

PARENTAL ALIENATION

Issues for Treatment

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**Presentation to
North York General Hospital
Mental Health Grand Rounds**

NYGH, Toronto, January 25, 2013

TOPICS FOR TODAY (if time allows)

- **What is Parental Alienation/**
- **What is “Reconciliation Therapy” or “Directed Therapy”**
- **Structuring Therapy to Enhance Chances of Success**
- **Working with the Targeted Parent (“TP”)**
- **Working with the Aligned Parent (“AP”)**

What is Parental Alienation

What is Parental Alienation?

- **In the context of a high conflict divorce, a child 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**
- **Resistant to considering other possibilities**
- **Fused mental state with the aligned parent**
- **Loss of past good memories**
- **Loss of relationships with extended family**
- **A pattern of behaviour that conveys to child that they are only of value in meeting the aligned parent's needs and whose behaviour and thought processes are controlled, like a cult, through coercion and manipulation – fits the APA (1998) Guidelines for Psychological Evaluations in Child Protection Matters**

Family System Processes

- **The child becomes triangulated into the inter-parent or marital conflict. One or both parents make the child both a battlefield and a weapon for expressing the marital conflict.**
- **In the Parental Alienation Dynamic the child resolves their triangulation by forming an alliance with one of the parents. If the child tries to maintain a positive relationship with both parents, then emotionally and psychologically the child is going to be ripped apart in the parental or marital conflict as the child tries to maintain relationships with both parents and as the child transitions from one home to the other. So frequently the child will ally with one parent as well as being sort of seduced or coerced into that alliance by that parent. The alliance has as a goal and strategy the exclusion/marginalization of the other parent. In this way the child can escape the inner conflict.**

Dr. Richard Gardner

- PA “is a *general* term that covers any situation in which a child can be alienated from a parent” and can result from various contributing factors such as parental abuse, parental neglect or parental psychopathology
- PAS, on the other hand, “is one subtype of parental alienation. It is the subtype that is caused by a parent systematically programming the children against the other parent who has been a good, loving parent”
- Can fit with Johnston et al (2001) reformulation of the “alienated child” – has some logical flaws

Dr. Gardner's 8 Factors

- PAS consists of eight primary manifestations of symptoms, which may or may not be present in every situation
1. **The child aligns with the alienating parent in a campaign of denigration and hatred against the alienated (also referred to as the “targeted”) parent, with the child making active contributions.**
 2. **Rationalizations for denigrating the alienated parent are often weak, frivolous or absurd.**
 3. **There seems to be no ambivalence in the child's feelings toward the target parent; thus, animosity toward the alienated parent is demonstrably severe.**
 4. **The child states that the decisions to reject the alienated parent are the child's own (referred to as the “Independent Thinker” phenomenon).**

Dr. Gardner's 8 Factors

5. There is an automatic, reflexive support by the child for the alienating parent.
6. The child expresses a guiltless disregard for the feelings of the alienated parent.
7. The child borrows from various subject matter and jargon of the alienating parent. Thus, the child's denigration of the targeted parent has a distinct rehearsed quality.
8. The child's animosity extends to the alienated parent's extended family and friends.

Baker and Darnall (2008) have validated these 8 factors.

- Both false allegations of abuse and virtual allegations of abuse are also generally seen in PAS

Gardner's Three Levels of Alienation

- **Mild**
- **Moderate**
- **Severe**

Not all eight factors will be present in mild to moderate cases. Legal and Psychotherapeutic recommendations will vary

In mild cases, a certain degree of parental programming is evident, yet it won't gravely disrupt visitation between the child and targeted parent.

Gardner's Three Levels of Alienation

- In moderate cases, however, a considerable degree of parental programming is evident and visitations between the child and alienated parent are gravely disrupted. In moderate cases of PAS, the child often experiences difficulties transitioning from one parent's home to another but tends to settle more readily at the alienating parent's home.
- In severe cases of PAS, the child not only fervently abhors the targeted parent but may also make false allegations of abuse against him or her. Gardner added that a child's relationship with the targeted parent may be so detached in serious PAS cases that it is quite difficult to mend.

Politics and “The Controversy”

DSM-IV-TR ICD-11 DSM-V and “Junk Science”

- **Women are victims too:**

- ❖ Mothers;
- ❖ grandmothers;
- ❖ step-mothers;
- ❖ sisters;
- ❖ aunts;
- ❖ cousins;
- ❖ TP friends

Prevalence

- **ABA 12-year study (Clawar and Rivlin, 2001) of 700 divorcing families found in 80% of cases there was some element of parental programming in an effort to implant false and negative ideas about the other parent with the intention of turning the child against that other parent.**
- **Data collected across studies and across theoretical orientations converge on allowing for an estimate of parental alienation between 40% to 80% of divorce cases and children responding by becoming alienated at least 20% of the time. The extent of the alienation in any one case is affected by many factors and, in part, by the child's inherent resilience**

Why Intervene

- **Where the rejected parent is normative, not abusive, it is preferable for children to maintain their ties with their parents and to be aided or indeed compelled to do so if a breach has occurred.**
- **The child learns that hostile, obnoxious behavior is acceptable in relationships and that deceit and manipulation are a normal part of relationships and that relationships, no matter how important, are disposable**
- **The dangers of impaired critical thinking skills and intrusive/enmeshed parenting**
- **Developmental theory, research on formerly alienated children, and clinical reports of successful reconciliations all support this premise and suggest at least 11 reasons why it is important to intervene immediately and deliberately to reverse the course of parental alienation:**

WHY INTERVENE (2)

(1) parental alienation is emotionally abusive (2) parents are not replaceable, (3) children do not have the cognitive maturity required to make the decision to cut off a parent, (4) children's identity development will suffer, (5) their future relationships will be impaired, (6) they do not really want the relationship to end, (7) there will be long-term negative effects, (8) there are barriers to spontaneous reconciliation, (9) there are disadvantages to waiting for spontaneous reconciliation, (10) reconciliation interventions can be successful, and (11) even children who appear to be functioning well may be suffering from the effects of parental alienation

Why Intervene and Why Targeted Parents Should Never Give Up

- **Deep down the child is terrified of losing the rejected parent**
- **The child doing the rejecting will experience loss and rejection if the parent gives up – self-worth requires that the parent been seen to be trying to connect**
- **With help, there can be an epiphany**
- **Spontaneous reconciliations – no empirical data to suggest you should count on it. After years, the parent and child are strangers to each other, not having shared life experiences.**

Why Intervene

- **Increasing knowledge of the importance of childhood in personality formation**
- **Failure to individuate**
- **Failure to develop reality testing and critical thinking skills**
- **Lack of conflict resolution/relationship maintenance (breach/repair cycle) skills**
- **Amy Baker's research on the impact of the children by the time they become young adults**
 - ❖ Guilt
 - ❖ Low of self-esteem
 - ❖ inter-generational transmission of alienation and divorce
 - ❖ Depression
 - ❖ Substance abuse
 - ❖ Lack of trust
- **Barriers to spontaneous reconciliation**
 - ❖ Can't locate; guilt; fear of anger/rejection; fear of loss of aligned parent; have become strangers

Why Intervene?

- **Emotional Abuse of Children**

- ❖ Spurning
- ❖ Terrorizing
- ❖ Isolating
- ❖ Exploiting/Corrupting
- ❖ Denying Emotional Responsiveness

- **Parents are not replaceable**

- **Children do not have the cognitive maturity to make this choice**

- **Their identity formation will suffer**

- **Formation of healthy Adult relationships will suffer**

CONSIDERATIONS FOR STRUCTURED THERAPY

The Aligned Therapist

- See: *“Is the Child’s Therapist Part of the Problem”*, 37 Fam. L.Q. 241 2003-2004
- Certain assertions by them or on their behalf by AP’s counsel arguably involve a breach of the *Regulated Health Professions Act (Ontario)*. Under that statute, only licensed psychologists, licensed social workers, medical doctors and [pending amendment – licensed practitioners under the *Psychotherapy Act, 2007*] from:
 - “Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis”.

“Light” Therapy vs. “Reconciliation Therapy”

- **Open vs. closed**

- ❖ Privacy laws (such as The Personal Health Information Privacy Act) allow “competent” estranged children to prohibit the sharing of their file with the TP, even though AP gets it

- **Child therapist vs. multi-client**

- **Goal oriented/ Directed therapy: “reconciliation” or else**

- **Timeline after which return to Court**

- **Avoid the “therapeutic alliance” regarding each of therapist/coach for AP and therapist for children**

- **Children told that if they are nice to TP in therapy it will be used against AP in Court – instead they actively try to justify their estrangement**

- **Court-Ordered or not – forcing AP to cooperate**

- ❖ Note that *Healthcare Consent Act / Child and Family Services Act* allow adults and children of 16 years to refuse therapy
- ❖ Court Order re therapy as a condition of custody/access

“Light” therapy vs. “Reconciliation Therapy”

- **Chose the therapist or team carefully – you want people who are not afraid to take a stand**
 - ❖ Wishy-washy or inconsistent statements are not helpful in solving the dynamic
 - ❖ Avoid “individual therapy” and instead chose/specify Strategic/Structural Family Systems Therapy
- **Some early therapeutic input can be useful so long as the case itself is moving inexorably towards trial**
 - ❖ Insight into what the children are saying
 - ❖ Exposes the numerous “complaints” that are outright fabrications or distorted out of all proportion
 - ❖ Creates a fixed “moment in time” snapshot that can help identify PAS if new complaints arise afterwards
 - ❖ Forces the AP to get involved in solving the situation or to expose that they have no interest in actually solving the situation

Structuring Reconciliation Therapy

1. **Multi-party**
2. **Fully-Open**
3. **Goal-oriented**
4. **Time-Limited (6 months)**
5. **Milestones (monthly)**
6. **Active Case Management by a CM Judge**
7. **Everyone on the Same Page Premises**
 - ❖ Mea Culpa; acceptance of TP as safe, loving competent and available
8. **Must have parallel non-therapeutic access**

Judicial Case Management During the Process

- **Ability to convene Case Conferences for Directions and to deal with non-compliance**
- **Finding of Contempt and Suspension of Sentence**
- **\$500 per missed visit with TP or therapist**
- **Order involvement of CAS/CPS**
- **Process to deal with early insights from the reconciliation therapy**

SCHOOLS/TYPES OF THERAPY

- **Play Therapy (Anna Freud)**

- ❖ The “talking cure” – non-directive

- **Behavioural School**

- ❖ consistency, rewarding good behaviour, consequences from this behaviour and tools such as a star-chart-points systems

- ❖ Problem is that TP takes the blame for trying to change the behaviour as the AP does not make “common cause” nor project to the children a “unified front”

- ❖ Children are great at playing one parent off against another

SCHOOLS/TYPES OF THERAPY

- **Structural Family Systems articulated by Salvador Minuchin, talks about the family hierarchy, the structure of the family and how disruptions in the structure of the family leads to the child's behaviour issues.**
- **The relationship dynamics within the family hold the child's symptoms in the place. So the first step in intervening in the Family Systems process from a Structural Family Systems perspective is to unbalance the family system, unbalance these homeostatic relationship patterns to allow change to take place.**
- **Typically, this occurs as the therapist joins with a particular family member, adding the therapist's authority to a particular frame of reference within the family and, in doing so, unbalances the existing relationship patterns within the family.**

Therapeutic Tips and Tools

- **Children need to accept the program and goals**
- **Demand/expect gains in behaviour as issues are resolved**
- **De-personalize the complaints:**
 - ❖ TP as normative; the rest is just issues; issues are solvable if all proceeding in good faith
- **Demand AP join in united front**
- **Challenge the distorted views**
- **Revive critical thinking skills – their own authentic experience contrasting with erroneous views**
- **Reinforce historical attachment**
- **Work with the TP on coping skills and parenting**
- **Reimpose boundaries on AP – child relationship**

CHILD ESTRANGEMENT – SPECIAL POPULATION

- **Requires specialized training and experience under professional standards**
- **Requires abandonment of therapy that appears not to be working when first recognized**
 - ❖ Ask for a return to Court and more remedies/directions
- **Early signs as to whether the therapeutic intervention will work after 1 – 2 months of 1-2 times per week**
- **Must fix the family system within six months or try something new**
- **Must have non-therapeutic access in parallel**

Lessons from Failed Therapy

- **Therapist failed to challenge the stuck family system**
- **Therapist fell prey to narcissistic AP and congruent children presentation**
- **Therapist used wrong approach**
- **No fixed goal/timeline**
- **Therapy Undermined by Aligned parent, by extended family, by children (including text messages)**
- **Lack of supporting Court Order and case management and non-contact Order**
- **Lack of guidance/support for the targeted parent**
- **Failure to understand “normative” parenting/ overly critical of targeted parent. Targeted parent parenting capacity impairments rarely rise to the level of material causes, particularly given the high standard for what is emotional abuse and the wide range of parenting styles that are within acceptable norms**

Lessons From Successful Reintegration

- **The aligned parent is subject to/fears loss of custody/ no contact order**
- **Therapy is Court Ordered and meets the criteria of “reconciliation therapy”**
- **Targeted parent has lots of support and guidance**
- **Aligned parent told that they need to “get with the program” and stop trying to convince everyone how abusive the targeted parent is**
- **Child “protected” from AP passive-aggressive behaviour**

ISSUES TO BE EXPLORED IN THERAPY

▪ **Aligned Parent – Child Relationship:**

❖ Boundary Dissolution

- Enmeshment
- Intrusive Parenting
- Parentification
- Infantilization

❖ Control, Undermining, Reverse Messaging

▪ **Targeted Parent – Child Relationship**

❖ Misatunement

❖ Rigid/harsh parenting

❖ Hurt feelings

❖ Lack of authority and respect

❖ Boundary violations

The Impossible Role of the Targeted Parent

- **Passive/avoidant but short of personality disorder**
- **Ability to communicate empathy?**
- **Avoid counter-hostility and counter-rejection**
- **Don't give up on child but don't pursue too aggressively?**
- **Soften parenting style**
- **How to deal with overwhelming hurt, loss, frustration, fear while shielding feelings from children**
- **Must try to have patience and understanding for the children caught in the middle and empathise with them**

Differential Diagnosis – Final Point

- **Be wary of the risk of assuming that the coincident presentations from aligned parent, step parent and children must be correct. Coincidence does not mean correct, it just means they practice their lines together**
- **Apply the criteria for a differential diagnosis before jumping to conclusions. Even abused children don't present the way deliberately- alienated children do. Abused children are open to reconciliation and are wish for the better relationship they might otherwise have. They are not there to prove a point.**
- **We are asking parents to be at their best, when they are likely to be at their worst: AP – consumed with deep narcissistic injury; TP – PTSD, depression, confusion, hurt, anger, frustration**

Analysis of the Aligned Parent

- **May have aspects of Axis II, Cluster B personality disorders (narcissistic, borderline, histrionic), yet fall short of a PD diagnosis**
- **Need to “control” their “property” (children)**
- **Will appeal, threaten, reject all opposing views**
 - ❖ E.g. Wiggins decision
- **Shared Delusional Disorder, persecutory type**
- **Possible inter-generational transfer of anxiety making them strive to “protect” their child because they were unprotected in their own childhood**
- **Rejection, threat, fear of the divorce process triggers irrational and abusive behaviour**

Analysis of the Aligned Parent – Literature

- **hostile, defensive, lacking insight and projecting blame onto others**
- **do not have the ability to individuate; therefore, they cannot perceive their children as separate entities from themselves. Enmeshment (over-involvement) with their children is common**
- **some alienating parents look to their children for guidance and friendship; many alienators use permissive parenting styles**
- **some parents may alienate a child in an attempt to retaliate against the target parent**
- **have narcissistic traits because they are self-centered and assume to have special entitlement to whatever they want**
- **Other alienating parents tend to reveal psychopathic traits because they lack moral conscience, are unable to tell the truth and think rules are made for persons other than themselves**

Analysis of the Aligned Parent - Tactics

- **Need to maintain control by controlling information flow, phone #, screening calls**
- **Use of passive-aggressive “mind-games”**
- **Parentification and infantilization of the child**
- **Emotional Bully**
- **Exploits the insecure attachment perceived by the child**
- **A “cult-leader”**
- **Step-parents who do not observe appropriate boundaries are part of the problem – become part of a system where the children are informally “adopted” as part of the remarriage**

ALIENATORS ALWAYS MAKE KEY MISTAKES

▪ Logical Flaws in Their Theory of the Case

- ❖ Their allegations would never have lead to a complete rupture in the first place – no child abuse or unsubstantiated
- ❖ Refuse interim family reconciliation therapy yet unilaterally take the child to an “aligned therapist” who then cannot speak with the TP
- ❖ Refuse to engage a parental coordinator with arbitral powers
- ❖ Refuse any interim contact they don't control/supervise; Don't share cell phone numbers, etc.
- ❖ Offer no solution other than that the TP “get therapy and change” but then offer no ability for the TP to demonstrate to the children that they “have changed” or “never needed to change” in the first place
- ❖ Refuse to consider why the children's attitudes don't soften with time
- ❖ Everything is a priority for the children other than reconciliation

Tactics Related to Credibility

- The aligned parent offers no real answer – therapy without living with and experiencing life with the formerly psychologically-bonded parent can't work. They accept no responsibility, over-empower the children and refuse to abide by Court Orders
- Typical “logical traps” used by aligned parents:
 - **TP “won’t listen to the children”** (when all the children are saying is “get out of my life” or just minor complaints)
 - **TP “won’t change”** (without articulating the issue or explaining why it wasn’t an issue before separation or how the TP is supposed to demonstrate change to the children when they don’t see him/her)
 - **I can’t/won’t force them to visit** - They are old enough to decide for themselves
 - The children just need peace and not more therapy

Analysis of the Child – Primary Differential Diagnosis Criteria

- Disproportionate reaction
- Splitting – one good and one bad parent
- Lack of empathy
- Completely inflexible – unable to forgive and move forward
- Restatement of past history
- Name changes
- Step parent triangulation
- Adult issue triangulation
- Use of adult language and concepts, scripted presentation
- Normative attachment but one exception – targeted parent
- Behave differently when witnesses are around – they know their private behaviour is inappropriate
- Gardner's 8 factors

Analysis of the Child – Primary Differential Diagnosis Criteria

- **Behaviors of an Alienated Child, as Compared to a Child Rejecting an Abusive Parent**
 - ❖ Campaign of denigration as opposed to withdrawal and even self-blame
 - ❖ Weak, Frivolous, and Absurd Rationalizations
 - ❖ Lack of Ambivalence About the Alienating Parent
 - ❖ The Independent Thinker Phenomenon
 - ❖ Absence of Guilt About the Treatment of the Targeted Parent
 - ❖ Reflexive Support for the Alienating Parent in Parental Conflict
 - ❖ Presence of Borrowed Scenarios
 - ❖ Rejection of Targeted Parent's Extended Family

What's Going On With the Child?

- **Confusion/distortion**
- **Parentification**
- **Playing one parent against the other – a “race to the bottom” of permissive parenting; confusion re incongruent parenting styles**
- **Over-empowerment/ diminished empathy**
- **Identification with the aggressor**
- **“Defensive Splitting” as a result of the loyalty-bind**
- **Fused mental state with the aligned parent – lack of authentic experience**
- **Impaired reality testing and critical thinking skills**
- **Grasping at the insecure attachment while rejecting the secure attachment because deep down they are hoping that parent will not abandon them due to unconditional love**
- **It is irrelevant that alienated children do well in other areas of life**

What's Going on With the Child?

- Alienated children may have poor reality testing due to PAS because they are programmed to believe things that do not coincide with their observations and experiences. This can produce confusion, feelings of self-doubt, low self-worth, distrust of those who tell them things different from the programmer, and in extreme cases, psychotic breaks with reality
- Splitting in their relationships, clinging and separation anxiety, difficulties in forming intimate relationships, an inability to tolerate anger or hostility in other relationships, conflicts with authority figures, impulse control issues, developing fears and phobias, anxiety and panic attacks, obsessive-compulsive behaviors and a lack of self-confidence and self-esteem. Additionally, PAS children tend to reveal psychosomatic symptoms, depression and suicidal ideation, sleep or eating disorders, psychological vulnerability and dependency, enuresis and encopresis, educational difficulties, damaged sexual identity, drug abuse and self-destructive behaviors, poor peer relationships, excessive guilty feelings and an unhealthy sense of entitlement for one's age that leads to social alienation in general

But the Child Is Doing Well in Other Areas of Life and Is Polite and Compliant and Listens

- **The psychological importation and expression by the child of the Axis I and Axis II psychopathology of the AP would be consistent with the absence of Axis I and Axis II symptom expression by the child in other settings and relationships, since the Axis I and Axis II psychopathology is not indigenous to the child but has, as its source-origin, the AP and is only being imported and expressed by the child relative to the motivational intentions of the alienating parent to inflict suffering on the TP through the child's hostile rejection-abandonment of the TP.**
- **Doing well in school or sports is something the PA child can control and enjoy - it does not mean that they are not being emotionally abused**

Analysis of the Family Dynamic – What Tactics Being Used

- **Badmouthing**
- **Limiting Contact**
- **Interfering with/controlling/supervising Communication**
- **Limiting Mention and Photographs of the Targeted Parent**
- **Withdrawal of Love/Expressions of Anger**
- **Telling Child that the Targeted Parent does not Love Him or Her**
- **Forcing Child to Choose**
- **Creating the Impression that the Targeted Parent is Dangerous**
- **Confiding in the Child**
- **Forcing Child to Reject the Targeted Parent**
- **Asking Child to Spy on Targeted Parent**
- **Asking Child to Keep Secrets from the Targeted Parent**

Analysis of the Family Dynamic – What Tactics Being Used

- **Referring to the Targeted Parent by First Name (and step-parent as mom/dad)**
- **Changing Child's Name to Remove Association with Targeted Parent**
- **Withholding Medical, Social, Academic Information from the Targeted Parent and Keeping Targeted Parent's Name off of Such Records**
- **Cultivating Dependency**
- **False allegations of sexual and/or physical abuse to CAS, Police and others**

Analysis of the Family Dynamic

- Remarriage/Re-partnering is frequently a trigger
- AP and step-parent “adopt” the children as their own in order to cement their own bonds and the TP becomes a threat to that psychological “union”.
- Step-parents who do not observe appropriate boundaries are part of the problem – become part of a system where the children are informally “adopted” as part of the remarriage
- See: *“Remarriage as a trigger of Parental Alienation Syndrome”*, The American Journal of Family Therapy, Vol. 28 pp. 229-241, 2000

Relationship to Cult-Dynamics

- It is generally accepted that an “intervention” is required to save a child from a “cult”, so why not remove the child from the emotional abuse of a PA dynamic?
- **Alienating Parents are Like Cult Leaders**
 - ❖ A Leader Who Requires Excessive Devotion
 - ❖ They Use Emotional Manipulation and Persuasion Techniques to Heighten Dependency
 - ❖ They Benefit at the Expense of the Cult Members
- **The Mentality of a Cult Member**
 - ❖ Devotion to the Leader
 - ❖ Unquestioning Commitment
 - ❖ Black/White Thinking

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