

The background features a central stick figure in brown lines on a light beige background. The figure has a circular head, a vertical torso, and two diagonal legs. Overlaid on this are several thick, wavy, translucent bands in shades of magenta, red, and cyan, creating a dynamic, layered effect.


# **WHEN A CHILD REJECTS A PARENT: CURRENT RESEARCH, CLINICAL ISSUES, AND PERSONAL RISK MITIGATION**

**Houston Psychological Association**

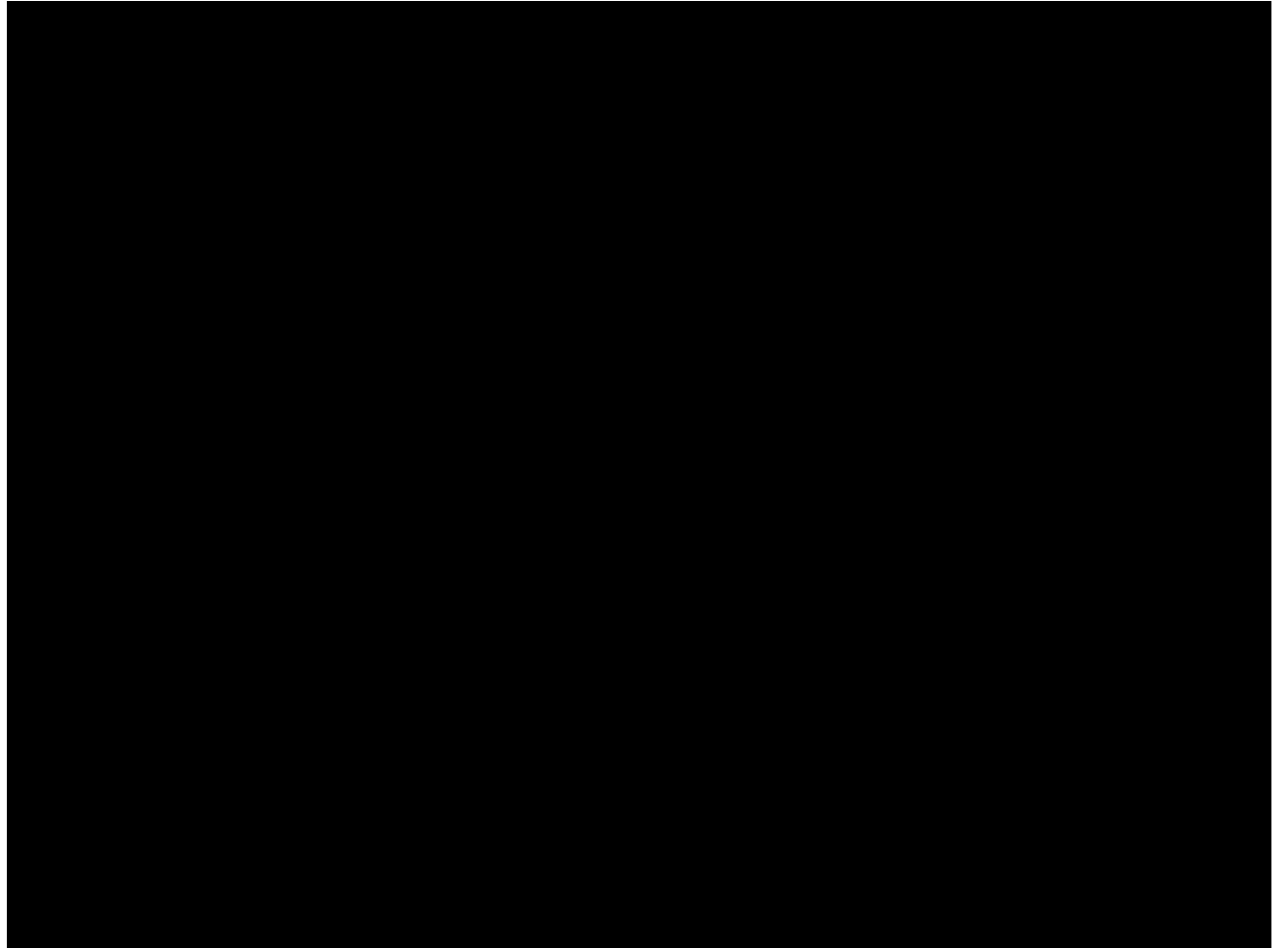
**29 October 2021**

**Mary Alvarez, PhD  
Psychologist**

**Christine Turner, MSW, JD  
Mediator**



How children  
caught  
between high  
conflict  
parents feel:



**Often, the underpinnings of a child refusing, resisting, or rejecting a parent begin within the intact family.**



# WHAT DOES THAT MEAN?



**Parent conflict. Fighting, arguing, infidelity, domestic violence, CPS allegations and investigations. Parents separate, then get back together.**



**Child is affected by parent conflict. One parent is already aligning the child with him/her. The child describes a parent trying to influence him/her against the other parent.**



**One parent has, or is believed to have, a personality disorder; especially borderline, narcissism, or sociopathy.**

**Sometimes, this level of parental conflict in the intact family develops into what is known as parental alienation.**



# Prevalence of Parental Alienation

**22.5 MILLION *UNRECIPROCATING* PARENTS REPORT THAT THEY WERE TARGETS OF ALIENATING BEHAVIORS BY THE OTHER PARENT.**

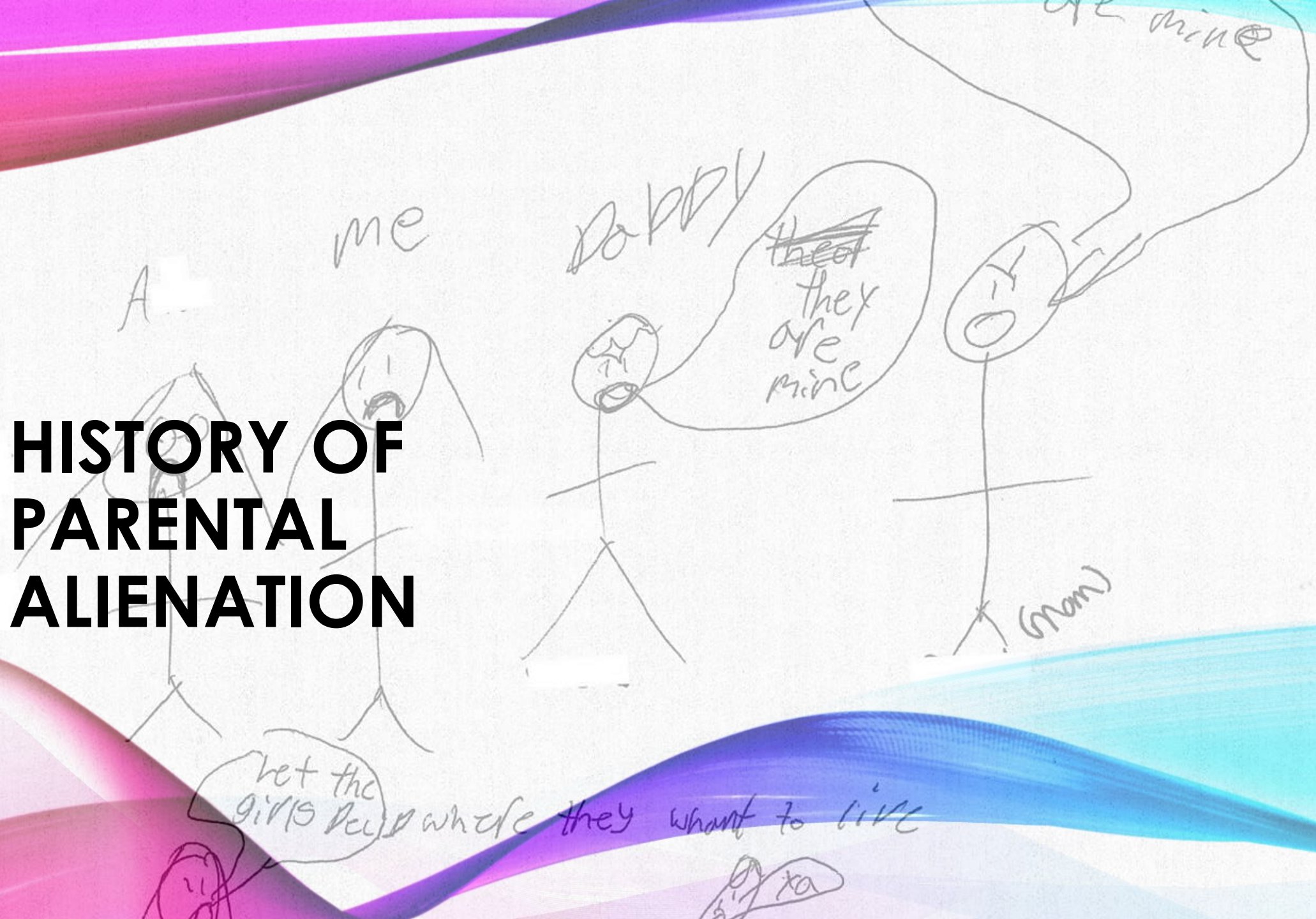
**12.8 MILLION PARENTS FEEL THEY'VE BEEN ALIENATED FROM AT LEAST ONE CHILD.**

**6.7% OF PARENTS FELT THAT THEY WERE MODERATELY TO SEVERELY ALIENATED FROM A CHILD.**

**4 MILLION CHILDREN ARE MODERATELY TO SEVERELY ALIENATED, WHICH IS 1.3% OF THE TOTAL US POPULATION OF CHILDREN.**

**HARMAN ET AL., 2019**

# HISTORY OF PARENTAL ALIENATION



# DEFINITIONS & HISTORY OF PARENTAL ALIENATION

- **Reich (1949)**
  - Wrote about parental alienation from a clinical perspective. Reich wrote about parents who “seek revenge on the partner through robbing him or her of pleasure in the child.”
- **Wallerstein & Kelly (1976)**
  - Discussed an “unholy alliance” in which the child is enmeshed with one parent and alienated from the other parent.
- **Johnston, et al. (1985)**
  - Talked about children with a “strong alliance.”
  - **Gardner (1985)** coined parental alienation syndrome.
  - “A disorder that arises primarily in the context of child custody disputes. Its primary manifestation is the child’s campaign of denigration against a parent, a campaign that has no justification.”
  - \***Focus** is on the children’s behavior after they’ve been alienated.

# HISTORY CONTINUED.....

- **Wallerstein & Blakeslee (1989)**
- Introduced the concept of the *Medea Syndrome*: Vindictive parents who destroy the relationship between the child and the other parent.
- **Clawar & Rivlin (1991)**
- Introduced the notion of “programming” and “brainwashing.”
- **Bricklin (1995)**
- Described a child’s rejection of the parent as “not-based-on-actual-interaction (NBOAI).”
- Cont...What the child asserts to be true isn’t based on any real, actual interactions with the rejected parent, but it’s based on other influences.
- **Darnall (1998)** described parental alienation as:
- “Any constellation of behaviors, whether conscious or unconscious that could evoke a disturbance in the relationship between the child and the other parent.”
- **Focus** is on the parent’s behavior.

# HISTORY CONTINUED.....

- **Turkat (1999)**
- Described alienation as “divorce-related malicious parent syndrome.”
- **Kelly & Johnston (2001)**
- Put the focus on the *child* versus the parent and used “alienated child.”
- **Bernet (2008)**
- Introduced the term “parental alienation disorder.”
- **Hands & Warshak (2011)**
- Used the term “pathological alienation”
- **Saini, Johnston, Fidler, & Bala 2012**
- Discuss the concept of “*parent gatekeeping*” which are parental attitudes and behaviors that affect the quality of the parent-child relationship between the child and the other parent.
- **Lorandos, Bernet, Sauber (2013)**
- Use the term “parental alienation.”
- **Walters & Friedlander (2016)**
- Use the term “resist/refuse dynamic.”

# PARENTAL ALIENATION IN DETAIL



- A disturbance in which children are obsessed with deprecation and criticism of a parent—denigration that is unjustified and/or exaggerated. **R. Gardner (1985)**
- The problem of children's unjustified rejection of a parent in response to inter-parent conflict and loyalty issues. **Baker in Baker & Sauber (2013)**
- Parental alienation is a mental condition in which a child—usually one whose parents are engaged in a high conflict separation or divorce—allies himself strongly with an alienating parent and rejects a relationship with the “target” parent without legitimate justification. **Lorandos & Bernet (2020)**

# ACCEPTED DEFINITIONS OF PARENTAL ALIENATION

# CONTINUUM OF ALIENATION



# CONTINUUM OF ALIENATION

## Mild

The child resists contact with the TP, but enjoys the relationship once he/she is in the care of the TP.

## Moderate

The child more strongly resists contact with the TP and exhibits defiance during the period of possession, often creating chaos and conflict in the TP's home.

## Severe

The child persistently and adamantly rejects any contact with the TP.

The FP is obsessed with destroying the TP's relationship with the child.

The FP has no insight or willingness to consider that he/she is poisoning the child against the TP.

The FP is almost always meets the clinical criteria for a personality disorder (e.g., borderline, narcissistic).

# CHILD CHARACTERISTICS

## Mild

Child feels confused.

Child experiences increased anxiety.

Increased behavioral issues.

Child still feels guilty.

Child has difficulty transitioning.

Child begins to feel “torn loyalties.”

## Moderate

Child won't easily greet TP.

Child criticizes almost everything about TP.

Child's guilt is waning.

The child uses “we” and maintains secrets of the FP.

Child starts to view world dichotically as either all good or all bad depending upon which parent he/she is with at the time.

## Severe

Child fully rejects the TP while profusely praising the FP.

Child is overtly hostile, disrespectful, and belligerent towards TP without guilt.

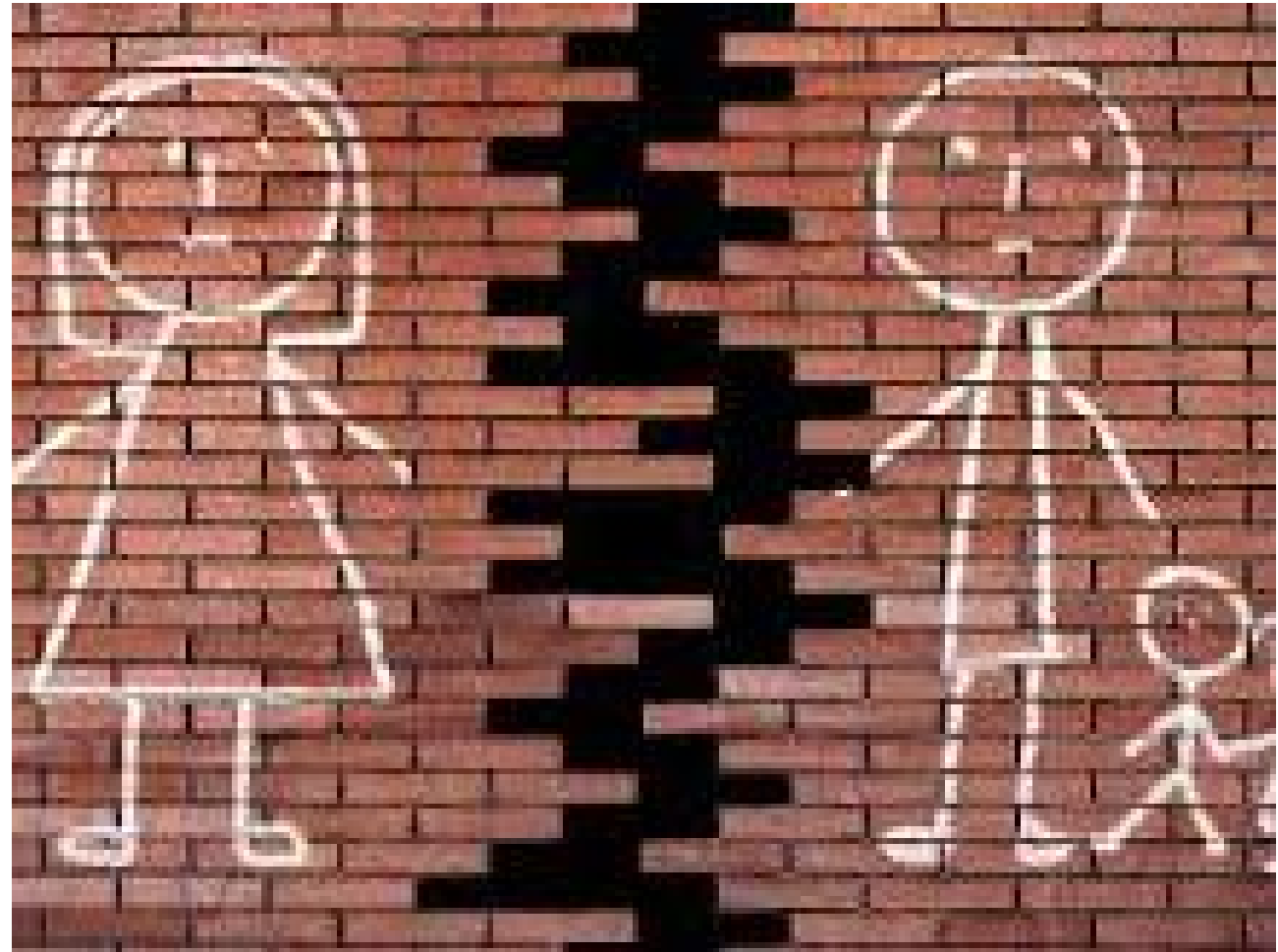
Child is “afraid” of the TP.

Child feels entitled to behave so badly towards the TP.

Child and FP use the same verbiage and vocabulary, but child adamantly denies that anyone is influencing him/her.

# THE FAVORED PARENT'S BEHAVIOR

- The FP rewrites reality for the child such that the child no longer has accurate memories of the TP.
- The FP creates and promotes fears of the TP.
- To control the child, the FP uses psychological tactics such as coercion, fear, and intrusion.
- The FP creates enmeshment to achieve complete alienation.



# SEVERE PARENTAL ALIENATION VS. CULT BEHAVIOR

Commonalities Between Cult Leaders AND Favored Parents (FP)	
<u>Cult Leaders</u>	<u>Favored Parents</u>
Narcissistic	Narcissistic
Require devotion	Require devotion
Require loyalty	Require loyalty
Require adulation	Require adulation
Lack humility	Lack humility
Charming	Charming
Persuasive	Persuasive
Emotional manipulation	Emotional manipulation
Create dependency	Create dependency
Power & control	Power & control

# CHILD-PARENT CONTACT RESISTANCE IS COUNTERINTUITIVE

The target parent (TP) presents poorly.

The favored parent (FP) presents well.

Activate your radar if a child:

1. Rejects one parent for no valid reason or the child's reactions to the transgressions of a parent are grossly out of proportion to what that parent did.

2. Claims that his desires are *ALL* his and nobody has influenced him.

3. Has little to no ambiguity about a relationship with the rejected parent.

*The majority of children who have been abused desire a relationship with the abusive parent. Moderately to severely alienated children do not.*





# **IDENTIFYING PARENTAL ALIENATION**

# DSM-5 AND PARENTAL ALIENATION

## V61.20 Parent-Child Relational Problem

- Focus is the *quality* of the parent child relationship.
- Associated with impaired functioning in behavior, affect, or cognition.
- *Includes unwarranted feelings of estrangement.*

## V61.29 Child Affected by Parental Relationship Distress

- Focus is the negative effects of *parent discord* on a child's mental or medical functioning, including:
  - 1) high parent conflict
  - 2) high parent distress
  - 3) high parent disparagement

## V995.51 Child Psychological Abuse - Confirmed

- Intentional behavior by parent.
- Includes berating, threatening, or humiliating the child.
- *Harming or threatening to harm the people & things the child cares about.*

# ICD-11 AND PARENTAL ALIENATION

## QE.52 Caregiver-Child Relationship Problem

- Substantial and sustained dissatisfaction within a caregiver-child relationship associated with significant disturbance in functioning.
- **\*\*The term “parental alienation” is found in the index of the ICD-11\*\***

# 5 FACTOR MODEL OF PARENTAL ALIENATION

1. Child resists, avoids, refuses a relationship with a parent.

2. There is a documented history of a positive relationship between the child and rejected parent.

3. Absence of abuse or neglect or seriously deficient parenting by the rejected parent.

4. The use of multiple alienating behaviors by the favored parent.

5. The child exhibits many of the 8 behavioral manifestations of alienation.

Bernet (2020)

# ALIENATION TACTICS

## FACTOR 4

- Baker's 17 Tactics
  - Denigration (bad mouthing) of the TP
  - Limiting contact with the TP
  - Interfering in communication between child and TP
  - Withdrawal of love from child
  - Presenting TP as dangerous
  - Forcing the child to choose one parent
  - Telling the child that the TP doesn't love him
  - Confiding in the child about adult matters
  - Forcing the child to reject the TP
  - Encouraging the child to spy on the TP
  - Encouraging the child to keep secrets from the TP
  - Referring the TP by his/her first name
  - Calling step-parent "mom" or "dad"
  - Withholding records, not putting TP's name on forms
  - Changing the child's name to remove association with TP
  - Promoting dependency on the FP
  - Forbidding symbolic communication

• TP = Target Parent

FP = Favored Parent

• Baker & Sauber (2013)

# MOST FREQUENTLY USED ALIENATION TACTICS

1. Denigrating and negative reference to the TP (74% - 95%)

2. Creating impression TP is dangerous (63%)

3. Confiding in child about court case (46%)

4. Telling child the TP doesn't love him/her (45%)

5. **Limiting possession & access (29%) \*\***

6. Forcing child to reject the TP (27%)

7. Intercepting calls or messages (23%)

8. Denigrating TP to teachers, other adults, or professionals (20%)

9. Not providing TP with medical, educational information (19%)

**\*\* Most frequent reason to file a modification in court**

# 8 BEHAVIORAL MANIFESTATIONS-FACTOR 5

Campaign of  
denigration

Weak, frivolous, or  
absurd  
rationalizations for  
the denigration

Lack of  
ambivalence

“Independent-  
thinker”  
phenomenon

Reflexive support  
of FP

Absence of guilt

Borrowed  
scenarios

Spread of  
animosity towards  
extended family of  
the TP

Gardner (1992)

## Frequency of 8 Behavioral Manifestations

- |                                     |      |
|-------------------------------------|------|
| 1. Campaign of denigration          | 88%  |
| 2. Weak, frivolous reasons          | 98%  |
| 3. Lack of ambivalence              | 97%  |
| 4. Insists not influenced by others | 95%  |
| 5. No guilt/remorse for rejection   | 89%  |
| 6. Always sides with FP             | 100% |
| 7. Borrowed scenarios               | 79%  |
| 8. Rejects extended family          | 77%  |

Baker & Darnall (2007)



# ADDITIONAL CLINICAL TOOLS FOR DIAGNOSIS

- Comprehensive history
  - Legal history
  - DV history
  - CPS history
  - Mental health history
- Consider personality disorders and other psychopathology in the parent.
- Interview child alone.
  - Ambivalence?
  - Splitting? **PARQ** is helpful to use.
  - Frivolous excuses?
- View each parent with the child.  
Does the child look to the parent for the “correct” response?
- Consider anxiety, depression, trauma in the child.

A young man and woman are shown in a conversation. The man is on the left, looking towards the woman on the right. The woman has a concerned or serious expression. The image is overlaid with vibrant, flowing abstract graphics in shades of purple, pink, and blue. The text 'JUSTIFIED ESTRANGEMENT' is centered over the image in a bold, black, sans-serif font.

# JUSTIFIED ESTRANGEMENT

# JUSTIFIED ESTRANGEMENT?

There has to be a valid, verifiable reason that a child might reject a parent, which could include:

\* Developmentally normal preference for one parent over the other parent.

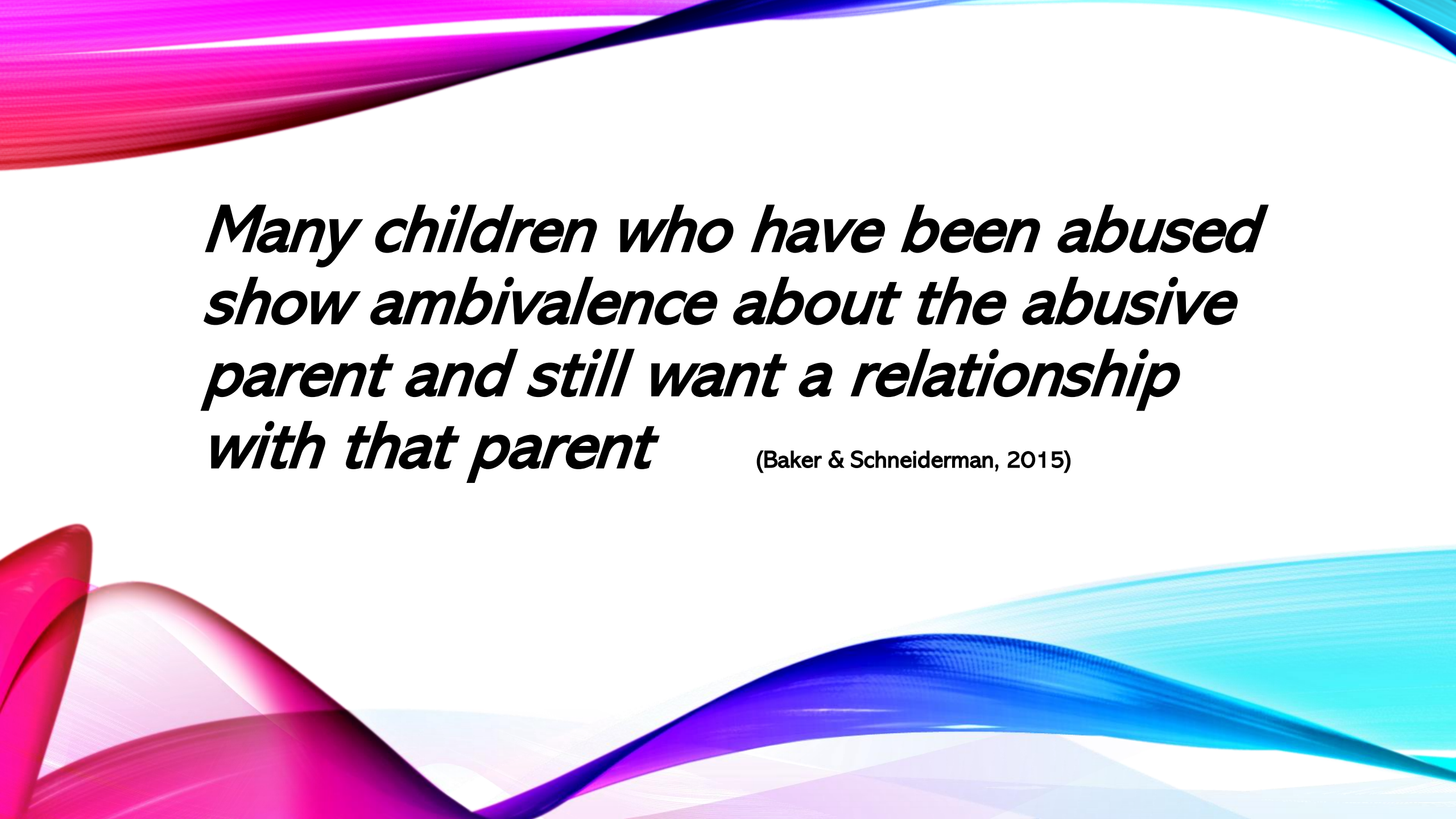
\* Anxious and depressed children may align with one parent.

\* Defiant children may align with one parent.

\* Absent parent, verified abused child.

\* Shared delusional disorder.

\* Absent parent (e.g., in prison, walked away).



***Many children who have been abused  
show ambivalence about the abusive  
parent and still want a relationship  
with that parent***

(Baker & Schneiderman, 2015)

# JUSTIFIED ESTRANGEMENT?

- **Physical Abuse**

- Physically abused children maintain strong emotional bonds to their abusive parent (Blizzard & Bluhm, 1994).
- 84% of moderate-to-severely physically children demonstrate attachment behaviors towards the abuser. (Baker & Miller, 2019)

- **Explanation**

- Attachment theory explains why physically abused children maintain emotional bonds to the abusive parent.

- **Sexual Abuse**

- Sexually abused children also maintain strong emotional bonds to the abusive parent.

- **Explanations**

- 1. Some children don't know at the time that they're being sexually abused, so they're not afraid or traumatized.
- 2. Parents who concurrently abuse and protect the child blur the lines between abuse/nonabuse.

# JUSTIFIED ESTRANGEMENT?

- **Emotional Abuse**

- As in the other ways to abuse a child, emotionally abused children do not reject their parent.

- **Explanations**

- 1. When the child's needs were consistent with the abusers, the emotional abuse decreased.
- 2. Children don't have contempt for their abusive parent; they long for acceptance.

- (Baker & Schneiderman, 2015)

- **Summary**

- 1. Children don't like to be abused (if they can identify it as abuse).
- 2. Children want the parental abusive behavior to stop.
- 3. A child's basic desires, to be accepted and loved, promote the desire to attach and have a relationship. **They have some ambivalence about the relationship.**
- 4. Children reject a parent when they've been influenced by outside forces and factors (e.g., adults).



PSYCHOLOGICAL  
AND EMOTIONAL ABUSE

# PSYCHOLOGICAL CHILD ABUSE

## Texas Family Code Chapter 261

261.001(1) Abuse includes the following acts or omissions by a person:

(A) Mental or **emotional injury** to a child that results in an observable and material impairment in the child's growth, development, or **psychological functioning**.

(B) Causing or permitting the child to be in a situation in which the child sustains a mental or **emotional injury** that results in an observable and material impairment in the child's growth, development, or **psychological functioning**.

# ADVERSE CHILDHOOD EXPERIENCES

- Adverse childhood experiences include:

- | <u>Abuse</u>       | <u>Neglect</u> | <u>Household</u>   | <u>Exposure to</u> |
|--------------------|----------------|--------------------|--------------------|
| • Physical         | Physical       | Mental illness     | Domestic violence  |
| • Sexual           | Emotional      | Separation/divorce |                    |
| • <b>Emotional</b> | Incarceration  |                    |                    |

Substance abuse

- Centers for Disease Control & Prevention in conjunction with the Kaiser Permanente (San Diego)

# ADVERSE CHILDHOOD EXPERIENCES

Create the  
toxic stress  
response

Considered  
developmental  
trauma

Contribute  
to:

Chronic,  
lifelong health  
problems

Decreased  
life-span

Increased risky  
behavior

Increased  
mental health  
diagnoses



## PSYCHOLOGICAL MALTREATMENT



# Definition Psychological Maltreatment

- A repeated pattern or extreme incidences of caretaker behavior that *thwarts the child's basic psychological needs* (e.g., safety, socialization, emotional, and social support, cognitive stimulation, respect) and
- Conveys a child is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable.

APSAC 2017

# FORMS OF PSYCHOLOGICAL MALTREATMENT RELATED TO ALIENATION

**Spurning** involves verbal and nonverbal caregiver acts that reject and degrade a child.

As related to parental alienation, it includes:

Belittling, degrading, and other forms of hostile or rejecting treatment of those in significant relationships with the child, such as **parents**, siblings, and extended family.

# EXPLOITING/CORRUPTING



## Betraying

- Betraying the trust of or being cruel to another person.

## Coercing

- Coercing the child's submission through extreme over-involvement and intrusiveness and threatening to withdraw love and telling the child things that are not true at all.

## Restricting or interfering

- Restricting or interfering with or undermining the child's important relationships.

# Terrorizing and Emotional Unresponsiveness

## Terrorizing

- Caregiver behavior that threatens or is likely to hurt or place a child or the child's loved ones or objects in dangerous situations.
- As related to PA: subjecting the child to frightening or a chaotic environment.
- And creating a loyalty conflict by making the child choose one parent over the other parent.

## Emotional Unresponsive

- Caregiver behavior that ignores the child's attempts and needs to interact and be loved.
- As related to PA: emotional detachment and inattentive to the child's needs to be safe and secure.

# ISOLATING

- Caregiver behavior that consistently and unreasonably denies the child opportunities to interact and/or communicate with peers and adults.
- As related to PA: placing unreasonable limitations and restrictions on the social interaction with family members, including a parent.





**MENTAL  
HEALTH,  
MEDICAL, &  
EDUCATIONAL  
NEGLECT**

Caregiver behavior that ignores, refuses, or fails to provide the necessary treatment in any of the areas to the left.

Most relevant to PA: by ignoring the need for and refusing to provide for the emotional and behavioral needs of the child, which includes a relationship with both parents.

# CRITICAL DEVELOPMENTAL PERIODS FOR MALTREATMENT



- **Spurning and terrorizing** are the most common forms of psychological maltreatment (this is the verbally hostile and aggressive parent).
- These are most damaging the first two years of life through middle school (Brassard, et al., 2017).
- They are related to anxiety disorders, depression, suicide, and conduct problems (Wright, 2008).
- And, they constitute **TOXIC STRESS**.



**TOXIC STRESS, TRAUMA,  
AND ANXIETY**



**THE LARGEST CONTRIBUTOR TO CHILDHOOD TRAUMA  
IN THE UNITED STATES IS *FAMILY DYSFUNCTION*.**

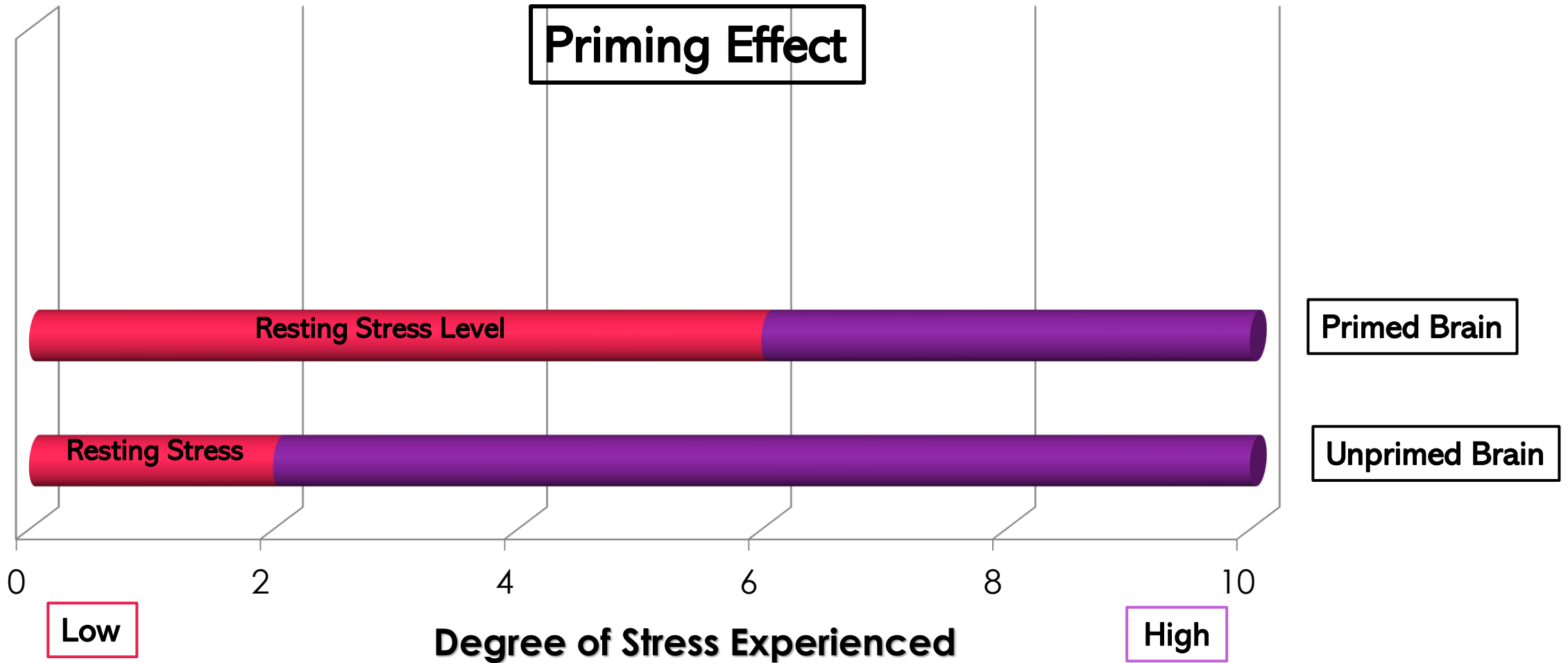
**NEARLY 50% OF CHILD ONSET MENTAL HEALTH  
DISORDERS ARE PRECEDED BY ABUSE, NEGLECT, AND  
FAMILY DYSFUNCTION.**

**NEARLY 33% OF ADULT ONSET MENTAL HEALTH  
DISORDERS ARE PRECEDED BY ABUSE, NEGLECT, AND  
FAMILY DYSFUNCTION.**

# BRAIN RESPONSE TO TOXIC STRESS

- >The autonomic nervous system (via the sympathetic nervous system) activates the limbic-hypothalamic-pituitary-adrenal (LHPA) axis, producing a surge of cortisol necessary for the “fight or flight” response
- >Normally, once the threat has abated, the parasympathetic nervous system helps the entire body recover from the surge of cortisol (e.g., heartrate and blood pressure return to normal, breathing returns to normal, the gut settles).
- >When children are exposed to chronic parent conflict, the chronic stress response causes their autonomic nervous system to remain in the “on” position.
- >This “*priming effect*” creates a situation in which the child remains chronically anxious and very common life events push the child into significant bouts of anxiety.

# CHRONIC STRESS: THE PRIMING EFFECT



# CHILDHOOD TRAUMA: SEROTONIN & OXYTOCIN

## Serotonin and Trauma

- Serotonin modulates LHPA activity.
- Childhood trauma dysregulates the serotonin system.
- Decreased serotonin is related to depression, anxiety, aggression, borderline personality disorder.

## Oxytocin and Trauma

- Role in interpersonal interactions & relationships.
- Involved in social memory, emotion recognition, empathy, attachment.
- Involved in regulation of stress.
- Decreased levels of oxytocin found in adults who had abuse histories---especially **emotional abuse**.

A young boy with brown hair, wearing a light blue shirt, is resting his head on his arms on a desk. He appears to be looking down or is asleep. In the background, two people are blurred, one of whom appears to be clapping. The scene is set in a bright, possibly classroom-like environment. The image is overlaid with decorative, flowing, semi-transparent ribbons in shades of purple, pink, and blue.

# **FAMILY VIOLENCE AND PARENTAL ALIENATION**

## Texas Family Violence Chapter 71

71.004(2) of the Texas Family Code states that family violence is *abuse* as abuse is defined by chapter 261.001 of the Family Code

>by a member of a family or household

>towards a child of the family or household



1. Also known as “intimate partner terrorism.”
2. This is an imbalance in power between two people in a relationship.
3. It’s all about power and control.
4. The domestic terrorist generally has a diagnosable personality disorder, there is a pattern of violence in the relationship, and the other partner does not reciprocate the violence.

# INTIMATE PARTNER VIOLENCE (IPV)

Harman & Hines, 2018

# FAMILY VIOLENCE CONT...

- **Parental alienation is intimate partner violence/terrorism.**

1. In 80% of situations in which there was alienation identified, the FP (favored parent) had all of the control, which is called asymmetrical dependence.

(Harman and Matthewson, 2020)

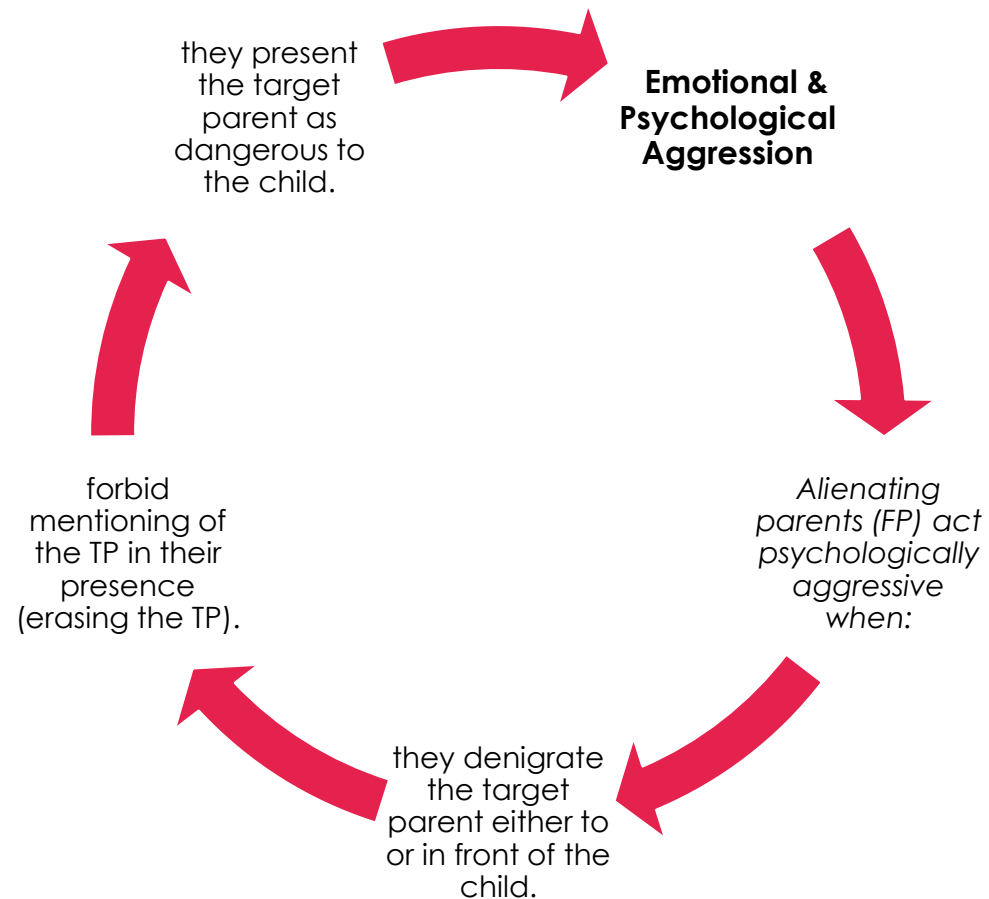
2. The FP constantly feels threatened by the loss of control, so he/she constantly engages in IPV.

3. The FP uses alienation tactics to maintain control and power.

4. Children can be exposed to violence either directly or indirectly through witnessing violence (Hillis, Mercy, & Saul, 2017).

5. Children exposed to intimate partner violence (aka family violence) experience negative psychological effects (McTavish, et al., 2016)

6. including poor social adjustment, educational performance, and increased behavioral disorders (Douglas & Hines, 2016).



## • Coercive Control

• *Alienating parents use coercive control when:*

- they limit the target parent's access to the child.
- they make it difficult for the target parent to spend time with the child.
- they withhold information or records from the target parent.

## AGGRESSIVE TACTICS THAT ALIENATING PARENTS USE

## Exploit Vulnerabilities

*Alienating parents exploit the target parent when:*

they use the legal system to their advantage by legal strategizing when they:

A. Repeatedly file motions.

B. Use target parent's financial disadvantages to their advantage.

C. Make new claims of abuse.

D. Recycle old claims of abuse.

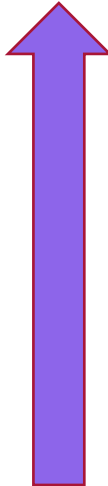
- **Gaslighting**
- *Alienating parents use gaslighting to:*
- rewrite the past and create a new version of “reality” consistent with the goals of the alienating parent.
- use projection to accuse the target parent of behaviors that the alienating parent is doing.



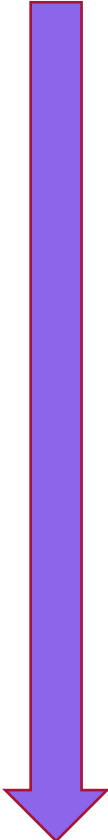
## **CONSEQUENCES OF CHILDHOOD TRAUMA**



## Psychological Disorders

- PTSD
  - Depression
  - Anxiety
  - Antisocial behavior
  - Greater risk for alcohol/drug disorders
  - *Childhood traumas that are interpersonal, intentional, and chronic* are particularly associated with these psychological and neuropsychological consequences.
- 

## Neuropsychological Deficits

- Memory/learning
  - Executive functions
  - IQ and academic performance
  - Language processing
  - Visual-spatial skills
  - Smaller prefrontal cortex
  - Less prefrontal white matter
  - Smaller corpus callosum
- 



# **CLINICAL AND TREATMENT CONSIDERATIONS**

65% had anxiety  
severe enough to  
require  
counseling

56% developed  
an attachment  
disorder

48% had  
abnormal fears  
and phobias

44% became  
physically  
aggressive

31% had sleep  
disorders

## Children's Responses to High Conflict Divorce



29% withdrew  
from loved  
activities

24% developed  
oppositional  
behavior or rage

21% engaged in  
early sexual  
activity

13% began  
bed-wetting

10% developed  
dissociative  
disorder

# Previously Alienated Children as Adults

**70% experience depression.**

(compared with 8% of general population)

**65% have decreased self-worth.**

**50% are alienated from their own children.**

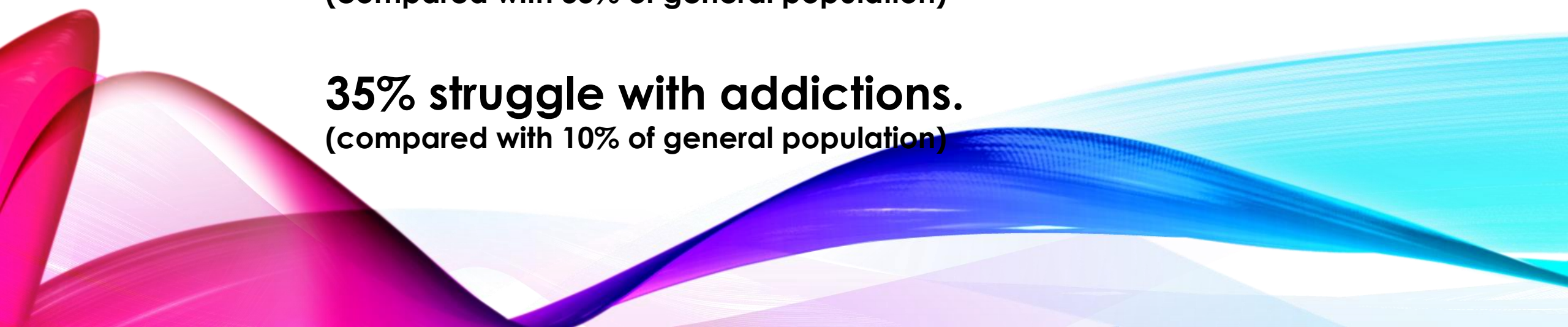
(compared with 13% of general population)

**40% can't trust people.**

(compared with 33% of general population)

**35% struggle with addictions.**

(compared with 10% of general population)





# WHAT DO WE KNOW IS EFFECTIVE OR NOT?

- ***Family therapy or counseling***
  - Individual therapy (anxiety/depression)
  - Family therapy (relationships)
- ***No outcome data to support or refute family therapy to treat parental alienation.***
- ***Likely has a role, especially in mild and moderate alienation. Likely not effective for severe alienation as a “stand alone” therapy approach.***
- ***Cognitive approach***
  - Distorted thinking
  - Misperceptions
  - Poor critical thinking skills
- ***Most relevant outcome data to support cognitive approaches is from Richard Warshak, 2018.***
- ***Appears to have a role in helping children recover from severe alienation and likely has a role in mild and moderate alienation.***

# WHAT IS EFFECTIVE OR NOT CONT...

- *Focusing on trauma, toxic stress*
  - EMDR
  - Biofeedback
  - Polyvagal theory-based approaches
- *No outcome data to support or refute these approaches.*
- *Possibly has a role for children and target parents in conjunction with other modalities for mild, moderate, and severe due to increased incidences of anxiety, stress, trauma.*
- *Attachment-based therapy*
  - Secure      Avoidant
  - Anxious      Disorganized
- *No outcome data to support or refute attachment-based therapy to treat parental alienation.*
- *Probably has a role in conjunction with other modalities for mild and moderate alienation, but there are issues when promoted as a “stand alone” treatment modality for severe alienation.*

# WHAT IS EFFECTIVE OR NOT CONT...

- *Educational approach*
  - Multi-media learning approach
  - Memory distortions, false memory development, “brain washing” misperceptions
- *Only outcome study data to date concerns severely alienated children. (Family Bridges) Warshak, 2018*
- *Likely has a role in conjunction with other modalities for mild and moderate alienation, as well.*
- *Challenges with any modality*
  - A personality-disordered favored parent
  - Application to mild, moderate, and severe versus some treatment modalities are more beneficial depending upon the degree of alienation (a research question)
- *What hasn't proven effective?*
  - In severe cases of alienation, asking the TP to “take the high road” and “wait out” the child’s rejection is not effective.
  - **INSTEAD:**
  - Institute a no contact order between the child and the FP.
  - This allows the child’s brain to begin the healing process of being hijacked.

The background features a light gray surface with faint, overlapping text related to divorce and legal proceedings. The text includes "of divorce in Eng", "The legal", "Divor", "ompetent", and "both". Overlaid on this are several vibrant, flowing ribbons in shades of pink, red, and blue, creating a dynamic and modern aesthetic.

# **PARENTAL ALIENATION AND CUSTODY EVALUATIONS**

# CUSTODY EVALUATIONS AND PARENTAL ALIENATION

- The court's focus is *best interests of the child*.
- This creates an environment 'ripe' for *allegations of domestic violence and parental alienation* in high conflict families, especially during modifications.
- Use the 5-factor model as part of the custody evaluation for possible parental alienation.
- Baker Alienation Questionnaire
- Parent Acceptance-Rejection Questionnaire measures *splitting*
  - In severe alienation cases, there is a distinct "split" between the child's acceptance of one parent and rejection of the other parent

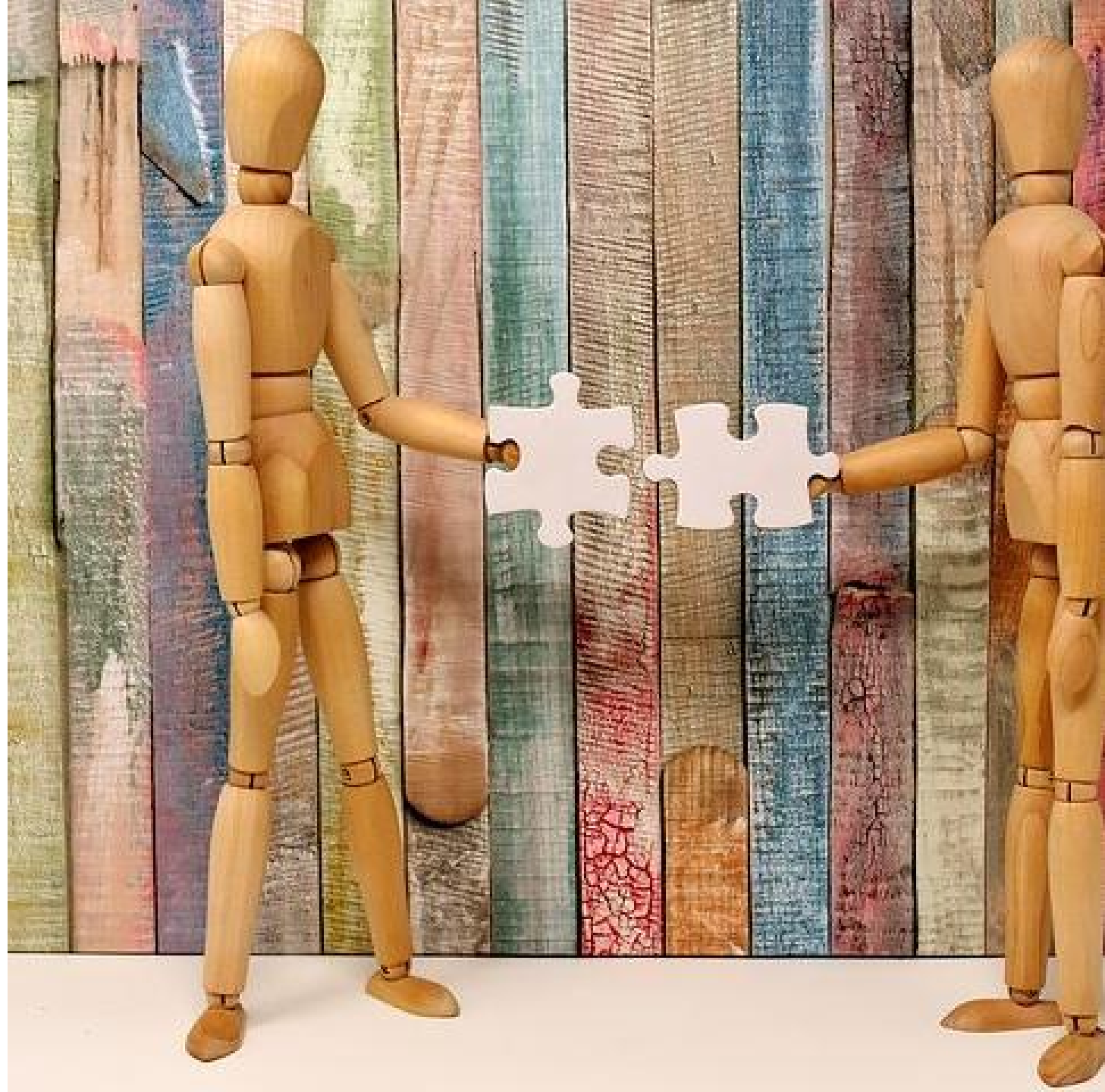
Bernet, et al., (2017)

## IMPORTANT CONSIDERATIONS IF YOU DETERMINE THAT PARENTAL ALIENATION IS OCCURRING IN YOUR CUSTODY CASE

- Trying to or actually influencing a child's relationship with the other parent that results in parental alienation is considered an adverse childhood experience and psychological child abuse.
- Parental alienation is considered domestic violence and intimate partner violence.
- We are mandatory reporters for any sort of suspected child abuse or domestic violence in the home.
- Do you report mild, moderate, AND severe cases? Only severe parental alienation?
- Will CPS make the situation worse by their own lack of understanding of parental alienation?
- Would you recommend primary custody to a parent if that parent was actively engaging in physical or sexual abuse? Or neglect?
- What if your findings are mild to moderate alienation by one parent?
- Should you recommend something other than the expanded SPO or even supervised contact?
- What do you recommend as far as post-litigation treatment given what you know now?



# CREATING A NEW FAMILY MODEL



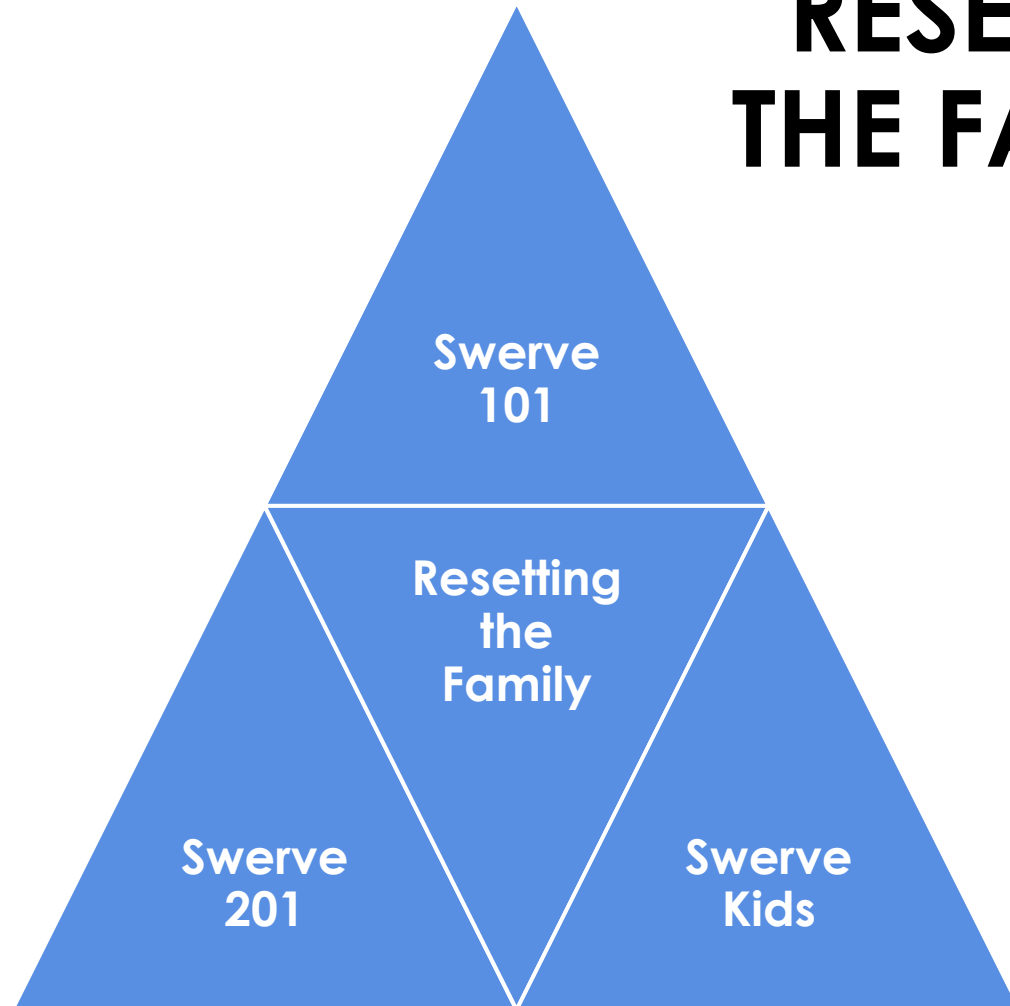
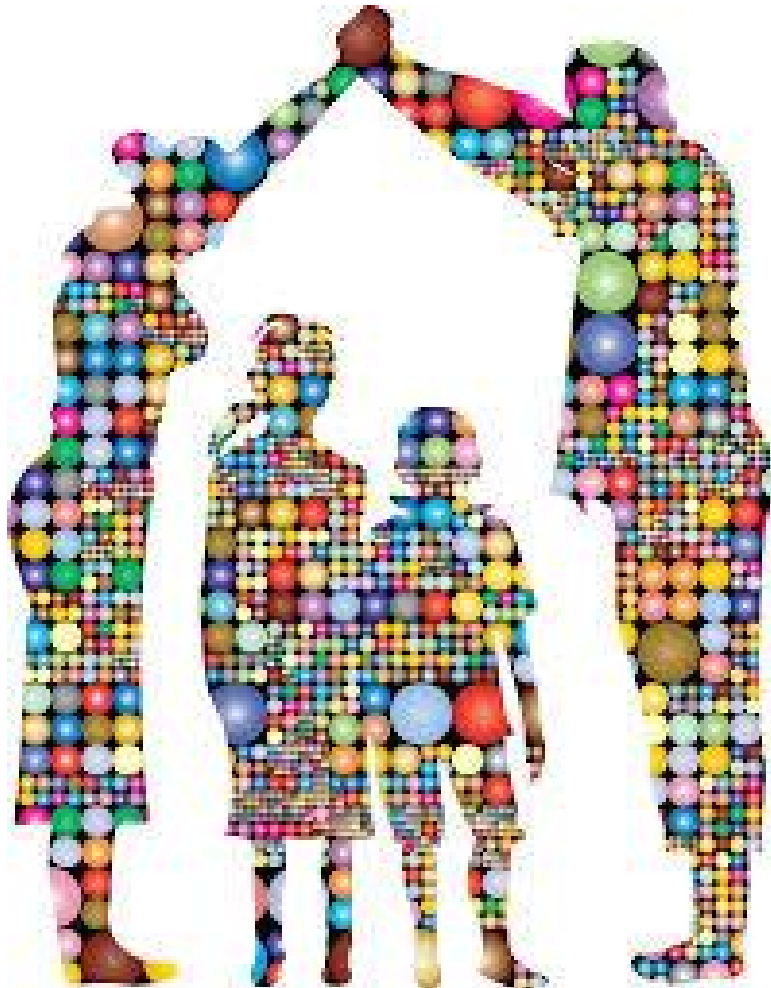
# Resetting the Family Educational Programs for Parental Alienation And Co-Parenting

**Mild  
Alienation**

**Moderate  
Alienation**



# RESETTING THE FAMILY



# RESEARCH DIRECTIONS

## Theoretical Questions

Qualitative and quantitative differences between mild, moderate, and severe alienation?

Identifying and understanding parental alienation in intact families.

How are parents that alienate different from parents who divorce, but do not alienate?

## Judicial Questions

How much and in what ways does the judicial process affect parental alienation?

What would be the effect on parents using alienation tactics if the judiciary used a diversion program approach?

## • Clinical Questions:

- Identify and understand the psychopathology (e.g., depression, anxiety, factitious disorder, trauma) associated with parental alienation in both children and parents.
- Which psychopathology and personality characteristics predict which level of parental alienation?
- What is the level of psychological splitting in mild to moderately alienated children and how does that compare to severely alienated children?
- What are the cortisol levels in children and parents in which alienation is a factor in the family?

# Treatment Questions

```
graph TD; A["Treatment Questions"] --> B["Define and measure program efficacy of existing programs for parental alienation."]; B --> C["What are the best educational or clinical approaches for treating mild, moderate, and severe levels of parental alienation?"]; C --> D["Which combinations of treatment approaches show the best outcome for mild? Moderate? Severe?"]; style A fill:#4a86e8,color:#fff; style B fill:#8e7cc3,color:#fff; style C fill:#6a3d9a,color:#fff; style D fill:#800040,color:#fff;
```

Define and measure program efficacy of existing programs for parental alienation.

What are the best educational or clinical approaches for treating mild, moderate, and severe levels of parental alienation?

Which combinations of treatment approaches show the best outcome for mild? Moderate? Severe?



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