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# ARTICLE: WHEN A CHILD REJECTS A PARENT: TAILORING THE INTERVENTION TO FIT THE PROBLEM

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**LEXISNEXIS SUMMARY:**
... Commentary on Kelly and Johnston's "The alienated **child:** A reformulation of parental alienation syndrome." ... Although there have been recent clinical accounts of **interventions** with such families that appear to be helpful (Baker & Andre, 2008; Everett, 2006; Sullivan, Ward, & Deutsch, 2010; Ward, 2007; Weitzman, 2004; Warshak, 2010), there are no reports of controlled empirical studies of the efficacy of such **interventions.** ... Examples of the alienating behaviors associated with the latter, often less conscious form of alienation, include subtle but significant modulation in the tone of voice that conveys contempt or a demeaning attitude toward the rejected **parent** or implies that what that **parent** has said is untrue or distorted. ... ENMESHMENT Dynamics In many cases referred for **intervention,** an enmeshed relationship between the **child** and the preferred **parent,** and not alienation, is the primary **problem.** ... Work with rejected **parents,** including education, coaching and psychotherapy, often focuses on helping them understand the nature of the **problem,** thereby enhancing their empathy for and responsivity to the **child's** feelings and needs. ... Cases of children at risk for alienation and the rejection of a **parent,** as well as cases in which issues of estrangement, enmeshment and alienation were present in incipient ways but had not yet been activated or had time to affect the **child's** relationship with the rejected **parent,** have all been treated with variations of the MMFI.

**TEXT:**
**[*98]** There has been considerable discussion and debate about the advisability, nature and outcome of **interventions** with families in which a **child** expresses reluctance or outright refusal to spend time with a **parent,** or expresses seemingly unrealistically negative attitudes toward a **parent** following parental separation (Baker, 2007; Freeman & Freeman, 2003; Garber, 2007; Gardner, 2004; Johnston & Kelly, 2004; Johnston, Walters, & Friedlander, 2001; Kopetski, 2006; Rand & Rand, 2006; Rand, Rand, & Kopetski, 2005; Stoltz & Ney, 2002; Sullivan & Kelly, 2001). Although there have been recent clinical accounts of **interventions** with such families that appear to be helpful (Baker & Andre, 2008; Everett, 2006; Sullivan, Ward, & Deutsch, 2010; Ward, 2007; Weitzman, 2004; Warshak, 2010), there are no reports of controlled empirical studies of the efficacy of such **interventions.**

The Multi-Modal Family **Intervention** (MMFI) first described by Johnston, Walters, and Friedlander (2001) has been applied to many cases in which a **child rejects** or refuses to spend time with a **parent** and/or there have been allegations or findings of parental alienation. This article presents some refinements in the MMFI based on the authors' clinical experience [n1] which has led both to a better understanding of the nature of resistance or refusal to have contact with a **parent** as well as to clarification of the factors that complicate its treatment. Preliminary long-term outcome data are also available about families in which the MMFI was used (see Johnston & Goldman, 2010; Johnston, Roseby, & Kuehnle, 2009) that parallel those presented here.

## THE MMFI

The MMFI model (Johnston, Walters, & Friedlander, 2001) is a comprehensive, multi-faceted, flexible **intervention** that has broad goals, stresses the need for inclusion of all family members, customizes the components of the **intervention** and matches them to the nature of the **problem.** It employs a wide range of techniques including individual psychotherapy, family therapy, case management, education and coaching, all aimed at modifying feelings and beliefs as well as behaviors. It emphasizes the need for a thorough assessment of the multiple factors that contribute to the **child's** reluctance or refusal to spend time with a **parent** in order to determine the most appropriate **intervention.** The model is implemented within and protected by case management and treatment contracts between all parties that are agreed to by both **parents** or are ordered by family court. [n2]

This family-focused **intervention** differs from "re-unification counseling," (Markan & Weinstock, 2005), in that the goals are broader than a restoration of the **child's** relationship with the rejected **parent.** These broader treatment goals include understanding and addressing **[*99]** how the stress of the parental separation and divorce process have affected the **child;** teaching the **child** coping strategies; changing the **child's** distorted, "good/bad" views and polarized feelings towards both **parents** into more realistic ones; and restoring appropriate co-parental and **parent--child** roles in the family.

Further, clinical experience has led to the recognition that because of the limitations of some of the family members involved, a good outcome may best be defined as one that restores or supports a **parent--child relationship** that matches the relationship capacities of both the **parent and the child.** In those families in which there had previously been little or no viable relationship between the **child** and the rejected **parent,** the goal may be to begin to build a new **parent-child** relationship. [n3]

The MMFI requires the active involvement of both of the **parents** and the children. [n4] It requires that the therapist forge a strong and sustained working relationship with all family members. Although many practitioners focus primarily on the rejected **parent and child,** within the MMFI model, concurrent work with the aligned or preferred **parent** [n5] is essential. It ensures that the preferred **parent** is prepared for the **child's** improving relationship with the rejected **parent** and, thus, does not create barriers to it as the rejected **parent** becomes available and able to respond to the **child** in a positive and engaging manner. Explaining the necessity for all family members to be involved and engaging them in the therapy is a crucial and often difficult part of establishing the treatment frame and has significant implications for the success of the **intervention.**

In our experience in a private practice setting, few of our **interventions** have employed all of the various components of the MMFI. In response to clinical considerations and practical realities many of the **interventions** have had to be more modest variations of the model described. Although the MMFI always includes a thorough evaluation completed by the clinician, the therapy has often proceeded without the support of a court order for treatment and without specification from the court of which family members and which professionals are to be involved in the **intervention.** As a result, **intervention** in these cases has not always included the aligned **parent,** thus limiting the traction and leverage available to work on that **parent's** often major contribution to the **problem.** Similarly, the **intervention** has often been undertaken without formal judicial findings of parental alienation or without the important information provided by a comprehensive **child** custody evaluation. [n6]

In spite of these variations, the MMFI provides a structural model that includes multiple opportunities for promoting change within a family while also accommodating the realities of that family's situation. The model's flexibility also allows the **intervention** to proceed even when practical realities interfere with the full application of all components of the model. When specific vulnerabilities or limitations in the relationship capacities of one or more family members are encountered, the goals for the family may be reconsidered and reformulated. Indeed, some seemingly disappointing outcomes become far more understandable and less disappointing when viewed from a perspective that is informed by the growing understanding of the complex nature of the **problem** being addressed.

## THE NATURE OF THE PROBLEM

Our experience of applying the MMFI model to families with children who refuse to have contact with a **parent** has provided increasing clarification of the nature of the **problem** they face. Even in cases in which there has been no violence or abuse, the notion that children who refuse to spend time with a **parent** after separation or divorce do so only, or primarily, because they have been alienated from that **parent,** often overlooks crucial aspects of the **problem.** This can be the case even when alienating behavior by the preferred **parent** has been unequivocally identified to be operative within the family system.

**[*100] Table 1**
Typology of Cases in which a **Child** Resists or Refuses Contact With **Parent**

. Alignment (Affinity and Alliance)
. Alienation
. Enmeshment
. *Enmeshment + Alienation*
. *Enmeshment + Alienation + Estrangement*
. *Enmeshment + Estrangement*
. *Alienation + Estrangement*
. Estrangement
. Neglect and/or Abuse by Rejected **Parent**

*Note: "Hybrid" types are in italics.*

The typology of cases presented in Table 1 is a refinement of the typology first described by Kelly and Johnston (2001) and subsumes the wide range of cases in which a child refuses to spend time with a parent. The typology is organized around understanding the causal factors that contribute to the child's resistance or refusal.

In our sample, uncomplicated or pure cases of alienation in which neither estrangement nor enmeshment were identified as playing a significant role, were relatively infrequent. The vast majority of cases referred, whether from the court or the community, were hybrid cases in which some combination of alienation, estrangement and/or enmeshment was operative. [n7] Understanding the relative role and contribution of these three factors, as well as considering the strengths and vulnerabilities of each parent and child is essential when formulating an intervention for these families and when defining goals for the intervention.

There are a variety of post-divorce family configurations that can pose as instances of "alienation," in which the problem is actually far more complex. An intervention that has been formulated based on a belief that the family configuration is a case of alienation only, no matter how sophisticated the intervention, will inevitably encounter difficulties if applied to a hybrid case. Indeed, this mismatch between the nature of the problem and the specifics of the intervention can create iatrogenic problems, sometimes with serious consequences. The failure to consider these additional factors contributes to the ostensibly disappointing outcomes of interventions that are designed to address alienation alone.

Because it has become clear that highly complex cases most often involve more than alienating factors, it is more accurate to refer to them as families in which a child refuses to spend time with or has rejected a parent, rather than families with an "alienated child." Reference to the child's rejecting behavior is neutral and therefore preferable to the narrower notion of"the alienated child." While continuing to have importance and validity as a starting point in understanding alienation within a family, the term "the alienated child" has contributed to confusion because of the potentially misleading causal implications.

## ALIGNMENT (AFFINITY AND ALLIANCE)

A child's proclivity or affinity for a particular parent is a normal developmental phenomenon and can be related to temperament, gender, shared interests, identification with a parent's physical and psychological attributes, the parenting style of a particular parent, **[*101]** and also attachment security with one parent. This is not a divorce-specific phenomenon as such preferences occur in intact families as well. In cases of divorce, the child rarely, if ever, refuses to spend time with the other parent, but when there is a strong alliance with a parent, the child may resist transitions to the other parent. When that alliance is so strong that the child resists significant time with the other parent, intervention may be appropriate. When there is no inclination to refuse time with or reject the other parent, then this more normative resistance does not require intervention. However, in order to prevent the development of future problems, it may be helpful to explain these normal transitional phenomena to parents and to emphasize the importance of each parent supporting the child's relationship with the other parent. [n8]

In these cases the child may prefer to be with one parent but, nevertheless, has a good relationship with the other parent. Although the child may be angry and there may be other problems in the relationship with the nonpreferred parent, the child expresses love for that parent and harbors no developmentally unusual or extreme negative feelings or ideas about him or her. [n9] Indeed, the child may be protective of the nonpreferred parent's feelings and not want their feelings or preference to be known. These children often have a difficult time articulating why they feel more comfortable or more at home with one parent.

## ALIENATION

### Dynamics

Cases of alienation in which the child's relationship with a parent has been damaged or otherwise undermined by input from the alienating parent, and in which there are no elements of estrangement or enmeshment, typically involve a rejected parent who is a psychologically healthy, at least adequate parent who has enjoyed at least a reasonably good, and sometimes very good relationship with the child prior to the separation. Stated another way, these are cases in which the rejected parent has had little or no contribution to the problem. Although there are exceptions, usually there is considerable underlying psychopathology and/or sociopathy on the part of the alienating parent who consciously engages in alienating behaviors while ignoring the damaging effect on the child. That parent may be unaware of having significant distortions in their perceptions of and thinking about the rejected parent.

Nonhybrid cases of pure alienation, while compelling and dramatic, were not common in our sample. Such cases are also difficult to distinguish from the hybrid cases. Although rejected parents often portray their ex-spouses as "alienating," few parents in our sample of cases intentionally and consistently attempted to "brainwash" the child with the conscious goal of alienating the child from, and destroying their relationship with the rejected parent. Parents who admit the intention of undermining their child's relationship with the other parent usually have a compelling rationale for their behavior that involves a belief, often unfounded, that the rejected parent is dangerous and/or abusive.

Far more frequently, however, clinicians see cases in which alienating behaviors occur at fluctuating levels of the **parent's** awareness. Although more subtle, these alienating behaviors can still be quite powerful in their impact on the **child's** relationship with the rejected **parent.** This distinction may highlight a more meaningful one between instances of alienation that emerge from the alienating **parent's** severe psychopathology, those that are motivated by anger and vindictiveness, and alienating behavior that is motivated by the alienating **parent's** immaturity and profound emotional neediness. Examples of the alienating **[*102]** behaviors associated with the latter, often less conscious form of alienation, include subtle but significant modulation in the tone of voice that conveys contempt or a demeaning attitude toward the rejected **parent** or implies that what that **parent** has said is untrue or distorted. Facial expressions, such as frowning and eye-rolling, are common nonverbal yet powerful behaviors that convey negative messages to the **child.** At some point in the process it is not uncommon for the **child** to begin to share such nonverbal glances and communications with the alienating **parent** as they participate in mutually reinforcing judgment of the rejected **parent.**

Underlying these interactions there can be other dynamics that play into the **child's** need not to contradict the alienating **parent.** These include the **child's** need to protect that **parent and/or the child's** fears of that **parent's** wrath, rejection and withdrawal of affection if the **child** shows positive regard for the rejected **parent.** The result is that the **child** does not feel free to give and receive love from the rejected **parent,** to have positive feelings for or even to enjoy their time with that **parent.**

In some cases both the **child** and the alienating **parent** have some awareness of the alienating processes, but there is a powerful disinclination to acknowledge what is transpiring. In these cases it is more often in retrospect that the **child** can acknowledge and articulate what occurred. In other cases these behaviors and underlying dynamics are just below the threshold of awareness of the alienating **parent, and the child** also does not consciously process the messages that have been received. Neither the **child** nor the alienating **parent** is perceptibly aware that the **child's** internal image of the rejected **parent** has been affected. The **child** typically does not experience that their view of the rejected **parent** has been influenced or distorted by the alienating **parent.** It is for these reasons that alienated children can become angry, adamant and often insulted when others suggest that their view of the rejected **parent** has been influenced or that their opinions are not entirely and exclusively their own. Indeed, suggesting such an idea at the wrong time may paradoxically further entrench the **child's** position.

The effects of this more subtle form of alienation are insidious and malignant, and appear to be highly resistant to **intervention.** Indeed, the effects of this sort of alienation are not like a tumor that can be readily excised. Rather, the effects become an intrinsic part of the fabric of the **child's** psyche. This also helps explain why meaningful **intervention** in these more subtle alienation cases requires sustained effort, which can result in a slow pace of change. However, adjunctive **intervention** from the court may facilitate more rapid progress.

Another important perspective gained from ongoing clinical experience is an appreciation of the extent to which the **child's** alienation, that is, the rejection of a **parent** constitutes an avoidant response which is, to some extent, adaptive in that it solves a powerful and otherwise anguishing dilemma for the **child. The child** who has rejected one **parent** no longer has to navigate the emotional minefield between the two **parents** and does not have to risk losing the one **parent** that they have come to believe they need the most, or the **parent** they feel needs them the most. The avoidant response is adaptive for the **child** as it achieves security and relative peace, albeit at the high price of losing a relationship with the rejected **parent.**

From the perspective of learning theory, avoidance is an effective response that is almost immediately and inherently reinforced, and it therefore is highly resistant to extinction. In fact, extinction requires a powerful incentive and strong motivation to confront what is feared and avoided; needless to say, alienated children almost by definition have no inherent incentive and are not motivated to spend time with the rejected **parent.** This, again, helps explain why these cases are so resistant to **intervention** and change.

**[*103] Differential Assessment**

Considerable care and caution should be exercised when concluding that alienation is present as it is clear that children who refuse to visit a **parent** do so for a great variety of reasons (Kelly & Johnston, 2001). Gardner (1998) first outlined the signs for recognizing children who have been alienated, and others (Drozd & Olesen, 2004; Garber, 2007) have since suggested step-wise processes through which to conclude that alienation is occurring within a family. Once the presence of alienating behavior and its effects have been identified, it is crucial that a determination then be made as to whether there are also elements of enmeshment, estrangement, and/or abuse and neglect.

As noted, clinical observation suggests that there may be differing types of motivation for alienating behavior, including an angry variety and a needy or dependent variety. These are not necessarily mutually exclusive, but one is often more prominent than the other in a particular case. Because these motivationally different forms of alienation require different **interventions,** the distinction can help in formulating the **intervention.**

## Intervention

Nonhybrid or pure cases of alienation require a combination of **interventions.** The range of **interventions** available for treating cases which include a component of alienation are shown in the Appendix, and include Clinical, Case Management, *In Vivo* Clinical [n10] and Educational **interventions.**

Case management is an essential part of the treatment plan when alienation is involved. Breaking behavioral patterns and making room for change must occur early in the process. Case management can be accomplished by a judge, Parenting Coordinator, Minor's Counsel, or *Guardian ad Litem,* either independently or as an integral part of the MMFI. In nonhybrid cases of alienation, or in hybrid cases in which the alienation is open, direct and conscious and, in either case, when there is a satisfactory rejected **parent,** a change in physical custody may be considered. However, in the hybrid cases, that is, those involving alienation and enmeshment, or alienation, enmeshment and estrangement, careful attention must be paid to elements of enmeshment in order to insure that the **intervention** does not create a crisis for the **child.** An educational program, like the Family Bridges workshop (Warshak, 2010) may be used as the change in physical custody is implemented. For some situations the option of intensive, hands-on work with all family members in an *In Vivo* **intervention** like the Overcoming Barriers Family Camp (Sullivan, Ward, & Deutsch, 2010), or **Parent** Shadowing [n11] are other options that may be considered. Following either type of **intervention,** therapeutic work with the **child and parents** will support and help maintain the behavioral changes and address the related emotional issues.

In all cases involving alienation, the MMFI includes education, coaching and psychotherapy with the preferred **parent.** In many cases the preferred **parent** is relatively unaware of the damaging and alienating consequences of their behavior. A primary focus of the work is on sensitizing the preferred **parent** to this fact and increasing awareness of the damaging consequences of such behavior. Even in those cases in which the preferred **parent** has some level of awareness of what they are doing, open discussion and highlighting the **problem** can contribute to a decrease in the frequency of alienating behaviors. Coaching can contribute to rapid behavioral change that precedes and contributes to change in the emotional underpinnings of the preferred **parent's** alienating behavior. When the alienating behavior has significant and deep-seated emotional roots, whether it is trauma, neediness, **[*104]** dependency, and/or anger, psychotherapy is employed to address this component of the **problem.** This requires some level of motivation, cooperation and active participation on the part of the preferred **parent** which is encouraged by education and coaching and can be supported by court orders. When these **interventions** are not sufficient, additional **intervention** from the court is required.

Clinical work with children highlights that what is labeled as "alienation" refers to at least three separate phenomena. First, it refers to the distorted, internal representations or *ideas* that the **child** has about the rejected **parent.** Second, it refers to the aggregate of the **child's** *feelings* that are associated with the rejected **parent.** Finally, it refers to the **child's** avoidant *behavior;* that is, the **child's** avoidance of the rejected **parent.** Different **interventions** lead to change at different levels. A court order that changes custody or that requires the resumption of visitation may change the **child's** behavior, but the underlying feelings, ideas and beliefs about that **parent** may remain unaltered. While such behavioral changes may facilitate changes in feelings and cognitions, genuine and sustained changes in the latter typically occur as a result of meaningful psychotherapy, which often requires a significant period of time.

Finally, it is important to note that rejected **parents** will often react to their children's behavior in ways that reinforce the exaggerated or distorted negative image that the **child** holds of them, thereby giving credence to that negative image and strengthening the **child's** tendency to avoid. This situation can be further complicated by the fact that the rejected **parent's** ability and authority to **parent** have been compromised. The rejected **parent** is in a bind because of having no traction to **parent;** to say "no" to the **child,** to discipline the **child** or to otherwise frustrate the **child,** all of which are a part of good and responsible parenting. That is, responsible parenting by the rejected **parent** risks further rejection. The rejected **parent's** efforts to **parent** are thus often frustrated, resulting in some anger and aggression directed toward the **child,** the preferred **parent,** or others. This angry behavior serves again to reinforce the **child's** negative image, setting up a self-fulfilling prophecy. The **intervention** strategy of having the **child** spend time with the rejected **parent** may thus have the unintended paradoxical effect of reinforcing the **child's** avoidant behavior.

The possibility of such unintended negative consequences underscores the critical importance of working closely with the rejected **parent** psychotherapeutically as well as utilizing strategic coaching. The coaching should include educating the rejected **parent** about the powerful effects of intermittent reinforcement in strengthening the **child's** avoidance. This can deepen the rejected **parent's** understanding of the **child's** resistance, strengthen their resolve to avoid unintended reinforcement of the **child's** negative view of them, and increase their patience regarding the sometimes long course of treatment.

## ENMESHMENT

### Dynamics

In many cases referred for **intervention,** an enmeshed relationship between the **child** and the preferred **parent,** and not alienation, is the primary **problem.** The psychological boundaries between the enmeshed **parent and child** have not been fully and adequately established. The pronoun "we" is often used to describe feelings, opinions or experiences. The lack of psychological boundaries often appears in interviews as close physical contact and the **child** often sits in the lap of and is entwined with the preferred **parent.** Frequently the **child** has had developmentally inappropriate difficulty separating from the **parent.** For **[*105]** example, the history may include difficulty attending school or clinginess to the preferred **parent** which interfered with establishing

peer relationships. The **child** may also have trouble functioning in an age-appropriate, independent manner, for example having sleep-overs with peers or attending camp.

Often the **child** in these cases is highly attuned to the enmeshed **parent's** neediness and dependence and assumes responsibility for protecting the **parent. The child and parent** are rarely aware of what is going on and believe that they share an excellent relationship. In the extreme, a dramatic role reversal might be seen in which the **child** very clearly assumes a caretaking role for the **parent.**

**Differential Assessment**

It is essential that judges, attorneys and mental health professionals recognize the role of enmeshment within a distinct subset of families that present as cases of "alienation". Enmeshment can also exist in conjunction with alienation and/or estrangement. Appreciation of the role of enmeshment contributes to an understanding of the powerful resistance to **intervention** seen in these cases, from the enmeshed **parent** and especially from the **child.**

While extreme cases are often recognizable to clinicians, an enmeshed dynamic between a **parent and child** may be disguised. The enmeshed **parent** often looks like an exceptional and loving **parent, and the child** often appears to be doing extremely well. These cases underscore the need for a thorough and in-depth assessment of the **child's** psychological resources and vulnerabilities. Psychological testing can reveal if the **child** is in greater jeopardy than may be evident from clinical observation. A fine tuned clinical examination may also expose concerning aspects of the **parent--child relationship** such as the fact that the **child,** and sometimes even the young adolescent, is still sleeping with the enmeshed **parent.**

Thorough assessment of the **child** will also lead to an understanding of the **child's** capacity to manage stress and to tolerate separation from a **parent** with whom he or she has been enmeshed. This information is vital when a change in physical custody is considered, since this kind of **intervention** may significantly compromise a **child's** level of functioning, particularly a **child** with limited resources. The impact could be quite significant both in the short term as well as in the ensuing months as the **child** is thrust into an internal crisis. If the level of enmeshment is severe, even a change from sole to joint physical custody might precipitate a crisis for a vulnerable, enmeshed **child.** Thus, in formulating an **intervention** for a particular family, the **child's** needs, strengths and vulnerabilities must be considered in relation to those of the **parents.** The risk of compromise in the **child's** level of functioning that results from being removed from the enmeshed **parent** should, of course, be weighed against the risk of compromise that would result from remaining in an unhealthy relationship with the enmeshed **parent.**

In cases that combine elements of both enmeshment and alienation, the major contributor to the **problem** is usually the enmeshment, and the alienating factors and resulting alienation are often a symptom of the enmeshment. These are frequently the cases in which the alienating factors are less conscious and are thus much more difficult to remedy.

**Intervention**

An enmeshed relationship between the **child and the parent** requires **intervention** on multiple fronts. In particular, the need for individual therapy for the preferred **parent** is **[*106]** highlighted when enmeshment is involved, primarily in order to address the needs and dependencies that underlie the enmeshment, including the **parent's** fear of losing the **child.** Because psychotherapeutic work with an enmeshed **parent** is a significant challenge that can require a considerable amount of time, therapy is often supplemented with a heavy dose of strategic coaching and education, including a redirection of the **parent's** neediness to appropriate sources other than the **child.** Behaviorally focused court orders can be employed to accelerate a change in behavior by the enmeshed **parent.** Thus, meaningful change can begin long before the underlying emotional issues of the enmeshed **parent** have been worked through in psychotherapy.

The **intervention** can introduce ways to protect the **child** and help the **child** separate emotionally from the enmeshed **parent.** This is quite different from ordering a change of physical custody without attention to the associated emotional issues so that an enmeshed **child** is not left to deal with his or her part of the enmeshment without the assistance of a trained **child** psychotherapist or other appropriate support. The **child's** individual therapy attends to the emotional needs of the **child** and attempts to remedy **problems** with separation as well as with the **child's** inordinate sensitivity to and sense of responsibility for the enmeshed **parent,** both of which reinforce the enmeshed relationship. This is supplemented by family therapy which involves concurrent conjoint meetings with the **parent and the child** in which issues related to their enmeshed relationship are addressed. Such meetings can clarify, for example, that the enmeshed **parent** does not need the **child** to need him or her, and the **child** can begin to disengage from the role of a caretaker for the enmeshed **parent.** Frequently, the enmeshed **parent** can learn the importance of giving these messages to the **child** long before the **parent** has worked through the underlying emotional issues in his or her own therapy. Court orders (e.g., requiring participation in treatment, specifying behaviors required of the enmeshed **parent** and, in extreme cases, imposing sanctions for the continuation of problematic behaviors) can enforce behavioral change which can, in turn, accelerate the progress of the related psychotherapies.

Work with rejected **parents,** including education, coaching and psychotherapy, often focuses on helping them understand the nature of the **problem,** thereby enhancing their empathy for and responsivity to the **child's** feelings and needs. It can also reduce the rejected **parent's** impatience and tendency to prematurely demand a change in the **child's** behavior.

## ESTRANGEMENT

### Dynamics

There has been much discussion in the literature of the reasons why children become realistically estranged from and rejecting of a **parent.** [n12] Obvious cases of violence, physical or sexual abuse, or serious neglect, originally included by Kelly and Johnston (2001) as cases of estrangement, may not be appropriate for a clinical **intervention** such as the MMFI. [n13] Discussion here focuses on the cases where the estrangement is primarily based upon the rejected **parent's** limitations and deficits. These deficits range from mild insensitivities to outright emotional abuse, and depending upon the specific family dynamics, may have more or less impact on the **child--parent** relationship. Some rejected **parents** are rigid, controlling and somewhat harsh, and have a chronically distant parenting style; some are passive; others are immature or narcissistic and have difficulty being attuned to the **child's** feelings and needs; while still others have **problems** managing their anger and disappointment. Some are ambivalent and conflicted in their wish for a relationship with the **child, [*107]** often as a result of being in a new relationship or of the influence of a stepparent. Sometimes the rejected **parent's** desire to vindicate himself or herself and blame his or her ex-spouse for the **problem** interferes with re-establishing a relationship with the **child.**

Whatever the specific issue, the motivations and characteristics of the rejected **parent** play a contributing role in the impaired relationship with the **child.** Prior to the divorce these characteristics might not have risen to a significant enough level to damage the relationship with the **child** or they would not have been exploited or exaggerated by the preferred **parent** for his or her own gain. However, parenting on one's own postdivorce, in concert with other stressors, including alienating factors, when they also occur, results in more pressure than the relationship can sustain.

### Differential Assessment

Identification of estrangement as a significant component of the **child's** rejection of the **parent** has profound implications for choosing the appropriate **intervention.** At first glance the **child's** rejection of the **parent** may appear to be primarily caused by alienation as there is no abuse or neglect, and the rejected **parent's** behavior is not dramatically impaired or disordered. A closer look reveals that the **parent's** behavior is sufficiently misguided to cause damage to the relationship with the **child.** It is helpful to examine whether the rejected **parent's** parenting skills are compromised, whether he or she has not been reliably available, attentive and focused on the **child's** needs, and/or has a personality style that has led to the **child's** feeling distrustful, unsafe or insecure within their relationship.

Cases of estrangement are distinguished from cases of alienation in that the **child's** feelings are a result of *real* experiences with the **parent** which understandably interfere with the relationship. In cases of estrangement, when alienation is not involved, the preferred **parent** may support the **child's** relationship with the other **parent** and may help the **child** maintain a benign perspective on the other **parent.** In cases when alienation is a factor, the preferred **parent's** interference in and lack of support for the rejected **parent's** relationship with the **child** fuels the **child's** disproportionate and exaggerated response to the rejected **parent's** problematic, estranging behavior.

### Intervention

Cases involving estrangement call for careful work with the rejected **parent** with an emphasis on coaching, education, and specifically on the teaching and development of parenting skills. An initial period of therapeutic supervision is often helpful, especially in more extreme cases. To insure that the rejected **parent** does not provide continuing reinforcement of the **child's** negative images of that **parent,** the initial focus is on changing aspects of the rejected **parent's** behavior. Concurrently, and at carefully determined points in the process, the **child** and rejected **parent** meet conjointly in family therapy with the therapist providing an opportunity for them to discuss and work through specific experiences that may have become benchmark justifications for the **child's** decision to refuse time with the **parent.** The estranged **parent** must embrace full responsibility for any actions that have contributed to the **problem** and demonstrate an active and sincere willingness to change. These meetings also offer an opportunity for the **child** and the estranged **parent** to spend time together to rebuild their relationship. In those cases in which both estrangement and alienation are involved, these meetings offer an opportunity for the **child** and rejected **[*108] parent** to spend time together without reinforcement of the **child's** distorted internal image of the rejected **parent,** and thus can add to the corrective experience.

As in cases of alienation, understanding the **child's** refusal to spend time with a **parent** as avoidant behavior provides a specific focus for work with the estranged **parent.** Assisting the **parent** to understand the basis of the **child's** avoidance can help the **parent** prevent additional, unintended contributions to the **problem.**

## HYBRID CASES

Hybrid cases are those in which some combination of alienation, enmeshment, and/or estrangement contributes to a **child's** reluctance or refusal to spend time with a **parent.** The differential assessment of hybrid cases entails the identification of elements of alienation, estrangement, and enmeshment, as described above. In addition, pre-separation family dynamics may have included the seeds of alienation, enmeshment and/or estrangement that then emerged more dramatically post-separation. These precursors to the **child's** rejecting behavior towards one **parent** may then be obscured if there is a focus on or a search solely for evidence of one **parent's** postdivorce alienating behavior or the other **parent's** abusive behavior. Understanding the prevalence of these complex, hybrid cases highlights the importance of obtaining a thorough pre-divorce history of **parent/child relationships** in order to identify evidence of pre-separation family dynamics of alienation, enmeshment and/or estrangement.

The more common, hybrid cases require more complex **interventions.** They are likely to require therapeutic work with each family member and to require a case management component. As a result, the successful completion of the **intervention** may also require more time. The focus on the family and the fundamental flexibility of the MMFI allows the **intervention** to be tailored to the specific **problems** faced by a specific family and to incorporate all the necessary components. Clinicians and the court must consider the full range of **interventions** currently available to best tailor the **intervention to fit** the specific set of **problems** presented by the family.

## THE IMPORTANCE OF EARLY DETECTION, EARLY INTERVENTION, AND PREVENTION

Cases involving a **child's** resistance or refusal to spend time with a **parent** often become more entrenched over time, highlighting the importance of early **intervention.** Cases of children at risk for alienation and the rejection of a **parent,** as well as cases in which issues of estrangement, enmeshment and alienation were present in incipient ways but had not yet been activated or had time to affect the **child's** relationship with the rejected **parent,** have all been treated with variations of the MMFI. Based on the reports of both the therapist and/or the **parents,** the results have been good. These outcomes have ranged from an improved relationship with the rejected **parent** to the maintenance of the *status quo* which, while not without some measure of alienation, estrangement, and/or enmeshment, allowed for a continuing relationship. The outcomes have also included the prevention of further deterioration in the relationship. These clinical observations underscore the importance of attorneys, judges and mental health professionals making referrals as early in the process as possible.

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**APPENDIX**

**INTERVENTIONS WITH CHILDREN WHO RESIST OR REFUSE CONTACT WITH A PARENT**

Clinical

1. **Child** or family psychotherapy for the prevention of alienation
2. Psychotherapy for the allegedly alienated **child or child** at risk of alienation
3. Psychotherapy for the allegedly alienated **child** and the rejected **parent**

3a. Re-unification counseling or therapeutic reunification (Markan & Weinstock, 2005).

4. Psychotherapy for the allegedly alienated **child,** the rejected **parent** and the preferred **parent**
5. Court ordered and supported Multi-Modal Family **Intervention** (MMFI) for the allegedly alienated **child,** the rejected **parent** and the preferred **parent** (Johnston, Walters & Friedlander, 2001), including psychotherapy, education and coaching.

Case Management

6. Change in custody to the rejected **parent**
7. Removal of the **child** from the family (e.g., placement in a residential treatment program or boarding school)
8. Case management by a judge, a **Parent** Coordinator (Sullivan & Kelly, 2001) or *Guardian ad Litem* that sometimes is used in conjunction with a clinical **intervention.**

*In Vivo* Clinical

9. **Parent** Shadowing (Friedlander, Walters & Horwitz, 2009)
10. Overcoming Barriers Family Camp (Sullivan, Deutsch & Ward, 2010)

Educational

11. Family Bridges (Warshak, 2010)

**Legal Topics:**

For related research and practice materials, see the following legal topics:
Admiralty LawPersonal InjuriesMaritime Tort ActionsMultiple DefendantsContributionFamily LawChild CustodyVisitationModificationGeneral OverviewFamily LawMarital Termination & Spousal SupportDissolution & DivorceGeneral Overview

**FOOTNOTES:**

n1 The authors have treated or consulted on approximately 55 cases which have employed some variation of the Multi-Modal Family **Intervention** in private practice settings. The children have ranged in age from 2.5 to 18 years. The younger children have been identified as at risk for alienation. Complaints about spending time with a **parent** appeared in one case as early as 3 years of age, and noteworthy reluctance or refusal to spend time with a **parent** generally emerged more definitively at 5 or 6 years of age. The majority of cases were hybrid cases (85 percent), including some with significant components of estrangement and/or enmeshment, and a small but noteworthy minority was uncomplicated or pure cases of alienation (15 percent). The authors are in the process of obtaining information about both the short- and long-term outcomes of these cases and plan to present those data at a later time. However, where outcomes already could be determined by feedback and clinical judgment, a significant majority of outcomes were positive (e.g., resumption of a relationship consistent with the capacities of the **parent and child** and an adjusted time-share reflecting that change). Independent of the specific amount of time spent with the rejected **parent, the intervention** was judged to have helped to prevent the development of significant alienation in a considerable number of cases. Negative outcomes (e.g., most often the discontinuation of the therapy, but also decreased time, or cessation of all contact with the rejected **parent)** occurred in only a few cases.

n2 For a full discussion of the contract, see the Appendix in Johnston, Walters & Friedlander (2001).

n3 In this context, the **intervention** can be more like the reconnection work described by Freeman (2008) with children and absent **parents.**

n4 The work may also include other individuals who contribute to the **problem** or may have a role in its solution, such as stepparents, significant others, grandparents and treating therapists.

n5 The term "preferred **parent**" serves as a neutral descriptor prior to the determination of whether there is something more than normative alignment, such as alienation, estrangement or enmeshment, contributing to the **child's** behavior.

n6 In most instances the **intervention** involves weekly meetings, but it is not uncommon in certain cases for the frequency to be bimonthly. Many **interventions** begin with only one therapist, but once the nature of the **problem** is identified the therapist is able to involve additional professionals to work with the family, and sometimes is able to help the **parents** see the need for a **parent** coordinator or a custody evaluation. Other **interventions** begin with a court order specifying one or more other professionals to work with the family. For example, in one case a court order for therapy to address an adolescent's refusal to spend time with her father resulted in one therapist who meets every two to three weeks with the father and adolescent and, when possible, also works with both the mother and father. In several cases, both with and without court orders, there is a **parent** coordinator and individual therapists for the mother, father and **child,** and in one of these cases, the father has a parenting coach as well. In several other cases, there is no court order but the **child** has a therapist who works with the **parents,** conjointly and individually, as needed. Thus, the principles of the model have been applied to a variety of situations.

n7 *Estrangement* refers to impairment in the **parent-child** relationship as a result of realistic **problems** brought to the relationship by the rejected or resisted **parent.** Factors leading to estrangement range from intimate partner violence, abuse or neglect, to less dramatic but still significant behaviors such as inadequate parenting or chronic parental insensitivity. *Enmeshment* refers to a relationship in which the psychological boundaries between the **parent and child** are blurred and their identities are merged. In the extreme, the **parent and child** may, at times, seem to function psychologically as if they were the same person with the same opinions, tastes and preferences. They tend to prefer remaining in close proximity and there is often distress at being separated. The relationship may exclude the possibility of developing meaningful relationships with others.

n8 Both the preferred and non-preferred **parent** should be informed that protest or resistance about going to the other **parent** is not necessarily a sign of a **problem** in the **child's** relationship with that **parent.**

n9 For example, adolescence is a time when anger and negative feelings directed at one or both **parents** is not developmentally unusual and adolescent anger directed at the non-preferred **parent** should not necessarily be taken as evidence of a **problem** requiring **intervention.**

n10 These are clinical **interventions** that also include education and coaching components and address the issues as they occur in spontaneous interactions among family members in settings outside a professional office, such as in the home or in a camp.

n11 **Parent** Shadowing, originally formulated by Karen Horwitz, MFT, involves use of a court-ordered monitor/supervisor/therapist that accompanies the children on visits of several hours duration to the target **parent's** home and then debriefs with them back at the aligned **parent's** home (Friedlander, Walters, & Horwitz, 2009).

n12 These reasons range from traumatic experiences of family violence (Drozd & Olesen, 2004) to abuse and neglect, and include chronic emotional abuse of the **child** or of the other **parent.** Children also **reject parents because of the parent's** characterologically angry behavior, moderate to severe psychiatric disturbance or substance abuse, as well as for milder parental deficiencies. (Kelly & Johnston, 2001).

n13 Cases in which a **child's** refusal to spend time with a **parent** is rooted in abuse or neglect by the rejected **parent** should be referred for different **interventions** prior to considering clinical **intervention with the child and parents.** Such prior **interventions** might involve treatment of trauma for the **child** as well as legal **interventions** for the abusive **parent.**

1 of 3 DOCUMENTS


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ADDITIONAL ARTICLE: **PARENTAL ALIENATION AND THE DYNAMICS OF THE ENMESHED PARENT–CHILD DYAD:** ADULTIFICATION, PARENTIFICATION, AND INFANTILIZATION

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**BIO:** Ben Garber is a New Hampshire licensed psychologist, certified Guardian ad litem and parenting coordinator. He provides child-centered therapeutic, evaluative, consultative and expert services across the United States and Canada. Dr. Garber is a frequent contributor to family law, child and family development, and psychotherapy publications, as well as the mass media. He provides entertaining continuing education presentations for professionals concerned with better understanding and meeting the needs of children and families. Dr. Garber's two recent books, "Keeping Kids Out Of The Middle" (HCI, 2008) and "Developmental Psychology for Family Law Professionals" (Springer, 2009) put the concepts presented here in the larger perspective of healthy parenting and developmental outcomes. Learn more at http://www.healthyparent.com.

**LEXISNEXIS SUMMARY:**
... A number of authors have commented on the extent to which the child's enmeshment with parent A may co-occur with, and be predictive or even causal of the child's rejection of Parent B (Gardner, 2006; Johnston, Walters & Olesen, 2005b). ... Furthermore, like Henrietta, the child who worried about her mother's seizure disorder, many of these children believe that the aligned parent will become ill, drink or use drugs, get arrested, run away, or die if they were no longer present in their enmeshed roles. ... (d) Finally, it is this author's longstanding contention that the attachment paradigm (e.g., Bowlby, 1982, 1988) provides a theoretical foundation, a vast body of empirical data, and the established tools with which we might better operationalize and measure the dynamics of the enmeshed dyad, including parentification, adultification, infantilization, and the dynamics of the rejected dyad, including alienation and estrangement. ... In so doing, we might then go one step further to adopt attachment methodologies (e.g., Garber, 2009a; Powell et al., 2009) toward the goal of helping the children of divorce to make and maintain healthy relationships with both of their parents. ... Relieving parentified children's burdens in families with insecure attachment patterns. ... Journal of Family Psychology, 22, 222-230. ... Practical limitations in considering psychotherapy with children of separation and divorce. ... Recommendations for dealing with parents who induce a **parental alienation** syndrome in their children.

**HIGHLIGHT:** When caregivers conflict, systemic alliances shift and healthy parent-child roles can be corrupted. The present paper describes three forms of role corruption which can occur within the enmeshed dyad and as the common complement of alienation and estrangement. These include the child who is prematurely promoted to serve as a parent's ally and partner, the child who is inducted into service as the parent's caregiver, and the child whose development is inhibited by a parent who needs to be needed. These dynamics--adultification, parentification and infantilization, respectively--are each illustrated with brief case material. Family law professionals and clinicians alike are encouraged to conceptualize these dynamics as they occur within an imbalanced family system and thereby to craft interventions which intend to re-establish healthy roles. Some such interventions are reviewed and presented as one part of the constellation of services necessary for the triangulated child.

***Keywords:*** *Adultification: Parentification; Infantilization; Alienation; Estrangement; Divorce; Custody*

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**TEXT:**
**[*322] I. INTRODUCTION**

The construct most commonly accepted today as "**parental alienation**" has survived a fascinating history. Its gradual evolution from its roots in English Common Law has been well documented elsewhere (Garber, 1996, 2004a, 2009; Jaffe, Ashbourne & Mamo,

2010) and continues in the present under the unrelenting pressures of politics (Bernet, 2008, 2010; National Organization of Women, 2006; **Parental Alienation** Awareness Organization, 2009), case law (e.g., Bala, Hunt & McCarney, 2010; Colman, 2009), theory (e.g., Gardner, 1987, 2003, 2004; Johnston, Roseby & Kuehnle, 2009) and uncountable parents' desperate pleas on behalf of their children.

The present paper propounds a systemic view of alienation, focusing on the nature and types of the enmeshed parent-child dyad as concomitants (if not among the many causes) of the child's rejection of the other parent. Adultification, parentification and infantilization are introduced and differentiated as three of the dynamics characteristic of these dyads. Brief case examples illustrate each and their likely role associated with the child's rejection of the other parent. Specific remedies are recommended as necessary components of the constellation of interventions intended to serve the best interests of the alienated child.

## II. WHAT IS ALIENATION?

This discussion presumes an understanding of alienation consistent with the "alienated child" construct (Johnston, 2005b; Kelly & Johnston, 2001) and built upon a foundation in family systems (Minuchin, 1974) and attachment theories (Bowlby, 1982, 1988; Garber, 2004a; Hooper, 2007). Specifically, I use the word "alienation" to describe the convergence of relationship dynamics which together cause an individual to express unjustifiable and disproportionately negative reactions to a targeted individual. By contrast, when such negative reactions are objectively defensible and proportionate to the targeted individual's real threat, the same behaviors constitute estrangement (Drozd & Olesen, 2004; Fidler & Bala, 2010). [n1] Together, alienation and estrangement are two among the several **[*323]** relationship dynamics which constitute the tools of affiliation (Garber, 2004a): those mechanisms with which groups at every level of organization, from international politics to playground cliques, distinguish who is "in" and who is "out" (Dovidio, Saguy, & Shnabel, 2009; Riek, Mania & Gaertner, 2006; Stephan et. al., 2009).

Parents routinely and appropriately instill insecurity in their children regarding targeted others, both in the interest of safety and preservation of the family group's integrity. No one thinks twice, for example, when a mom tells her young son not to talk to strangers or a dad tells his daughter to stay away from the man in the overcoat. However, like all tools, these otherwise necessary and natural dynamics can be used as weapons. **Parental alienation** occurs when a child's experience of one parent's unwarranted negative expressions about the other parent needlessly causes him or her to resist or refuse contact with that parent.

### A. NOT ALL ALIENATION IS CREATED EQUAL

The burgeoning literature on **parental alienation** distinguishes degrees of alienation on the basis of the severity of its observable effect; that is, the magnitude, duration and intransigence of the child's rejection of the targeted parent (Baker & Darnall, 2006; Fidler & Bala, 2010; Gardner, 1987, 2003; Spruijt et al., 2005; Ward & Harvey, 1993). On this basis, concerned professionals are left to cobble together a constellation of remedies commonly focused on repairing the obviously broken rejected-parent-child relationship, from education and therapy for the mild cases, to practical sanctions against the alienating parent in moderate cases, to placing or retaining the child in the care of the rejected parent (Friedlander & Walters, 2010; Gardner, 1998; Bala, Hunt & McCarney, 2010) or temporarily interrupting the rejected parent's parenting rights and responsibilities (Jaffe, Ashbourne & Mamo, 2010) for the most severe cases.

Differentiating among the *causes* of **parental alienation** has proven an even more difficult task. What we know is that **parental alienation** is seldom exclusively the result of one parent's malicious actions toward or about the other (Johnston, Walters & Olesen, 2005a, b,c; Lund, 1995). Instead, a child's disproportionate rejection of one parent in favor of the other often occurs when multiple "hybrid" (Friedlander & Walters, 2010) conditions are met, which together create a sort of perfect storm of relationship dynamics. These include the child's exposure to Parent A's denigration of Parent B, the child's direct experience of Parent B's real caregiving deficits (Bala, Hunt & McCarney, 2010; Johnston, Walters & Olesen, 2005b) and the child's enmeshed and inappropriate relationship within the aligned dyad. One recent study observed that "[t]he vast majority of cases referred, whether from the court or the community, were hybrid cases in which some combination of alienation, estrangement and/or enmeshment was operative" (Friedlander & Walters, 2010, p. 100).

A number of authors have commented on the extent to which the child's enmeshment with parent A may co-occur with, and be predictive or even causal of the child's rejection of Parent B (Gardner, 2006; Johnston, Walters & Olesen, 2005b). Johnston and colleagues (2005b, p. 204), for example, observe that,

> ". . . parents who were alienating were also those who had poor boundaries and engaged in role reversal with their children. They had difficulty distinguishing their own feelings from those of their child, and the child often became the parent's confidante, comforting and admonishing other family members, thus assuming an inappropriate executive or parenting role in the family"

### B. BOUNDARY AND ROLE DEFINITION, DIFFUSION, REVERSAL, AND CORRUPTION

The development of interpersonal boundaries is a necessary and natural process emerging as the newborn's undifferentiated sense of self grows toward healthy adult autonomy (Garber, 2009b; Jacobvitz, Riggs, & Johnson, 1999; Mayseless & Scharf, 2009; Winnicott, 2002). Role distinctions within healthy relationships emerge to reinforce and define interpersonal boundaries (e.g., Minuchin, 1974; Johnston, 1990), but can break down when stressed. This is often observed when poverty" **[*324]** (Burton, 2007), a parent's absence due, for example, to military deployment (Faber et al., 2008), debilitating illness, or death (Nelson & While, 2002), create practical and emotional gaps within the reconfigured family system.

Caregiver character pathology (Earley & Cushway, 2002; Mayseless & Scharf, 2009), co-parental conflict, and separation (regardless of the legal status of the adult relationship) and divorce are also commonly identified among the stressors that can compromise intrafamilial roles and interpersonal boundaries (Cheng & Kuo, 2008). For example, ". . . when there is a loss of a parental figure due to divorce, children often fill the vacated role" (Duryea, 2007, p. 92). Macfie et al., (2008, p. 297), observes that, "[a] parent in marital conflict may be particularly prone to role reversal, which in turn adversely affects child development." [n2]

The breakdown of healthy intrafamilial and intergenerational boundaries is often associated with parent-child enmeshment (Johnston, 1990; Manzi, Vignoles, Regalia, & Scabini, 2006; Mayseless & Scharf, 2009; Werner et al., 2001) and "role reversal." To the extent that this phrase implies an exchange of roles within a family system (as when a conventional working father becomes a "stay-at-home-dad" and his wife joins the work force), it fails to adequately capture the breadth or the destructive power of the dyadic dynamics that complement the development of **parental alienation**. (e.g., Kerig, 2005a). Instead, the phrase *role corruption* is used here to describe three specific dynamics that can characterize the aligned parent-child dyad and are often associated with **parental alienation**.

## II. PARENTIFICATION

Parentification is the term most commonly associated with role corruption in the context of divorce (e.g., Boszormenyi-Nagy & Spark, 1973; Goldman & Coane, 1977; Johnston, Walters & Olesen, 2005a,b; Jurkovic, 1997; Jurkovic, Morrell & Thirkield, 1999; Jurkovic, Thirkield & Morrell, 2001; Peris & Emery, 2005). As such, it is often used as an umbrella to encompass the concepts I distinguish here as adultification and parentification. Although both dynamics are instances of pathological parent-child role changes and both can compromise the child's health and development, the enabling parent's motivating need and the child's resulting responsibilities distinguish the two.

The parentifying adult enlists the child to fulfill his or her need to be cared for (Valleau, Raymond & Horton, 1995). The adult's need may be related to a manifest physical or logistic necessity, as has been described among immigrant (Oznobishin & Kurman, 2009), impoverished (McMahon & Luthar, 2007), and dual income (Grollman & Sweder, 1986) families. It can occur when a parent is critically ill (Duryea, 2007; Tompkins, 2007), profoundly depressed (Wallerstein, 1985), substance dependent (Chase, Deming & Wells, 1998; Wells, Glickauf-Hughes & Jones, 1999), or widowed (Li et al., 1995), and/or in response to the parent's characterological needs and thus as a facet of that parent's pathological dependency (Bakermans-Kranenburg & van IJzendoorn 2009; Fitzgerald et al., 2008). [n3]

Research suggests that mothers are more likely to parentify than fathers (Peris & Emery, 2005; Peris et al., 2008), and that daughters are more likely to be parentified than sons (Duryea, 2007; Jacobvitz et al., 2004). [n4] Parents who fail to experience their own parents as adequately nurturing may be especially vulnerable to turn to their children to fulfill these same dependency needs: "[I]ndividuals who did not have their own dependency needs met in their families of origin may attempt to get their needs met in their families of procreation, by enlisting their children to take care of them" (Wells et al., 1999, p. 64). [n5] In addition, the failure of the adult relationship may increase the risk of parentification within the aligned dyad, as may occur in,

> ". . . single-parent families in which the mother becomes so overburdened that she begins to rely too much on her 'right-hand man.' The parental child often becomes parent to the parent in this situation. This structure is maintained at the cost of the child's normal, age-appropriate thrust toward interaction with his peer group" (Boyd-Franklin, 1989, p. 623).

**[*325]** No matter the enmeshed parent's pathology, personal, practical, or cultural motivation(s), no matter whether the outcome is due to the parent's passive acceptance or active enlistment of the child in his or her new role, parentification is destructive. Role corruption, in general, and parentification, in particular, interferes with the child's development, peer relationships, and his or her ability to make and maintain a healthy relationship with his or her other parent:

> "[P]arentified children often suffer from depression, suicidal feelings, shame, excessive guilt, unrelenting worry, social isolation, and other internalizing symptoms, such as psychosomatic problems . . . Parentification during a youngster's formative years is often the prologue to an adult life characterized by interpersonal distrust... an inability to function independently, and--perpetuating the cycle- a tendency to misuse parental authority" (Jurkovic, 1997, p. xiv). [n6]

In particular, when role corruption occurs in the context of adult conflict, separation or divorce, ". . . parentified children are doubly burdened because they not only witness parental conflict as a third party to marital discord but are also called upon to comfort parents concerning *adult* distress rather than their own" (Peris et al., 2008, p. 634; emphasis in original). Kerig and Swanson (2010, p. 61) summarize clearly:

> ". . . a parent-child alliance that is fueled by anger at the spouse is a relationship that is serving a function for the parent rather than providing for the developmental needs of the child. Second, an alliance with one parent likely exists at the cost of a distant or conflictual relationship with the other parent, thus increasing the potential for stress in the child and the family system."

### A. CASE ILLUSTRATION: THE PARENTIFIED CHILD [n7]

Three years post-divorce, Mr. Smith returned to court on an ex parte motion requesting that his nine-year-old daughter, Henrietta, be switched into his primary care. He alleged that the child's mother had successfully alienated him from his daughter and was not supporting her school attendance. The court requested that the family participate in a child-centered family evaluation (CCFE) [n8] so as to advise how best to understand and serve the child's needs.

In interview, Henrietta evidenced little or none of the polarized words, behavior, or affect typical of alienated children and, in fact, spoke positively about both her parents. Nonetheless, the child tearfully reaffirmed her wish not to spend time with her father without substantial explanation. Observed together, father and daughter interacted warmly and appropriately, although Henrietta frequently checked the clock as if eager for the meeting to end.

Henrietta's interaction with her mother was similarly warm and appropriate and similarly distracted by the child's preoccupation with the passage of time. At one point, Henrietta interrupted a board game to whisper something to her mother. When Mrs. Smith shrugged off the child's efforts, Henrietta persisted with obvious frustration even while she visibly tried to keep a smile on her face in front of the examiner. Finally confronted about her upset, Henrietta confessed that it was time for her mother to take her medicine. She explained that her mom "gets weird" when she misses a dose.

In a subsequent interview, Ms. Smith disclosed a seizure disorder that she'd previously denied for fear that her illness would compromise her custody status in the eyes of the courts. Henrietta's parentified concern for her mother's health and belief that her mother would neglect her medication and "get sick" in her absence proved to be the child's largest motivation for resisting contact with her father and avoiding school, reminiscent of Johnston's (2005a, p. 763) reference to the child's "worry and sympathy for the left-behind parent." [n9]

## III. ADULTIFICATION

Adultification is a form of role corruption characterized by a parent's enlistment of a child in a peer- or partner-like role. [n10] As distinct from (but not mutually incompatible with) parentification, the **[*326]** adultified child becomes the parent's friend, confidante, and ally. Together, this enmeshed dyad functions in a more mutual and reciprocal manner than the parentified pair or the healthy dyad. Adultification has been documented among impoverished families (Burton, 2007), immigrant families (Puig, 2002; Walsh, Shulman, Bar-On, & Tsur, 2006), and victims of domestic violence (Stephens, 1999). In each of these instances, a child shares some degree of practical and/or emotional responsibility with his or her parent in a partner-like relationship. "Childhood adultification involves contextual, social, and developmental processes in which youth are prematurely, and often inappropriately, exposed to adult knowledge and assume extensive adult roles and responsibilities within their family networks" (Burton, 2007, p. 329).

The adultifying parent turns to his or her child in search of validation and practical assistance in addition to that available through existing and appropriate supports or--perhaps more frequently in the context of **parental alienation**--to fill in for the recent loss of these supports. This parent capitalizes upon the child's eager endorsement, mistaking the child's normative need for acceptance and/or fear of rejection as super-mature insight. In this way, the adultifying parent bootstraps together a self-serving rationale for promoting the dependent child into a co-conspirator, collaborator and ally.

The adultified child is typically a first-born or only child (Burnett et al., 2006). He or she may be particularly verbally or socially precocious (and may have been groomed so as to develop these attributes), but is likely to be far less emotionally mature. The resulting developmental decalage (Garber, 2009b) is fertile ground in which to develop anxiety, depression, anger, and in which to plant the seeds of later character pathology. In some instances, adultification is associated with childhood sexual abuse (Brooks, 1982; Fitzgerald et al., 2008). Although the adultified child may eagerly embrace the responsibilities associated with his or her premature promotion, the process, ". . . puts children at risk for anxiety, depression, hyperorganization, poor relations with others, and poor educational and career achievement" (Burton, 2002). [n11]

The adultifying parent's compelling need for an ally, his or *her* self-serving but mistaken impression that the child, "can handle it" or "gets it," and the child's eager willingness to exploit his or her new status together are a recipe for systemic disaster. When one parent seeks or assumes the child's support (understanding, validation, affirmation) with regard to the conflicted adult relationship, the adultified child is thrown directly into the breach, setting the stage for **parental alienation**.

**A. CASE ILLUSTRATION: THE ADULTIFIED CHILD**

When three successive reunification therapies failed to decrease the Mitchell children's resistance to spending alternate weekends with their non-custodial mother, a family systems evaluation was ordered. From the start, Mr. Mitchell asserted that he strongly encourages his eight-year-old daughter and twin-five-year old sons to visit with their mother, but that all three violently resist any contact with her. Ms. Mitchell accepted responsibility for her former alcohol abuse and regretted her daughter's early experience of her binges, but reported that she hadn't had a drink since the twins were conceived.

In individual interviews, all three children talked with evident fear about their mother's rages when she became drunk, how she'd sometimes vomit and pass out, and her arrests for DWI. All three reported detailed and consistent accounts of their mother's neglect, talking uniformly about "when she crashed her car into a big old oak" and "when she dropped the baby on the blacktop."

When references, including Ms. Mitchell's therapist and AA sponsor and a review of police records, confirmed her self-reported abstinence, further interviews were conducted. In fact, neither of the five-year-olds reported ever actually seeing their mother drinking, drunk or dangerous. Both related that their big sister had told them these stories. Eight-year-old Tanya reported only vague memories of her mother "acting weird," but talked with obvious pleasure about the special bedtime stories that she and her father share every night in which he is the hero who rescues her from her mother's graphically violent, drunken, and neglectful behavior.

Mr. Mitchell trivialized this report when confronted, explaining that eight-year-old Tanya "knows how long ago all that happened," and that he'd never tell those stories to the twins "because they're **[*327]** too young" and "they weren't there." He explained that he wants his kids to love their mother and that the stories "don't matter . . . they're ancient history." He rationalized that his daughter has a right to hear these stories because they are a part of her history, but explained that she knows her mother doesn't drink anymore because, ". . . look at her grades. She's really smart!"

**IV. INFANTILIZATION**

The third dynamic commonly seen within the aligned parent-child dyad is characterized by the parent's inability to tolerate a child's age-appropriate growth toward healthy independence. The infantilizing parent needs to be needed and, as such, feels threatened by and acts to impede the child's emerging independence (Bogolub, 1984).

Early in a child's development, the infantilizing parent is easily mistaken for a healthy, loving, and sensitive caregiver. Because infants are normatively very needy and demanding, this parent will look to a custody evaluator, Guardian ad litem, or a court like a wholly competent, attentive, and responsive parent. It is only later, as the natural course of development begins to unfold, that this parent begins to look overprotective, over-involved and eventually stifling (Duryea, 2007).

The infantilized child may be home-schooled or chronically truant. He or she will be more or less explicitly discouraged from making friends and made to feel guilty or simply forbidden from participating in age appropriate activities. By middle grade school, this child may be labeled as school resistant, developmentally delayed, agoraphobic, or asocial in a manner this author has seen misdiagnosed as an autistic spectrum disorder. In fact, infantilized children frequently suffer from anxiety disorders, depression, and various developmental delays due to isolation and may require treatment, but the conventional regime of individual psychotherapy and medication will fail. The primary cause of this child's challenges resides not in his or her biology, but within the family's dynamics.

In the context of co-parental conflict, separation, or divorce, the infantilizing parent may experience the separation associated with the child's time in the other parent's care as a narcissistic injury (a loss of self) prompting depression, anger, and/or anxiety. These emotions are communicated to the child no matter the (court-ordered, therapist scripted) reassuring words that are spoken, fueling the child's resistance or refusal to return to the other parent's care. Like the parentified child, this child may feel responsible for the parent's well-being in absentia, but not in a caregiving capacity. Instead, the infantilized child is at least implicitly aware that his or her continuing dependency fulfills the enmeshed parent's needs.

Infantilization in the context of parental separation and divorce commonly confounds the average therapist. In initial interview, Parent A will describe the child as needy, regressed, demanding, and clingy. The preschooler may be nonverbal. The grade schooler may be in diapers. The young teen may be sleeping with a parent, terrified to be alone. Parent B, however, will describe the same child quite differently, in a much more developmentally appropriate manner. Unsure whether the parents are describing the same child, the therapist might observe each of the two parent-child dyads separately only to discover that the two, apparently divergent

reports are both valid. Hopefully, the contextual nature of this child's difficulties is enough to prompt this therapist to respond to the family's needs and avoid the temptation to unnecessarily diagnose and/or medicate this child.

In one tragic extreme, seldom seen, the infantilizing parent creates or maintains a child's illness in a manner consistent with the diagnosis of Factitious Disorder by Proxy (formerly Munchausen's Syndrome by Proxy; e.g., Kinscherff & Ayoub, 2000). This parent finds the child's acute health needs both personally validating and good reason to withhold the child's contact from the other parent whom he or she construes as dismissive of the illness and/or neglectful of the associated treatment. Professionals with no grasp of the contextual dynamics are enlisted to affirm the child's illness, prescribe multiple medications, and to recommend or actually perform intrusive procedures. Naegele and Clark (2001; cf., Lindahl, 2009) have proposed a subtype of this diagnosis, which they refer to as Forensic Munchansen Syndrome by Proxy, characterized by,

> **[*328]** . . . fabrication of allegations of child sexual abuse by a parent in the context of a child custody dispute. Typically, divorcing parents or families bring their children into the hospital on their visitation weekend or after the child is returned to the custodial spouse, complaining that the other parent is abusing the child either sexually or physically.

**A. CASE ILLUSTRATION: THE INFANTILIZED CHILD**

At nine years old, Charles was on a very restricted diet and five medications for what doctors had finally diagnosed as Slow Transit Disorder, an intestinal difficulty that caused Charles to become extremely constipated and periodically impacted. Charles' mother frequently kept him home from school and cancelled his activities and court ordered contacts with his father explaining that she needed to "clean him out" or otherwise attend to his discomfort and embarrassing symptoms.

When Charles' mother was arrested and then briefly jailed for matters related to her own substance abuse, Charles refused to move into his father's home and was eventually placed in foster care. The foster parents observed that Charles was unfamiliar with the prescribed regimen of medications and, once he was properly medicated, that his toileting became entirely normal. His distended belly quickly deflated. His appetite and his general demeanor improved. Closer inquiry proved that Charles' mother had seldom administered the child's medications properly and that she had frequently taken him across the state in search of diagnoses, prescriptions, and unnecessary treatments.

Charles subsequently revealed to his psychotherapist that he believed that his father didn't love him, wouldn't understand and wouldn't care for his special medical needs. Properly medicated, with almost no discomfort and renewed confidence, Charles was eventually placed into his father's primary care where he thrived and commenced supervised visitation with his mother.

**V. REMEDIES**

The literature is replete with theory and speculation, if not always hard data, about how to best respond to the needs of the parentified, adultified, and infantilized child. Unfortunately, few of these remedies are cast as component parts of a larger systemic intervention and none are specifically concerned with **parental alienation**, per se. These remedies are recommended here, nonetheless, as they continue to inform this author's child-centered services and as a valuable foundation upon which we might mutually build interventions focused on the aligned parent-child dyad in the context of **parental alienation**.

The relevant literature and direct experience together suggest three principles guiding assessment and intervention with aligned dyads, as follows:

> 1. **Redirect the aligned parent's needs.** Parentification, adultification and infantilization are all thought to spring from a similar source, that is, the aligned parent's impaired interpersonal boundaries and projection of his or her unmet needs upon the child. The existence, persistence, and the power of these antecedents to corrupt roles within the parent-child dyad are presumably associated with the degree of the aligned parent's distress, the nature and degree of that parent's character pathology (e.g., Borderline Personality Disorder; Macfie & Swan, 2009; Marcus, 1989), and may prove ultimately to be related to the parent's own childhood experience of roles, boundaries, and caregiving (Bakermans-Kranenburg and van IJzendoorn (2009).
>
> With this in mind, one or both of two remedies may prove to serve the best interests of the parentified, adultified, and infantilized child. The first emphasizes education and/or insight-oriented psychotherapy [n12] designed to keep the children out of the middle of the adult conflict. The curricula of most state mandated divorce education programs emphasize these points (Pollet, 2009). The second remedy emphasizes helping the aligned parent to fulfill those same needs elsewhere so as to relieve the implied or inferred emotional burden on the child (Byng-Hall, 2008). Anecdotal evidence suggests, for example, that, ". . . an insecure parent **[*329]** might feel sufficiently looked after in

the marriage to be able to parent well. . . . This helps to guard against a parent in need having to turn to a child in a crisis" (Byng-Hall, 2002, p. 381).

Working with multicultural families, Kameguchi (1998) and Boyd-Franklin (1989) have successfully demonstrated that community interventions enlisting able adults across generations, regardless of gender or legal relationship, so as to assure that a stressed caregiver's logistic and emotional needs are fulfilled can help to relieve the burdens of adultification and parentification on their children.

Couples (Clulow, 2010) and group psychotherapies (Oygard, 2001,2003,2004) have proven especially promising toward the goal of helping enmeshed parents allow their children to continue to function in age appropriate ways. Facilitated co-parenting interventions (e.g., Garber, 2004b) and high tech communication solutions [n13] can help conflicted parents to accomplish this goal, even when parenting partners cannot sit in the same room together.

**2. Re-establish the child's healthy role within the system.** Intervention must gently demote the parentified or adultified child or promote the infantilized child back into a healthy and age-appropriate role within the dyad and the larger family system. Thus, Minuchin recommends that one goal of intervention with a parentified dyad is to, ". . . realign the family in such a way that the parental child can still help the mother. . . . The parental child has to be returned to the sibling subgroup, though he maintains his position of leadership and junior executive power" (1974, p. 98).

Individual child and parent-child psychotherapies can facilitate this healthy realignment, both by giving the child the opportunity to be a child in the therapeutic relationship (Garber, 1994), and by explicitly building strategies to help "de-triangulate" the child from the dysfunctional system (Kerig 2001). Lowe (2000), for example, successfully introduces and realigns the two parents in a dyadic intervention with the aligned parent-child pair using Gestalt props (empty chair, photographs) to bring the other parent into the process. Wark & Scheidegger (1996) accomplish similar goals with the aligned dyad using video feedback.

3. **Avoid blame.** Realignment efforts within the enmeshed dyad must remain forward-looking, optimistic, and child-centered. Forensic mental health professionals who have provided these services know that doing so is like walking along a treacherous escarpment. A single misstep to either side can send the whole process plummeting into rage and blame in a manner that can not only undermine the therapy, but entrench the dyad's dysfunction as the pair allies against the therapist.

Kerig and Swanson (2010) observe that role reversal can occur when a child spontaneously steps into the breach created by adult conflict and/or at the aligned parent's invitation. However, this retrospective distinction is far less important than the forward-looking process of reestablishing appropriate roles and boundaries within the dyad and the system at large.

As a close corollary, we must remain aware that the enmeshed child may find any process of change threatening and scary, thereby motivating resistance (often in the form of splitting) and sabotage. It is quite common for the parentified and adultified child to enjoy his or her relative freedom, authority, and control, and for the infantilized child to enjoy his or her pampered role. Furthermore, like Henrietta, the child who worried about her mother's seizure disorder, many of these children believe that the aligned parent will become ill, drink or use drugs, get arrested, run away, or die if they were no longer present in their enmeshed roles. This is sometimes seen when the aligned parent remarries, leaving the formerly adultified or parentified child to struggle with a, ". . . feeling of powerlessness in the stepfamily. This sense of powerlessness would be in painful contrast to the semi-adult or pseudo-spouse position the adolescent may have inherited in the single parent family" (Gamache, 1991, p. 112).

In response, Coale (1994, 1999) prescribes rituals and ceremonies intended to ease the child's acceptance of his or her new and healthier role. For example, she tells the story of a 9 year old who,". . . took care of her mother in both physical and emotional ways throughout the mother's three year post-divorce depression" (1999, p. 134). It was only when therapy helped this mother to recognize and "honor" her daughter's support that the two could openly **[*330]** renegotiate their respective "job descriptions," thereby freeing the child to pursue other age-appropriate relationships including one with her absent father.

## VI. DISCUSSION

Our overburdened family courts and the tremendous pain evident among so many litigants' children are together pushing theory far beyond our empirical knowledge. In the dual interests of efficacy and Daubert, we are desperately in need of carefully designed research with which to support or supplant these conceptualizations. Long-term, forward-looking research such as that conducted in related areas (e.g., Sroufe et al., 2005; Wallerstein, 1985) is necessary if we are to begin to understand, for example:

(a) What are the developmental sequelae of childhood enmeshment in general, and of the experience of parentification, adultification and infantilization, in particular? How does the child's age, the parent-child gender match, and the duration of the experience impact these outcomes? What combination of circumstances distinguish those parentified, adultified, and infantilized children who grow up to establish healthy intimate relationships and exercise child-centered parenting skills from those who seem destined to repeat the experience of role corruption, enmeshment, and conflicted adult relationships?
(b) How does enmeshment within one dyad relate to the presence, severity, and longevity of co-parental conflict and to the child's relative acceptance or rejection of the other parent? In what circumstances is enmeshment a causal antecedent of co-parental conflict and/or rejection of another parent? In what circumstances do co-parental conflict and/or rejection of one parent set the stage for enmeshment with the other?
(c) What remedies should the courts recommend when adultification, parentification, or infantilization are recognized? What combination of individual, dyadic, and/or systemic, educational and/or psychotherapeutic interventions, and what balance of custodial responsibilities are most likely to give the child the opportunity to make and maintain a healthy relationship with both parents? Early data from coordinated multi-modal interventions are promising and highlight the need to respond at all levels of the dysfunctional system (e.g., Friedlander & Walters, 2010).
(d) Finally, it is this author's longstanding contention that the attachment paradigm (e.g., Bowlby, 1982, 1988) provides a theoretical foundation, a vast body of empirical data, and the established tools with which we might better operationalize and measure the dynamics of the enmeshed dyad, including parentification, adultification, infantilization, and the dynamics of the rejected dyad, including alienation and estrangement. In so doing, we might then go one step further to adopt attachment methodologies (e.g., Garber, 2009a; Powell et al., 2009) toward the goal of helping the children of divorce to make and maintain healthy relationships with both of their parents.

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**Legal Topics:**

For related research and practice materials, see the following legal topics:
Family LawDelinquency & DependencyGeneral Overview

**FOOTNOTES:**

n1 Given that the rejected individual plays a role by degree in his or her rejection, the distinction between alienation and estrangement becomes a conceptual see-saw: As the rejected individual's real threat increases, the dynamic at issue silently slips past an as-yet undefined threshold from alienation to estrangement.

n2 Acknowledging the possible confusion of cause and effect. The literature does not yet address the extent to which parent-child role reversal might be a cause (rather than simply a result) of co-parental conflict, separation and divorce. Johnston (2005b) recognizes this dilemma: "Further research is needed to determine whether alienating behavior by a parent is a precursor or an outcome of boundary problems, intrusiveness, and role reversal between parent and child."

n3 Bakermans-Kranenburg and van IJzendoorn (2009) demonstrate that the seeds of parent-child enmeshment and role corruption are sown very early in development: "Disorders with an internalizing dimension (e.g., borderline personality disorders) were associated with [children's] more preoccupied and unresolved attachments" (p. 223).

n4 Within western culture, important gender differences are noted suggesting that girls may remain more vulnerable to boundary dissolution and role corruption than boys (Katz, Petracca & Rabinowitz, 2009; Mayseless, et al., 2004). It remains unclear, however, to what extent this is a cultural foible and/or an evolutionary imperative associated with females' preparedness for childbirth, bonding and attachment.

n5 The idea that unresolved childhood needs may predict later parent-child role corruption is consistent with data suggesting that the pregnant women's responses to the Adult Attachment Interview strongly predicts their children's maternal attachments six years later (Behrens, Hesse & Main, 2007).

n6 Noting that Minuchin et al., (1967) assert that parentification can actually be beneficial if (1) parental responsibilities are shared among a sibling group, (2) such responsibilities are appropriate to each child's age and abilities, and (3) the children are recognized for their contribution to the family. Indeed, Winton (2003) recognizes historical and cultural differences, which allow one to view the ". . . parental or parentified child [as] neither pathological nor deviant." Hooper et al., (2008) describe the developmental benefits of "post-traumatic growth" among parentified children. Stein, Rotheram-Borus & Lester (2007) studied the parentified teens of AIDS parents and conclude after six years that, "We found that early parentification predicted better adaptive coping skills and less alcohol and tobacco use 6 years later. In addition, early parentification was not associated with later emotional distress and dysfunctional parenting attitudes, including expecting role reversals in their own children."

n7 All case examples are altered to protect confidentiality.

n8 *See* http://www.healthyparent.com/CCFE.html (last visited Mar. 24, 2011).

n9 Readers may be interested to view the movie, "For the Love Of Aaron" (1994) as further illustration of parentification and as a powerful therapeutic tool.

n10 Some authors refer to "spousification" (Boszormenyi-Nagy & Spark, 1973; Shaffer & Sroufe, 2005) or "peerification/spousification" (Burton, 2007) as a variant of adultification.

n11 Noting that, like parentification, adultification has sometimes been associated with positive outcomes for children (e.g., Arditti. 1999).

n12 The journal's anonymous reviewer is credited with highlighting the emotional cost that these children endure while their parents invest time in insight-oriented therapies.

n13 *See* http://www.ourfamilywizard.com (last visited Mar. 1, 2011).

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ARTICLE: Special Issue: **Alienated** Children in Divorce: The **Alienated Child:** A Reformulation of Parental Alienation Syndrome

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**LEXISNEXIS SUMMARY:**
... The angry alienation of a **child** from a parent following separation and divorce has drawn considerable attention in custody disputes for more than two decades and, more recently, has generated considerable legal, psychological, and media-based controversy. ... 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, realistic, and/or developmentally expectable reasons. ... There are multiple reasons that children resist visitation, and only in very specific circumstances does this behavior qualify as alienation. ... *The **alienated child***. At the extreme end of the continuum in Figure 1 are children who are **alienated** from a parent after separation and divorce, who express their rejection of that parent stridently and without apparent guilt or ambivalence, and who strongly resist or completely refuse any contact with that rejected parent. ... Even when a **child** is not **alienated**--that is, he or she does not meet all the criteria for the definition of an **alienated child**--a number of these critical factors during separation and divorce may place the **child** at risk for alienation in the future. ... Unlike most aligned or estranged youngsters, **alienated** children freely express hatred or intense dislike toward the rejected parent. ... And finally, **alienated** children often idealize or speak glowingly of the aligned parent as an adult and parent. ...

**HIGHLIGHT:** In this article, controversies and problems with parental alienation syndrome are discussed. A reformulation focusing on the **alienated child** is proposed, and these children are clearly distinguished from other children who resist or refuse contact with a parent following separation or divorce for a variety of normal, expectable reasons, including estrangement. A systemic array of contributing factors are described that can create and/or consolidate alienation in children, including intense marital conflict, a humiliating separation, parental personalities and behaviors, protracted litigation, and professional mismanagement. These factors are understood in the context of the **child's** capacities and vulnerabilities.

**TEXT:**
**[*249]** The angry alienation of a **child** from a parent following separation and divorce has drawn considerable attention in custody disputes for more than two decades and, more recently, has generated considerable legal, psychological, and media-based controversy. The clinical phenomenon of the **child's** strident rejection of a parent, generally accompanied by strong resistance or refusal to visit, was originally described as a pathological alignment between an angry parent and an older **child** or adolescent that arose from the dynamics of the separation, including the **child's** reaction to the divorce (Wallerstein & Kelly, 1976, 1980). Gardner (1987, 1992) later coined the label *parental alienation syndrome* (PAS) to describe a diagnosable disorder in the **child** occurring in the context of a custody dispute, and it is this entity that has generated both enthusiastic acceptance and strong negative response. Gardner (1998) described PAS as a **child's** campaign of denigration against a parent that has no justification and that results from the combination of two contributing factors: the programming or brainwashing by one parent and the **child's** own contributions to the vilification of the target parent. He notes that the indoctrinating parent is usually the mother and that false allegations of sexual abuse are common.

The controversy regarding PAS has focused on a number of criticisms, only some of which will be discussed here (see also Faller, 1998; Williams, 2001 [this issue]). First and foremost, PAS focuses almost exclusively on the alienating parent as the etiological agent of the **child's** alienation. This is not supported by considerable clinical research that shows that in high-conflict divorce, many parents engage in indoctrinating behaviors, but only a small proportion of children become **alienated** (Johnston, 1993). In other cases, it can be shown that some children (especially adolescents) develop unjustified animosity, negative beliefs, and fears of a parent in the absence of alienating behaviors by a parent (Johnston, 1993). Hence, 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 unfalsifiable because it is tautological (i.e., true by definition). Third, because there is no "commonly recognized, or empirically verified pathogenesis, course, familial pattern, or treatment selection" of the problem of PAS, it cannot properly be considered a diagnostic syndrome as defined by the American Psychiatric Association (1994). If PAS is **[*250]** considered a "grouping of signs and symptoms, based on their frequent co-occurrence," it could be considered a nondiagnostic syndrome, but this sheds no light on cause, prognosis, and treatment of these behaviors. Hence, the term *PAS* does not add any information that would enlighten the court, the clinician, or their clients, all of whom would be better served by a more specific description of the **child's** behavior in the context of his or her family. Fourth, using the terminology of a medical syndrome to explain the behavior of family social systems engenders controversy among mental health professionals of different philosophical orientation and training, ensuring that the validity of PAS will continue to be debated. Finally, there is a relative absence of any empirical or research support for the reliable identification of PAS, other than Gardner's (and other proponents') clinical experience and "expert testimony." It is unfortunate that many of Gardner's publications have been self-published and, therefore, have not benefited from the scrutiny of the larger community of peer reviewers.

Allegations of PAS have become a fashionable legal strategy in numerous divorce cases in which children are resisting contact with a parent, without due regard for possible historic reasons for such resistance within the marital home nor for the children's relationship with both parents (Rand, 1997a, 1997b; Walsh & Bone, 1997). Most controversial are the radical recommendations that follow from Gardner's view that an alienating parent is the principal if not the sole cause of the problem. In severe cases of PAS, he recommends changing custody (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 or inpatient psychiatric facility, and/or the jailing and fining of the offending parent.

The indiscriminate use of PAS terminology has led to widespread confusion and misunderstanding in judicial, legal, and psychological circles. In the United States, some jurisdictions are now rejecting expert witness testimony on PAS based on the higher standards for admissibility of evidence contained in *Daubert v. Merrill Dow Pharmaceuticals* (1993), which have largely replaced the Frye (1923) standards in most states (Nelson & Downing, 1999; Williams, 2001; Wood, 1994). In the larger community, the concept of PAS has created its own gender politics, as father's rights groups and women's advocates have respectively exalted, used, and scathingly rejected Gardner's formulation. Several Web sites devoted to PAS are frequently visited. The media too has entered the debate with extensive stories and investigations, some well-balanced journalistic reporting and others sensationalized and one-sided (Carpenter & Kopas, 1998a, 1998b, 1998c; Farragher & Rodebaugh, 1989; Goldsmith, 1999; Stevens, 1996a, 1996b; Tanner, 1996). A more extensive review of the support for, and rejection of, PAS is beyond the scope of this article but can be found elsewhere (Clawar & Rivlin, 1991; Faller, 1998; Gardner, 1992, 1998; Nelson & Downing, 1999; Rand, 1997a, 1997b; Turkat, 1994; Waldron & Joanis, 1996; Williams, 2001).

Given the lack of empirical support for PAS as a diagnostic entity, the barring of testimony about PAS in some courtrooms, the overly simplistic focus on the brainwashing parent as the primary etiologic agent, and the frequent misapplication of Gardner's PAS theory to many diverse phenomena occurring in **child** custody disputes, there is a critical need to reformulate a more useful conceptualization than PAS. Indeed, there are many custody situations in which questions about alienation arise that need to be examined and understood to recommend effective legal and psychological interventions for the family.

This article presents a family systems formulation regarding the **alienated child,** and those that follow focus on legal and psychological case management, assessment where **child** alienation is suspected, therapeutic work with **alienated** children and their families, and a **[*251]** view of parental alienation from the bench (Johnston, Walters, & Friedlande, 2001 [this issue]; Lee & Olesen, 2001 [this issue]; Sullivan & Kelly, 2001 [this issue]; Williams, 2001).

## THE ALIENATED CHILD: A NEW FORMULATION

This formulation proposes to focus on the **alienated child** rather than on parental alienation. An ***alienated child*** is defined here 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 focus on the **child,** his or her observable behaviors, and parent-**child** relationships. This objective and neutral focus enables the professionals involved in the custody dispute to consider whether the **child** fits the definition of an **alienated child** and, if so, to use a more inclusive framework for assessing why the **child** is now rejecting a parent and refusing contact.

## DISTINGUISHING ALIENATED CHILDREN FROM OTHER CHILDREN WHO RESIST VISITATION

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, realistic, and/or 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*.

There are multiple reasons that children resist visitation, and only in very specific circumstances does this behavior qualify as alienation. These reasons include resistance rooted in normal developmental processes (e.g., normal separation anxieties in the very young **child)**, resistance rooted primarily in the high-conflict marriage and divorce (e.g., fear or inability to cope with the high-conflict transition), resistance in response to a parent's parenting style (e.g., rigidity, anger, or insensitivity to the **child)**, resistance arising from the **child's** concern about an emotionally fragile custodial parent (e.g., fear of leaving this parent alone), and resistance arising from the remarriage of a parent (e.g., behaviors of the parent or stepparent that alter willingness to visit). (See Johnston, 1993; Johnston & Roseby, 1997; Wallerstein & Kelly, 1980.)

## A CONTINUUM OF CHILD-PARENT RELATIONSHIPS AFTER SEPARATION AND DIVORCE

Children's relationships to each parent after separation and divorce can be conceptualized along a continuum of positive to negative (with the most negative being alienation) as shown in Figure 1.

*Positive relationships with both parents*. At the most healthy and benign end of this continuum are the majority of separated children who have positive relationships with both parents, value both parents, and clearly wish to spend significant (and sometimes equal) amounts of time with each parent. As an example, 13-year-old John railed angrily against his **[*252]** mother who was insisting that she become the primary caretaker in the custody dispute and then said plaintively, "She doesn't understand that a kid needs *both* his mother and father. . . . I get different things from my mom and my dad."

*Affinity with one parent*. Also at the positive and healthy end of the continuum are some children who have an affinity for one parent (see Figure 1) but desire continuity and contact with both parents. By reason of temperament, gender, age, shared interests, sibling preferences of parents, and parenting practices, these children feel much closer to one parent than the other. It is important to note that such affinities may shift over time with changing developmental needs and situations. Although these children may occasionally express an overt preference for a parent, they still want substantial contact with and love from both parents. Beth, an 11-year-old, explained that she loved both her parents but really liked doing "girl things" with her mom like shopping and talking. So, she said, "I want to live with my mom a bit more than my dad, but I really want to see him, too."

*Allied children*. Further along the continuum are children who have developed an alliance with one parent (see Figure 1). These are children who demonstrate or express a consistent preference for a parent during marriage or separation and often want limited contact with the nonpreferred parent after separation. Unlike the **alienated child,** children allied with one parent generally do not completely reject the other parent or seek to terminate all contact. Most often, they express some ambivalence toward this parent, including anger, sadness, and love, as well as resistance to contact.

Such alliances between children and parents might arise from intense marital conflict and flawed marital dynamics in which the children were encouraged to take sides or carry hostile messages and might intensify following separation. More often, alliances arise in older school-age children in response to the dynamics of the separation, involving children's moral assessment and judgment about which parent caused the divorce, who is most hurt and vulnerable, and who needs or deserves the **child's** allegiance and support.

Maria expressed her rage at her mother for "ruining my dad's life and my life! She's thinking *only* of herself. . . . She's so *selfish*!" The anger and sadness of this 13-year-old about the divorce conjoined with her father's freely expressed anger at his wife and pain. Maria's moral outrage, including her initially expressed wish to live with her father, was quite supportive of and gratifying to him. In talking further with the mediator, Maria acknowledged quietly that she loved her mother, had been close to her during the marriage, and later conceded that maybe she would want to spend time with both parents.

**[*253]** These strong alliances, 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 when the conflict subsides. But they might 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 **alienated** is that most aligned children are able to acknowledge (sometimes begrudgingly) that they love the other parent but just do not like being with them or want that much contact at this point in time. Furthermore, they do not engage in the fierce, brittle remonstrations and cruel behaviors toward the rejected parent commonly observed in the **alienated child.** They are often protective of the preferred parent whom they perceive as wounded and needing their full attention.

*Estranged children*. Children who are realistically estranged from one of their parents as a consequence of that parent's history of family violence, abuse, or neglect need to be clearly distinguished from **alienated** children (see Figure 1). Among this group are children who are estranged as a cumulative result of observing repeated violence or explosive outbursts of a parent during the marriage or after separation, or who were themselves the target of violence and abusive behavior from this parent. Often, they can only feel safe enough to reject the violent or abusive parent after the separation.

It is important to note that children do not have to be direct witnesses to violence; the **child** need only see the aftermath of the violence or be left in the care of a victim parent who is traumatized by severe marital abuse. And children also can be traumatized by an act of violence that from an adult's perspective might not have been very serious or injurious. Some children have experienced an early traumatic incident involving excessive force or abuse toward a family member that after separation escalates into a powerful family legend that can contribute to **child** alienation in addition to estrangement. The mix of intense anger toward the abusive parent and phobic reactions to that parent caused by subconscious fear of retaliation looks like alienation. But unlike **alienated** children, the estranged children do not harbor unreasonable anger and/or fear. In all of these cases, the important reason for distinguishing children who have experienced family violence from those who are **alienated** is that they generally need a post-traumatic stress disorder intervention at the outset. Only after the trauma has been properly addressed should one consider whether interventions for alienation are necessary (see Lee & Olesen, 2001).

Other youngsters are estranged in response to severe parental deficiencies, including persistent immature and self-centered behaviors; chronic emotional abuse of the **child** or preferred parent; physical abuse that goes undetected; characterologically angry, rigid, and restrictive parenting styles; and psychiatric disturbance or substance abuse that grossly interferes with parenting capacities and family functioning. One year after divorce, Richard spoke repeatedly to his therapist and a mediator about his urgent desire to cease having contact with his mother, with whom he was living half the time. Now age 11, Richard quietly described her as

> angry all the time. . . . It's like she's sticking pins in my brain. I can't concentrate at her house. . . . I have to use all my energy just to stay calm.
>
> She blames my father. . . . She says he's turning me against her just like my brother was, but these are my *own* feelings, and she won't believe that. It makes me so mad . . . that, and also that she lies to therapists about stuff that happens. Therapists believe her 'cause she's the adult and I'm just a kid.

**[*254]** It is important to acknowledge that it is a healthy response when children, more often in later latency or adolescence, finally develop some capacity to clarify, make choices, and distance themselves from the corrosive effects of a parent who is unreliable, consistently inadequate, or abusive. Their estrangement is a reasoned, adaptive, self-distancing, and protective stance that has led to cognitive and affective differentiation of their parents. Children so estranged typically wish to severely limit contact with this deficient or frightening parent, but it is less common to refuse visits altogether.

Unfortunately, the responses of these realistically estranged children following separation are commonly and 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 affected the parent-**child** relationship.

*The **alienated child***. At the extreme end of the continuum in Figure 1 are children who are **alienated** from a parent after separation and divorce, who express their rejection of that parent stridently and without apparent guilt or ambivalence, and who 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," and sometimes "better" parents, who have no 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, in the absence of the type of factors described above as leading to **child** estrangement, 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 alliance or estrangement 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 also to their own vulnerabilities that make them susceptible to becoming **alienated**. The profound alienation of a **child** from a parent most often occurs in high-conflict custody disputes; it is an infrequent occurrence among the larger population of divorcing children.

## SYSTEMIC PROCESSES THAT POTENTIATE CHILD ALIENATION

To adequately diagnose and effectively intervene when a **child** is presented as **alienated**, a systems framework that assesses the multiple and interrelated factors influencing the **child's** response during and after separation and divorce is critical. As illustrated in Figure 2, these include a set of background factors that directly or indirectly affect the **child,** specifically, a history of intense marital conflict; a humiliating separation; subsequent divorce conflict and litigation that can be fueled by professionals and extended kin; personality dispositions of each parent; and the age, cognitive capacity, and temperament of the **child.** A number of intervening

variables can either moderate or intensify the **child's** response to these critical background factors, including parenting beliefs and behaviors, sibling relationships, and the **child's** own vulnerabilities within the family dynamics. As the **child** is affected by these background and intervening variables, the **child's** responses affect many of these variables in a systemic feedback loop; the arrows in the Figure 2 schematic become two-directional.

Even when a **child** is not **alienated**--that is, he or she does not meet all the criteria for the definition of an **alienated child**--a number of these critical factors during separation and **[*255]** divorce may place the **child** at risk for alienation in the future. These "alienating processes," including children's and parents' psychological responses, need to be taken seriously and fully assessed for preventive action to be taken, especially when children are younger. Even so, it should be noted that the presence of alienating processes and typical alienating behaviors of parents do not predict that a **child** will become **alienated** with any certainty. It is hypothesized that the intensity and longevity of these alienating processes, when combined with other important parent and **child** variables described in this article, might create exponentially unbearable pressures on the **child,** resulting in alienation from a parent. The balance of this article describes the array of risk factors that potentiate alienation, with the recognition that individual cases will have a mixture of these factors.

## CHILD TRIANGULATED IN INTENSE MARITAL CONFLICT

Prior to separation, some parents have used their children in the expression of the marital conflict. Typically, school-age children are invited to take sides in intense conflicts, be a messenger of the conflict, rescue a parent, and exclude or be punitive toward a parent. In some cases, the infant replaced the spouse at birth as the object of the aligned parent's/spouse's affection and attachment. Subsequently, these toddlers had difficulty with psychological separation and individuation from a needy, dependent primary parent, usually the mother. The other (rejected) parent was effectively pushed out of his parenting role or was inconsistently available to the young **child.** In prolonged adversarial divorce proceedings, this hostile dynamic involving the **child** may continue into the divorce processes, placing the **child** at greater risk for becoming **alienated**. [n1]

## [*256] SEPARATION IS EXPERIENCED AS DEEPLY HUMILIATING

Aligned parents who subsequently encourage the **child's** rejection of the other parent have commonly experienced the decision to separate as a deep narcissistic injury, as a complete abandonment, which results in profound humiliation and rage. This narcissistic injury also frequently occurs in response to the reasons for and manner in which the separation occurred, for example, no perceived emotional preparation, the presence of a lover, the decision to pursue a gay lifestyle, having the residence emptied of furnishings and children without notice, and so on. Even in the absence of a jarring separation experience, the rage of the narcissistically wounded spouse might result in vengeful behaviors, vindictiveness, and a complete blurring of boundaries between parent and **child,** often expressed as "He doesn't love *us*, otherwise he wouldn't have left *us*."

## HIGHLY CONFLICTED DIVORCE AND LITIGATION

Divorces characterized by bitter and protracted legal proceedings, continued verbal and/or physical aggression after separation, unsubstantiated allegations and counterallegations of **child** abuse, neglect, or parental lack of interest are also more likely to potentiate alienation in the **child.** Children are more at risk to be pulled into the high-conflict divorce as major players and Greek chorus. They are used as confidants about legal and financial matters, are given choices about whether and when they should see the nonresidential parent, and are exposed to frequent parental denigration of one or both parents. The intensity of the conflict, its continued burdensome presence for one or more years, the polarization of extended family and larger community, and the failure of parents to address their children's needs combine to create intolerable anguish, tension, and anger for children. One psychological resolution for the **child** is to diminish the feeling of being torn apart by rejecting the "bad" parent and ceasing all contact.

Extreme anxieties regarding **child** support can be a potentiating factor as well: If the **child** refuses to visit, **child** support in most jurisdictions will increase significantly. Inappropriate discussions with children about financial discrepancies between households and the uncaring attitude of the other parent are common in intensely litigated divorce.

## CONTRIBUTIONS OF NEW PARTNERS, EXTENDED KIN, AND PROFESSIONALS

New partners, particularly those perceived to be responsible for the breakup of the marriage, can serve as a lightning rod for rage about the divorce, and children in such situations often are faced with stark loyalty conflicts and hard choices. They, themselves, might feel betrayed by the discovery of a parent's new partner. Strongly held religious beliefs and practices also might contribute to a **child's** alienation through powerful parental, extended family, and congregational condemnation of a parent seeking divorce for their "immoral behavior and ungodly choices."

One of the most unfortunate of alienating processes are the witting and unwitting contributions of family law attorneys, minor's counsel, custody evaluators, and individual therapists for parents and children. Because cases in which children refuse to visit often are accompanied by allegations of emotional or physical abuse, neglect, or parental lack of interest in the **child,** most often framed

and litigated in highly inflammatory language, professionals tend to become polarized themselves and take absolute, rigid viewpoints supporting their clients. Once enshrined in authoritative declarations in court papers, allegations become **[*257]** treated as though they are objective facts. Furthermore, family members retrospectively review and revise their memories and beliefs in accord with these new "understandings." When therapists selected for the **child** have no knowledge of **child** alienation processes or collaborative efforts needed to assist such children and families, considerable harm can be done in supporting and consolidating the **child's** rage and unwarranted rejection of the parent. As will be described in the following articles, interdisciplinary team approaches and specific therapeutic models and techniques are crucial to keep these cases from spiraling further out of control and work toward more beneficial resolutions (Johnston et al., 2001; Sullivan & Kelly, 2001).

**COMMON BEHAVIORS AND ORGANIZING BELIEFS OF THE ALIGNED PARENT**

A range of alienating behaviors on the part of the aligned parent have long been recognized as contributing to a **child's alienated** stance (Clawar & Rivlin, 1991; Gardner, 1987; Wallerstein & Kelly, 1980). Extremely negative views of the rejected parent may be freely, angrily, and repeatedly expressed to the **child** by the aligned parent: "She never wanted you," "I was your *real* parent," "You call me if your dad touches you anywhere," "I'm sure he'll be late as usual." The effect of the continued drumbeat of negative evaluation of the parent is to erode the **child's** confidence in and love for the rejected parent and to create intolerable confusion. These evaluations might also be expressed indirectly, covertly, or unconsciously and might include innuendoes of sexual or **child** abuse or implications that the parent is dangerous in other ways. Whether such parents are aware of the negative impact on the **child,** these behaviors of the aligned parent (and his or her supporters) constitute emotional abuse of the **child.**

Most often, aligned parents' behaviors reflect several organizing beliefs that might not be consciously spiteful and vindictive but nevertheless are potentially very damaging to the **child's** relationship with the other parent. As a consequence of their own deep psychological issues, the aligned parent can harbor deep distrust and fear of the ex-spouse and be absolutely convinced that he or she is at best irrelevant and at worst a pernicious influence on the **child.** Consequently, a first major organizing belief is that their **child** does not need the other parent in their lives. Although aligned parents might insist that the **child** is free to visit, the rejected parents' attempts to visit or contact their **child** frequently are seen as harassment. Phone calls, messages, and/or letters often are not passed on to the **child.** Information about school, medical, athletic, or special events are not provided to the rejected parent, in effect completely shutting that parent out of the **child's** life. In the most extreme cases, all references to the rejected parent are removed from the residence, including pictures (which might be torn apart in front of the **child** to exclude that parent). In such situations, most children quickly learn not to speak of the rejected parent. In response to requests for access by the rejected parent, the aligned parent strongly supports their angry **child's** "right to make their own decision" about whether they will visit.

A related set of alienating behaviors of aligned parents confirm for the **child** that the other parent is not worthy of the **child's** attentions. The rejected parent is denigrated in many ways, and the personality and parenting flaws of the rejected parent are exaggerated and discussed frequently in the **child's** presence. Children receive a very sympathetic ear when they bring **[*258]** back to the aligned parent their own observations of the rejected parents' failings in postvisit debriefing sessions and journal writing.

Second, the aligned parent often fervently believes that the rejected parent is dangerous to the **child** in some way(s): violent, physically or sexually abusive, or neglectful. Therefore, the aligned parents' behaviors are aimed at blocking access to the **child.** A campaign to protect the **child** from the presumed danger is mounted on multiple fronts, often involving attorneys, therapists, pediatricians, and school personnel. Behaviors include seeking restraining and supervised visitation orders, installing security equipment at the residence, and finding reasons to cancel visits when orders for contact exist. If the **child** does visit the rejected parent, the portrayal of the "dangerous" parent is reinforced by calling into the rejected parents' home every hour during a visit to "check up" on the **child's** well-being and by debriefing children after a visit to detect "negative" occurrences or feelings. Sometimes, earlier disciplinary interactions involving angry or confrontative (but not abusive) behaviors by the rejected parent are repackaged as confirmation of violence toward the **child.**

A third organizing belief of the aligned parent is that the rejected parent does not and has never loved or cared about the **child.** Behaviors and strategies arising from this belief include repeated stories to children of "evidence" supporting the belief that the parent was never involved ("he went bowling when you were sick") or demonstrating the parent's presumed lack of interest when, for example, he fails to appear for a school or special event (about which he had been given no notice).

Both empirical research and clinical observation indicate that there is often significant pathology and anger in the parent encouraging the alienation of the **child,** including problems with boundaries and differentiation from the **child,** severe separation anxieties, impaired reality testing, and projective identifications with the **child** (Dunne & Hedrick, 1994; Johnston, 1993; Johnston & Roseby, 1997; Lampel, 1996; Lund, 1995; Wallerstein & Kelly, 1980). It is not a normal parental strategy to encourage the complete rejection of the other parent. Even when there is history of **child** abuse, the other parent is mentally ill, or the **child's** safety is endangered, the average parent will seek different avenues and more rational means of protecting the **child.** Furthermore, such parents often recognize that their **child** loves that parent despite the destructive behavior.

It should be noted that the divorce process and its professional participants often mobilize and enable these aligned parents to present themselves in a coherent, organized manner. The nature of the adversarial process encourages hostile, polarized, black-and-white thinking with little challenge, presents perceived truths as facts and fuels and channels rage in a scripted manner. The intensity and duration of the legal fight may also serve as an antidote to depression.

## BEHAVIORS OF THE REJECTED PARENT THAT CONTRIBUTE TO CHILD ALIENATION

It is apparent that in many cases of **alienated** children, parents who are rejected have contributed to the alienation in one or more significant ways. It is important to state, however, that these rejected parents' behaviors do not by themselves warrant the disproportionately angry response of the **child** nor the refusal to have contact. Their parental involvement and capacities were generally within a normative range but might have become compromised by the marital conflict, the divorce disputes, and the **child's** problematic response.

## [*259] PASSIVITY AND WITHDRAWAL IN THE FACE OF HIGH CONFLICT

Some rejected parents, made anxious or immobilized by interpersonal and legal conflict, withdraw from the battle over contact with their **child** for some considerable period. They cease attempts to call or communicate with the **child,** give up attempts to reconcile with the **child** in therapy, or come to believe that the legal system is impotent to effect change. Others withdraw because of lack of financial resources or feelings of helplessness about what to do to restore the parent-**child** relationship. **Alienated** children, having been bombarded with messages that the other parent does not love them, see the withdrawal as a lack of interest and abandonment, which might further fuel their rage. Such parents need coaching to assist them in remaining connected with their children.

## COUNTERREJECTION OF THE ALIENATED CHILD

When rejected parents feels that they are being abusively treated by an **alienated child** who is also refusing all efforts to reconnect, they can become highly affronted and offended by the lack of respect and ingratitude afforded them. Hurt and humiliated, some rejected parents react to the **child's** alienation with their own rejection. Their anger might also stem from sheer frustration and lack of patience or might arise from retaliatory needs to treat the **child** in the same manner in which they have been treated. The counterrejection is felt by the **child,** and reinforced by the aligned parent, as confirmation of the rejected parent's lack of interest and love, which often leads to intensified condemnation of the "bad" parent.

## HARSH AND RIGID PARENTING STYLE

Sometimes, rejected parents have demonstrated a harshness, lack of empathy, and rigidity in their parenting style that however, does not rise to the level of emotional or physical abuse. When aligned parents allege **child** abuse or poor parenting, these charges resonate and conjoin with the **alienated child's** prior experience, leading the **alienated child** to reject the parent on these grounds. In the more typical divorcing family, such a parenting style might cause future difficulties in parent-**child** relationships, as they do in married families, when children move into adolescence and challenge the rigidity and harsh parental rules, but it would not lead to complete rejection and refusal to have contact.

## REJECTED PARENT IS SELF-CENTERED AND IMMATURE

Another potential contribution of rejected parents in consolidating the **child's** alienation might be a self-centered, immature personality. The **child** might have observed this parent's putting his or her needs ahead of the **child's** during the marriage (e.g., playing golf with friends rather than attending the **child's** soccer game). Now, in the custody battle, these behaviors are focused on, exaggerated, and come to symbolize the parent's disinterest in the **child.** Again, the rejected parent's behaviors are not necessarily different from many average married families and do not warrant the extent of fury and denigration typical of the **alienated child.**

## [*260] REJECTED PARENT HAS CRITICAL AND DEMANDING TRAITS

Rejected parents might have exhibited critical and demanding behaviors in parent-**child** interactions during the marriage. In the high-conflict custody dispute, such behaviors might take on new meaning and contribute to alienation. Demands for straight As, perfection in athletic performance, or unwise and angry criticism of their children's appearance and friends, although not at the level of emotional abuse, can contribute to the **child's** alienation in the context of the other operative factors. Interestingly, this demanding, critical behavior on the part of the rejected parent might be a consequence of his or her perception that the aligned parent is far too permissive and nondemanding. In turn, the aligned parent counterreacts to the perceived harshness and overcompensates by becoming even more lenient or overprotective with the **child.**

## DIMINISHED EMPATHY FOR THE ALIGNED CHILD

Related in part to the above categories is the observation that rejected parents often cannot differentiate the needs and behaviors of their **alienated child** from the motivations and behaviors of the aligned parent. They believe that the **child** does not really feel this way at all and is only the mouthpiece for the angry accusations and denigration of the aligned parent. In their anger toward the aligned parent for creating the **child's** alienation, they have little empathic connection with the **child** and cannot be emotionally available to their **child** even when they raise legitimate complaints. This lack of empathy or even subtle dismissal of the **child's** feelings can lead to intensified fury in the **child** and can further deepen the alienation.

## DEVELOPMENTAL STAGE AND VULNERABILITIES OF THE CHILD TO ALIENATION

Children's responses to alienating processes and to the behaviors of each parent are influenced by their own psychological, cognitive, and developmental strengths and vulnerabilities and by external arrangements involving the rejected parent.

### THE CHILD'S AGE AND COGNITIVE CAPACITY

For children to form alignments with an angry parent and correspondingly reject the other parent, they need sufficient cognitive and emotional maturity. Because expressions of moral outrage and judgments are common among **alienated** children, they must also have achieved the stage in their development in which moral valuations and judgments are operative. Furthermore, the rage and contempt expressed by many **alienated** children reflect the normative increases in anger expected in the preadolescent and adolescent youngsters. These developmental achievements coalesce to create a receptivity to alienating processes and negative parental behaviors. For these reasons, it is unusual to see children whose alienation from a parent is consolidated and hardened prior to age 7 or 8. Younger children more often forget their scripts, let go of their anger, and have inconsistencies in their presentations. They are not particularly useful allies or loyal soldiers; they fail to follow parental agendas and too often enjoy themselves with the other parent once out of range of the aligned parent.

However, children younger than 7 or 8 with attachment difficulties and intense anxiety at separation from their custodial parent are at considerable risk for developing a more consolidated **[*261]** alienation as they get older, if circumstances do not improve. And some well-rehearsed younger children whose older siblings are **alienated** might appear to be **alienated** as they parrot the language and ideas of the older sibling and are kept in the mode of parental rejection by the vigilant monitoring of their sibling. They are very much at risk for developing their own consolidated alienation as their cognitive and emotional abilities mature and must be protected by well-conceived interventions (Johnston et al., 2001; Sullivan & Kelly, 2001). Overall, the most common age range of the **alienated child** is from 9 to 15, although some older adolescents and young adults also can become **alienated**. There appear to be no sex differences among these youngsters in propensity to become an **alienated child** (Johnston & Campbell, 1988; Lampel, 1996; Wallerstein & Kelly, 1980).

### CHILD FEELS ABANDONED BY THE REJECTED PARENT

Another common alienating element occurs when children feel that a parent has abandoned them when he or she leaves the family residence. Among these children are those who were more favored among siblings by the departing parent or who were very confused about why the separation is occurring. Others resented the presence of a new lover in that parent's life and perceived the attention to that person as a defection, or they were so furious about the divorce that they interpreted any diminished attention by the parent as an abandonment. And some relied heavily on the stability, attention, and unconditional love of the parent who left the household. In high-conflict divorces, some nonresidential parents do not see their children for a number of months due to high legal conflict about access and the absence of interim orders. When this occurs, feelings of abandonment and anger often deepen and put children at risk for becoming **alienated**.

### TEMPERAMENT AND PERSONALITY VULNERABILITIES

In general, a **child's** vulnerability to alienation increases with greater psychological adjustment problems in the **child** (Johnston, 1993; Lampel, 1996; Wallerstein & Kelly, 1980). Anxious, fearful, and passive children lack the resiliency to withstand the intense pressures of the custody battle and the aligned parents' alienating behaviors. It might be psychologically easier for them to choose a side to avoid crippling anxiety. Children with poor reality testing are more likely to be vulnerable, particularly in the absence of other family members or professionals assisting the **child** by clarifying the troubling and confusing events and behaviors associated with the divorce. Furthermore, children with psychological adjustment problems are more likely to feel responsible for the divorce, which might increase vulnerability to alienation. In addition, poor self-esteem makes children especially susceptible to promises of enduring love, especially when a parent has been rejecting and ambivalent toward the **child.**

Some children have cognitive limitations that render them more vulnerable, including cognitive confusion, black-and-white thinking, concreteness, and poor analytic and problem-solving abilities. In contrast, children who are insightful, clear thinking, morally developed youngsters more often can maintain balance throughout the high-conflict divorce. Although pressured by alienating processes and parents, they can analyze their parents' behaviors and the nature of their parent-**child** relationships and, despite their anger and sadness, can stay connected to each parent.

## [*262] OTHER PARENT-CHILD RELATIONSHIP FACTORS

Other factors embedded in the parent-**child** relationship create vulnerability in children. Those children who are very dependent on the aligned parent, either emotionally or physically, are also more likely to respond to alienating processes and behaviors. Some of these youngsters have a history of being conditionally loved and erratically rejected by the aligned parent, and the **child's** complete rejection of the other parent might offer a long-sought opportunity to achieve total acceptance and unconditional love. Threats by the enraged, aligned parent to disown the **child** if they choose to visit the other parent are inordinately powerful alienating behaviors and are extremely difficult to withstand. Other children have historically been more identified with the aligned parent and more readily reject the other maligned parent to preserve the core aspects of their own identity. In addition, some youngsters have taken the role of rescuing the depressed and hurt parent in the marriage or after separation, and this role reversal, in the context of protracted legal conflict, creates a vulnerability to strongly align with that needy parent.

## LACK OF EXTERNAL SUPPORT FOR THE CHILD

External factors contributing to increased **child** vulnerability include a history of infrequent or total lack of contact with the rejected parent. In these cases, the effects of the alienating behaviors of the aligned parent are exacerbated when there is no opportunity to spend significant time with the rejected parent and his or her extended family. Children are not able to test and retest the reality of that parent and his or her behavior and to compare their current observations with their own distorted memories or with the negative accounts of the aligned parent. Furthermore, because false allegations of sexual or **child** abuse most often result in limited and supervised visiting for many months, the presence of this supervision framework promotes children's acceptance that a parent is dangerous or hurtful. Once evidence accumulates that no abuse has occurred, damage to parent-**child** relationships is often quite extensive and creates formidable barriers to reconstructing the relationship between rejected parents and their children.

When children have few external resources--such as therapists, extended family members, or other trusted adults--their vulnerability increases, particularly if they are emotionally isolated with the aligned parent. It is important, of course, that these helping individuals avoid taking sides and remain emotionally available to these children as safe harbors for discussion.

## THE RESPONSE AND BEHAVIORS OF THE ALIENATED CHILD

It is important to discuss the typical clinical presentation of **alienated** children. For the most part, our observations of the behaviors and emotional responses of **alienated** children are similar to those reported by others (Gardner, 1987, 1992; Wallerstein & Kelly, 1980). By definition, the core feature of **alienated** children is the extreme disproportion between the **child's** perception and beliefs about the rejected parent and the actual history of the rejected parents' behaviors and the parent-**child** relationship. Unlike most aligned or estranged youngsters, **alienated** children freely express hatred or intense dislike toward the rejected parent. They demonize and vilify that parent, often present trivial reasons to justify their hatred, and usually are not reticent about broadcasting the perceived shortcomings of the parent **[*263]** to others. This is particularly baffling to the rejected parent, extended family, and other adults knowledgeable about the prior parent-**child** relationship. Most often, as stated above, rejected parents have had at least an adequate relationship with these children, and the angry rejection is not merited, even when contributions of the rejected parent are taken into account.

One of the most common behaviors of **alienated** children is their strongly expressed resistance to visiting the rejected parent and, in more extreme cases, an absolute refusal to see the parent in any setting, including a therapeutic one, and a desire to unilaterally terminate the parent-**child** relationship. These children want only to talk to lawyers who represent their viewpoint and to those custody evaluators and judges whom they believe will fully support their efforts to terminate the parent-**child** relationship once they hear all the "facts." To all, they strongly advocate their right to choose whether they will see their parent.

Another feature of **alienated** children is the manner in which they present their stories. Their allegations about the rejected parent are mostly replicas or slight variants of the aligned parents' allegations and stories. These scripted lines are repeated endlessly but most often are hollow, without underlying substance, texture, or detail to support the allegations. They have adopted the allegation(s) but, unlike children with histories of abusive treatment, do not have compelling supporting information. Generally, **alienated** children sound very rehearsed, wooden, brittle, and frequently use adult words or phrases. They appear not to be guilty or ambivalent as the children denigrate, often viciously, the rejected parent. Sometimes, they appear to be enjoying themselves. There is no obvious regret.

One of the sobering aspects of these presentations is that **alienated** children have essentially been given permission to be powerful and to be hostile and rude toward the rejected parent, grandparents, and other relatives. Furthermore, assisting in orchestrating the obliteration of a parent does not bode well for their future social and emotional adjustment. Sadly, even previously cherished pets, now in the custody of the rejected parent, might be denigrated, and the children proudly describe the virtues of their new and extremely perfect replacements provided for them by aligned parents.

And finally, **alienated** children often idealize or speak glowingly of the aligned parent as an adult and parent. They refuse to consider any information that might undermine this viewpoint of their perfect companion and parent, and they vigorously reject any suggestion that their obsessive hatred of the rejected parent has any relationship to the views or behaviors of the aligned parent. They might describe how that parent is suffering, has been harmed economically and emotionally by the rejected parent, and is worthy of their total allegiance.

It is important to note that some **alienated** children--although they present as very angry, distraught, and obsessively fixated on the hated parent in the therapist's or evaluator's office--appear to function adequately in other settings removed from the custody battle. They might retain their school performance, might continue to excel in musical or athletic activities, and at least superficially seem reasonably well adjusted. A closer look at their interpersonal relationships, however, often reveals difficulties. **Alienated** children's black-and-white, often harshly strident views and feelings are usually reflected in dealings with their peers as well as those in authority. However, it is in the rejected parents' home that the **child's** behavior is severely problematic and disturbed. They might destroy property; act in obnoxious, even bizarre, ways; and treat these parents in public with obvious loathing, scorn, and verbal abuse. They prefer to be in contact constantly with their aligned parent by telephone, at which times, they whisper hostile observations about the rejected parent's words, behaviors, meals, and personality. If they are resisting or refusing contact, all efforts of the rejected parents to communicate directly with their children are rebuffed, including **[*264]** demands that the parent never contact them again, stop harassing them with presents and letters (which often are discarded or unopened), and cease their useless legal efforts and court appearances.

## CONCLUSIONS

The complexity of these very challenging and demanding cases requires a full assessment to understand the multiply determined factors and influences leading to the children's abrupt rejection of a previously acceptable and meaningful relationship. Each of these influences has their own particular weight and significance for a particular **child** in a particular family. No one factor produces the **alienated child.** A full understanding of this pathological development in the parent-**child** relationship, most often separation engendered, can then lead to an effective plan and structure for legal, judicial, and therapeutic interventions directed at resolving the profound alienation of the **child** from the parent.

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**Legal Topics:**

For related research and practice materials, see the following legal topics:
Criminal Law & ProcedureCriminal OffensesCrimes Against PersonsDomestic OffensesChildrenElementsEvidenceTestimonyExpertsAdmissibilityFamily LawMarital Termination & Spousal SupportDissolution & DivorceProcedures

**FOOTNOTES:**

n1 It should be noted that marital and divorce conflict that focuses on the **child,** and high intensity and overtly hostile marital conflict, are well established predictors of psychological adjustment problems in children (Amato, Loomis, & Booth, 1995; Buchanan, Maccoby, & Dornbusch, 1991; Buehler et al., 1998; Cummings & Davies, 1994; Grych & Fincham, 1993; Kelly, 2000; Kline, Johnston, & Tschann, 1990; Vandewater & Lansford, 1998).

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ARTICLE: Special Issue: Alienated Children in Divorce: **Legal and Psychological Management of Cases With an Alienated Child**

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**LEXISNEXIS SUMMARY:**
... When cases enter the court system with allegations of child alienation, special **legal** and clinical management is critical. ... Children commonly interpret conflict as caused by the rejected parent and as abusive and victimizing of the aligned parent (and by extension, the child). ... When child alienation cases are processed as more routine custody disputes, with little active intervention as they enter the family court process, the risk of serious harm to the child is considerable. ... If professional interventions are recommended, a court-ordered role such as parenting coordinator, special master, or facilitated access therapist can be effective if put in place early. ... The parents shall have the special master assist in the selection of any mental health professional who works with the children. ... *Sample court order:* The (family member) shall engage in therapy with a licensed therapist to be selected with the approval of the evaluator. ... As stated earlier, a pattern of refusal to comply with clearly specified court orders for contact, therapy, and communication with the rejected parent would also constitute a basis for changing custody. ... In cases in which children are functioning reasonably well in most domains of their life, including school, peer relationships, and their relationships with the aligned parent, a change in custody is not generally recommended. ...

**HIGHLIGHT:** Cases entering the family court with an alienated child require intensive and coordinated case management to intervene effectively. It is critical to link the authority of the court with the delivery of mental health services to address the complex systemic factors that may entrench a child's unwarranted rejection of a parent. This article provides principles of **legal** and psychological case management for families with an alienated child, followed by various structural interventions, including sample court orders, for managing these cases as they progress through the family court process. Finally, criteria for making custody recommendations in the most severe cases of child alienation are provided.

**TEXT:**
**[*299]** When cases enter the court system with allegations of child alienation, special **legal** and clinical management is critical. Starting with initial intake into the family court, throughout the custody evaluation phase, and after the final court decision, the use of certain principles and interventions designed to deal with these difficult cases will enable the **legal** system and family to function more effectively. These interventions must proceed in the face of some uncertainty about allegations of parental misconduct and whether the child's rejection of a parent is based on the behaviors of a parent that alienate a child [n1] from the other parent or on the behaviors of the rejected parent that realistically estrange a child from that same parent. As described elsewhere (Kelly & Johnston, 2001 [this issue]), the child's rejection of a parent is often the result of many factors, including the behaviors of each parent; high conflict between the parents; and the influence of the adversarial process, attorneys, and therapists that envelop and affect the family in the postseparation context.

This article provides principles for conceptualizing and implementing interventions in these cases, followed by interventions specific to early and interim management, evaluation, and postdecree court-ordered management and treatment.

## PRINCIPLES THAT GUIDE INTERVENTIONS IN CHILD ALIENATION CASES

### CONTINUITY IN CASE MANAGEMENT

The interpersonal alignments and polarized negative views that are present in these cases are powerful forces that may lead to the termination not only of parent-child relationships but also of relationships among extended family, therapists, attorneys, and family court personnel. Individuals often become aligned with one of the parents and are quickly rejected by the parent who perceives them as disagreeing with their views. Thus, it is essential in these high-conflict cases that the **legal** and mental health professionals have their roles delineated and protected as part of an explicit court appointment, ensuring the continuity so essential to effective interventions.

**[*300]** *Judicial officers*. One judge should be assigned to these cases as they enter the court process (direct calendering). This ensures continuity in decision making about early intervention, assessment, and later interventions, including treatment. As information emerges that clarifies what factors are contributing to the child's alienation, the benefits of having the same judicial officer manage the case are enormous. After the case completes the normal family court process--including, if necessary, trial--the judicial case management function can be delegated to a mediator or arbitrator, if sufficient resources are available (Baris et al., 2001; Lee, 1995; Sullivan, 1998).

*Custody evaluators*. Evaluators can help to ensure continuity of the professionals who will be working with the family. They can do this by recommending the specific types of interventions that are needed, protocols for selecting professionals, and the conditions under which professionals can be terminated from the case. To ensure a smooth transition between evaluation and treatment phases, the evaluator needs to communicate his or her findings directly to the professionals who will be intervening with the family. He or she needs to make specific recommendations for how treating professionals should consult and coordinate with one another on an ongoing basis. Without such precautions, it is likely that the alienation processes will undermine the work of the professionals as interventions proceed.

### CONTINUITY OF CONTACT BETWEEN THE CHILD AND THE REJECTED PARENT, AND TIMELY DECISION MAKING

There should be a presumption that parent-child contact will continue (or be initiated) if alienation of a child is suspected. When there is no access between the child and rejected parent, the child's resistance to visit often becomes more entrenched. Delays in court hearings and deferred judicial decisions contribute greatly to the problem. Aligned parents often intensify their efforts to obstruct and undermine contact with the rejected parent as the case enters family court. It is also common that the alienated child will more vociferously voice their hatred and opposition to any visitation while the case is under investigation. This heightened resistance should not determine the decision about whether contact should occur. In many cases, despite initial vehement opposition to visiting, the child then has a benign or positive experience of visiting with the rejected parent.

Besides the benefit of protecting the relationship, however precarious, between a rejected parent and child, such visits, even if monitored, provide useful data about many factors: (a) the aligned parent's attitudes and behaviors, for example, Do they encourage and support the visits, or do they use a variety of tactics to obstruct or undermine access, including being late or failing to show up for scheduled visits or bringing the child tired or hungry?; (b) the child's response to the visits, for example, Do they protest? Do they become more comfortable as the visit proceeds? Do they negatively distort the experience of the visit?; and (c) the behaviors of the rejected parent, for example, What are their parenting sensitivities and behaviors? How do they handle the child's rejection?

### BOTH PARENTS ARE RESPONSIBLE FOR THE RESOLUTION OF CHILD ALIENATION

When a child is alienated, the focus, and burden for progress, most often is placed on the rejected parent or on the relationship between the rejected parent and the child. The negative impact of such well-meaning interventions can be overt, for example, subjecting alienated **[*301]** parents to the humiliation of having restricted visits with their child in a supervised visitation setting, or it may be subtle, for example, mandating or allowing rejected parents to pay all the costs of supervised visitation or reunification therapy. Aligned parents' roles in the problem and their need to have equal responsibility for active support of a resolution to the problem most often is ignored. A clear mandate for support, with a threat of court sanctions if alienating behavior persists, is essential to the intervention process. These sanctions may include financial payments or enforcement of an order that the aligned parent's primary **legal** or physical custody is conditional on supporting therapy and facilitating reasonable access.

Similarly, extended family and professionals may support and consolidate the alienation. For example, it is not unusual that children's therapists fuel the alienation through involvement with only the aligned parent, through inappropriate advocacy to the court, or by reinforcing negative distortions in the child (Lund, 1995). The custody evaluator should address the effectiveness and appropriateness of all therapists' work in the custody recommendations and interventions.

### CLEAR, DETAILED, AND ENFORCEABLE ORDERS

The contact between a rejected parent and child must be court ordered, with very clear parameters specifying how, when, and where visits occur. Ambiguous orders with insufficient detail provide fertile ground for conflict and acting out, thereby undermining and sabotaging well-intentioned interventions. The alienated child and the aligned parent should not have discretion about whether visits occur. The goal, however, is to set up a feasible arrangement, one that the child can tolerate. The child can be invited to share what activities would make the contact more acceptable, with the underlying premise that the visit will occur. Once the contact is clearly determined, more proactive management of visits can occur, anticipating that there will be undermining of them and challenge and opposition to them.

Regardless of the temporary physical custody structure, both parents should have the **legal** authority to share important decisions in their child's life. In alienation cases, rejected parents not only have often had their physical contact obstructed, but they have effectively lost their **legal** custody rights as well. Early court orders can be provided that mandate information sharing and shared decision making. An appropriate burden can be placed on aligned parents to inform rejected parents of important education, health, and social domains. Specific orders should prohibit aligned parents from making any unilateral decisions regarding children's health care (especially therapy), education, travel, and formally scheduled extracurricular activities (sports, music, scouting, etc.) that would interfere with the other parent's scheduled times with the child.

## MANAGE, MINIMIZE, AND AVOID CONFLICT

Interparental conflict polarizes parental positions and strengthens children's solidarity with the aligned parent (Johnston & Campbell, 1988). Children commonly interpret conflict as caused by the rejected parent and as abusive and victimizing of the aligned parent (and by extension, the child). This distortion occurs despite the reality of the dynamics of the conflict. Conflict can be best managed initially through structures in the court order that disengage the parents. Such orders can include transitions that do not involve face-to-face contact, automatic default arrangements such as which parent selects the first vacation period each year, how holidays alternate, alternating attendance at child activities, and so on, and by having **[*302]** a mediation or arbitration process established to resolve disputes in an efficient and timely manner as soon as they arise.

## MONITOR COURT ORDERS CLOSELY TO ASSURE COMPLIANCE AND TO ADDRESS VIOLATIONS IMMEDIATELY

The authority of the court and court-ordered professionals will be weakened in the eyes of the child and aligned parent if visits and other mandates of the court are ignored or sabotaged. It is important to anticipate a variety of tactics employed to undermine orders, ranging from exploiting the ambiguity and gray areas in court orders to flagrant violation of orders to prevent visitation or therapy designed to promote contact. It is crucial that enforceable orders and monitoring systems be linked to the authority of the court so that violations are quickly and effectively addressed.

## PHASES OF CASE MANAGEMENT IN ALIENATION CASES

## INITIAL AND PREVENTIVE INTERVENTIONS

The court can promote safe parent-child contact with a rejected parent while an evaluative process is undertaken through effective early and potentially preventive interventions. Sometimes, these firm but less intrusive initial interventions actually resolve the impasses that led the child to reject the parent. In any case, the outcome of these interventions provides useful information to evaluators and decision makers as the case proceeds. Considerable discretion to try a number of approaches to solve the immediate problems and remove concrete barriers to child access can be given on an interim basis to a family court service counselor or private therapist well versed in handling these cases.

The court can mandate therapeutically expedited contact sessions that initiate or maintain access between the rejected parent and the child in a safe, observant framework. This 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* reinforce the allegations of dangerousness made against the rejected parent, unlike more neutral terms such as *access facilitator*. The framing of this work must achieve a delicate holding of the family members such that all are reassured that they will be protected: the rejected parent from false allegations, the alienating parent from dismissal of legitimate concerns, and the child from any harm. Ideally, these interventions begin by establishing contact in a facilitated session between rejected parent and child, and negotiate a step-wise expansion of visits as appropriate until the visits are independent of the sessions.

Two or three sessions with the family can address several common issues in milder cases of child alienation that may quickly lead to appropriate child access. Providing a safe, neutral place with a supportive, experienced person to facilitate the child's transition between parents can regulate access, monitor the behavior of parents and child alike, and provide ways to make visits less stressful and more manageable for the child and parents alike.

Early court orders can address another common problem, that of repeated intrusion into rejected parents' visits by custodial parents that block any change in the parent-child relationship and create anxiety in the child. As a rule, there should be no telephone contact with the aligned parent during brief visits and limited contact during longer visits. With younger **[*303]** children, this can be mandated and effective; older children may initiate calls, despite prohibitions, and if so, this should be discussed in the therapeutic contact sessions.

Initially, these facilitated visits can be quite challenging for rejected parents if children engage in provocative behaviors, including sullen opposition to any engagement or angry attacks on the rejected parent and strident opposition to the visit. Some coaching and psychoeducation about handling difficult behaviors can assist rejected parents and children to move beyond this testing phase (see Johnston, Walters, & Friedlander, 2001 [this issue]). Similarly, these early sessions can be used to discuss any critical incidents involving perceived or real problematic conduct on the part of the rejected parent that are given as reason for refusal to visit.

The access facilitator should be appointed by the court and expected to provide documentation and feedback to the court (or evaluator, if the case is proceeding to a custody evaluation). Although the nonconfidentiality of this structure has some negative aspects, the accountability for both parents that occurs when they know that their conduct will be reported to the court directly (or indirectly, through an evaluator) provides significant strategic leverage. In addition, the observations of access facilitators as they attempt to intervene in the family system are invaluable to the evaluator in making recommendations about child custody issues for the court.

Another role of initial interventions by a judge, family court counselor, or private therapist is a triage function. When child alienation cases are processed as more routine custody disputes, with little active intervention as they enter the family court process, the risk of serious harm to the child is considerable. If allegations of child abuse that reach the threshold of mandatory reportability are presented, the case should be referred to Child Protective Services for immediate assessment of the validity of those allegations. If they are considered unfounded, alienation may be occurring. Another objective of this initial triaging is to assess what types of professional assistance the family needs, what resources are available in the community, and whether the family or court has sufficient economic resources available for such help. Recommendations for assistance that are not cognizant of economic realities do not serve families' interests, unless family court staff are knowledgeable and available to intervene and/or low-fee community resources with knowledgeable staff are available. When there are sufficient resources, aligned parents are often resistant to devoting any resources to assist the relationship between their children and the rejected parents.

If professional interventions are recommended, a court-ordered role such as parenting coordinator, special master, or facilitated access therapist can be effective if put in place early. For example, the family might stipulate to a time-limited special master while an evaluation is going on, with limited powers to expedite contact and coordinate among individuals, including professionals. It is not helpful to have too many professionals involved before a comprehensive evaluation has been completed. Without a unifying formulation for professionals to coordinate their interventions, the risk of polarization is substantial. Finally, a child should *never* be taken to a therapist on the request of only one parent. An initial order should specify that both parents must stipulate or obtain a court order to initiate contact between a child and therapist.

> *Sample court order:* Neither parent will unilaterally initiate or terminate any mental health evaluation or treatment for the children. The parents shall have the special master assist in the selection of any mental health professional who works with the children. Any information regarding the children from that treatment shall be made available to both parents. Both parents will respect **[*304]** the confidentiality of child therapy and will contact the other parent to transport the children to their appointments in the event that they are unable to. The parents will optimize insurance benefits and share the uninsured cost of any treatment.

Based on the case management principles articulated above and the initial and preventive interventions described, the child's alienation may be resolved or ameliorated. They are the most cost-effective interventions to implement in both time and expense on a short- and long-term basis. But even if there is no resultant change in the family system, these interventions are essential for further interim case management in all cases as the case proceeds through evaluation and court processes.

## CASE MANAGEMENT OF THE EVALUATION PROCESS

Case management during an evaluation process should normally be provided by the judicial officer or his or her designee to assure timeliness, comprehensive scope, and appropriate carryover on interventions that follow evaluation (Lee & Olesen, 2001 [this issue]). The following guidelines for case management address these issues.

First, assessments or evaluations should only be done by a court-ordered neutral evaluator, who has clear authority and directives from the court. Two experts, hired by each parent, normally further polarize the case.

Second, timeliness is critical when a child is alienated. The appointment of the evaluator should include specific timelines for completion. Evaluations that take longer than 6 to 8 weeks and court procedures that delay processing the evaluation once the report is complete allow for further entrenchment of a child's alienation.

Third, case management should assure continuity in the transition from evaluation to any further intervention. Court processes that follow evaluation (settlement conferences, further litigation, and trial) often reduce or change the evaluator's recommendations and therefore the effectiveness of the interventions that follow. At a minimum, the full report should be read by all professionals who will be involved in interventions. Ideally, the evaluator should be directly involved in selecting and initially consulting with any **legal** or mental health professionals or intervention teams, and court orders can increase the likelihood of this occurring.

> *Sample court order:* The (family member) shall engage in therapy with a licensed therapist to be selected with the approval of the evaluator. The mother or father will provide a list of names covered under existing insurance as soon as possible to the evaluator. The evaluator will review this list and provide three names (not necessarily names on the father's or mother's list) to the parent, who will select and engage in therapy within 2 weeks of notification of these potential therapists. If the father or mother terminates therapy without consent of the therapist, that therapist will provide notice of the termination immediately to family court.
> *Sample court order:* The parents shall be involved in coparenting counseling twice monthly or as necessary to help with information flow, decision making, and the practical and logistical issues of sharing custody. They will contact and rank their three preferences for a coparenting counselor and send their list to the evaluator, who will use both rankings to select this counselor. Upon notification of the selection, they will arrange an initial appointment within 2 weeks.
> *Sample court order:* The parents agree to the following conditions for these therapeutic interventions: (a) that the evaluator will consult with each therapist to orient them to the case and the goals of treatment, prior to the onset of treatment, and (b) that the (named therapists) will form a treatment team, consulting with each other and the evaluator and coordinating their efforts; the **[*305]** parents agree to sign any releases and pay fees necessary for face-to-face or telephone consultation between the parent's therapists and the coparent counselor.

Fourth, these cases benefit from periodic brief reevaluations to determine if changes in custody and access arrangements are warranted and to evaluate the progress and work of the professionals involved. The parent who is most disappointed by the initial evaluation will predictably object to the same evaluator providing reevaluation, so court orders at the initiation of the case are helpful to assure that the involvement of the same evaluator is safeguarded. If this is not possible, the first evaluator's work should be fully available to the next evaluator.

## CASE MANAGEMENT AFTER EVALUATION AND JUDICIAL DECISION MAKING

Judicial decision making and court orders at the completion of evaluation are rarely the end of the family court involvement in alienation cases (Baris et al., 2001; Garrity & Barris, 1994; Johnston & Roseby, 1997). Both structural interventions (orders about timeshare, transitions, communication, other coparenting structures, and enforcement) and therapeutic interventions (appropriate individual and conjoint modalities) are usually needed, and court review may be necessary to ensure implementation.

### Access Arrangements and Transitions

Orders that clearly define access arrangements remove some of the precariousness and unpredictability of the custody situation that enables aligned parents to undermine rejected parents' relationships with their children. Fear of loss of custody and associated economic anxieties can be addressed by a clear order about the timeshare and be quite reassuring to the aligned parent. For rejected parents, clearly specifying the expected time with their children establishes and legitimizes their parental rights. Noncustodial parents who are being rejected need to understand that custody decisions cannot be used to punish the aligned parent for his/her behavior. Instead, the goal is to structure, support, and enforce a custody and access arrangement that will best meet the child's developmental needs. Parents should not have any discretion to change the access arrangement.

Special guidelines for access include the following: First, gradually increase the amount of time with rejected parents if the timeshare has been quite limited. These expansions should not be determined by therapists working with family members, as this dual role may undermine their work. Using evaluators' recommendations or judicial decisions, the court should structure these increases. Expectations about a more permanent access schedule should be provided, as well as a specific plan for when the increases take place. Such court orders are quite helpful to family members and professionals alike, as they focus on implementing the parenting plan, rather than determining whether or when the access will increase.

Second, provide longer blocks of time with the rejected parent, sometimes more than what is normally recommended for children of that age. Single days or weekend visits often do not provide sufficient time for rejected parents and children to have a productive experience free of the influence of aligned parents. Children most often arrive emotionally shut down and suspicious and generally become more guarded and hostile as they anticipate going back to aligned parents at the end of the visit. Making use of

extended times in the summer **[*306]** or holidays can provide the necessary duration of time to repair and build a relationship free of destructive influence.

*Plan for establishing alternate weekend visitation*. The child will immediately (provide date) begin visiting the parent on alternate Sundays from 10 a.m. to 6 p.m. This schedule will increase to weekly Saturday and Sunday visits from 10:00 a.m. to 6:00 p.m., beginning on the fourth 2-week cycle. A Saturday overnight will be added following two additional weekly visits, to increase visits from 10:00 a.m. Saturday to 6:00 p.m. Sunday. Alternate weekends will commence after the 2nd Saturday overnight. They will begin on Fridays at 6:00 p.m. or upon pick-up from school or after school activities and end on Monday morning with drop off at school or day care.

*Blocking intrusions from the aligned parent*. A common behavior of aligned parents is to contact their children frequently (sometimes a dozen or more times a day) or to instruct their children to call them regularly during their visit. The impact of this contact is severely undermining of rejected parents' attempts to restore a normal relationship with their children. Court orders may contain explicit regulation of such contact, and the perceived need for the frequent calls and the negative impact on treatment goals should be a focus of the therapeutic work. For example, the court order might begin with a strict limitation on, and specification of, time and length of calls, with progressive elimination of contact. During brief visits, phone calls may be prohibited from the start.

*Blocking aligned parents' ability to unreasonably obstruct scheduled visits*. Orders can require physician documentation of a child's illness that would interfere with scheduled visits. Other requests to change a visit due to a special circumstance can be made contingent on immediate make-up provisions. In addition to providing rejected parents with explicit permission in the court order to be involved in the child's extracurricular activities, injunctions can also prevent the aligned parent from scheduling alternative activities such that children must choose between a favored activity and visits with the rejected, noncustodial parent.

*Avoid face-to-face transitions between parents*. The use of neutral, conflict-free settings, such as school or day care, are ideal as they include a buffer of several hours when a child has not seen either parent. Extended family, friends, or caregivers who are more neutral and have a good relationship with the child can also be used. Aside from the benefits to children, these contexts provide more neutral adult observation of the transition and provide useful data about the conduct of parents and children. Unsubstantiated charges of lateness, abuse, or hostility thus do not have fertile ground to fuel more conflict. Sometimes, a therapeutic setting is necessary for the transition between parents until the child's resistance decreases.

If transitions must occur at either parent's residence, specific behavioral protocols to assure disengagement and facilitate enforcement, if violations occur, can build a predictable, nonstressful transition in many cases.

> *Sample court order:* Transitions at the parent's residence. Transitions shall take place curbside, with the following guidelines: The parent will arrive no earlier and no later than 15 minutes of the specified time. The receiving parent shall ring the doorbell (or call on a cell phone) on arrival and then move back to the curbside. The other parent shall have the child ready and say good-bye inside the house, sending her alone to the curbside. There shall be no interaction between the parents or with any other individuals present. The transition, from the receiving parent's announcement of arrival shall take no longer than 2 minutes.

**[*307]** A common tactic used by aligned parents is to request that law enforcement be present for transitions, alleging that there is some potential harm if a residential exchange is necessary. The use of law enforcement officers in these cases is strongly discouraged, and other means to appropriately handle legitimate concerns about violence can be used. Police presence exacerbates children's anxieties during transitions, alienating them further from rejected parents who are viewed as the reason for such precautions.

*Information exchange and decision making*. It is important to establish protocols for joint involvement in decision making to reinforce rejected parents' rights as equal **legal** custodians, whether or not visits are occurring. Besides legitimizing the role of rejected parents, the following sample orders address aligned parents' attempts to undermine and exclude rejected parents from meaningful involvement in their children's lives. The unwillingness of an aligned parent to share information and decision making may be grounds for the court to take these rights away. Conversely, the inability of rejected parents to responsibly participate in these parental domains, even with structure and support, may validate some concerns of the residential parent. In this case, rejected parents' **legal** custody rights may need to be restricted as well.

> *Sample court order:* Whenever a parent has received information regarding the children--for example, academic progress reports, announcements of parent-teacher conferences, notices regarding extracurricular or sports activities, medical and dental reports, and so on--that parent shall provide a copy of the material to the other parent. It should be sent in a timely manner, particularly if it is time sensitive. If a parent receives an invitation for a child's party, that parent shall immediately inform the other parent of this if the child will be in the other parent's care and ask that parent to follow up with acknowledging and ensuring the child's attendance at the party.

*Sample court order:* Unless otherwise agreed in advance, neither parent shall arrange for activities with or for the children when such activities would occur during the other parent's custodial period or necessitate any involvement of that parent. Any activities mutually agreed on shall be equally shared in involvement and cost.
*Sample court order:* The child's **legal** name (specify) shall be used in all purposes and settings, including school, health, and other **legal** situations.

*Communication between parents*. Protocols that encourage safe, written interparental communication and provide for parental disengagement (the parents do not see or talk to each other) as well as accountability (i.e., a written document is part of every communication) are very important.

*Sample court order:* The parents shall use a logbook to communicate child-related information between them that will transition with the child between households. Notes from the parents should be child-focused and businesslike, with no personal attacks or editorial comments, and should be prefaced with "FYI: for your information, no response needed" or "response requested." If a response is requested, the receiving parent should respond in a timely manner, even if it to say they need more time. If there is no response in 7 days of receipt of the note or by the timeframe requested, the parent requesting a reply can make the decision or take the action they desire. Types of information that should be shared include health information (status of illness, medications given), school and extracurricular activity information (changes in schedule, upcoming events), and documents sent (reports from school or others should be listed in the logbook). Incidents that happened to the children should be noted to help the other parent process such occurrences with the child. Please use the logbook in the spirit of having a functional channel of communication between both of you.
**[*308]** *Sample court order:* Communication between parents. The parents shall use e-mail or fax when communicating with each other. Communication shall be only with regard to the children and shall not include personal comments or criticism. The communication shall carry essential information about school, health care, and activities in a businesslike manner. Any coparenting issues shall be reserved for the coparenting sessions with Dr. Smith. Time-sensitive or emergency matters can be communicated by telephone. The children should not be used to communicate between the parents.

*Relationships with third parties*. Teachers, school administrators, clergy, child care providers, health care professionals, and others often become used and embroiled in parental conflict. Some become strongly aligned with particular parents and increase children's alienation from the other parent. Court orders can prevent or diminish these problems.

*Sample court order:* Neither parent shall schedule nonemergency health care without the knowledge and consent of the other parent. The parent who takes the child to routine health care appointments or care of illnesses should inform the other parent immediately after such contact. The parents should share their involvement in the child's health care, alternating appointments, whenever possible. In case of emergencies, either parent can seek emergency care but will contact the other parent as soon as reasonably possible to inform them of such care.

*Support of therapeutic interventions*. Protocols that provide expectations for the establishment and working relationship with professionals involved with the family are essential to encourage and monitor compliance with these interventions.

*Sample court order:* Counseling for a minor child. The parents will initiate counseling for the child as soon as possible by following this procedure: (a) Mother will check her insurance for reimbursement and possible preferred provider and will inform Dr. Smith of these providers for his referral suggestions; (b) Dr. Smith will provide a list of three providers for the parents to review and investigate independently; they will rank order the list and provide it to Dr. Smith and may veto one name on the list; and (c) once assigned by Dr. Smith, both parents agree to be involved in the counseling in an appropriate, shared manner, alternating taking the child to appointments and following the directives of the counselor. They will share equally the uninsured costs of that therapy. They will sign a release of information for Dr. Smith and the therapist to consult as needed.

*Sanctions and enforcement of court orders*. Detailed, complete, written guidelines, dealing with all of the business that coparenting needs to accomplish, together with a coparenting mediation and/or arbitration, can greatly reduce the destructive effects of chronically high levels of conflict and preempt the need for sanctions. Initially, the parents must be disengaged from each other to diminish conflict. Vague, limited, and ambiguous orders quickly become exploited by parents to create conflict or mishaps. These can be interpreted to the child by the aligned parent as another example of the ineptness or dangerousness of the rejected parent. Work toward more functional engagement can proceed slowly, assisted by coparenting counseling with the parents.

Despite the court's efforts to provide considerable structure for children's custody and access arrangements and guidelines about coparenting issues, it is often the case that one or both parents violate the court orders. Permitting violations to occur are quite problematic as they tend to embolden the aligned parent to further obstruct and undermine efforts to help the alienated child and also

promote retaliation from the rejected parent who may be adhering to the orders. Most important, violations tend to undermine the authority of the court and whoever **[*309]** is attempting to manage the case. There are problematic downsides to the use of sanctions, which should be considered in determining how to deal with infractions. Administering sanctions tends to promote parents tattling on each other to even the score, turning the case manager into a referee. Sanctions often can take too long to levy and be too punitive and heavy handed. Sanctions can further alienate a child by making a martyr out of the alienating parent and damaging the relationships with the sanctioner who is viewed as taking sides. Most important, sanctions that involve the child or custody (sometimes as extreme as hospitalization or incarceration) are rarely based on the best interests of the child.

Sanctions are more effective when proactive, with specific consequences for violations written into the order. This strategy helps depersonalize the role of the sanctioner, who is simply upholding the agreements or orders that govern the parent's custody arrangement. This helps the case manager maintain the working alliance with both parents so essential to long-term effectiveness. Consequences that are proportionate to the violation are also important. Examples such as having to transport the child more than the agreement dictates for violations involving transitions; providing additional make-up time for obstructing the scheduled visitation; levying financial sanctions, including paying the cost of investigating and ruling on the violation; or paying more than a parent's fair share for therapeutic interventions may be effective.

The following suggestions can be incorporated into court orders: First, provide up-front written sanctions for violations of specific orders. One can usually obtain parental agreement for how violations of orders or agreements they make shall be handled. These sanctions can simply be the last clause in a particular provision of the order, for example, "Failure to . . . will result in. . . ."

Second, provide language for consequences of arriving late to exchange a child. Parents will often agree to adding the following type of consequences: "If a parent fails to comply with the provisions of the order, they shall be responsible for the child's transportation for the next four round trips." This type of provision requires a monitoring process to rule on any alleged violation and impose the sanction as stipulated to by the parents.

Third, use professionals with particular expertise in child-related areas to resolve hotly disputed issues between parents in those domains. Protocols can be developed for how the issue is referred to that professional, what data are needed and presented, and how findings are provided. Examples of such experts are educational experts (for school placement issues) and health professionals (for medical, dental, orthodontic, or mental health issues).

## THERAPEUTIC INTERVENTIONS

Therapeutic interventions must be backed by court authority, either through the family court judicial officer or a designated, court-appointed professional. Any professional serving in a quasi-judicial role must have sufficient training to develop a comprehensive understanding of the case dynamics (in consultation with the evaluator), the time and availability for intensive case management, and the authority to monitor and enforce compliance with the intervention plan and make adjustments to the residential access arrangement as appropriate. These three components--understanding, availability, and authority--are essential to supporting any therapeutic intervention. They can be combined into one role or, when economically feasible if sufficient professional assistance is available, can be provided by a collaborative team. Any therapist working with the child or family members, however, should not be expected or empowered to make recommendations or binding decisions for the family.

## [*310] GENERAL PRINCIPLES OF COLLABORATIVE TEAM FUNCTIONING

When a child alienation case has more than one professional involved in therapeutic interventions, attention to the team's structure and functioning is especially important, because the polarities, distortions, and attempts to divide these professionals are quite strong. The following important considerations for effective team functioning should be addressed in each case.

*Confidentiality*. Confidentiality in therapeutic relationships with family members creates partial perspectives, which makes the therapy more susceptible to the distortions, splitting, and polarization noted above. Furthermore, a closed therapeutic process with an aligned or rejected parent can serve to validate and reinforce destructive distortions. Informed consent contracts that begin the treatment by waiving aspects of confidentiality are essential to treatment progressing. Opening up specific information from the therapeutic process relevant to parenting and coparenting issues is a powerful mechanism that increases the productive collaboration of a professional team. Such limited confidentiality agreements may come under scrutiny in litigation, and their adherence to professional ethical codes have not been tested.

> *Sample court order:* Both parents will be engaged in individual therapy for the next 12 months and shall sign any release of confidentiality forms to permit the special master and the parents' therapists to consult about those aspects of therapy relevant to parenting and coparenting issues. The therapists and special master shall work as a team and, with notice to the parents, shall meet together when necessary to assist parents in decreasing their conflict and to develop effective parenting and coparenting behaviors. The parents agree to share the cost of meetings or telephone conferences between therapists that are considered necessary to address the needs of the family.

*Hierarchy and roles*. Each team member needs to understand and conduct themselves according to their agreed-on role in the family intervention, including their relationship to other team members, their client(s), and the **legal** process. The designated team leader generally helps to resolve disputes among team members and to communicate with the court. To protect their therapeutic alliance with a family member, therapists should not take on the responsibility for decision making about parenting schedules or other coparenting issues. However, their input and views can be communicated, preferably confidentially, to the decision maker, who takes responsibility for decisions and works diligently to protect therapeutic relationships.

The following court order defines the relationship of a special master, coparent counselor, attorneys, and other professionals involved in postadjudication interventions.

> *Sample court order:* Child custody issues shall be handled in the following manner: (a) The parents will initially meet twice monthly with the coparent counselor to discuss issues that have come up. They will attempt to resolve disputed issues in this setting, strongly considering the consultation of the counselor. If issues are resolved, the counselor will document the details to the parents in a follow-up letter and will forward the approved letter to the special master or judge. Any remaining disputed issues will be referred to the special master (arbitrator), who will schedule a telephone conference or meeting to resolve each issue. (b) Child-related disputes will not be formalized by attorneys in letters or filed motions until the parents have followed the above protocol. Parents can use their attorney for consultation at any time. If decisions made by the special master are objected to, the parents can then involve their attorneys in a more formal manner. (c) Professionals involved with the children (teachers, physicians, coaches, dentists or orthodontists, **[*311]** and therapists) shall not be engaged in disputes by the parents. Letters shall not be requested of them, nor shall requests be made that they take a position on disputed issues. If one or both parents want the special master to consult with existing professionals or enlist the consultation of a new professional to help resolve a dispute, this will be done collaboratively.

*Communication*. A clear understanding about how team members will communicate consistent with court orders and confidentiality agreements is necessary. Questions to be addressed are whether professionals can communicate with each other over the phone, whether they can meet periodically in case conferences, the extent of documentation, and the responsibility for payment, and whether family members contact their team professionals by telephone, contact them exclusively in writing with a copy to others, or raise issues only in scheduled sessions.

*Keeping on track*. Effective team functioning in child alienation cases requires defining, updating, and reaching consensus in clinical goals; having periodic case conferences; documenting each professional's continuing role; and ensuring that treatment is as cost-effective as possible. Differences in positions regarding the case conceptualization, clinical goals, or specific roles must be resolved through case conferences and ultimately by the judicial decision maker. This may include not allowing a parent to fire a therapist or terminate a team professional if they are fueling the dynamics that support the child's alienation. If the professional has a strong working alignment with a parent or child in the family, a better course is to help them reformulate their distorted perceptions so that their work with the team may continue. This change in the direction of a therapist's work can have a profound impact on their clients, whereas the fallout from firing a therapist can be a significant setback to the overall therapeutic intervention.

*Linkage to the authority of the court*. Either through direct channels to the judicial officer or delegation to a team leader (special master or coparenting arbitrator), the ability to codify decisions and agreements as court orders is essential. Although the goal is to move the family outside of the **legal** system, it may be necessary at times to have the case return to the judicial officer for review and decision making if the case is not progressing. This can be done more informally if the family court has case management processes available.

## BUILDING A COLLABORATIVE TEAM

The members of a team needed to address relevant family issues can be specified by the evaluator, in consultation with the parents or attorneys. This should include a consideration of what economic resources and skilled professionals are available. Because economic resources often preclude providing the necessary interventions to treat the child's alienation, other approaches may be necessary, such as appointing a publicly funded attorney or guardian *ad lidem* for the child. In cases in which the family's needs far exceed the available professional and economic resources, it may be necessary to state at the outset that the situation may not be adequately addressed, nevertheless indicating the priorities for interventions in terms of orders and professional(s) needed.

It is important to assess the effectiveness of professionals who are currently involved in the case. It should be a serious concern to the court if a child therapist, having never seen a rejected parent (because the child has been brought to therapy by one parent), is advocating for no contact or offering diagnoses of the (unseen) rejected parent. It would be generally **[*312]** impossible for them to establish a working relationship with a rejected parent after having assumed such a biased advocacy stance. Aside from ethical violations probable with this behavior, these therapists may be unwittingly reinforcing the alienation of a child, and their involvement as therapists often needs to be terminated.

The potential roles of collaborative team members are briefly presented in the appendix. Resources may dictate that these multiple roles be filled by a single professional. However, working in this manner creates serious dilemmas that may undermine the work of even the most skilled mental health professional.

**SPECIAL ISSUES IN CHILD ALIENATION**

In some extreme cases, children's alienation from a parent is so chronic, internalized, and entrenched that any intervention is likely to fail (Gardner, 1992; Garrity & Barris, 1994; Johnston & Roseby, 1997). In general, the children are older adolescents, and the cases involve multigenerational family issues, significant personality pathology in the parent(s), and long-standing reinforcement of the alienation in the surrounding family and professional system. The choices in these cases may be limited to structural interventions that effectively designate the custody to one of the parents or neither. They include changing custody to rejected parents temporarily or permanently, working with rejected parents to let go of pursuing contact with the child at least on a temporary basis (see Johnston et al., 2001), and placing the child outside the custody of either parent, for example, in a boarding school. The latter choice is less common but may provide the least detrimental alternative for the adolescent in the long term. There are specific issues to be considered in recommending these alternatives in chronic and severe alienation cases.

*Changing custody to rejected parents*. Changes in custody should not be based solely on the child's alienation but, rather, by those customary factors that would lead to recommending removal from or supervision of contact with residential parents, including the child's alienation. Such parent factors include severe clinical pathology in the residential parent (*Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. [*DSM-IV*] Axis I or II), Munchausen's by proxy (Klajner-Diamond, Wehrspann, & Steinhauer, 1987), and parental neglect and/or abuse. In child alienation cases, this also includes making repeated and unsubstantiated allegations of abuse about the rejected parent, and child abduction. As stated earlier, a pattern of refusal to comply with clearly specified court orders for contact, therapy, and communication with the rejected parent would also constitute 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. In cases in which children are functioning reasonably well in most domains of their life, including school, peer relationships, and their relationships with the aligned parent, a change in custody is not generally recommended. The pathology of these children is circumscribed to their alienation from the rejected parent and may be serving as an adaptive defense for an untenable loyalty conflict.

The psychosocial functioning of the rejected parent often is neglected in a recommendation to change custody. If severe alienation on the part of a custodial parent has been substantiated, it is necessary to consider whether the rejected parent has an adequate capacity to parent. In some cases, changing custody has resulted in an adverse outcome for children because **[*313]** the new custodial parent had very limited abilities to parent. Some parents also encourage the child to reject the former custodial parent in retaliation for what was done to them.

Changing custody cannot be considered the ultimate solution, as there is still a mandate to work with the alienating parent, whose behaviors may sabotage the custody transfer. Furthermore, some children experience a change of custody as an abrupt and wrenching separation from the parent with whom the child had a primary relationship, and work must be focused on the potentially traumatic nature of this situation (Johnston & Roseby, 1997). Where the child has an unhealthy primary attachment to the aligned parent, an interim step of instituting shared physical custody may be necessary in making the transition to custody of the rejected, healthier parent. Also, a change of custody does not resolve the intense anger and acting out (for example, running away or self-destructive acts, including suicide attempts) that the new, still-vilified custodial parent must deal with.

*Helping rejected parents let go of their active pursuit of a relationship*. In chronic and very severe alienation, it is sometimes impossible to help rejected parents restore a viable relationship with their children, despite repeated well-conceived interventions to address the alienation. Some older children simply refuse all contact and all treatment efforts. In such instances, interventions that "punish" the child (and aligned parent) by placing them in criminal facilities are clearly not in their best interest. Even placement of children in mental health facilities is not warranted solely by the existence of alienation. In some of the most entrenched cases, forcing reunification is not indicated and, indeed, is not possible. Alternatively, after exhausting all avenues, including years of litigation, one approach is a carefully crafted therapeutic session with the rejected parent and the child. In this strategic intervention, the rejected parent tells the child that they will no longer fight through **legal** channels to try to restore the relationship, that they love the child and wish they could be together again but see that currently that is not possible for the child. The rejected parent expresses sadness, invites the child to call or write anytime in the future when the child would like to have contact, and withdraws. It is advantageous for the parent to give the child the same message in writing as well as in person.

*Placing the child in a residential setting*. In some extremely entrenched cases, the least detrimental alternative for older children and adolescents may be to find a placement outside the custody of either parent. Criteria for this are as follows: (a) the child, usually an adolescent, is functioning quite poorly; (b) alienation is occurring, either unilaterally by the aligned parent or by both parents in a more shared physical custody; (c) there is intense, chronic conflict between the parents that is damaging the child; (d) the placement

option, usually a boarding school, can provide a positive, conflict-free environment, ideally with some regular therapeutic component; and (e) the array of interventions recommended in this article have been attempted and failed or are not available.

Contrary to what is often asserted by child custody experts and parental alienation advocacy groups (Rand, 1997), there is little empirical research evidence to support any one specific intervention, such as changing custody, in the severe, chronic cases (Ellis, 2000). Furthermore, there is no empirical data that indicates whether entrenched alienation and total permanent rejection of a biological parent has long-term deleterious effects on children's psychological development. Although one can speculate that this aberrant development would adversely affect the child, research is needed to determine the type and extent of impact. Similarly, there is clinical support but no empirical research demonstrating that by **[*314]** letting go of the relationship, the rejected parent and child will at some later time reconcile and restore the relationship. Research investigating the effectiveness of the many interventions and court orders recommended in this article is critical if we are to advance our understanding and refine our work with these families with an alienated child.

**Appendix**

**Potential Roles on Collaborative Teams**

*The Judicial officer*. As indicated earlier, the continuity of a family court judge providing **legal** case management and readily accessible decision making is essential to the success of the case. Having a judge who understands the **legal** history and complexities of an alienation case often prevents a disgruntled parent from initiating endless relitigation.

*The special master or coparenting arbitrator*. This court-appointed role, filled by either an experienced mental health or **legal** professional, is best suited for team leadership. If authorized by the court, the special master can take on numerous functions, including child-specific decision making, case management, further assessment as needed, structural interventions that are legally binding, and immediate conflict resolution through mediation, negotiation, and other settlement strategies.

*The child therapist*. This mental health professional establishes a confidential relationship with the child, focused on the dynamics of the child's alienation. They may see the child individually or, in addition, may do conjoint coparenting counseling with the parents in their treatment (see Johnston et al., 2001).

*The parents' therapists*. If parents have therapists, they must be part of the collaborative team. Although this necessitates some modification of traditional confidentiality (see earlier discussion), having parents' therapists participate in a team conference can be the most potent family intervention in the case. Not surprisingly, the dynamics at the professional level often parallel and reinforce the dynamics at the family level, and until these are explored and resolved (with the team leader acting as systems therapist to the professionals), progress will be limited.

*The coparent counselor*. This professional does not have formal child-related decision-making authority but should document agreements that the parents make in their sessions. The coparent counselor provides a structured forum to begin more constructive parental engagement (see Johnston et al., 2001). The focus with parents includes psychoeducation to build empathy for the child and each other's position, sorting out concerns and addressing legitimate ones, building communication skills and more functional problem solving, and assisting in parental decision making. The counselor can work both conjointly and separately with the parents separately and must be well informed by the existing court orders in the case. It is quite helpful to have mediation training and experience to take on this role.

*The parents' attorneys*. The parents' attorneys, by virtue of their advocacy stance and limited perspectives, may exacerbate alienation processes (see Kelly & Johnston, 2001). Their support of and involvement with the team, through their relationship with the team leader, may be essential to progress. Attorneys often have a strong alliance with their clients that can be a benefit or a liability to clinical goals in alienation cases. Their understanding and involvement with the clinical team is often instrumental in keeping the case from moving repeatedly back into the adversarial system.

*The child's attorney or Guardian ad lidem*. If the child's attorney or Guardian ad lidem has a reasonable understanding of the alienation dynamics and therefore represents the best interests of the child, rather than the expressed wishes of the child, they can be a valuable asset to the team, particularly in representing older children. Their liaison function to the court and the parents' attorneys are particularly advantageous.

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**Legal Topics:**

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**FOOTNOTES:**

n1 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" (Kelly & Johnston, 2001, p. 251). It should be understood that *child* can mean *children.* The dynamics of the sibling subsystem as it relates to alienation is important but is beyond the scope of this article.