

A ROADMAP FOR THE TREATMENT OF PARENTAL ALIENATION

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Parental alienation is a pathological phenomenon that sometimes occurs in families who are experiencing a high-conflict divorce. Alienating behaviors are the means whereby one parent intentionally and purposefully alienates a child from the other parent by using a variety of tactics and maneuvers to poison the child's thinking and beliefs. The goal is for the child to reject the targeted parent and to perceive that parent as unloving, undeserving, and even dangerous. If convinced, the child develops the mental condition of parental alienation. The child's alienation condition can be classified as mild, moderate, or severe in intensity. Each level of severity has a unique treatment approach.

Three Severities of Parental Alienation, with Case Vignettes

Mild parental alienation indicates that the child sometimes resists contact with the targeted parent but enjoys the relationship with that parent once they have visitation time together. The child is subjected to some alienating behaviors by the offending parent, but these behaviors are sporadic and inconsistent. The offending parent may express anger about the other parent, may ask the child for his or her loyalty, and may engage in unnecessary protective behavior toward the child. The child loves both parents and wants to have a relationship with each.

Stephanie is a twelve-year-old girl whose parents have been going through a divorce for nearly one year. She is living with her mother and two younger brothers. Her father moved out and is living in a nearby apartment. Stephanie is emotionally attached to her mother and feels sorry for her. She blames her father for the break-up of their family, though that belief is not true. Stephanie's mother occasionally makes negative comments about her father. She tells Stephanie that she needs to be "on my side" because her father "doesn't love us anymore." Stephanie does not like going to visit her father but does so because it has been ordered by the court. Once Stephanie sees her father, however, her animosity toward him melts away. She has a good time with him, as they both like movies, video games, and going to restaurants. Her affection for him resurfaces during their time together. Stephanie loves both of her parents and wishes their bickering would stop.

Moderate parental alienation indicates that the child strongly resists contact and is predominantly oppositional during visitation time with the targeted parent. While resistive, the child expresses some ambivalence about the alienated parent. Indeed, there are moments of warm, loving feelings toward that parent. The child is subjected to a number of alienating behaviors by the offending parent, including bad-mouthing, contact interference, and excessive overprotection.

Natalie is a thirteen-year-old girl whose parents announced that they are getting divorced. Her father moved out and Natalie is residing with her mother and three siblings. Natalie had an extremely close relationship with her father leading up to their separation. Within a few weeks, Natalie's views and feelings about her father changed dramatically. Natalie's mother began filling up her head with angry, negative, and accusatory material about her father. Natalie was told that her father was a drunk, that he had multiple affairs, and that he had previously been aggressive at home. Her mother told Natalie that she was not safe visiting her father. Natalie heard this information from her mother on a daily basis. Natalie began refusing visits with her father. When she did go, she was sullen, derogatory, and oppositional with him. She stayed in her bedroom in his apartment and did not talk or engage in activities. Natalie's father was shocked and dismayed at his daughter's drastic change in attitude. He thought their relationship was impenetrable based on years of a close bond between them.

Severe parental alienation indicates that the child persistently and adamantly refuses contact with the targeted parent. The child threatens to run away or engage in self-harm behavior when a visit is imminent. In severe alienation, the offending parent is usually obsessed with the goal of destroying the child's relationship with the other parent. False, malicious allegations against the targeted parent are promulgated. The offending parent is convinced of the righteousness of their alienation of the child. The targeted parent is seen as undeserving and dangerous, and this belief is communicated to the child on a regular basis.

John is a ten-year-old boy who, over the course of six months during his parents' separation and divorce, came to totally reject his father. John lived with his mother, and she em-

barked on a mission to have him rebuff his father in a hateful and castigating way. She demanded that John not speak to his father, not respond to his text messages, and not visit him. She bombarded John with negative, derogatory, and inflammatory comments about his father. She contacted a child protection agency and the police after she accused John's father of hitting the boy. Despite court-ordered attempts at family therapy and other interventions, John was staunch in his rejection of his father. In fact, John did not see his father for more than five years. He described his father as "a loser" and "a bum." He grew to love his new stepfather.

Treatment of Parental Alienation According to Severity

In general, the basic tenets of treatment for parental alienation are the following: (1) the offending parent must stop his or her alienating behavior; (2) the child's alienation must be corrected and reversed; and (3) the targeted parent must overcome feelings of defeatism so that he or she is ready for reunification with the child.

Mild parental alienation in the child is the easiest to resolve. Strongly worded instruction or psychoeducation can usually correct the situation. The judge might order the offending parent to stop undermining the child's relationship

with the other parent. Or, a parenting coordinator might meet with both parents and help them get along in a more constructive way so that alienating behaviors toward the child can cease. Or, the offending parent's attorney might give clear instructions to stop all alienating behavior. More often than not, this treatment approach will work, and the child's mild parental alienation will subside.

Treatment for moderate parental alienation in the child is often quite difficult and demands a coordinated effort by all professionals involved in the case. The treatment team leader needs to be a person who is knowledgeable and trained in the dynamics of parental alienation. This can be the guardian ad litem, parenting coordinator, mental health expert, or someone else. An individual therapist works with the offending parent to diminish or halt the alienating behavior. Concurrently, a family therapist works with the alienated child and the rejected parent to restore their disrupted and harmed relationship. The family therapist has the flexibility to see the child and rejected parent together, individually, or with other family members. Both the individual therapist and the family therapist report their progress on a regular basis to the treatment team leader.

In severe parental alienation, it is usually necessary to extricate the child from the alienating parent's destructive influence by removing him or her from the parent's custody, greatly



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reducing the parenting time of that parent, or requiring all parenting time to be supervised. When a parent intentionally causes a child to totally reject the relationship with the other parent, this constitutes child psychological abuse. Removal of the child in severe parental alienation is no different than removal of the child in cases of physical or sexual abuse. Parental alienation should be considered on par with these other forms of abuse.

Treatment of severe parental alienation can be extremely challenging. As with moderate parental alienation, an individual therapist works with the offending parent and a family therapist works with the alienated child and the rejected parent. Sometimes the child and rejected parent can participate in an intensive, four-day psychoeducational program that can kickstart the process of reunification. The programs in the U.S. that are best known are called Family Bridges and Turning Points for Families. But even after completion of one of these structured programs, aftercare family therapy will be needed to solidify the gains that have been made. Again, having a treatment team leader who is highly knowledgeable about parental alienation dynamics is an absolute must in severe cases.

Case Vignette of Treatment

Mark is a nine-year-old boy whose parents are divorcing. He has a seven-year-old brother and a five-year-old sister. Temporarily, the judge has ordered the three children to remain in the family home while each parent rotates in by the week, assuring familiarity and stability for the children. Mark is being subjected to significant alienating behavior by his father during his father's weeks in the home. His father also makes negative and derogatory statements to Mark by phone during his off weeks. Mark is showing signs of moderate to severe alienation during his weeks with his mother. He is angry, accusatory, and oppositional with her. He seldom talks to her, blames her for the family's demise, and calls her mean names such as "stupid," "lazy," and "evil." During his mother's weeks in the home, Mark refuses to do his chores, does not attend extracurricular activities, and his grades at school suffer. Mark's mother is feeling increasingly frustrated, upset, and desperate. She has begged her soon-to-be ex-husband to stop his alienating behaviors, to no avail.

Mark's attorney (guardian ad litem), the parenting coordinator, and the judge admonished Mark's father to stop his alienating behavior. None of these verbal commands were

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heeded. In fact, they only served to intensify the father's alienating tactics.

A treatment plan was ordered by the judge. The parenting coordinator was to serve as treatment team leader. Mark's father was to see an individual therapist to address his ongoing alienating behavior. At the same time, Mark and his mother started family therapy, with the goal of repairing their damaged relationship. Mark's father made demonstrable gains in his individual therapy. His alienating behavior ceased. He was willing to communicate with Mark's mother in a more positive and helpful way. Reunification therapy with Mark and his mother was successful as well. They both reconnected and their positive emotional bond was revived. They began talking freely, doing activities together, and expressing affection for one another.

Important Considerations in Alienation Cases

Treatment is most successful when parental alienation in a child is diagnosed early so that it is still mild. Severe parental alienation is much more difficult to treat. Parental alienation is a mental condition with long-term consequences for the child's psychological, interpersonal, educational, and social development. If it is not interrupted promptly, it evolves to a profoundly damaging condition that can have ruinous effects on a child now and into the future.

All mental health professionals should become familiar with the features of parental alienation so that they can identify it and arrange for appropriate treatment when it is presented to them. Effective treatment requires seasoned therapists who have an advanced understanding of parental alienation dynamics. Inexperienced or unknowledgeable clinicians may become frustrated and overwhelmed by the inevitable challenges in treating this complicated condition.

Attorneys, guardians ad litem, judges, mediators, parenting coordinators, mental health practitioners, and other professionals have a vital role to play in the diagnosis and treatment of all severities of parental alienation. Each can have a positive impact on the parties involved. Turning a blind eye to the problem of parental alienation never resolves the condi-

tion. Approaching these cases with a sense of diligence and urgency can ensure that diagnosis and treatment take place as quickly and efficiently as possible.

Resources for Mental Health and Legal Professionals

Amy J. L. Baker and S. Richard Sauber (Eds.), *Working with Alienated Children and Families: A Clinical Guidebook*. (New York, NY: Routledge, 2013).

Ashish Joshi, *Litigating Parental Alienation: Evaluating and Presenting an Effective Case in Court* (Chicago, IL: American Bar Association, 2021).

Demosthenes Lorandos and William Bernet (Eds.), *Parental Alienation – Science and Law*. (Springfield, IL: Charles C Thomas, 2020).

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