range of problems with their parenting and they have seldom been given opportunity to practice their parenting. Some have not learned how to communicate, play with and discipline their children. Alternatively, the rejected parent may try to over correct for perceived deficiencies of the aligned parent. For instance, the aligned parent may be seen as too smothering, discouraging independence or too lenient and permissive. In reaction, the rejected parent becomes unusually demanding of independence, strict and punitive.

Rejected parents are counseled not to counter-reject the child with anger, nor with a punitive, controlling parenting style when the child is rude and uncooperative. This means not taking the child's rage and hatred personally. Instead they are coached on how to relate empathically to the child's feelings while placing firm limits on the child's unacceptable behavior. They can be taught how to be self-protective within certain limits. Rather than submit or withdraw in the face of accusations, they sometimes need to defend themselves and allow the child to hear a different reality. They can be coached to use words to their child like

"This has been an angry time, its been difficult for you. I know your mother's views are....
I have a different viewpoint ...
You can have your own viewpoint!"

When a child is highly enmeshed and poorly differentiated from the aligned parent, the rejected parent needs to know how to entice and invite the child out into a separate relationship with him or her and to remain reliably available as the child practices separating. If it is too threatening for the child to use the "hated" or "feared" parent as a stepping stone in the process of separating from the aligned parent, sometimes a stepparent or grandparent can be recruited to undertake the care of the child initially, gradually involving the rejected parent.

Deeper work with rejected parents involves helping them to take appropriate responsibility for the family dynamics that contributed to the child's alienation. For example, a father may have been mostly absent or withdrawn from his children for several years, or refused to pay child support, or had a secret affair with his secretary which made his spouse feel unbearably betrayed and humiliated. A woman may have had a drinking problem, screamed a lot and verbally abused her children during the marriage. Both parents may have engaged in protracted custody litigation, putting their children in the middle of a battlefield where the only protection was an alliance with one side. The rejected parent may be further encouraged to admit culpability with his or her child, make apologies where appropriate, as well as promises and commitments for change in the future.

Working with the Alienated Child.

Alienated children are likely to be controlling, distrustful and easily disillusioned. They enter into therapy, often reluctantly, with a scripted story and a demand for the therapists' immediate allegiance to their position. The child's challenge is "Are you for me, or are you against me?" The therapist is placed in a bind - the cost of a therapeutic alliance with the child appears to require the sacrifice of his or her therapeutic objectivity. Moreover, the therapist remains on trial - any hint of subsequent disloyalty threatens to precipitate his or her dismissal by the child. How does one establish a therapeutic contract with the child and manage this ongoing dilemma?

The therapist begins by carefully listening to the child's story and responding with a sincere offer to explore the best ways of helping the child with his or her problem. During a thoughtful discussion about all the different ways he or she may be able to help, the therapist also talks about some of the constraints. This includes a simple and straight forward explanation of the legal contract or court order that governs the family intervention. Rules about confidentiality and lines of communication need to be explained carefully and perhaps illustrated in a diagram. Most importantly, the child is told that the therapist does not have authority over the visitation arrangements with the rejected parent. However, at the child's request, he or she may be help convey the child's opinions and wishes to those who are responsible for making these decisions. Subsequently the child should be shown that if reasonable and realistic requests are made, they are more likely to be granted. Moreover, in these instances the child will be credited with making good choices.

In exploring the basis for children's negative views and feelings towards the rejected parent, the therapist must listen closely to them and not argue with them, "I have heard you don't want to have any contact with your dad? Tell me, what it is about Dad that makes you feel that way? When did you start to feel that way?" Invite them to take a look into the future. "How long do you think you are going to feel that way months, a year or two, until you are a teenager, or forever?" Once they start verbalizing explicit things that they are angry about (e.g. that their father no longer pays them an allowance), the therapist can explore some of the underlying feelings and issues as well as ways in which they have tried to make their needs apparent to the rejected parent. Oftentimes, there is an opportunity to validate their frustration and develop some new coping skills.

On the other hand, if the child keeps reciting the same litany of complaints over and over, in efforts to get beneath the alienated stance or ideology, children can be asked to describe past interactions with the rejected parent. Beware of asking them if they can remember "any good times" because it is usually met with a total denial. Instead, to evoke more complex and realistic memories, the therapist might review family photograph albums or home videos with the child (provided that the rejected parent's image has not been removed from these albums). To surface the sadness underneath their angry, rejecting stance, the therapist can ask the child about the kind of mother or father that most kids need, one that he or she would like to have. Many alienated children will express sadly a wish to have a "good mother" or "good father" in their lives and it is especially insightful to hear them describe what they think a good parent would be like.

What the child is really worried about might have much more to do with the aligned parent than the rejected parent. The therapist should mentally note the extent of the child's idealism and denial of any problem with the aligned parent. Rather than question or attack this defense, the best strategy is to comment on their loving concern for that parent, noting how careful they are not to hurt that parent's feelings. Ask what do they imagine might happen if that parent's feelings were hurt? In some cases the therapist may need to use some projective medium to elicit their fears, whereas in other cases, the child will be very clear about the consequences (like the girl who had been thrown out by her mother when she no longer refused to visit her father). Where children are in a sustained role-reversal, taking care of the aligned parent, the therapist needs to commend them for their extraordinary compassion, talk about what a heavy burden it is for a child, and express ongoing concern about whether they get enough opportunities "to be a kid and to do kid's things".

A feature of alienated children is their bland, stripped-down and simplistic black/white thinking and poor reality testing. To introduce the possibility of complexity, nuance, and a more differentiated way of thinking to the child, the therapist can comment on what seems incongruent: "Help me understand something ... You say your dad is a really mean person....You also say he favors your half-brother and gives him everything. How does this fit ... Does this mean that you feel he is only mean to you, and he can be nice to others?" In this way children's perceptions can be validated at the same time that their conclusions or assumptions can be challenged. With children who are very concrete and nonverbal, and those who continue to repeat the litany and rationalize their strident negative views, a series of non-verbal exercises might be helpful. They can be invited to color a set of thermometers of feelings, showing the different feelings they have about specific events and people, or color in double images of a figure to describe how they feel on the inside and how they appear to feel on the outside. Others who have had a volatile history can be asked to draw a graph of their relationship with their parent, showing its ups and downs over time. They can be asked to give a report card and assign grades for significant events, especially a visit where different components of the visit are specified (e.g. food, movie, talk with dad etc.) They can be asked to draw up lists of pros and cons for any proposed action or decision that evokes conflict within them.

It is important to process specific distressful or traumatic memories these children have had in their families. For example, some have been witness to a traumatic separation (angry yelling, pushing and shoving) or they may have discovered a parent's infidelity. Some felt abandoned by the rejected parent, are furious about the remarriage of a parent, feel jealous of their step-siblings, have gotten into a physical altercation with the other parent, or they may have been truly burdened or terrified by an enraged, depressed, left-behind parent. In listening to the child's story, note, however, that many alienated children have poor reality testing and care needs to be taken not to collude with the child's distorted thinking and memories. This means that the therapist must have reality checks available outside of what the child brings into the sessions. Later, with the child's permission, these incidents can be reviewed and re-examined in conjoint family therapy sessions.

Facilitated Parent-Child Access and Conjoint Family Sessions.

Conjoint work involves sessions with parents, parent-child dyads, siblings, and other family members like stepparents and grandparents on an as-needed basis. Most commonly, the bulk of conjoint family sessions involve implementing a graduated visiting or access plan that has been ordered by the court or agreed upon by both parents. It may begin with therapeutically expedited contact during which time both child and parent are directly coached and supported in talking and playing together. With an extremely phobic child, it might involve reading letters or viewing photographs of the rejected parent, or watching the rejected parent through a one-way mirror. In other cases, depending upon the readiness of the child to meet and deal with the issues, it may involve a piece of reconciliation work, where historical incidents that have contributed to the child's alienation are surfaced and processed. Where the rejected parent has betrayed the child's trust, he or she must be prepared to listen to the child's anger and disappointment without defensive denial and projection of blame. Apologies and commitments for the future can then be offered by the rejected parent that can be the basis for a new parent-child contract that is subject to review by the family therapist.

As the intervention progresses, conjoint sessions are then used to prepare the child for visits without the therapist being present to facilitate and mediate. It is helpful to plan the details of the child's transition between parents prior to the visit and to help orchestrate or choreograph the activities of the actual visits. Planning the details of the child's contact with the rejected parents (e.g. games, movies, meals, shopping, rules of behavior, accompanying persons) provides a sense of safety and control for the child, pre-empts problems, and guards against disappointed expectations on the part of the rejected parent. It is also important to debrief family members after the child's visit. For this reason, it is helpful to schedule conjoint appointments as close as possible to these visit transitions (i.e. shortly before or after). In some cases, the family therapists' office may be the transition place, providing a neutral buffer for the child and an opportunity to debrief.

Subsequent critical incidents between family members that are a source of disagreement and complaint need to be examined carefully without getting caught up in arguments about who is telling the truth and who is lying. Listening and reacting in a neutral manner without dismissing or validating each person's extremely discrepant views is important. Specifically the therapist should not discount the child's negative stories about the visits that are often reported to the aligned parent. Rather, he should check out all versions of the incident and explore the possibility that there might be different ways of looking at what happened. In this way, the therapist models both the issue arises about the other parent. Each parent is co-opted into the task of helping their child improve their reality testing and problem-solving capacities. The therapist can explain that sometimes when children have had a prior stressful or traumatic experience, contamination of present perceptions can occur, impairing their judgment. Different ways of coping can then be explored. On the other hand, where parents or the child have clearly broken the agreed-upon "rules of engagement", the offender should be made accountable. In some instances, it will be impossible to determine exactly what happened, who did what to whom, at which time there is a need to disengage from the argument and focus on plans, rules and protocols for the future. Continued debriefing on a regular basis is needed until the access arrangement has been well stabilized.

Resolutions of Alienation and Factors affecting Outcomes.

Interventions with alienated children and their families can end in many ways, with diverse kinds of solutions and different degrees of resolution. The long-term outcomes are a matter of conjecture and currently unknown. Reunification and reconciliation of the alienated child with the rejected parent and normalization of visitation is usually viewed as the most desirable result. This most often happens when the aligned parent is relatively healthier or less

enmeshed with the child, the rejected parent is calm and patient in forming a bond with the child, and both allow and encourage the child to separate from one parent and reunify with the other. However, other outcomes can also be considered as more or less successful. Some alienated children achieve a strategic or an emotionally safe distance from the rejected parent, where contact is less frequent and their antipathy is more muted. Others, especially young adolescents, may be helped by taking "time out" from the stressful situation. Attempts at therapy and reunification are suspended for some time, and the youngsters are invited to "get on with their own life" and make the choice of contact at a later date. Provided that these young persons are functioning relatively well with peers and in other family relationships, this may be a reasonable compromise. In these cases, rejected parents are counseled on how to withdraw gently and leave the door open for future contact, stressing their unconditional love and availability.

More problematic outcomes involve the rejected parent losing patience or losing interest and walking away from the situation, or carrying on the battle in court. In this case, family dynamics solidify, with neither parent relinquishing their worries or fears, and the child's defenses also become rigid. Another type of questionable outcome are those in which children continue the good/bad splitting and precipitously reverse their allegiance, rejecting the previously aligned "all good" parent and embracing the previously rejected "all bad" parent. Stalemates obviously occur when the aligned parent and child avoid, refuse or sabotage the therapeutic intervention.

When is a change of custody warranted?

Changes of custody should not be based solely on the child's alienation, but rather on those customary factors that would lead to removal from or supervision of contact with residential parents. Such parent factors include severe clinical pathology in the residential parent (DSM-IV Axis I & II), Munchausen's by proxy, parental neglect and/or abuse. It also includes making repeated and unsubstantiated allegations of abuse about the rejected parent, emotionally abusive attempts to inculcate negative beliefs in the child, and child abduction. A pattern of refusal to comply with clearly specified court orders, therapy and communication with the rejected parent would also contribute to a basis for changing custody. For children, factors would include severe psychological dysfunction (DSM-IV Axis I disorders), antisocial development and evidence of emotional trauma due to neglect and or/abuse. In such cases, changing custody and recommending supervised contact with the custodial parent should be strongly considered. While court orders can provide the structure in order for good therapeutic intervention and case management to proceed, ultimately without some willingness on the part of family members to participate voluntarily in the intervention process, legal solutions to child alienation appear limited. Court interventions that are largely coercive and punitive in nature - like fines, imprisonment, change of custody, and enforced visitation - have a dim prognosis for transforming family relationships (Wallerstein, Lewis & Blakeslee, 2000). In fact they can serve to entrench the family disputes and embitter children and youth into long-standing resistance and contempt for the legal system and its associated professionals.

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