

Recommendations for best practice in response to parental alienation: findings from a systematic review

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This study aimed to systematically review the literature pertaining to parental alienation to determine best practice for therapists and legal practitioners. Medline, Embase, and PsycINFO academic databases, the Cochrane Central Register of Controlled Trials and conference abstracts were searched. Included articles were peer reviewed journal articles or books published in English pertaining to a psychological or legal intervention for parental alienation. Ten articles were included in the review. It was found that changes in custodial or residential arrangements in favour of the targeted parent are effective in ameliorating parental alienation. Specialized family therapy addressing the alienation is effective in restoring family relationships and family functioning. A coordinated approach from therapists and legal practitioners is important in resolving parental alienation.

Practitioner points

- Parental alienation requires legal and therapeutic management to enhance family functioning
- Awarding primary parental responsibility to the targeted parent and providing specialized family therapy is effective in ameliorating parental alienation
- A specialized form of systemic family therapy for parental alienation can improve family functioning and prevent further parental alienation

Keywords: *parental alienation; custody; residency; alienated parent; intervention; restorative.*

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The term parental alienation is used to describe a process involving one parent (the alienating parent) teaching a child to reject the child's other parent (targeted parent), to experience fear when they are around that parent, and to avoid having any contact with them. The result of parental alienation is the breakdown of the relationship a child has with a parent or damage to that relationship (Darnall, 2011). There is currently no one definitive set of behaviours that constitute parental alienation; however, the defining feature is an attempt by the alienating parent to eradicate the relationship between the child and the targeted parent without reasonable justification (Meier, 2009). It is important to note that a child rejecting a parent on reasonable grounds, such as in response to parental abuse or neglect, constitutes estrangement (Garber, 2011) not parental alienation (Gardner, 2001; Reay, 2015). There has been considerable debate about the validity of parental alienation as a syndrome. There is a wealth of mental health and legal literature that debates the existence of Parental Alienation Syndrome; however, there is consensus that parental alienation does indeed occur (e.g. Kelly and Johnston, 2001; Meier, 2009; Rueda, 2004; Walker and Shapiro, 2010; Warshak, 2001).

Parental alienation can be a central issue in child custody disputes, with Baker (2010) noting the cluster of alienating behaviours being misinterpreted too often as indications of the parent's loving and natural desire to protect their child from the targeted parent. Meier (2009) argued that parental alienation cases are dominating the family court system in the US, wherein alienating parents often make false allegations of abuse against the targeted parent to ensure custody or residency decisions in their favour (Meier, 2009). Additionally, Darnall (2011) suggested that alienating parents place pressure on their children to publicly reject the targeted parent during court proceedings, thus causing further distress for the child. Although no official guidelines appear to exist, Sullivan and Kelly (2001) have suggested that alienation cases require both legal and clinical management, with professional roles clearly outlined in order to enable families to function more effectively.

Darnall (2011) explained that judicial interventions may depend on the severity of the alienation. Unfortunately, they are often based on an ill-defined notion of an appropriate outcome for the child. Relying on advice from mental health professionals with differing opinions, a number of different decisions can be made. In the US or UK, these decisions may include: (a) making orders leaving the child with the alienating parent while the parents undertake individual

and/or family therapy (Sullivan and Kelly, 2001); (b) setting in place strict visitation schedules; (c) threatening court sanctions to motivate parental compliance with orders; (d) altering custody or residency arrangements; and/or (e) making orders that the child live with the targeted parent (Darnall, 2011; Gardner, 2001). Further, mental health professionals may recommend to the court that no action be taken because of an expectation that the alienation will resolve without formal intervention (Bernet *et al.*, 2010; Darnall, 2011; Darnall and Steinberg, 2008).

Darnall (2011) reported that due to a lack of research and outcome studies on the impact of the child's adjustment to a change in family arrangements, many legal professionals struggle without guidance in deciding whether a change in custody or residency arrangements is to the child's advantage (Darnall, 2011). Without evidence-based best practice guidelines, mental health professionals have little assistance to offer their legal colleagues in identifying appropriate courses of action.

There are a broad range of short and longer-term negative outcomes for children exposed to a parental alienation process (Baker *et al.*, 2011; Bernet *et al.*, 2010; Johnston, 2005). As a result, there is a need for effective therapeutic intervention (Toren *et al.*, 2013). Interventions should aim to achieve positive outcomes for the child and the family, such as restoration of parent-child relationships (Darnall, 2011). Garber (2011) recommended using three guiding principles in treatment, namely, redirecting the alienating parents' needs, restoring the child's healthy role within the family, and avoiding blame. In doing so, Garber (2011) further suggested that similarly to legal interventions, psychological treatment should take into account the severity of alienation. To enhance the chances of an effective outcome, legal and psychology professionals should adopt a cohesive and collaborative approach to the management of parental alienation (Gardner, 1998). This requires a better understanding of best practice strategies.

Rationale and aims

Although a number of legal and psychological interventions for parental alienation have been described in the literature to date (e.g. Darnall, 2011; Ellis and Boyon, 2010; Gardner, 1998; Smith, 2016), the evidence base for each intervention is unclear or undetermined. This study aimed to systematically review all available literature pertaining to parental alienation to determine best practice responses to

parental alienation from a psychological and a legal perspective. In doing so, the aim was to identify available interventions and determine their effectiveness in restoring relationships and resolving psychological symptoms.

Based on the outcome of this first aim, the second aim was to make recommendations about (1) therapeutic skills needed to achieve efficacious outcomes, and (2) effective intervention strategies for the restoration of relationships and the management of psychological maladjustment for all parties. These recommendations are relevant for Western English-speaking countries, such as Australia, the UK and the US, that have similar legal systems and psychological services.

Method

Design

A systematic literature search was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses methodology (PRISMA: Moher, Liberati, Tetzlaff and Altman, 2009). These guidelines were selected as they are considered appropriate for systematic literature reviews, including evaluations of interventions (Moher *et al.*, 2009).

A narrative approach was applied in synthesizing the extracted data using Guidance on the Conduct of Narrative Synthesis in Systematic Reviews (Popay *et al.*, 2006). In this study, a meta-analysis was considered inappropriate due to the nature of existing literature containing a mixture of qualitative and quantitative approaches with a lack of randomized controlled trials (Garg, Hackam and Tonelli, 2008).

Procedure and search strategy

Literature searches were conducted through the following academic databases: Medline, Embase, and PsycINFO from their inception to August 2015. The searches were repeated during July 2016. The Cochrane Central Register of Controlled Trials and conference abstracts were also searched. The following search string formed the basis of the search and was adapted as needed for each database: (parental alienat* OR “parental separation” OR “parental conflict”) AND (disorder* OR family OR reject* OR treatment OR therap* OR interven* OR outcome OR court OR custody OR divorc* OR

depress* OR self-esteem OR anxi* OR well*). Medical Subject Headings (MeSH) terms were used when searching Medline, keywords were used when searching The Cochrane Library and Subject Headings were used when searching Embase and PsycINFO.

The authors of included articles were contacted for additional information regarding any unpublished research. Additionally, reference lists of all included full text literature were hand searched in order to locate any additional studies that may have been missed by the database searches.

Study inclusion criteria

For inclusion in this review, findings had to be peer reviewed journal articles or books published in English pertaining to a psychological or legal intervention for parental alienation. Studies had to investigate one of the following: the relationships of children with the targeted parent and/or alienating parent; attitudes or perceptions towards the alienating parent; changes of custody arrangements; or outcomes of therapy such as a reduction in psychological symptoms. There were no exclusion criteria in relation to the study design; however, articles describing hypothetical cases, or that were directly relating to divorce with no reference to parental alienation were not considered directly relevant.

Data extraction

Data for included papers were independently extracted by one of three of the study authors and verified by another, with any discrepancies discussed with a third researcher. For each included study, data pertaining to the design, inclusion/exclusion criteria, participants, setting/context, specific intervention, time points, and study outcomes and results were extracted. Data were examined regarding the types of interventions discussed, with consideration given to the quality of studies in terms of limitations, handling of missing data, biases or withdrawals.

Results

For the first search, one researcher retrieved a total of 3,006 results, removed 900 duplicates and screened the remaining 2,106 records by title and abstract for relevance. At this stage, 2,025 results not

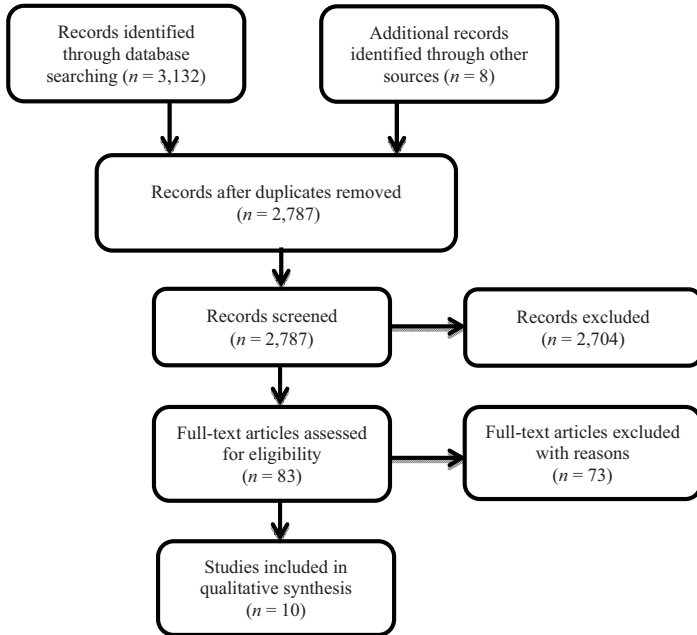


Figure 1. PRISMA flow diagram

meeting inclusion criteria were excluded. Full text publications were retrieved for the remaining 81 references, which were subsequently double screened by a second member of the research team. Any discrepancies were discussed with a third researcher. Of these, 72 were excluded for the following reasons: 37 did not refer to a specific intervention pertaining to parental alienation (recommendations or suggestions only); 13 did not refer to an outcome; 8 were published languages other than English; 7 were secondary publications; 2 were editorial/opinion pieces; 2 were hypothetical cases; 2 were not retrievable/published (thesis manuscript); and 1 article pertained to divorce. Following this, 9 separate studies met inclusion criteria and were subsequently included in this current review.

During July 2016, the searches were repeated. An additional 126 records were found. The titles and abstracts of these records were screened for relevance. The full text of one article was retrieved. This article was excluded because it was an opinion piece with hypothetical cases. No new articles met the criteria for inclusion in the analysis. The final search results are summarized in Figure 1.

A total of ten studies met the inclusion criteria for the review, with publications between the years 1990 and 2015. Articles were either published in the United States of America, Canada, or the United Kingdom. The studies included in the review outlined interventions for parental alienation that consisted of changing custody in favour of the alienating parent, and specialized family therapy/mediation designed specifically to meet the needs of families experiencing parental alienation. Table 1 contains a summary of the findings.

The results showed that awarding primary parental responsibility of the targeted child to the targeted parent can ameliorate parental alienation (Dunne and Hedrick, 1994; Gardner, 2001; Rand *et al.*, 2005). Further, separating the child from the alienating parent was not harmful to the child (Reay, 2015). Results also showed that damage to the targeted parent-child relationship as a result of parental alienation can be addressed through specialized forms of family therapy. A number of therapeutic programmes were identified, including Multi Model Family Intervention (MMFI), Family Reflections Reunification Program (FRRP), Overcoming Barriers Family Camp (OBFC), Parallel Group Therapy for PA and the Family Bridges workshop. Although these programmes have different structures and methods of delivery, they all aim to protect targeted children from further harm caused by the alienation and restore family functioning. These programmes are considered inappropriate for cases of estrangement where a child rejects an abusive parent. Results suggested that intervention for parental alienation needs to be court-mandated therapy with court sanctions for non-compliance (Lowenstein, 1998). None of the studies included in the review recommended waiting for spontaneous resolution of parental alienation, or letting the child decide custody or residency arrangement. Leaving the child with the alienating parent was found to exacerbate parental alienation (Gardner, 2001; Rand *et al.*, 2005).

All but one study (Toren *et al.*, 2013) included in the review were case series. In all case series there were no clear or defined outcome measures, no cases were matched with a control group and they were based on non-random samples, retrospective data analyses, and used only descriptive statistics. Toren *et al.* was a quasi-experimental study. This study included a treatment group and a partial control group; however, treatment allocation was not described. The sample size was small and there were some withdrawals prior to treatment commencing. As a result of the limitations of the included articles, the current authors were unable to determine which intervention was superior in

TABLE 1 Summary of Reviewed articles

| Author (year of publication) | Study design | Study population | Purpose | Intervention/methodology | Results |
|--------------------------------|--------------|---|--|---|---|
| Dunne and Hedrick (1994) | Case series | 21 children from 16 families who displayed behaviours consistent with Gardner's (1987) PAS | Aimed to analyse cases of PA and explore the characteristics of each case and how PA was addressed | Included cases were taken from the caseloads of clinicians working with divorcing families. Outcomes were based on clinical observations of changes in parental alienation. No objective outcome measures were used | PA was observed as "eradicated" in cases (n=3) when custody was changed in favour of TP Minor improvement or PA worse in cases engaged in traditional therapy with no change in custody |
| Friedlander and Walters (2010) | Case series | 55 cases consisting of children who were considered on the basis of clinical judgement to be at risk of PA and who completed MMFI The majority of cases were hybrid cases involved family enmeshment and/or estrangement that was not a result of serious abuse. A minority of cases did not involve family enmeshment and/or estrangement | Aimed to describe MMFI and present preliminary outcome data | Included cases completed MMFI – therapy involving both parents and alienated child. Outcomes were based on clinical observations of changes in parental alienation. No objective outcome measures were used MMFI includes individual psychotherapy, family therapy, case management, education, and targeted intervention to reduce PA | Reduction of PA in some cases as indicated by an increase in time the TC spent with the TP or no further increase in PA post intervention In a small number of cases PA increased or therapy discontinued (number of withdrawals not provided) |
| Gardner (2001) | Case series | 99 children who displayed behaviours consistent with | Aimed to describe cases of PA and compare outcomes of cases | TP was followed up 3 months to 19 years after the study author | In 22 cases custody was changed in favour of the TP. There was a |

TABLE 1 Continued

| Author (year of publication) | Study design | Study population | Purpose | Intervention/methodology | Results |
|------------------------------|--------------|--|---|---|---|
| Johnston and Goldsman (2010) | Case series | Gardner's (1987) PAS from 55 families and their TP | where custody was changed in favour of TP to those where the AP had residential custody | made recommendations to the court pertaining custody. TP were asked if the alienation had changed. Outcomes were based on clinical observations of changes in parental alienation and feedback from TP. No objective outcome measures were used | decrease in PA in all of these cases In 70 out of 77 cases where custody remained with AP, PA increased In 7 cases PA decreased |
| | | (1) 37 adults who experienced PA as children, attended counselling for PA as children (2) Case records of 42 children from 39 families who attended counselling for PA All cases had resisted or refused visitation with one of their parents without legitimate justification in the context of a custody dispute | Aimed to report outcome of a family counselling approach for PA | (1) Adults were followed up 20–30 years after therapy (2) Therapy records of these cases were reviewed All included cases participated in a family counselling approach aimed at reunification between the child and TP. Outcomes were based on clinical observations of changes in parental alienation and feedback from TP. No objective outcome measures were used | (1) Almost all cases reunified with TP in adulthood. Some resented the court for being ordered to attend numerous therapy programmes of these cases. In a minority of cases PA was resolved when intervention was early (2) Reduction in PA in half of these cases. In a minority of cases PA was resolved when intervention was early |

TABLE 1 *Continued*

| Author (year of publication) | Study design | Study population | Purpose | Intervention/methodology | Results |
|--------------------------------|--------------|---|---|--|---|
| Lowenstein (1998) | Case series | 32 families experiencing parental alienation consistent with high conflict and Gardner's (1987) PAS | Aimed to compare the outcomes of families involved in adversarial litigation (n=16) to families who completed mediation prior to litigation | Outcomes were based on clinical observations of changes in parental alienation for each group of cases Families gave satisfaction ratings of the intervention | Resolution of PA occurred in less than 3 years for mediation cases Resolution of PA occurred between 2 and 8 years for the adversarial cases Mediation cases reported greater satisfaction with the intervention than did adversarial cases |
| Rand, Rand and Kopetski (2005) | Case series | 45 children who displayed behaviours consistent with Gardner's (1987) PAS from 25 families | Aimed to examine the efficacy of therapeutic interventions for severe PA | Cases were divided into 3 outcome groups (interrupted alienation, mixed outcome, completed alienation) and characteristic of each group described. No objective outcome measures were used | Alienation was interrupted when custody was changed in favour of TP Complete alienation or minimal reduction in alienation occurred when custody remained with AP and visitation with TP not enforced |
| Reay (2015) | Case series | 22 children from 12 families who attended FRRP | Aimed to describe FRRP and present preliminary outcome data | FRRP aims to reconcile children with TPs. Clinical observation of re-establishing and maintaining contact with TP was made pre and post intervention and up to 12 months post intervention. No objective | 21 out of 22 children re-established and maintained a relationship with TP Separation from AP was not observed as harmful to children |

TABLE 1 *Continued*

| Author (year of publication) | Study design | Study population | Purpose | Intervention/methodology | Results |
|--|--------------------|--|---|---|---|
| Sullivan, Ward and Deutsch (2010) | Case series | 10 families attending OBFC between 2008 and 2009 These families unable to agree on custody/residency and the children are resisting or refusing contact with a parent | Aimed to describe OBFC and present preliminary outcome data | outcome measures were used OBFC is an intensive treatment programme for families experiencing PA. Self-report of satisfaction with intervention and changes in PA or custody arrangements post intervention were made | All were satisfied with the intervention 6–9 months post 2008 camp PA had decreased for 2 out of 5 families 2 out of 5 families reported minor reduction in PA 1 family reported complete PA No follow-up data reported for 2009 camp |
| Toren, Bregman, Zohar-Reich, Ben-Ami, Wolmer and Laor (2013) | Quasi-experimental | 22 children and their parents who completed parallel group therapy for PA 44 children who completed traditional individual and family therapy All children displayed behaviours consistent with Gardner's (1987) PAS | Aimed to assess the efficacy of parallel group therapy for PA | Parallel therapy is a short-term group programme for PA. Data were obtained from the Revised Children's Manifest Anxiety Scale (RCMAS); the Children's Depression Inventory (CDI); and the Bell Object Relations and Reality Testing Inventory (BORRTI). Outcomes were compared | Anxiety and depression decreased from pre and post group intervention and cooperation between parents improved post intervention. Outcomes were significantly better for the intervention group compared with the traditional therapy group |

TABLE 1 *Continued*

| Author (year of publication) | Study design | Study population | Purpose | Intervention/methodology | Results |
|------------------------------|--------------|--|--|---|---|
| Warshak (2010) | Case series | 23 Children from 12 families who completed the Family Bridges workshop Children were included if they refused or were extremely reluctant to spend time with one parent. Children who were estranged from a parent due to abuse were excluded | Aimed to describe the Family Bridges workshop and present preliminary outcome data | with the traditional treatment group Family Bridges is a workshop aimed at improving the target parent-child relationship after custody has been awarded to the TP and contact suspended with the AP Clinical observations of degree of the child's alienation were made. No objective outcome measures were used | Decrease in PA in 22 out of 23 cases post intervention Out of these 22, 18 maintained these changes at follow-up (2 to 4 years) Increase in PA in 4 cases at follow-up when contact with AP resumed |

Note: PA = Parental Alienation; PAS = Parental Alienation Syndrome; TP = Targeted Parent; AP = Alienating Parent; MMFI = Multi Model Family Intervention; FRRP = Family Reflections Reunification Program; OBFC = Overcoming Barriers Family Camp.

terms of treatment outcomes. However, the results of this systematic literature review provide useful information on approaches to addressing parental alienation.

Discussion

This systematic literature review aimed to identify all available interventions for parental alienation and determine their effectiveness in restoring relationships and resolving psychological symptoms. Based on the outcome of this first aim, the second aim was to make recommendations about therapeutic skills needed to achieve efficacious outcomes, effective intervention strategies and ways in which mental health professionals can assist the courts in their decision-making process regarding parental alienation. Ten studies met criteria for inclusion in the review.

A number of therapeutic programmes were identified in the review. Each programme is a specialized form of systemic family therapy. They all aim to protect targeted children from further harm caused by the alienation; improve the targeted child's psychological well-being; challenge the targeted child's distorted thinking and strengthen their critical thinking skills; improve the targeted parent-child relationship; prepare the alienating parent for an improvement in the quality of the targeted parent-child relationship and support them through this change; repair the co-parenting relationship; and strengthen family communication and healthy boundaries within the new family structure. Psychoeducation for all family members on the nature and treatment of parental alienation appears to be an important part of each programme.

Despite previous suggestions (e.g. Darnall and Steinberg, 2008), none of the studies included in the review recommended waiting for spontaneous resolution of parental alienation, or letting the child decide custody or residency arrangements. Additionally, leaving the child with the alienating parent does not appear to be an effective strategy (Gardner, 2001; Rand *et al.*, 2005) in addressing parental alienation as described by Sullivan and Kelly (2001). Leaving the targeted child in the primary care of the alienating parent appears to enable the alienation to continue and become more severe. The consequences of continued alienation are further damage to the targeted parent-child relationship (Gardner, 2001) and negative psychological and social outcomes for the targeted child, such as major depressive

disorder, low self-esteem, and insecure attachment styles as adults (Ben-Ami and Baker, 2012).

The weight of evidence from this systematic review suggests that leaving the child with the alienating parent exacerbates the alienation. Instead, the evidence supports changes in custody arrangements in favour of the targeted parent as an effective strategy for improving child-parent relationships and reducing distress in the child (Dunne and Hedrick, 1994; Gardner, 2001; Rand *et al.*, 2005). Importantly, Reay (2015) observed that separating the child from the alienating parent was not harmful to the child. These findings are consistent with previous literature suggesting that courts should implement strict visitation schedules, changes in custody to the targeted parent or changes in child and target parent access arrangements (Darnall, 2011).

Lowenstein (1998) found that court-mandated therapy with court sanctions for non-compliance was effective in achieving a resolution to parental alienation. The evidence suggests that such interventions are most effective when implemented early before parental alienation is severe and the adversarial court process compounds the severity of the problem (Johnston and Goldman, 2010; Lowenstein, 1998).

Dunne and Hedrick (1994) and Rand (2005) suggested that traditional therapy alone was not effective in addressing parental alienation. The strongest evidence from the current review demonstrates that therapeutic programmes designed specifically to address parental alienation with court sanctions for non-compliance are most effective in addressing parental alienation (e.g. Friedlander and Walters, 2010; Reay, 2015; Sullivan *et al.*, 2010; Toren *et al.*, 2013; Warshak, 2010). Included articles show that such interventions can result in improvement in the targeted parent-child relationship as well as a reduction in psychological symptoms experienced by the targeted child. Specifically, this may be achieved via workshops, camps, retreats (Reay, 2015; Sullivan *et al.*, 2010; Warshak, 2010), multi-disciplinary family therapy (Friedlander and Walters, 2010), or via a parallel group therapy approach (Toren *et al.*, 2013). Most included studies reported use of psychoeducation, parenting skills/coping skills, and therapy with all members of the family (Reay, 2015; Sullivan *et al.*, 2010; Warshak, 2010), with the programmes being delivered by court-appointed psychologists or social workers and with the involvement of a parenting coordinator (Friedlander and Walters, 2010; Toren *et al.*, 2013). Further, when these approaches were ineffective in resolving the alienation process and the effects of that

process, a change in custody in favour of the targeted parent was warranted.

Current findings are in line with Sullivan and Kelly's (2001) suggestion that interventions for parental alienation should include both a legal and psychotherapeutic response to facilitate restoration of family functioning when parental alienation is evident. Further, it is consistent with Gardner's (1998) recommendation that high conflict cases of parental alienation classed as moderate or severe require a joint effort between the court and therapist/s. It would seem that despite the controversy that developed as a consequence of some of Gardner's views (e.g. Houchin *et al.*, 2012; Waldron and Joanis, 1996; Warshak, 2001), his suggestion of a combined approach to resolution of the problem is a sound one.

Practice recommendations

Where a child/children may be resisting or refusing contact with a parent in the context of parental alienation, a family approach in therapy with inclusion of all members, alongside legal interventions is recommended (Friedlander and Walters, 2010; Lowenstein, 1998; Reay, 2015; Sullivan *et al.*, 2010; Toren *et al.*, 2013; Warshak, 2010). Current literature shows that changing custody or residency arrangements in favour of the targeted parent can reduce and even ameliorate parental alienation. The available evidence suggests that the degree of change required may depend on the severity of the alienation. Awarding primary parental responsibility to the targeted parent when parental alienation is severe is an important step in ameliorating parental alienation. Research findings indicate that removing the targeted child from the care of their preferred parent does not harm them (Dunne and Hedrick, 1994; Gardner, 2001), even if transient distress is experienced. Indeed, removing the targeted child from the alienating parent will protect the child from further harm. It will also allow for an improvement in the targeted parent-child relationship without further interference from the alienating parent (Raey, 2015; Rand, Rand and Kopetski, 2005).

Inevitably, changing custody or residency arrangements will require adjustment for all the family members involved. Therefore, therapeutic support during this transition is important. Traditional family therapy, however, is ineffective and may cause further damage (Raey, 2015; Warshak, 2010). Instead the available evidence shows that systemic family therapy tailored to the needs of families

experiencing parental alienation is essential. The evidence indicates that specialized family therapy for parental alienation should occur as soon as parental alienation is identified (Johnston and Goldman, 2010). Specialized family therapy needs to be court ordered and non-compliance with court orders needs to be sanctioned. Such sanctions will provide alienating parents with an incentive to engage in therapy and, thus, make therapeutic change.

The current review identified a number of specialized family therapy programmes. These programmes have different delivery methods but share the same aims. When the shared characteristics of the intervention programmes are considered, a number of recommendations can be made. Firstly, any family therapeutic intervention for parental alienation must involve the targeted child, targeted parent and alienating parent. Further, any family therapy programme for parental alienation should:

- provide each family member with psychoeducation about parental alienation and its sequelae;
- protect the targeted children from harm caused by the alienation;
- use therapeutic intervention that reduces the targeted child's distress and improves psychological well-being;
- use techniques that challenge the targeted child's distorted thinking and teach them critical thinking skills;
- work to improve the targeted parent-child relationship;
- prepare the alienating parent for an improvement in the quality of the targeted parent-child relationship and challenge their distorted thinking;
- employ conflict resolution techniques to repair the co-parenting relationship; and
- establish healthy boundaries and communication within the family.

In order to achieve these outcomes, mental health practitioners working with families must adopt a non-judgemental approach. Therapeutic rapport needs to be built with all family members. This can be achieved by providing each family member with a supportive environment in which to explore their presenting problems while remaining neutral to each family member's views about these issues (Rait, 2000). Therapy should offer sessions with family members together as well as sessions with individual family members so that both individual and systemic concerns can be addressed (Lebow and

Rekart, 2007). Ultimately, the aim of family therapy is to achieve and maintain healthy parent-child relationships and to facilitate a new family environment that allows parents to maintain a healthy distance from each other with cordial communication on an “as needed” basis (Lebow and Rekart, 2007).

Of course, the challenge of implementing such therapeutic programmes lies in the reluctance of alienating parents to engage in a process that is likely to alter the nature of the parent-child relationships in a way that is contrary to their wishes. With successful therapeutic outcome being determined by the degree of engagement in the therapeutic process, it is essential that alienating parents be motivated to involve themselves in a programme that is aimed at improving their child's situation and commit themselves to actively participating in activities linked to therapeutic goals.

As these therapeutic goals seem to be contrary to the wishes of the alienating parent, it is necessary that the motivation to participate be externally driven. In this way, it is essential that courts adopt a strategy for managing non-compliance with therapeutic efforts that reflects a cohesive legal-psychological management approach. Rejecting court directions that are aimed at improving the child's circumstances should be met with clearly defined and consistently implemented sanctions. This is based on the notion that it is better for the child to live with the targeted parent and have limited contact with the alienating parent than to remain with an alienating parent unwilling to make genuine effort in achieving therapeutic goals.

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Parental alienation: Targeted parent perspective

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Abstract

Objectives: The aims of the study were to determine targeted parent experiences of parental alienation post-separation from the alienating parent, and to investigate common targeted parent characteristics. **Method:** A total of 225 targeted parents completed an online survey. **Results:** Targeted parents reported experiencing high severity of exposure to parental alienation tactics. Targeted parent sex and targeted child age significantly predicted variance in exposure to parental alienation. Targeted mothers experienced significantly higher severity of exposure to parental alienation than targeted fathers. Severity of exposure to parental alienation tactics significantly predicted increases in the appraisal of the parental alienation situation as threatening. **Conclusions:** The findings offered new insights into targeted parent appraisals of their parental alienation experience. The results signified the seriousness of the impact of exposure to parental alienation for targeted parents, and highlighted a need for empirical research into the effectiveness of interventions and support services to assist targeted parents.

Key words: alienated parent, parental alienation, targeted parent

What is already known about the topic?

1. Parental alienation is a legitimate and serious problem that affects the child, their parents, and the family system.
2. Alienating parents use a number of tactics to damage the relationship between the child and targeted parent.
3. There is currently no agreed upon definitive set of behaviours that constitute parental alienation.

Parental alienation is a process by which one parent (alienating parent) negatively influences a child's perception of the other parent (targeted parent). This results in the child irrationally denigrating the alienated parent while expressing strong allegiance to the alienating parent. Ultimately, this can result in the alienating parent eradicating the relationship between the child and the targeted parent (Bernet, Von Boch-Galhau, Baker, & Morrison, 2010; Garber, 2011). There is currently no agreed upon definitive set of behaviours that constitute parental alienation, however, parental

What this topic adds?

1. Targeted parents are mothers and fathers who experience psychological distress as a result of being alienated from their children.
2. Support services are needed to assist targeted parents with their distress.
3. Psychologists need to be aware of the presence and severity of parental alienation when working with families who may be experiencing parental alienation.

alienation is understood to involve a number of tactics used by the alienating parent in an attempt to program the targeted child to reject the targeted parent (Bond, 2008; Gardner, 2002; Hands & Warshak, 2011).

Much of the past literature has focused on the characteristics of the alienating parent and the targeted child. Alienating parents have been described as narcissistic, paranoid, and cognitively disturbed individuals who have difficult relationships with their family of origin (e.g., Baker, 2005a, 2006; Ellis & Boyan, 2010; Kopetski, 1998a, 1998b; Lorandos, Bernet, & Sauber, 2013; Rand, 1997a, 1997b). It has been suggested that most alienating parents are mothers (Bow, Gould, & Flens, 2009; Ellis & Boyan, 2010; Gardner, 2002; Johnston, 2003; Meier, 2009; Nichols, 2013; Rand, 1997a, 1997b; Vassiliou & Cartwright, 2001). Additionally, alienating mothers and alienating fathers engage in differing alienating tactics.

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For example, alienating fathers are more likely to encourage the child to be defiant towards the mother, whereas alienating mothers are more likely to denigrate the father in front of the child (López, Iglesias, & García, 2014).

A number of commonly witnessed characteristics of targeted children have been outlined in the literature, including: (1) having an unhealthy and age-inappropriate dependence on the alienating parent; (2) female children are slightly more likely to be targeted; and (3) children around 10–14 years of age are more commonly alienated (Baker & Darnall, 2006; Bow et al., 2009; Ellis & Boyan, 2010). Targeted children have been observed to exhibit psychosocial disturbances due to exposure to parental alienation. These disturbances include disrupted social-emotional development, lack of trust in relationships, depression, anxiety, difficulties controlling their impulses, social isolation, and low self-sufficiency (Baker, 2005b, 2010b; Ben-Ami & Baker, 2012; Friedlander & Walters, 2010; Godbout & Parent, 2012; Johnston, Walters, & Olesen, 2005; Kopetski, 1998b).

Despite the body of literature describing the targeted child and alienating parent the perspective of the targeted parent remains under-researched. Nevertheless, some studies have identified common emotions experienced by targeted parents. These include frustration, stress, fear, loss, powerlessness, helplessness, and anger as a result of the constant interference by the alienating parent (Baker, 2010a; Baker & Andre, 2008; Baker & Darnall, 2006; Vassiliou & Cartwright, 2001). Throughout the process of alienation, the targeted parent can endure personal costs that leave them emotionally and financially exhausted (Walsh & Bone, 1997).

Currently, the majority of descriptions of targeted parent characteristics and experiences are drawn from research with small sample sizes (e.g., $N < 50$) or from reports of the targeted parents' experiences from legal and mental health professionals who have worked with the targeted parent or targeted child, or from targeted children when interviewed in adulthood. Additionally, information about the targeted parent experience largely has relied on American samples. No study to date has employed an international sample (Baker, 2006, 2010a; Friedlander & Walters, 2010; Godbout & Parent, 2012; Johnston, 2003; Kelly & Johnston, 2001; Vassiliou & Cartwright, 2001). Throughout this literature, targeted parents have been described as rigid and unskilled in their parenting style, emotionally detached and having difficulty managing their emotions. Further research is needed examining the impact of parental alienation on the targeted parents' psychological wellbeing and perception of parenting capacity from the targeted parent perspective.

THE PRESENT STUDY

The aim of this study is to investigate the experience of parental alienation from the perspective of both male and female targeted parents. This study aims to examine if there are sex differences in the experience of parental alienation. The study also examines if parental alienation severity predicts changes in the targeted parents' psychological wellbeing, threat appraisal, and perception of parental competence.

Based on previous research, it is predicted that fathers will report greater severity of parental alienation than will mothers. Parental alienation severity will be higher when the targeted child is older and female. It is also predicted that an increase in parental alienation severity will be associated with poorer psychological wellbeing, greater threat appraisal, and a reduction in targeted parents' perception of their parental competence.

METHOD

Procedure

Following approval from the University of Tasmania's Social Sciences Human Research Ethics Committee, the researchers approached support groups, private practices, and non-government organisations providing assistance for parents experiencing parental alienation to advertise the research on the researchers' behalf. In order to obtain an international sample, the study was also advertised via an international online support group's Facebook page. Interested targeted parents were able to access the survey online via Limesurvey (Schmitz, 2015). The survey took approximately 1 hr to complete.

Materials

An online survey was developed specifically for the present study. The survey utilised a combination of researcher developed measures and published measures. Socio-demographic information was collected via 13 questions developed by the researcher, to give a clearer context in which parental alienation occurs, as well as to determine common characteristics among targeted parents.

The targeted parents' recall of exposure to parental alienation tactics was measured by 13 items developed by the researchers. An example item includes, *"In the last month, has the alienating parent attempted to remove your child from your life completely?"*, rated on a 5-point Likert scale (0 = *never* to 4 = *always*). Internal consistencies were calculated using Cronbach's alpha for the severity of exposure to parental alienation tactics, and were considered acceptable (Cronbach's $\alpha = .85$).

The stress appraisal measure (SAM: Peacock & Wong, 1990), consisting of 28 items (Cronbach's $\alpha = .67$), was utilised to measure cognitive appraisals that result in stress.

Measured on a 5-point Likert scale, the SAM consists of seven subscales: threat, challenge, centrality, controllable-by-self, controllable-by-others, uncontrollable, and stressfulness.

The Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995), consisting of 21 items (Cronbach's $\alpha = .95$), was utilised to measure depression, anxiety, and stress measured on a 4-point Likert scale (0 = *never* to 3 = *almost always*).

The Parenting Sense of Competence Scale (PSCS; Johnston & Mash, 1989) was utilised to evaluate competence on a 6-point Likert scale (1 = *strongly agree* to 6 = *strongly disagree*). This measure consists of 16 items, divided into two subscales: satisfaction subscale with nine items (Cronbach's α Pre/Post = .75/.74); and efficacy subscale with seven items (Cronbach's α Pre/Post = .76/.75; Johnston & Mash, 1989). An example item is, "I honestly believe I have all the skills necessary to be a good parent to my child".

The Parent-Child Relationship Inventory (PCRI; Gerard, 1994) was utilised to examine parental competence on a 4-point Likert scale (1 = *strongly agree* and 4 = *strongly disagree*). An additional response item (0 = *Don't Know/Not Applicable*) was added to account for the fact that the current sample may not have contact nor have had a relationship with the target child, in order to enable them to answer such questions. This measure consisted of 78 items with 7 content scale, including: parent support, satisfaction with parenting, involvement, communication, limit setting, autonomy, and role orientation (Cronbach's $\alpha = .12-.76$). The PCRI was used in this study because it provides a comprehensive measure of the parent-child relationship in the absence of a measure of the parent-child relationship within the context of parental alienation.

Participants

A priori power analysis using G*Power (version 3.1.9.2; Faul, Erdfelder, Buchner, & Lang, 2009) was conducted. A sample size of 179 would be required to achieve power of .80 and a medium effect size (.25) at an alpha level of .05. A total of 225 participants who self-identified as targeted parents completed the survey. Each parent participated voluntarily. The inclusion criterion for the study was being a biological parent of a child (under the age of 18 years) who they were alienated from at the time of the study. Of this sample, 105 were men ($M_{\text{age}} = 40.86$ years, $SD = 8.42$) and 120 were women ($M_{\text{age}} = 40.73$ years, $SD = 7.05$).

Analysis

To estimate the proportion of variance in severity of exposure to parental alienation tactics that can be accounted for by targeted parent sex, targeted child sex, and targeted child age, a standard regression analysis was performed. A one-

way between groups analysis of variance (ANOVA) was used to further investigate the differential severity of exposure to parental alienation tactics for mothers and fathers. Additionally, a series of one-way ANOVAs were conducted to investigate any sex differences in targeted parents' psychological wellbeing as measured by the DASS (Lovibond & Lovibond, 1995), threat appraisal as measured by the SAM (Peacock & Wong, 1990), and perception of parental competence as measured by the PSCS (Johnston & Mash, 1989) and the PCRI (Gerard, 1994). To estimate the proportion of variance in parental competence, stress appraisal, and psychological well-being that can be accounted for by the severity of exposure to parental alienation tactics, a series of standard multiple regression analyses were performed.

RESULTS

Sample characteristics

Close to half of the participants (48%) were living in the United States of America, with 36.4% living in Australia (see Table 1 for a summary of the characteristics of the sample).

Sex differences in targeted parent experiences of parental alienation

In combination, targeted parent sex, targeted child sex, and targeted child age accounted for a significant 7.8% of the variability in severity of exposure to parental alienation tactics, $R^2 = .078$, adjusted $R^2 = .065$, $F(3, 220) = 6.19$, $p < .001$, $\eta^2 = .078$. This demonstrated significant positive correlation between severity of exposure to parental alienation tactics and targeted parent sex, as well as targeted child age. ANOVA revealed a significant main effect of targeted parent sex on the severity of exposure to parental alienation tactics, $F(1, 222) = 11.54$, $p = .001$, $\eta^2 = .049$, in which mothers ($M = 42.01$, $SD = 8.45$) experienced a significantly higher severity of exposure to parental alienation tactics than fathers ($M = 38.00$, $SD = 9.21$). Furthermore, a series of one-way ANOVAs demonstrated a significant main effect of targeted parent sex on the severity of exposure to the alienating parent: interrogating the targeted child; speaking badly about the targeted parent in front of the targeted child; withdrawing love from the targeted child when they express support for the targeted parent; demanding targeted child be loyal only to them; inappropriately disclosing information about the targeted parent to targeted child; encouraging an unhealthy alliance with targeted child; and encouraging the targeted child to be defiant while spending time with the targeted parent. Planned contrasts indicated that mothers experienced significantly higher severity of exposure to each of the tactics compared to fathers (see Table 2).

Table 1 Socio-demographic variables of the current study sample

| Socio-demographic | Variables | Number (%) | <i>M</i> (<i>SD</i>) | Socio-demographic | Variables | Number (%) | <i>M</i> (<i>SD</i>) |
|---|-------------------------|------------|------------------------|-----------------------------|-------------------------------|------------|------------------------|
| Sample | | 225 (100) | — | Age of TC | 1–18 years | — | 11.32 (4.74) |
| Age | 18–60 years | — | 40.79 (7.70) | Gender of TC | Male | 102 (45.3) | — |
| Sex of parent | Female | 120 (53.3) | — | | Female | 123 (54.7) | — |
| | Male | 105 (46.7) | — | No. children shared with AP | 1 | 92 (40.9) | — |
| Country of residence | USA | 108 (48) | — | | 2 | 74 (32.9) | — |
| | Australia | 82 (36.4) | — | | 3 | 29 (12.9) | — |
| | Canada | 17 (7.6) | — | | 4 | 7 (3.1) | — |
| | United Kingdom | 10 (4.4) | — | | 5 | 3 (1.3) | — |
| | New Zealand | 5 (2.2) | — | | 6 | 1 (.4) | — |
| | Ireland | 2 (.9) | — | No. children alienated from | 1 | 116 (51.6) | — |
| | India | 1 (.4) | — | | 2 | 80 (35.6) | — |
| Language | English | 220 (97.8) | — | | 3 | 17 (7.6) | — |
| Relationship status | Divorced/separated | 102 (45.3) | — | | 4 | 7 (3.1) | — |
| | Married/defacto | 78 (34.7) | — | | 5 | 2 (.9) | — |
| | Single | 29 (12.9) | — | | 6 | 1 (.4) | — |
| | Never married | 16 (7.1) | — | Current custody status | No custody | 61 (27.1) | — |
| Employment | Full-time | 131 (58.2) | — | | Non-custodial with visitation | 51 (22.7) | — |
| | Part-time | 32 (14.2) | — | | Primary custodial parent | 19 (8.4) | — |
| | Unemployed | 44 (19.6) | — | | Joint custody | 39 (17.3) | — |
| | Part-/full-time student | 18 (8) | — | Custody arrangement | No custody | 6 (2.7) | — |
| TC resides with TP | Yes | 18 (8) | — | | Non-custodial with visitation | 59 (26.2) | — |
| | No | 207 (92) | — | | Primary custodial parent | 37 (16.4) | — |
| Children with someone other than the AP | Yes | 83 (36.9) | — | | Joint custody | 84 (37.3) | — |
| | No | 142 (63.1) | — | | | | |

Note. AP = alienating parent; *M* = estimated mean; *SD* = standard deviation; TC = targeted child; TP = targeted parent.

A series of one-way ANOVAs revealed significant main effects of targeted parent sex on satisfaction with parenting, parental involvement, and parental role orientation were found. Planned contrasts demonstrated that mothers reported significantly higher reflections of satisfaction with parenting compared to fathers whereas fathers reported significantly higher propensity to seek out their child and show interest in being involved with their life activities compared to mothers, as well as significantly higher attitudes consistent with the sharing of parental responsibility compared to mothers (see Table 3).

Impact of parental alienation on targeted parents' psychological wellbeing, threat appraisal, and parental competence

The severity of exposure to parental alienation tactics accounted for a significant 3.8% of the variance in appraisal of the threatening nature of the parental alienation

situation. This demonstrated a significant positive correlation between severity of exposure to parental alienation tactics and stress appraisal of the potential harm or loss that may come in the future due to the parental alienation experience. The severity of exposure to parental alienation tactics did not account for significant variances for any of the remaining outcome variables (see Table 4).

DISCUSSION

The present study was conducted to investigate the experience of parental alienation from the perspective of male and female targeted parents. Specifically, this study aimed to examine if there are sex differences in the experience of parental alienation. The study also examined if parental alienation severity predicted changes in the targeted parents' psychological wellbeing, threat appraisal, and perception of parental competence.

Table 2 Means and standard deviations for the differential severity of exposure to parental alienation tactics between males and females

| | Males | | Females | | <i>F</i> (<i>df</i>) | η^2 | <i>t</i> (<i>df</i>) | (Two-tailed) | <i>d</i> |
|--|-------------------|-----------|-------------------|-----------|------------------------|----------|------------------------|-----------------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | | <i>p</i> | |
| AP interfering with time spent with TC | 3.11 [2.89, 3.34] | 1.16 | 3.29 [3.09, 3.50] | 1.14 | 1.34 (1, 223) | .006 | -1.16 (223) | .248 | -.155 |
| AP implications of TP being dangerous | 2.95 [2.71, 3.20] | 1.27 | 3.06 [2.83, 3.29] | 1.28 | .39 (1, 223) | .002 | -0.62 (223) | .535 | -.083 |
| AP interrogating the TC after time spent | 2.91 [2.65, 3.17] | 1.35 | 3.41 [3.23, 3.59] | 1.00 | 9.92 (1, 223) | .043 | -3.15 (223) | .002 | -.422 |
| AP speaking badly about the TP in front of the TC | 3.15 [2.94, 3.36] | 1.08 | 3.55 [3.41, 3.69] | 0.75 | 10.43 (1, 223) | .045 | -3.23 (223) | .001 | -.433 |
| AP attempts to damage loving connection | 3.59 [3.45, 3.73] | 0.73 | 3.72 [3.61, 3.83] | 0.61 | 1.99 (1, 223) | .009 | -1.41 (223) | .159 | -.189 |
| AP withdrawing love from TC when they express support for the TP | 2.40 [2.15, 2.65] | 0.12 | 2.78 [2.54, 3.02] | 1.33 | 4.84 (1, 223) | .021 | -2.20 (223) | .029 | -.295 |
| AP demanding TC to be loyal only to them (AP) | 2.75 [2.51, 3.00] | 1.25 | 3.14 [2.94, 3.35] | 1.13 | 5.99 (1, 223) | .026 | -2.45 (223) | .015 | -.328 |
| AP inappropriately disclosing information about TP to TC | 2.88 [2.63, 3.12] | 1.28 | 3.32 [3.12, 3.51] | 1.07 | 7.95 (1, 223) | .035 | -2.80 (222) | .005 | -.376 |
| AP attempts to completely remove TC from TP's life | 3.39 [3.20, 3.58] | 0.99 | 3.58 [3.41, 3.74] | 0.90 | 2.14 (1, 223) | .010 | -1.46 (223) | .145 | -.196 |
| AP cut TP off from receiving information about TC | 3.68 [3.55, 3.80] | 0.64 | 3.59 [3.44, 3.74] | 0.84 | .71 (1, 223) | .003 | 0.84 (223) | .401 | .113 |
| AP encouraging unhealthy TC and AP alliance | 2.44 [2.17, 2.77] | 1.40 | 2.95 [2.72, 3.18] | 1.27 | 8.27 (1, 223) | .036 | -2.88 (223) | .004 | -.386 |
| TC being defiant during time spent with TP | 1.78 [1.51, 2.05] | 1.38 | 2.61 [2.34, 2.88] | 1.48 | 18.64 (1, 223) | .077 | -4.32 (223) | <.001 | -.579 |
| AP utilising outside forces against TP | 2.90 [2.62, 3.17] | 1.41 | 2.99 [2.75, 3.24] | 1.36 | .27 (1, 223) | .001 | -0.52 (223) | .602 | -.070 |

Note. Bolded values indicate statistical significance. AP = alienating parent; *F* = analysis of variance statistic; *d* = Cohen's *d* effect size; *df* = degrees of freedom; *M* = estimated mean; η^2 = eta-squared effect size; *p* = significance statistic; *SD* = standard deviation; *t* = correlational statistic; TC = targeted child; TP = targeted parent.

Sex differences in targeted parent experiences of parental alienation

The present study showed that, in combination, targeted parent sex, targeted child sex, and targeted child age, significantly predicted changes in the severity of exposure to parental alienation tactics. As targeted child age increased, the severity of exposure to parental alienation tactics also increased for the targeted parent. This finding supports the hypotheses and is consistent with previous research.

Targeted parent sex was also found to significantly predict changes in the severity of exposure to parental alienation tactics. Mothers experienced significantly greater severity of exposure to parental alienation tactics than fathers. This finding did not support the hypothesis and previous research. Previous studies have suggested that mothers are most commonly found to be the alienating parents and, thus, fathers experience a higher frequency and severity of

exposure to parental alienation tactics (Bow et al., 2009; Ellis & Boyan, 2010; Gardner, 2002; Johnston, 2003; Meier, 2009; Nichols, 2013; Rand, 1997a, 1997b; Vassiliou & Cartwright, 2001). This difference may be accounted for by the larger sample size and a higher proportion of targeted mothers than previous studies.

In the present study, targeted mothers reported experiencing significantly higher severity of exposure to alienating parents' denigration tactics than did fathers, which is inconsistent with López et al. (2014). This finding suggests that alienating fathers may be more aggressive in their approach to weakening the targeted mother's authority over their children than first thought.

The present findings do offer some empirical support for the suggestion that alienating mothers and alienating fathers appear to engage in differing tactics against the targeted parent (López et al., 2014; Lorandos et al., 2013). The current

Table 3 Differential ratings of stress appraisal and affect between males and females

| | Males | | Females | | <i>F</i> (<i>df</i>) | η^2 | <i>t</i> (<i>df</i>) | (Two-tailed) | |
|---------------------------------------|----------------------|-----------|----------------------|-----------|------------------------|----------|------------------------|--------------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | | <i>p</i> | <i>d</i> |
| Parental responsibility | 37.34 [34.77, 39.91] | 10.37 | 40.16 [36.87, 43.45] | 13.71 | 1.79 (1, 132) | <.001 | -1.34 (132) | .184 | .006 |
| Parental satisfaction | 36.08 [34.35, 37.72] | 6.80 | 37.22 [35.63, 38.81] | 6.81 | 1.04 (1, 137) | .011 | -1.02 (137) | .309 | .209 |
| Parenting efficacy | 21.31 [19.89, 22.73] | 5.73 | 21.04 [19.75, 22.33] | 5.57 | .08 (1, 137) | .024 | .28 (137) | .781 | -.311 |
| Parental support | 48.73 [46.49, 50.98] | 10.16 | 51.34 [49.20, 53.48] | 9.93 | 2.13 (1, 170) | .009 | -1.46 (170) | .146 | .189 |
| Satisfaction with parenting | 48.36 [46.20, 50.52] | 9.78 | 51.94 [49.83, 54.04] | 9.76 | 5.61 (1, 166) | .033 | -2.37 (166) | .019 | -.387 |
| Parental involvement | 51.74 [49.47, 54.01] | 10.25 | 48.44 [46.37, 50.52] | 9.62 | 4.83 (1, 166) | .028 | 2.20 (166) | .029 | .342 |
| Parental communication | 49.32 [47.14, 51.49] | 9.83 | 50.61 [48.43, 52.80] | 10.13 | .99 (1, 167) | .016 | -1.00 (167) | .321 | .255 |
| Parent limit setting | 50.94 [48.76, 53.13] | 9.87 | 49.38 [47.26, 51.50] | 9.85 | 1.40 (1, 165) | <.001 | 1.19 (165) | .238 | .004 |
| Parent role orientation | 51.94 [49.91, 53.97] | 9.18 | 48.32 [46.08, 50.57] | 10.41 | 4.98 (1, 165) | .029 | 2.23 (165) | .027 | .347 |
| Parental autonomy | 49.62 [47.51, 51.74] | 9.58 | 50.64 [48.41, 52.87] | 10.34 | .53 (1, 166) | .004 | -.73 (166) | .468 | -.125 |
| Situational controllability-by-self | 12.55 [11.49, 13.61] | 4.18 | 11.72 [10.68, 12.77] | 4.36 | 1.22 (1, 129) | .006 | 1.10 (129) | .272 | -.151 |
| Situational threat | 16.18 [15.39, 16.96] | 3.10 | 16.51 [15.75, 17.27] | 3.61 | .36 (1, 129) | .039 | -.60 (129) | .548 | .398 |
| Situational centrality | 18.05 [17.49, 18.61] | 2.20 | 18.19 [17.61, 18.77] | 2.42 | .12 (1, 129) | .013 | -.34 (129) | .731 | .225 |
| Situational uncontrollability | 13.27 [12.32, 14.22] | 3.74 | 13.03 [11.97, 14.09] | 4.40 | .12 (1, 129) | .009 | .34 (129) | .733 | .195 |
| Situational controllability-by-others | 7.66 [6.74, 8.58] | 3.63 | 7.54 [6.69, 8.38] | 3.52 | .04 (1, 129) | <.001 | .20 (129) | .842 | -.076 |
| Situational challenge | 12.47 [11.61, 13.33] | 3.38 | 12.30 [11.51, 13.09] | 3.29 | .08 (1, 129) | <.001 | .28 (129) | .780 | -.034 |
| Situational stressfulness | 16.61 [15.92, 17.31] | 2.74 | 17.22 [16.61, 17.83] | 2.54 | 1.71 (1, 129) | .001 | -1.31 (129) | .193 | .077 |
| Stress | 8.97 [7.80, 10.14] | 4.57 | 9.61 [8.34, 10.89] | 5.23 | .55 (1, 126) | .001 | -.74 (126) | .461 | .073 |
| Anxiety | 5.75 [4.50, 7.01] | 4.89 | 7.49 [6.05, 8.93] | 5.91 | 3.25 (1, 126) | .024 | -1.80 (126) | .074 | .313 |
| Depression | 9.87 [8.32, 11.42] | 6.05 | 9.21 [7.70, 10.72] | 6.19 | .37 (1, 126) | <.001 | .61 (126) | .544 | .057 |

Note. Bolded values indicate statistical significance. AP = alienating parent; *F* = analysis of variance statistic; *d* = Cohen's *d* effect size; *df* = degrees of freedom; *M* = estimated mean; η^2 = eta-squared effect size; *p* = significance statistic; *SD* = standard deviation; *t* = correlational statistic; TC = targeted child; TP = targeted parent.

study's findings showed that, compared to targeted fathers, targeted mothers reported significantly greater severity of exposure to numerous parental alienation tactics.

Impact of parental alienation on targeted parents' psychological wellbeing, threat appraisal, and parental competence

One of the most important findings of the present study was that the targeted parents' perceptions of situational threat to current and/or future wellbeing could be significantly predicted by increases in the severity of exposure to parental alienation tactics. The finding that parental alienation is perceived to represent a risk of harm is important because this perception may be a function of escalating conflict as well as a contributing factor in the conflict. This is because decision-making and emotional wellbeing can be negatively influenced when an individual feels threatened. Therefore, it would be important for clinicians working with targeted parents to take into account the level of actual and perceived threat experienced by the targeted parent.

Additionally, the respondents appraised their current situation of parental alienation as highly stressful and threatening to their current and/or future wellbeing, as well as an important determinant for their current and/or future wellbeing. Furthermore, the sample indicated that they perceived their situation to be moderately controllable by themselves and moderately challenging to manage, yet

unlikely to be controllable by anyone else. Considering the targeted parents' appraisal of the controllability of the parental alienation process, it would be conceivable that engaging in interventions might be difficult for targeted parents. Similarly, if targeted parents appraise the situation as unlikely to be controllable by anyone, they may be unlikely to think that external help will be beneficial. This may have been a consequence of having sought external legal or psychological help previously which was unsuccessful (Baker, 2010a; Vassiliou & Cartwright, 2001). Further investigation of this issue may be beneficial, with an aim to increase the effectiveness of support services provided to targeted parents.

The findings of the current study also indicated that the sample was experiencing moderate levels of depression, anxiety, and stress. Although this finding may appear obvious based on the highly stressful nature of the parental alienation process, there is limited evidence of targeted parents experiencing negative affect, such as depression and anxiety (Baker, 2010a). However, one study conducted by Baker (2010a), examining the targeted parent experience of the child custody dispute process, determined that all of the participants reported experiencing anxiety and depression (~80% rated high levels). Baker (2010a) also suggested that high levels of depression and anxiety are counterproductive in parental alienation, because it limits an individual's ability to interact with others effectively, including professionals

Table 4 Predicting stress appraisal, affect, and parental competence from severity of exposure to parental alienating behaviours

| | <i>n</i> | <i>R</i> ² | Adjusted <i>R</i> ² | <i>F</i> | <i>B</i> [95% CI] | <i>SE</i> | β | <i>t</i> | <i>p</i> |
|---------------------------------------|----------|-----------------------|--------------------------------|----------|---------------------|-----------|---------|----------|-------------|
| Parental responsibility | 134 | .000 | -.01 | 0.001 | -.004 [-.255, .246] | .127 | -.003 | -0.03 | .973 |
| Parental satisfaction | 139 | .011 | .004 | 1.49 | .084 [-.052, .220] | .069 | .104 | 1.22 | .224 |
| Parenting efficacy | 139 | .024 | .02 | 3.31 | -.102 [-.214, .009] | .056 | -.153 | -1.82 | .071 |
| Parental support | 166 | .009 | .003 | 1.53 | .108 [-.064, .280] | .087 | .094 | 1.24 | .219 |
| Satisfaction with parenting | 168 | .002 | -.005 | 0.25 | -.044 [-.218, .130] | .088 | -.039 | -.500 | .618 |
| Parental involvement | 168 | .007 | .001 | 1.13 | -.093 [-.267, .080] | .088 | -.082 | -1.06 | .290 |
| Parental communication | 169 | .016 | .010 | 2.71 | -.144 [-.316, .029] | .087 | -.126 | -1.65 | .102 |
| Parent limit setting | 167 | .000 | -.006 | 0.001 | .002 [-.172, .177] | .088 | .002 | .026 | .980 |
| Parent role orientation | 167 | .006 | .000 | 0.93 | -.085 [-.260, .089] | .088 | -.075 | -.963 | .337 |
| Parental autonomy | 168 | .004 | -.002 | 0.65 | -.071 [-.245, .103] | .088 | -.062 | -.807 | .421 |
| Situational controllability-by-self | 131 | .006 | -.002 | 0.73 | -.039 [-.128, .051] | .045 | -.075 | -0.86 | .393 |
| Situational threat | 131 | .038 | .03 | 5.11 | 0.073 [.009, .137] | .032 | .195 | 2.26 | .026 |
| Situational centrality | 131 | .013 | .01 | 1.64 | .031 [-.017, .079] | .024 | .112 | 1.28 | .203 |
| Situational uncontrollability | 131 | .009 | .002 | 1.23 | .048 [-.037, .133] | .043 | .097 | 1.11 | .270 |
| Situational controllability-by-others | 131 | .001 | -.01 | 0.19 | -.016 [-.091, .058] | .038 | -.038 | -0.43 | .668 |
| Situational challenge | 131 | .000 | -.01 | 0.04 | -.007 [-.076, .063] | .025 | -.017 | -0.19 | .848 |
| Situational stressfulness | 131 | .001 | -.01 | 0.19 | .012 [-.043, .068] | .028 | .038 | 0.44 | .663 |
| Stress | 128 | .001 | -.01 | -0.17 | .022 [-.083, .126] | .053 | .037 | 0.41 | .682 |
| Anxiety | 128 | .024 | .02 | 3.08 | .102 [-.013, .217] | .058 | .154 | 1.75 | .082 |
| Depression | 128 | .001 | -.01 | 0.10 | .021 [-.108, .150] | .065 | .029 | 0.32 | .748 |

Note. Bolded values indicate statistical significance. Adjusted R^2 = adjusted estimate of fit to model; β = beta standardised coefficient; *B* = unstandardized coefficient; CI = confidence interval; *F* = *F* statistic; *n* = sample size; *p* = significance statistic; R^2 = estimate of fit to model; *SE* = standard error; *t* = correlational statistic.

and other support persons. In particular, the preparation, energy, and motivation needed in custody disputes are considerable and may be reduced by depression and anxiety (Baker, 2010a).

Impacts on the targeted parent competence

The present study's findings showed that, overall, targeted parents indicated high levels of satisfaction with parenting and support as a parent. They also reported high propensities to be involved in their targeted child's life, high confidence in their ability to discipline and set boundaries for the targeted child, high levels of encouragement of their targeted child's autonomy, a good awareness of their ability to communicate with the targeted child, and an attitude consistent with the sharing of parental responsibilities. This finding highlights that, despite the various difficulties targeted parents have in attempting to maintain a relationship with the targeted child, they appear to have the desire to continue to seek out involvement in their child's life. It is possible that this desire for ongoing involvement both fuels the parental conflict, because it is inconsistent with the desires of the alienating parent, and contributes to the targeted parent's feelings of uncontrollability and psychological maladjustment.

The current findings are in contrast to previous descriptions of targeted parents as being rigid, controlling, distant, unskilled, passive, and emotionally detached (Baker & Andre, 2008; Drodz & Olesen, 2004; Friedlander & Walters, 2010; Godbout & Parent, 2012; Gottlieb, 2012; Johnston, 2003; Kelly & Johnston, 2001; Rand, 1997a, 1997b). For

example, previous literature has described targeted parents as ambivalent about wanting a relationship with their child (Baker & Andre, 2008; Friedlander & Walters, 2010). However, the targeted parents in the present study demonstrated a strong desire to continue to seek out involvement in their targeted child's life. The current sample may better reflect the actual experience of targeted parents. This is because the current study's findings are based on the reports of targeted parents themselves, whereas previous research has relied on the reports of other informants.

Clinical implications

The finding that targeted parents feel their wellbeing is significantly threatened by their exposure to the parental alienation tactics signifies a need for greater support services for targeted parents. This need is highlighted by the finding that the sample, overall, was experiencing moderate levels of anxiety and depression. Such symptoms have potential to interfere with the targeted parent's motivation to seek out support services, particularly as the present sample also appraised their current experience as a moderately uncontrollable situation. Thus, mental health and legal professionals might do well to identify the presence of negative affect and review the individual's cognitive appraisal of the situation, to ensure that they are able to tailor the support to the individual.

As the current findings contradict depictions of targeted parents in previous literature, professionals should not make assumptions about targeted parents predominantly being fathers. Also, professionals need to be aware of the

presence and severity of parental alienation tactics because the more severe the exposure to the tactics, the greater the impact on the mental health of the targeted parent. This could then determine how the provision of support is tailored to best suit the needs of the targeted parent.

Limitations and direction for future research

There are some limitations of the present study that are important to note. Firstly, the current study is cross-sectional. A longitudinal study would assist to better understand the development of the parental alienation process, as well as associations between the targeted parent characteristics and the severity of exposure to parent alienation tactics over time. Additionally, a qualitative analysis of common targeted parent characteristics and experiences would provide useful insights into the lived experience of parental alienation from the targeted parent perspective.

Methodologically, the second set of regression analyses in the study might be underpowered, as based on a power analysis 179 participants would have been required to detect moderate effect sizes, but only 169 participants completed the full survey. However, the small effect sizes suggest that a larger sample size would have been unlikely to affect the results.

This is the first study to attempt to include an international sample of targeted parents. The present study provides useful information about the impact of parental alienation on targeted parents in English speaking countries, however, further research is needed to understand the impact of parental alienation cross-culturally. In the absence of such research, conclusions cannot be made about the representativeness of the current sample. Additionally, further research is also needed to understand how parental alienation presents in different family structures such as in blended families, families with children of LGBT parents, and families with adopted children.

Finally, in order to better understand the parental alienation process, it would be important to examine how it can be successfully resolved. Therefore, examining the effectiveness of interventions for parental alienation is important. This is necessary to establish some evidence-based approaches to support targeted parents and targeted children experiencing parental alienation.

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Child Affected by Parental Relationship Distress

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Objective: A new condition, “child affected by parental relationship distress” (CAPRD), was introduced in the *DSM-5*. A relational problem, CAPRD is defined in the chapter of the *DSM-5* under “Other Conditions That May Be a Focus of Clinical Attention.” The purpose of this article is to explain the usefulness of this new terminology.

Method: A brief review of the literature establishing that children are affected by parental relationship distress is presented. To elaborate on the clinical presentations of CAPRD, four common scenarios are described in more detail: children may react to parental intimate partner distress; to parental intimate partner violence; to acrimonious divorce; and to unfair disparagement of one parent by another. Reactions of the child may include the onset or exacerbation of psychological symptoms, somatic complaints, an internal loyalty conflict, and, in the extreme, parental alienation, leading to loss of a parent-child relationship.

Results: Since the definition of CAPRD in the *DSM-5* consists of only one sentence, the authors propose an

expanded explanation, clarifying that children may develop behavioral, cognitive, affective, and physical symptoms when they experience varying degrees of parental relationship distress, that is, intimate partner distress and intimate partner violence, which are defined with more specificity and reliability in the *DSM-5*.

Conclusion: CAPRD, like other relational problems, provides a way to define key relationship patterns that appear to lead to or exacerbate adverse mental health outcomes. It deserves the attention of clinicians who work with youth, as well as researchers assessing environmental inputs to common mental health problems.

Key words: child affected by parental relationship distress, intimate partner distress, intimate partner violence, loyalty conflict, parental alienation

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When the *DSM-IV-TR* transitioned to the *DSM-5*, there were many important changes in the text, such as the removal of 54 diagnoses and the addition of 39 new diagnoses. One of the new terms introduced in the *DSM-5* was “child affected by parental relationship distress” (CAPRD). There is little elaboration of the meaning of CAPRD in the *DSM-5*, with the brief explanatory text simply saying: “This category should be used when the focus of clinical attention is the negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child’s mental or other medical disorders.”^{1(p716)} The codes for CAPRD are V61.29 (as in the *International Classification of Diseases, 9th Revision [ICD-9-CM]*) and Z62.898 (as in *ICD-10-CM*).

CAPRD is in the chapter of the *DSM-5* “Other Conditions That May Be a Focus of Clinical Attention.” It is in the first section of that chapter, which is headed “Relational Problems.” The introductory material notes that parent-child relationships can be “protective, neutral, or detrimental to health outcomes.”^{1(p715)} Also, “a relational problem may come

to clinical attention either as the reason that the individual seeks health care or as a problem that affects the course, prognosis, or treatment of the individual’s mental or other medical disorder.”^{1(p715)} The other relational problems presented in the chapter, “Other Conditions That May Be a Focus of Clinical Attention,” are parent-child relational problem; sibling relational problem; upbringing away from parents; relationship distress with spouse or intimate partner; disruption of family by separation or divorce; high expressed emotional level within family; and uncomplicated bereavement. Also included in the chapter “Other Conditions That May Be a Focus of Clinical Attention” are defined terms for both child maltreatment and adult maltreatment.

CAPRD captures the interplay among environmental stressors, genetic vulnerabilities, children who are more susceptible to psychopathology, and those who are resilient. This review explains how children who are exposed to parental relationship distress (e.g., domestic violence) may develop a variety of mental disorders, ranging from an adjustment disorder to major depressive disorder. When children have a mental disorder, adding the diagnosis of CAPRD or other relational problem, as appropriate, may help to differentiate treatment outcomes. On the other hand, children who are unusually resilient—because of innate hardiness, support from extended family, community resources, or other situational factors—may experience parental relationship distress and manifest no psychological symptoms at all.



This article is discussed in an editorial by Drs. Robert R. Althoff and Andrés Martin on page 542.



Clinical guidance is available at the end of this article.



An interview with the author is available by podcast at www.jaacap.org or by scanning the QR code to the right.



There are no doubt many genetic factors, most of them unknown as yet, that contribute to a child's inherent biological strengths and weaknesses.² A good example is having the long allele of the serotonin transporter gene, which appears to protect children from mental conditions who are facing severe psychosocial stressors.^{3,4} As elegantly argued by Teicher and Samson, exposure to child maltreatment is a risk factor for the development of numerous mental disorders in childhood as well as adulthood.⁵ In their article, they summarize studies that show differential brain changes, pathophysiology, and treatment outcomes for patients with similar diagnoses, for example, major depression, with or without a history of childhood maltreatment. Furthermore, they propose using the term "ecophenotype" to delineate these psychiatric conditions, as well as to add the specifiers "with maltreatment history" or "with early life stress" to the disorders that have differential trajectories dependent on early life stressors, so that those populations can be studied separately or stratified within samples. CAPRD is one of the early life stressors that should be cited.

The purpose of this article is to explain how clinicians and researchers can use the new terminology of CAPRD. Since two of the authors of this article (M.Z.W. and W.E.N.) developed the chapter on "Other Conditions," our comments here are consistent with the structure, content, and intentions of the *DSM-5*. Parallel to the development of the *DSM-5*, a group of family researchers was organized to collect the scientific evidence and to create the conceptual frameworks necessary to bring greater attention to interpersonal relationships in clinical practice. That team of research personnel, the Relational Processes Working Group, advised both the *DSM-5* Task Force and the Topic Advisory Group for Mental Health, the component of the World Health Organization that has been revising the *International Classification of Diseases*, regarding the presentation of relational problems in their respective nosological systems.⁶ The Relational Processes Working Group has produced several publications including two books, *Relational Processes and DSM-V: Neuroscience, Assessment, Prevention, and Intervention*⁷ and *Family Problems and Family Violence: Reliable Assessment and the ICD-11*.⁸

Members of the Relational Processes Working Group summarized the effects of parental relationship distress in this way: "Relationship distress influences both parental adjustment and parenting behavior toward children.... Whereas healthy families, or families characterized by low levels of stress and conflict, have been linked to resilience and mental health and adjustment in both children and adults; unhealthy families, or families characterized by high levels of stress and conflict, have been linked to a wide range of parenting problems, such as poor discipline, increased negativity, and decreased warmth, as well as adjustment difficulties in children, including mental illness" (citations omitted).^{9(p95)}

PROPOSED DEFINITION FOR CAPRD

When clinicians are initially exposed to the terminology of CAPRD, it may seem like a fuzzy concept. As the one-sentence definition in the *DSM-5* is not detailed enough to

clarify the concept, we propose the following expanded definition for CAPRD: This category should be used when the focus of clinical attention is the negative effects of parental relationship distress on a child in the family, including effects on the child's mental or medical disorders. For this category, "parental relationship distress" refers to: persistent disparagement of one or both parents by the other parent; high levels of conflict; intimate partner distress (dissatisfaction with the relationship as well as difficulty resolving conflicts, lack of positive exchanges, coercive exchanges, or persistently perceiving negative intentions in the partner); and intimate partner violence (physical force such as hitting, slapping, and biting; extreme psychological manipulation; and/or coercive sexual acts). Typically, a child affected by parental relationship distress displays impaired functioning in behavioral, cognitive, affective, and/or physical domains. Examples of behavioral problems include oppositionality and the child's reluctance or refusal to have a relationship with a parent without a good reason (parental alienation). Cognitive problems may include cognitive dissonance (discomfort due to conflicting beliefs), attempting to maintain affection for both parents simultaneously (loyalty conflict), and/or adopting the false belief that the rejected parent is evil or dangerous (parental alienation). Affective problems may include anger, anxiety, depressed mood, and posttraumatic symptoms. Physical symptoms may include stomachaches, headaches, and exacerbation of general medical conditions.

MEASURING PARENTAL RELATIONSHIP DISTRESS

Family researchers have successfully operationalized the assessment of marital or intimate partner relational problems (for example, with the Marital Satisfaction Inventory-Revised [MSI-R]).¹⁰ There is a short form of the MSI-R that can be used as a screening tool, which consists of only 10 questions.¹¹ The interviewer asks questions such as: "Does your partner often fail to understand your point of view on things?" "Do minor disagreements with your partner often end up in big arguments?" "Is your sexual relationship entirely satisfactory?" If 4 or more of the 10 questions are answered in a manner consistent with a distressed relationship, the couple is "probably in need of further assessment and possible intervention."^{8(p103)} Of course, a more complete assessment of intimate partner relationship distress would involve clinical interviews and multidimensional self-report measures differentiating among sources of relationship distress.¹²

The MSI-R pertains to couples or parents who are living together. When parents split up, a substantial degree of parental relationship distress is usually referred to as a high-conflict separation or divorce. The behavioral or external markers of high-conflict separation or divorce include: ongoing animosity between the parties and inability to agree on parenting schedules and other parenting decisions; verbal acts, such as abusive language, threatening violence; physical acts, endangering each other; actual or alleged domestic

violence; actual or alleged child sexual abuse; involvement of child welfare agencies in the dispute; the unusual number of times the case goes to court; and the length of time it takes for the case to be settled.¹³⁻¹⁵

SCOPE OF CAPRD

Children, of course, are influenced for better or worse by events that occur in their family, which include the opinions, moods, and actions of the parents and also the interactions between the parents and among all of the family members. Depending on the circumstances of his or her family, a child may be adversely affected to a significant degree when there is persistent or substantial conflict between the parents. Several large studies of psychosocial risk factors for the development of mental health problems in children document that dysfunctional parental relationships lead to increased problems in children. For example, the Adverse Childhood Experiences (ACE) study of more than 18,000 insured adults found that 12.5% of participants reported exposure to interparental violence, and 23.3% dealt with parental divorce.¹⁶ These were two of eight stressors noted to lead to impaired health in adulthood. Several studies from the Duke Developmental Epidemiology Program showed that interparental problems alone were associated with increased risks (odds ratio [OR] = 3.1) for disruptive behavior disorders in children compared to children with no risks, and contributed to both internalizing and externalizing problems in children when other risks were also present.¹⁷ The Duke studies reported on more early childhood stressors than the ACE study, and were able to separate "interparental problems" from divorce, exposure to interparental violence, or childhood maltreatment (all of which were also tabulated). These studies also showed that increased numbers of childhood stressors led to increased likelihood of development of a number of internalizing and externalizing disorders in children. Children may be affected by a number of parental relationship problems, including intimate partner distress, intimate partner violence, parental triangulation of the child resulting in loyalty conflicts within the child, and a combination of dynamics known in the forensic literature as "parental alienation." These four scenarios are described below.

Intimate Partner Distress

Intimate partner distress (IPD) may have negative effects on the emotional and physical wellbeing of both partners of the relationship, as well as their children. Relationship distress is associated with impaired functioning in the following: behavioral domains, for example, conflict resolution difficulty, withdrawal, and overinvolvement; cognitive domains, for example, chronic negative attributions of the other's intentions or dismissal of the partner's positive behaviors; and/or affective domains, for example, chronic sadness, apathy, and/or anger about the other partner.¹⁸ IPD is the most common cause of acute emotional distress in treatment-seeking samples.¹⁹ Researchers have used taxometric methods to assess the prevalence of intimate partner distress,^{20,21} and found it to be 0.20 for newlyweds and 0.32

across all couples. There is a sizeable literature linking IPD to a broad range of psychiatric problems.²² Cummings and Davies have written, "Effects of marital conflict on child development are well documented. Many of the associations, for example in predicting children's internalizing and externalizing disorders, have been demonstrated repeatedly" (citations omitted).^{23(p31)}

When children have been adversely affected by IPD between their parents, CAPRD would be an appropriate diagnosis. The following vignette illustrates how an adolescent may develop psychological symptoms after exposure to continuing intimate partner conflicts of this kind:

Case 1. Nicole was the daughter of parents who engaged in frequent displays of interparental hostility and conflict. By adolescence, Nicole had developed significant problems with anxiety and depression. Numerous family circumstances complicated both Nicole's and her parents' problems. Nicole's mother and father both evidenced depressive symptoms. In addition, Nicole's father attempted to self-medicate his symptoms with alcohol, and had thus developed a drinking problem. Moreover, it appeared that in response to these conflicts, the father's alcohol abuse, and other family stressors, the mother developed major depression. Nicole became highly emotionally distressed when her parents fought—evidencing sensitivity and reactivity to her parents' conflicts, even when they were relatively mild. She felt compelled to mediate the parents' disputes and to try to alleviate her parents' distress and sadness. Over time, these many family problems took a heavy toll on Nicole's well-being.^{24(p6)} Cummings EM, Davies PT. *Marital Conflict and Children: An Emotional Security Perspective*. New York: Guilford Press; 2010. Reprinted with permission of Guilford Press.

Intimate Partner Violence

Domestic violence (DV) refers broadly to physical, sexual, or psychological abuse of one family member by another, so it includes both intimate partner violence (IPV) (e.g., violence between the parents) and physical, sexual, or psychological maltreatment of a child. IPV is a pattern of behavior in which one intimate partner uses physical violence, coercion, threats, intimidation, isolation, or emotional, sexual, or economic abuse to control the other partner in the relationship. Of course, violence between partners can be perpetrated by one partner or by both partners. The *DSM-5* definition of IPV was written to be inclusive of partners of any sexual orientation and marital status.

There has been considerable research regarding the effects on children of exposure to IPV.^{25,26} Crooks *et al.* wrote, "The existing studies show that as a group, children who have been raised in families where there has been violence between the adult intimate partners fare worse than their peers across a range of social, behavioral, and learning outcomes," and furthermore, "Research indicates that

children exposed to DV are more likely than other children to be aggressive and have behavioral problems, have different physiological presentations, [and] exhibit higher rates of posttraumatic stress disorder symptomatology" (citations omitted).^{27(p22-24)}

When IPV has occurred in a family, it is likely that the children in the family experience CAPRD. It is psychologically traumatic for a child to witness persistent or substantial conflict between parents. When high levels of violence occur, the child may develop posttraumatic stress disorder.²⁸ When relatively low levels of violence occur chronically, the child may develop anxiety (such as separation anxiety disorder or generalized anxiety disorder) or depression. In order for clinicians to clearly describe and communicate the child's condition, it is possible to use these conditions together. For example, a child who has seen her father repeatedly berate and occasionally slap her mother may have nightmares related to the father's behavior and refuse to go to school because of fear of losing her mother. The clinician may use both separation anxiety disorder and CAPRD to describe the child's condition.

Sadly, there are many vignettes of children exposed to IPV. The following vignette, taken from the author's (M.Z.W.) clinical practice, illustrates how exposure to IPV can modify a child's physical and mental health, both directly as well as through changes in parenting practices.

Case 2. Gregory was an 8-year-old boy with chronic, poorly controlled asthma, brought to a tertiary care center by his mother. During his mother's pregnancy with Gregory, she was hit and pushed by Gregory's father several times. The father's behavior improved temporarily when Gregory was born, but worsened again when Gregory developed asthma at age 2 years. When Gregory was a toddler, his mother was holding him during a mild asthma attack and his father became so enraged that he choked her. (The evaluator did not have contact with the father and was not able to determine precisely why he behaved in that manner.) Gregory was released from his mother's arms only when she slumped to the floor unconscious. Following that episode, the parents divorced, and Gregory did not see his father again. Gregory's asthma became very difficult to control, necessitating numerous steroid bursts as well as several hospitalizations. During work at the asthma specialty hospital, it became apparent that when Gregory developed a slight wheeze or mild cough, his mother would become quite anxious and over-vigilant, likely linked to her posttraumatic stress symptoms from the choking episode, which in turn led Gregory to develop secondary panic anxiety when he had mild asthma symptoms. This anxiety was difficult for the family and primary care physicians to distinguish from asthma, so his symptoms were often over-treated with steroids. While Gregory denied having any overt memories of the IPV, he would often try to avoid inhalers or nebulizers, perhaps an avoidance of a trigger of his posttraumatic anxiety. Thus, he was frequently nonadherent to daily steroid inhalers, and only utilized

his epinephrine inhalers when desperate. Once the exposure to IPV and secondary anxiety symptoms in both mother and child were understood and treated, Gregory's asthma was able to be well controlled. (Adapted from Wamboldt, Weintraub, Krafchick, Berce, and Wamboldt, pp. 142-144)²⁹

Loyalty Conflict

A loyalty conflict occurs in a child when she tries to maintain affection and good feelings toward each of her parents (or other caregivers), even though they are angry and hostile toward each other. Having a low level of divided loyalty for a short duration is usually not problematic for the child. The child realizes that her parents sometimes argue, but usually they are able to work out their disagreements.

However, a child may experience a high degree of divided loyalty if parental conflicts are obvious and persistent. Also, a more serious loyalty conflict may develop if one or both parents pressure the child to support that parent's side in the daily or weekly disagreements that occur between them:

If Mom expects the child to agree with her, the child feels guilty at not siding with Dad; if Dad pressures the child to be on his side, the child feels distressed in rejecting Mom. ... It is extremely uncomfortable to be caught in an unending battle that features external conflict (between the two parents) and internal conflict (the child's affection for Mom versus her affection for Dad).^{30(p52)}

In family systems theory, this pattern may be described as triangulation, a concept that explains the origin and maintenance of some dysfunctional family relationships. A common form of triangulation is cross-generational coalition, which family therapists have linked to maladjustment of the involved children.^{31,32}

Children frequently develop physical and psychological symptoms when they experience high levels of loyalty conflict stress, as illustrated in the following case vignette:

Case 3. The most common psychosomatic symptoms that occur in children are headaches and stomachaches, and Stephanie, age 11, had both. Stephanie had a good relationship with both of her parents prior to their divorce. After the divorce, she lived most of the time with Mom, but had considerable parenting time with Dad. The parents divided their responsibilities. With regard to homework, Mom focused on arithmetic and science, while Dad helped Stephanie with spelling tests and geography. The problem was that the parents endlessly bickered with each other and frequently argued when Stephanie transitioned from one household to the other. Stephanie dreaded the "switching hours" and developed anticipatory physical symptoms including abdominal pain and vomiting. The headaches and stomachaches vanished when the parents firmly resolved to stop disagreeing in front of Stephanie.^{30(p53)} Adapted from Bernet W, Freeman B. The psychosocial assessment of contact refusal. In:

Lorandos D, Bernet W, Sauber SR, eds. *Parental Alienation: The Handbook for Mental Health and Legal Professionals*. Springfield, IL: Charles C Thomas; 2013:47-73. Reprinted with permission of Charles C Thomas.

It is noteworthy that loyalty conflicts frequently occur in the context of IPD and IPV, the two scenarios previously described in this article. If the focus of attention is on the child, CAPRD is the appropriate term to use; if the adult partners are in treatment, the appropriate term to use would be either IPD and/or IPV, depending on which criteria were met. Children with loyalty conflicts experience a specific mental state (attempting to maintain good feelings toward 2 individuals who are in conflict with each other) that should be identified by evaluators and therapists. Triangulation and loyalty conflicts may occur in intact families as well as divorced families; likewise, CAPRD may occur in intact families as well as divorced families. In this type of case, CAPRD is an appropriate designation because the relational problem involves the father, the mother, and the child. The child is symptomatic due to feeling caught in the middle. In the case of Stephanie, the parent-child relational problem diagnosis would not be used because the child did get along individually with each parent.

Parental Alienation

Parental alienation refers to a child's reluctance or refusal to have a relationship with a parent without a good reason. Typically, the child has a false belief that the rejected parent has been abusive or neglectful. Children with false beliefs about events that never actually occurred may develop false memories, that is, memories of non-events.³³ In cases of parental alienation, the false beliefs or false memories drive strongly expressed contact refusal and hostility. In most cases, parental alienation is created in the context of a high-conflict separation or divorce by one parent's indoctrinating the child to unjustifiably dislike or fear the other parent. The former is referred to as the preferred or alienating parent; the latter as the rejected or target parent. In terms of severity, parental alienation may be mild, moderate, or severe.¹⁵ Mild parental alienation means that the child resists contact with the target parent but enjoys the relationship with that parent once parenting time is underway. Moderate parental alienation means that the child strongly resists contact and is persistently oppositional during parenting time with the target parent. In cases of severe parental alienation, the child persistently and adamantly refuses contact and may hide or run away to avoid being with the target parent.

In some cases of parental alienation, the alienating parent induces the child to say, believe, and falsely remember that he or she was sexually abused by the target parent. In the following vignette, the child was induced by her mother and by psychotherapists to have a severe degree of parental alienation, including false allegations of sexual abuse.

Case 4. When Tom and Mary divorced, Mary received primary custody of their 3-year-old daughter. After 3 uneventful post-divorce years of normal visitation and

friendly relations, Mary initiated legal proceedings to deny Tom normal visitation and voiced suspicions that "something" had happened to their child. A court-appointed psychologist found no evidence of any abuse by Tom, and described a strong father-daughter relationship. Unhappy with the opinion of the court-appointed psychologist, Mary spent over \$25,000 on two therapists, whose progress notes indicated that their sessions focused on trying to get the child to accuse her father of abusing her. The child repeatedly refused to accuse her father of anything worse than making her eat vegetables. She repeatedly told the therapists that she loved her father. After 60 therapy sessions, the child finally began to make bizarre accusations of sadistic sexual abuse against her father, her father's friends, and other adults. The sexual abuse accusations led to the complete rupture of the father-daughter relationship and two serious criminal indictments against the father, which were ultimately dropped by the district attorney. Nine years later, at age 16, the daughter said she never wanted to see her father again.^{34(p126)} Adapted from Bernet W, ed. *Parental Alienation*, DSM-5, and ICD-11. Springfield, IL: Charles C Thomas; 2010. Reprinted with permission of Charles C Thomas.

Children who experience parental alienation almost always fulfill the definition for CAPRD; that is, the child is affected by conflict between the parents, with the result of forming an enmeshed relationship with one parent and rejecting a relationship with the other parent. Depending on the focus of clinical attention, other DSM-5 conditions may be assigned in cases of parental alienation. If the focus of clinical attention is on the impaired relationship between the child and the target parent, the term "parent-child relational problem" may be used. If the focus of clinical attention is on the parent who caused the child's parental alienation through manipulation and indoctrination, the term "child psychological abuse" may be used.

When the DSM-5 was in development, there was a proposal to include parental alienation disorder as a new diagnosis.³⁴ In response, members of the DSM-5 Task Force never said that they doubted the reality or the importance of parental alienation. However, they concluded that parental alienation did not meet the standard definition of a mental disorder, that is, "the requirement that a disorder exists as an internal condition residing within an individual" (Letter from D.A. Regier, January 24, 2012). Task Force members said that parental alienation should be considered an example of a relational problem because it involves a disturbance in the child's relationship with one or both parents.

Parental alienation is a term more frequently used in forensic settings, where the psychiatrist or psychologist is asked to determine a more objective "truth" than what practicing clinicians are asked to assess. Practicing clinicians deal with the beliefs of the child and know that there may be distortions in those beliefs, but seldom are allowed the intense evaluation of forensic mental health experts.

However, it is important for both clinicians and forensic practitioners to distinguish parental alienation (rejection of a parent without a good reason) from realistic parental estrangement (rejection of a parent for a good reason, such as a history of abuse or neglect by that parent). There have been concerns reported in the literature that acceptance of the “parental alienation” construct may lead some clinicians to discount a child’s true fears of a parent who has maltreated him or her.^{35,36} For this reason, the Relational Processes Work Group recommended that it would be better not to include parental alienation as a specific relational problem but instead to use the appropriate broader category, that is, CAPRD, parent–child relational problem (PCRP), and/or child psychological abuse.

DIFFERENTIATING MALADAPTIVE FAMILY PATTERNS

Although the 4 maladaptive patterns of family interaction that illustrate the CAPRD diagnosis may overlap in features and may co-occur in some families, it is important to understand how they differ from each other.

Intimate Partner Distress Versus Intimate Partner Violence

Although both IPD and IPV are commonly seen in clinical samples, they may or may not be on a continuum. Having verbal conflict with an adult partner or persistently avoiding the partner is a very different matter from escalating to violence. In addition, intermittent brief episodes of violence in the context of arguments are a different “type” of IPV than chronic, calculated, and pervasive control of the partner through violence. The first is more amenable to treatment, and the second is more likely to be associated with antisocial personality disorder and to be refractory to treatment.³⁷ Obviously, IPV involves a more serious level of dysfunction. IPD usually refers to difficulty resolving conflicts, withdrawal of affection for the other person, or being emotionally overinvolved with each other. IPD is thought to range from 31% to 40% of the population in the United States, depending on the method whereby it is assessed.³⁸ IPV has several subtypes, which may or may not occur together: intimate partner physical abuse, intimate partner psychological abuse, intimate partner sexual abuse, and intimate partner neglect. Thus, IPV can involve physical force such as hitting, slapping, and biting; extreme psychological manipulation such as threats to harm a loved person or pet; or coercive sexual acts. Assessing rates of IPV in the population is complicated by variability in methodology, design, and definitions. The World Health Organization collated studies from more than 50 countries and found lifetime prevalence rates varying from 13% to 34%.³⁷ Both IPD and IPV are risk factors for maladjustment in the couple’s children; both IPD and IPV may cause CAPRD.

Loyalty Conflict Versus Parental Alienation

The difference between loyalty conflict and parental alienation is qualitative, that is, different methods of coping with

parental conflict. A child with a loyalty conflict puts mental and emotional energy into maintaining a good relationship with both parents. The child is not pretending but actually feels an attachment to both parents, who are intensely fighting with each other: when he is with his father, he loves his father but misses his mother; when he is with his mother, he loves his mother but misses his father. The child is tasked with loving two people who do not love each other. That scenario evokes cognitive dissonance, which causes discomfort and anxiety.³⁹ The child may resolve the anxiety by aligning with one parent against the other, especially if one parent is able to successfully manipulate the child into believing that the other parent was abusive or neglectful. Although that is not an adaptive or healthy solution in the long term, adopting a pattern of parental alienation does solve the child’s immediate problem of being caught between warring parents. We describe the difference between these two conditions as “qualitative” because there is a clear difference between the two mental processes: maintaining two conflicting thoughts simultaneously (a loyalty conflict) as opposed to strongly endorsing affection for one parent and strongly denying affection for the other parent (parental alienation).

Both loyalty conflicts and parental alienation may be designated as CAPRD when they become a focus of clinical attention. However, it is critical to assess whether there is IPV and/or child maltreatment involved before designating a child as having parental alienation. A child may quite rationally decide not to have a relationship with a parent who perpetrates violence (either to the child or other family members), and this should not be designated as parental alienation. If there is no occurrence of IPV or child maltreatment, the primary distinction between a loyalty conflict and parental alienation is in the mental state of the child, that is, trying to maintain affection for both parents versus enmeshing with one parent and totally rejecting the other parent. There may also be a difference in the cause of those two conditions, in that the external stressor prompting parental alienation (active indoctrination of one parent against the other) is usually more intense than the cause of a loyalty conflict (e.g., both parents vying for the child’s affection).⁴⁰ If one parent does actively disparage the other to the child, and if the disparagement is distorted in magnitude or content, this may be designated as psychological abuse toward the child.

The idea that unusually intense loyalty conflicts may evolve to parental alienation was explained more than 20 years ago by a German child and adolescent psychiatrist. Klosinski wrote,

A child can figuratively become paralyzed when caught in a conflict of loyalties toward his or her parents and can no longer bear the ambivalence of power and helplessness and the accompanying feelings of guilt....[A] frequently observed defensive reaction of the child is a sudden and exaggerated taking of sides with one parent and a turning against the other: resorting to unrealistic black and white, good and bad dichotomous thinking.^{41(p561)}

Although Klosinski described the phenomenon of parental alienation, he did not use that term, which had been introduced several years previously by Gardner.⁴²

Parental Alienation Versus Parental Estrangement

The primary symptom in both parental alienation and parental estrangement is the child's refusal to have a relationship with one of his parents, sometimes called contact refusal or visitation refusal. In parental estrangement, there is a good reason for the contact refusal, such as a history of abuse or neglect by the rejected parent. In parental alienation, on the other hand, the child's contact refusal lacks legitimate or rational justification, but instead is driven by the false belief that the rejected parent is evil, dangerous, or not worthy of his time and affection. Estrangement is considered a rational response to an unhealthy situation (avoiding a relationship with an abusive parent), whereas alienation is usually a maladaptive mental condition (extremely oppositional behavior due to a false belief). However, depending on the family circumstances, both parental estrangement and parental alienation may occur in the context of CAPRD.

In a clinical or forensic evaluation, it may be difficult to distinguish alienation from estrangement. Determining when a child's negative feelings about one parent are rational or irrational is more often than not quite challenging. In some respects, the process is similar to differentiating a non-bizarre delusion from a persistent, justified worry. Proposed methods for distinguishing alienation from estrangement (beyond the scope of this article) have been described by several authors.^{30,43,44}

It is remarkable that abused children frequently remain attached to their abusive parents, whom they might perceive as charming and charismatic. Through various mental processes, maltreated children persist in fearing, loving, hating, being dependent on, and longing for the love and acceptance of their abusive and neglectful mothers and fathers.^{45,46} As a result, a maltreated child may have ambivalent feelings toward the abusive parent; however, the alienated child almost always has highly negative attitudes toward a non-abusive parent. It is counterintuitive that an alienated, nonabused child may be more negative toward the rejected parent than a child who was actually abused.

Child Affected by Parental Relationship Distress Versus Parent-Child Relational Problem

Both CAPRD and PCRCP are relational problems in the *DSM-5*. These relational problems may or may not occur together. The criteria for a PCRCP are more fleshed out in the *DSM-5*, and indeed there has been a field trial of those criteria yielding good interrater reliability.⁴⁷ It is methodologically easier to establish criteria for a dyadic relationship, for example, a parent and child, than a triadic relationship, such as CAPRD. It is possible that a child may only have a difficult relationship with one parent and relate well to the other parent. It is also possible that the child may have a good relationship with each parent but still react to the conflict between them (e.g., in the scenario for a loyalty

conflict). Thus, the clinician should choose either or both of those terms that help to identify risk factors for the child's symptoms when formulating a case. When billing, the clinician should choose the relational problem that they are focusing on in treatment with the child.

DISCUSSION

CAPRD is a concept that clinicians and research personnel will find useful once they become familiar with its meaning, scope, and implications. For research in this area to proceed, use of the more stringent definitions for intimate partner maltreatment and intimate partner relationship distress, found in the *DSM-5*, may be helpful in ascertaining whether either of those problems are occurring in the parents of children presenting with health complaints. The World Health Organization is currently testing these definitions in a large, multinational field study to assess cultural relevance in low-, middle-, and high-income countries, as well as whether these definitions add additional clinical utility.⁴⁸ Clinical treatment studies for children with specific disorders, for example, anxiety, depression, or disruptive behavior disorders, can assess outcomes using the occurrence of current or past IPD or IPV in parents as covariates, to see whether presence of CAPRD affects treatment outcome. Further treatment studies may contrast the treatment of the parental relationship problem in addition to treatment of the child, as compared to treatment of the child alone. In adults with major depression, the presence or absence of IPD has been shown to affect treatment outcomes and has led to recommendations for couples therapy in addition to individual therapy or medications if IPD is present.⁴⁹ Finally, screening for parental distress or maltreatment may be accomplished preventively during well-child checkups. If there are relational problems involving the parents, randomization to couples therapy or treatment as usual and tracking child mental health outcomes could test whether changing this risk factor may prevent onset or progression of child mental health problems.

With regard to clinical practice, CAPRD can be used to identify several different responses that a child might have to interparental conflict, interparental violence, or parental efforts to triangulate a child into taking his or her side against the other parent. Children faced with these parental difficulties may develop or have exacerbated psychological symptoms, physical reactions, an internal conflict, or an unwarranted behavioral rejection of a relationship with a parent. Unlike the more familiar *DSM-5* diagnoses that focus solely on symptoms exhibited by children, CAPRD identifies the context, often the precipitating cause, of the child's symptoms. Identifying this contextual component to the child's presentation can lead to a more comprehensive treatment plan. Prevention programs may well target reduction of exposure of the child to interparental conflict as a way of minimizing a variety of adverse outcomes for children.

CAPRD, like other conditions included in the section on "Relational Problems" in the *DSM-5*, purports an additional paradigm for mental health practitioners to consider. This section tries to define reliably common environmental

contexts of key relationships that appear to lead to or exacerbate a variety of adverse mental health outcomes. Coding this context in a standardized and reliable manner is one method of helping to understand heterogeneity among individually based disorders. For example, a child suffering

from major depression in the context of CAPRD may have a different illness from a child who is depressed within a calm and supportive home environment. Coding CAPRD when it is present may help to distinguish differential outcomes for children with similar symptom constellations. Although CAPRD is new and not yet well understood, it deserves the attention of mental health professionals who work with children, adolescents, and families. &



Clinical Guidance

- “Child affected by parental relationship distress” is novel terminology for a mental condition in the *DSM-5*. This term may be used for four troublesome family circumstances that are distinct but interrelated.
- A child might experience anxiety or depression when exposed to intimate partner distress (e.g., frequent arguing) between the parents, or posttraumatic symptoms when exposed to intimate partner violence (e.g., physical abuse) between the parents.
- A child might develop somatic or psychological symptoms in the context of an intense loyalty conflict (trying to maintain affection for both parents, who are in conflict with each other), or false memories in the context of parental alienation (gravitating to one parent and wrongly believing that the rejected parent is dangerous).

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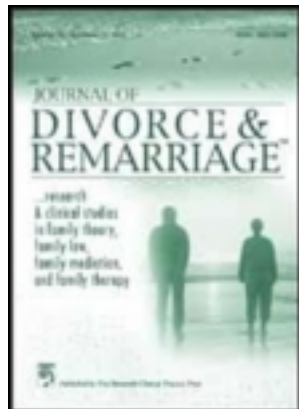
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Adult Recall of Childhood Exposure to Parental Conflict: Unpacking the Black Box of Parental Alienation

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One hundred and five undergraduate or graduate students completed a computer-based survey regarding their recollection of exposure to 20 parental alienation behaviors, current depression, and current self-esteem. Results revealed that 80% of the sample endorsed at least 1 of the 20 parental alienation behaviors, indicating some exposure to parental alienation, with 20% of the sample reporting that 1 parent tried to turn them against the other parent. Participants whose parents divorced or separated before they were 18 years old were much more likely to report exposure to parental alienation strategies than participants whose parents remained married during their childhood. No relationship was found between recalled exposure to parental alienation and current depression or self-esteem.

KEYWORDS *divorce, parental alienation, parental conflict*

The impact of divorce on children is a topic of much concern that has been widely studied. There is general consensus in the field that it is not so much divorce, per se, that is associated with poor outcomes for children; rather, it is exposure to and involvement in parental conflict that has been indicated as particularly harmful to children for several reasons (Bing, Nelson, & Wesolowski, 2009; Buchanan, Maccoby, & Dornbusch, 1991; Gagné, Drapeau, Melançon, Saint-Jacques, & Lépine, 2007; Sarrazin & Cyr, 2007; Shaw & Emery, 1987).

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First, exposure to any parental conflict—even when it does not reach the level of overt violence and aggression—is harmful simply because of the intensity of the negative emotions being displayed by a child's attachment figures (e.g., Davies, Sturge-Apple, Cicchetti, & Cummings, 2008). Beyond that, involvement in parental conflict can lead children to wrongly assume that the divorce of their parents was their fault. From the egocentric perspective of children, if the parents were not fighting about them, they would have stayed together. This obviously faulty but quite compelling logic could lead to a variety of outcomes, including sadness, shame, and self-blame (Wallerstein, 1983).

Another reason that involving children in parental conflict is harmful is that it represents a form of parental alienation, defined as the intentional efforts on the part of one parent to turn a child against the other parent (Gardner, 1998). Thus, when parents involve children in their conflict, they are explicitly or implicitly creating an expectation that the child will agree with one parent at the expense of the other. Each parent wants the child to view him or her as right and justified and the other parent as flawed and problematic. Because it is emotionally challenging to sustain a loyalty conflict (i.e., feeling good and bad about both parents and feeling pulled between them), some children will become allied with one parent against the other parent to cope with being torn between two opposing and mutually exclusive polarities. Thus, exposure to parental conflict increases the likelihood that children will take sides to resolve an untenable loyalty bind (Ellis, 2005). It is also important to note that some children ally with one parent against the other for other reasons, such as abusiveness or poor parenting.

Research on children's exposure to and involvement in parental conflict has looked most closely at two aspects of this dynamic: denigration of one parent by the other and confiding in the child about the other parent. Speaking negatively about an ex-partner is certainly a common experience for many divorced couples. For example, in a study of 700 divorced families commissioned by the American Bar Association, Clawar and Rivlin (1991) found that some element of parental programming or denigration of the other parent was present in about 80% of the cases. Likewise, some parents confide in their child following a divorce, seeking reassurance, support, and comfort. In doing so, they burden the child with emotional demands as well as information about the marital relationship and divorce. Peris and Emery (2005) defined this behavior as boundary dissolution and asserted that it is a form of intimacy that is confusing and inappropriate. It, too, is quite common in postdivorce households. In one study, Koerner, Wallace, Lehman, and Raymond (2002) found that 85% of adolescents with divorced parents reported that their mother confided in them about flaws in and anger toward their father, with 40% of the adolescents saying that this happened in a way that revealed "quite a bit of detail" regarding the complaint (comparable data

were not reported about the extent to which adolescents believed that their fathers engaged in the same activity).

Children's involvement in parental conflict goes well beyond denigration and confiding, as indicated by research in the emerging field of parental alienation. Baker (2007) and Baker and Darnall (2006) identified at least 17 ways that parents can involve children in their conflict: limiting the child's contact with the other parent; interfering with communication between the child and the other parent; limiting mention and photographs of the other parent; withdrawal of love or expressions of anger if the child indicates positive feelings for the other parent; telling the child that the other parent does not love him or her; forcing the child to choose between his or her parents; creating the impression that the other parent is dangerous; forcing the child to reject the other parent; asking the child to spy on the other parent; asking the child to keep secrets from the other parent; referring to the other parent by his or her first name; referring to a stepparent as "Mom" or "Dad" and encouraging the child to do the same; withholding medical, social, or academic information from the other parent; keeping the other parent's name off of such records; changing the child's name to remove association with the other parent; cultivating dependency; and denigration of the other parent.

Taken together, these behaviors are likely to create psychological distance between the child and the parent who is "targeted" such that the relationship can become conflict ridden and eventually nonexistent. Each of these behaviors serves to (a) further the child's cohesion and alignment with the parent exhibiting these behaviors, the "alienating parent"; (b) create psychological distance between the child and the "targeted parent"; (c) intensify the targeted parent's anger and hurt over the child's behavior; and (d) incite conflict between the child and the targeted parent should that parent challenge or react to the child's behavior.

To date these variables have only been examined via qualitative research methods, producing a useful but inherently incomplete knowledge base. Quantitative data are required to systematically document the frequency of children's exposure to the spectrum of parental alienation behaviors. Such a study could also ascertain the prevalence of these behaviors in intact families, as it is quite likely that some elements of parental conflict and parental alienation are present there as well. This dynamic might exist in intact families because some high-conflict couples choose to remain married, and in other couples, the presence of these behaviors precedes or precipitates the divorce. A recent study by Baker (2010) offers some empirical support for this contention but with only a single item from a larger study. Baker found that 28% of the total adult sample in a study of adults working in a social service agency reported that when they were a child one parent tried to turn them against the other parent. Endorsement of this single item was statistically significantly associated with standardized

measures of psychological maltreatment, suggesting that the experience was psychologically damaging. However, data were not collected regarding the specific behaviors exhibited in service of that goal, nor was it possible to compare rates in divorced versus intact families.

Also in need of further investigation is a determination of the outcomes of exposure to these specific types of parental alienation behaviors. As noted earlier, theory and some data support the notion that exposure to parental conflict in general is one of the most important causal agents of poor outcomes for children of divorce (Buchanan et al., 1991; Gagné et al., 2007; Sarrazin & Cyr, 2007). For instance, in their review of the existing literature, Sarrazin and Cyr found that exposure to parental conflict and hostility was related to a range of negative outcomes for children, including lower self-esteem, higher levels of stress and anxiety, and higher rates of childhood illnesses.

What is missing from the literature is an examination of the outcomes of exposure to forms of involvement in parental conflict beyond bad-mouthing and confiding in the child. Qualitative data from a study of adults who reported childhood exposure to a range of such behaviors suggest that long-term outcomes include low self-esteem and depression. In one study of adults exposed to these behaviors as children, over half of the sample reported some problems with low self-esteem. Baker (2007) attributed this lower self-esteem to the child internalizing the negative messages about the other parent and thus viewing any part of him- or herself that resembled the other parent as bad; concluding that the other parent did not love him or her; and guilt and shame from succumbing to pressure from one parent to betray and reject the other parent.

Seventy percent of the adults in Baker's (2007) study also reported depression as an adult, which was viewed as a result of the conditional love of the parent who engineered the child's rejection of the other parent. This finding was consistent with past research that links adult depression to early parent-child relationships, specifically parental rejection (Crook, Raskin, & Eliot, 1981) and parental loss (Bowlby, 1980). Baker proposed that the depression in her sample resulted from the children's inability to make sense of and mourn the loss of the targeted parent, as the parent exhibiting the alienation behaviors failed to recognize the child's grief and stifled any expression of the child's mourning for the other parent.

Thus, initial data suggest that children exposed to parental alienation behaviors (defined as behaviors that involve children in parental conflict and might result in them rejecting one parent to please the other) might experience both low self-esteem and depression as adults due to the traumatic separation from one parent, from their inability to express and work through their feelings about the loss, and from feeling unloved by one or both parents. However, these links have yet to be established with quantitative data.

This study was designed to build on the existing knowledge and address the following questions:

1. What was the rate of exposure to 20 parental behaviors that involved children in their conflict—referred to herein as parental alienation behaviors?
2. What were the rates of exposure present in intact families, and how did those rates compare to those found in divorced families?
3. Were rates of exposure associated with current reports of depression and self-esteem?

METHOD

Sample

A convenience sample of 133 students was recruited from either a metropolitan school of social work ($n = 126$) or a northeastern U.S. liberal arts university ($n = 7$). Twelve cases were eliminated due to incomplete data, and an additional 15 participants were excluded because they were male, only had one parent, or both, and therefore could not answer all of the questions. Thus, the final sample was made up of 106 women with at least two parents. They ranged in age from 18 to 56 years ($M = 28.23$, $SD = 8.473$). In the final sample, 82% ($n = 87$) of the respondents were graduate students.

Survey Instrument

A questionnaire was developed specifically for this study, which included 58 questions relating to (a) basic demographics, 6 items; (b) recall of exposure to parental alienation behaviors, 20 closed-ended questions and 2 open-ended questions not reported on in this article; (c) current depression, 20 items; and (d) current self-esteem, 10 items. The six demographic questions included age, gender, student status, marital status of parents (recoded as 0 = *not separated/divorced before participant reached age 18*, 1 = *separated/divorced before participant reached age 18*), and two questions about participant's parents, the responses to which were used to determine whether each participant had two alive parents during his or her childhood (deemed a necessary precondition to be included in the final sample; recoded as 0 = *did not have two parents alive during entire childhood*, 1 = *did have two parents alive during childhood*).

The next portion of the survey included 20 items pertaining to exposure to parental alienation behaviors, described as “things that one or more

of your parents or stepparents might have done while you were growing up.” The items were derived from research with both “adult children of parental alienation syndrome” (Baker, 2007) and with parents who were concerned that the other parent of their child was trying to turn their child against them (Baker & Darnall, 2006). Each item is presented here as it appeared on the survey, followed by a brief descriptor which is used in the tables and for the remainder of the article: Made comments to me that fabricated or exaggerated the other parent’s negative qualities while rarely saying anything positive about that parent (made negative comments); limited or interfered with my contact with the other parent such that I spent less time with him or her than I was supposed to or could have (limited contact); withheld or blocked phone messages, letters, cards, or gifts from the other parent meant for me (withheld or blocked messages); made it difficult for me and the other parent to reach and communicate with each other (made communication difficult); indicated discomfort or displeasure when I spoke or asked about or had pictures of the other parent (indicated discomfort about other parent); became upset, cold, or detached when I showed affection for or spoke positively about the other parent (upset child affectionate with other parent); said or implied that the other parent did not really love me (said parent was unloving); created situations in which it was likely or expected that I choose him or her and reject the other parent (made child choose); said things that indicated that the other parent was dangerous or unsafe (said parent was unsafe); confided in me about “adult matters” that I probably should not have been told about (such as marital concerns or legal issues) that led me to feel protective of him or her or angry at the other parent (confided in child); created situations in which I felt obligated to show favoritism toward him or her and reject or rebuff/ignore the other parent (required favoritism of child); asked me to spy on or secretly obtain information from or about the other parent and report back to him or her (asked child to spy); asked me to keep secrets from the other parent about things the other parent should have been informed about (e.g., upcoming plans, my whereabouts, etc.; asked child to keep secrets); referred to other parent by his or her first name and appeared to want me to do the same (called other parent by first name); referred to his or her new spouse as Mom or Dad and appeared to want me to do the same (referred to spouse as Mom or Dad); encouraged me to rely on his or her opinion and approval above all else (encouraged reliance on him/herself); encouraged me to disregard or think less of the other parent’s rules, values, and authority (encouraged disregard of other parent); made it hard for me or made me feel bad about spending time with the other parent’s extended family (hard to be with extended family); created situations in which it was likely that I would be angry with or hurt by the other parent (fostered anger/hurt at other parent); and tried to turn me against the other parent (tried to turn against other parent).

Participants were asked to rate the frequency of their exposure to these behaviors on a 5-point Likert scale with points at 0 (*never*), 1 (*rarely*), 2 (*sometimes*), 3 (*often*), and 4 (*always*). Total scores were calculated as sum scores, ranging from 0 to 80. A Cronbach's alpha indicated good internal consistency ($\alpha = .93$).

The second measure in the survey was the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Participants were given a list of 20 statements regarding their feelings and were asked to rate how often they had experienced each one during the past week. The responses were scored on a four-point Likert scale with points at 0 (*rarely or none of the time*), 1 (*some or a little of the time*), 2 (*occasionally or a moderate amount of the time*), and 3 (*most or all of the time*). Scores were used as continuous summary scores as well as recoded into dichotomous scores of not depressed (scores below 16) and depressed (scores of 16 and above; Radloff, 1977). The CES-D has established internal consistency and validity (Radloff). For example, higher scores on the CES-D have been found to correlate with posttraumatic stress symptoms (Zatzick et al., 2006) and clinical depressive episodes in adolescents (Aebi, Metzke, & Steinhausen, 2009). In this sample the alpha for the CES-D was .90.

The final measure was Rosenberg's Self-Esteem Scale (RSE; Rosenberg, 1979). This measure included 10 items asking participants to rate their feelings about themselves. The responses were scored on a 4-point Likert scale, ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). Participants' scores were calculated as sum scores, and the possible range of scores was 0 to 30. A higher score indicated higher self-esteem. In this sample the alpha was .90.

Procedures

The Office of Student and Alumni Affairs at a metropolitan school of social work sent an e-mail invitation in the spring of 2009 to the student body (approximately $N = 1,270$). In addition, a professor at a small northeastern U.S. college sent an e-mail invitation to 40 undergraduate psychology students. The e-mails directed interested students to an online survey host.

Once potential participants clicked the link provided in the e-mail, they were presented with the project summary statement, which included information about the purpose of the study, what participation entailed, and what type of questions they would be asked. Individuals who decided to participate indicated their agreement to do so by clicking an "I Accept" button at the bottom of the Web page, which brought them to the survey. The computer program does not allow for an estimate of the number of people (if any) who went to the Web site but chose not to participate. All surveyes were completed between February 24, 2009 and March 21, 2009.

RESULTS

To address the first research question regarding rates of exposure to parental alienation behaviors, the proportion of respondents who endorsed each of the 20 behaviors was calculated with frequency distributions. These data are presented in Table 1.

As can be seen, all 20 behaviors were endorsed by at least some participants. Looking at the proportion of endorsers of each behavior, regardless of the strength of the endorsement, it can be seen that four behaviors were endorsed by between 1% and 10% of the respondents (withheld or blocked messages, said parent was unloving, referred to other parent by first name, and referred to new spouse as Mom or Dad). Six of the parental alienation behaviors were endorsed by between 11% and 20% of the respondents (made communication difficult, indicated discomfort about other parent, said other parent was unsafe, asked child to spy, fostered anger/hurt with other parent, and tried to turn against other parent). Four of the behaviors were endorsed by between 21% and 30% of the respondents (limited contact with other parent, upset when child affectionate with other parent, made child choose, and made it hard to be with extended family). Three of the behaviors were endorsed by between 31% and 40% of the respondents (asked child to keep secrets, encouraged reliance on himself or herself, and

TABLE 1 Proportion Reporting Exposure to Each of the 20 Parental Alienation Strategies

| Strategy | Never | Rarely | Some times | Often | Always |
|---|-------|--------|------------|-------|--------|
| Made negative comments | 32.1 | 30.2 | 15.1 | 13.2 | 09.4 |
| Limited contact with other parent | 76.4 | 13.2 | 03.8 | 05.7 | 00.9 |
| Withheld or blocked messages ^a | 96.1 | 02.0 | 01.0 | 01.0 | 00.0 |
| Made communication difficult | 83.0 | 08.5 | 05.7 | 01.9 | 00.9 |
| Indicated discomfort about other parent | 82.1 | 04.7 | 07.5 | 02.8 | 02.8 |
| Upset child affectionate with other parent ^b | 71.4 | 11.4 | 09.5 | 05.7 | 01.9 |
| Said parent was unloving ^b | 93.3 | 02.9 | 01.9 | 01.0 | 01.0 |
| Made child choose | 76.4 | 09.4 | 09.4 | 03.8 | 00.9 |
| Said parent was unsafe ^b | 83.8 | 09.5 | 03.8 | 02.9 | 00.0 |
| Confided in child | 47.2 | 18.9 | 13.2 | 14.2 | 06.6 |
| Required favoritism of child ^b | 59.0 | 19.0 | 15.2 | 04.8 | 01.9 |
| Asked child to spy | 87.7 | 03.8 | 06.6 | 01.9 | 00.0 |
| Asked child to keep secrets | 68.9 | 16.0 | 08.5 | 03.8 | 02.8 |
| Called other parent by first name | 96.2 | 02.8 | 00.9 | 00.0 | 00.0 |
| Referred to spouse as Mom or Dad | 94.8 | 03.1 | 00.0 | 01.0 | 01.0 |
| Encouraged reliance on himself or herself ^c | 62.5 | 13.5 | 15.4 | 04.8 | 03.8 |
| Encouraged disregard of other parent | 67.9 | 14.2 | 10.4 | 03.8 | 03.8 |
| Hard to be with extended family ^b | 75.2 | 10.5 | 06.7 | 02.9 | 04.8 |
| Fostered anger/hurt with other parent | 81.1 | 08.5 | 08.5 | 00.0 | 01.9 |
| Tried to turn against other parent ^b | 80.0 | 05.7 | 10.5 | 00.0 | 03.8 |

Note. *N* = 106.

^a*n* = 102; ^b*n* = 105; ^c*n* = 104.

encouraged disregard for the other parent). One parental alienation behavior, required favoritism, was endorsed by 41% to 50% of the respondents; one, confided in child, was endorsed by 51% to 60% of the respondents; and one, made negative comments, was endorsed by 61% to 70% of the respondents. The two parental alienation behaviors that were endorsed by the highest percentage of the respondents as having ever occurred (confided in child and made negative comments) were also the two that were endorsed by the highest percentage of respondents as having occurred “always.”

An examination of how many of the parental alienation behaviors each respondent endorsed was also conducted. A summary score was created indicating the number of different behaviors endorsed, regardless of the strength of the endorsement. Thus, this variable ranges from 0 (none endorsed) to 20 (all 20 endorsed). The frequency distribution of this summary variable is presented in Table 2.

As can be seen, 80% of the sample endorsed at least 1 of the 20 parental alienation behaviors, indicating some exposure to parental alienation, with 30% of the sample reporting exposure to at least six different behaviors. Another way to examine exposure to parental alienation was to create a summary score across the 20 items, ranging from 0 (a score of 0—*never*—on all 20 items) to a score of 80 (a score of 4—*always*—on all 20 items). Table 3 presents the frequency distribution of this summary score.

As seen in Table 3, 80% of the sample reported exposure to parental alienation during their childhoods. About 25% of the sample reported exposure to what could be considered no or very little parental alienation (scores of 0 or 1), 20% had scores between 2 and 4, roughly 25% had scores between 5 and 10, about 20% had scores between 11 and 30, and the remaining 5% had scores between 31 and 65. These data indicate that the vast majority of the respondents experienced some exposure to parental alienation, with more than one fourth of the sample reporting what could be considered severe levels, indicated by scores over 10. To have a score of 11 or greater, the respondent had to report multiple behaviors at a frequency greater than “rarely.” For example, a score of 11 was achieved by two items being rated as rarely, three items rated as sometimes, as well as a single item rated as often. Another way to achieve a score of 11 is to have rated six items as

TABLE 2 Number of Strategies Endorsed

| Number endorsed | <i>n</i> | % |
|-----------------|----------|------|
| 0 | 21 | 19.8 |
| 1–5 | 50 | 47.2 |
| 6–10 | 20 | 18.8 |
| 11–15 | 10 | 9.5 |
| 16–20 | 5 | 4.7 |

Note. *N* = 106.

TABLE 3 Frequency Distribution of Summary Score

| Summary score | <i>n</i> | % |
|---------------|----------|------|
| 0 | 21 | 20.0 |
| 1 | 7 | 6.7 |
| 2 | 11 | 10.5 |
| 3 | 10 | 9.5 |
| 4 | 2 | 1.9 |
| 5–10 | 27 | 25.7 |
| 11–20 | 9 | 8.6 |
| 21–30 | 11 | 10.4 |
| 31–40 | 2 | 1.9 |
| 41–50 | 3 | 2.9 |
| 51–60 | 1 | 0.9 |
| 61+ | 1 | 0.9 |

Note. *N* = 105. One case is missing more than 2 of the 20 items.

rarely, one item as sometimes, and one item rated as often. Both combinations of 11 represent what appears to be a pattern of exposure that extends well beyond isolated behaviors at a low dose.

The next set of analyses focused on the 20th item in the survey, which asked participants if one of their parents tried to turn them against their other parent. The two questions addressed here were (a) what proportion of the sample endorsed this item, and (b) were those who endorsed Item 20 more likely to endorse the other 19 items on the survey than those who did not endorse Item 20. First, a frequency distribution of this variable was calculated. Results revealed that 80% of the sample said that this did not happen, 5.7% said that it happened rarely, 10.5% said that this occurred sometimes, and 3.8% said that it happened always. Thus, 20% of the sample reported that this happened to some extent.

Next, a series of chi-squares were calculated to determine whether the 20% who reported that this happened were more likely to report exposure to the other 19 behaviors than the 80% who said that it never happened. Results are presented in Table 4.

As can be seen, those who endorsed Item 20 (tried to turn against other parent) were statistically significantly more likely to endorse the other 19 parental alienation behaviors than those who did not endorse Item 20. Participants who said that one parent tried to turn them against the other parent were more likely to report every other behavior than participants who did not report that one parent tried to turn them against the other parent. Every respondent who reported that one parent tried to turn him or her against the other parent also reported that one parent made negative comments about the other parent (compared to only 60% of the participants who did not endorse Item 20) and reported that one parent confided in

TABLE 4 Proportion of Endorsers of “Tried to Turn” Endorsing Each Parental Alienation Strategy

| Strategy | Did not try to turn | Did try to turn | χ^2 | Sig. |
|--|------------------------|--------------------|----------|------|
| Made negative comments | 60.0 | 100.0 | 12.4 | .001 |
| Limited contact | 16.5 | 52.4 | 12.0 | .001 |
| Withheld or blocked messages | 1.2 | 14.3 | 7.8 | .024 |
| Made communication difficult | 10.6 | 42.9 | 12.4 | .001 |
| Indicated discomfort about other parent | 8.2 | 57.1 | 27.4 | .001 |
| Upset child affectionate with other parent | 18.5 | 68.2 | 20.7 | .000 |
| Said parent was unloving | 3.5 | 19.0 | 6.5 | .027 |
| Made child choose | 11.8 | 71.4 | 33.2 | .001 |
| Said parent was unsafe | 8.2 | 47.6 | 19.4 | .001 |
| Confided in child | 41.2 | 100.0 | 23.4 | .001 |
| Required favoritism of child | 28.2 | 90.5 | 27.1 | .001 |
| Asked child to spy | 4.7 | 42.9 | 22.8 | .001 |
| Asked child to keep secrets | 21.2 | 71.4 | 19.8 | .001 |
| Called other parent by first name | 1.2 | 14.3 | 8.0 | .024 |
| Referred to spouse as Mom or Dad | 2.4 | 14.3 | 5.3 | .052 |
| Encouraged reliance on himself or herself | 28.2 | 71.4 | 13.5 | .001 |
| Encouraged disregard of other parent | 21.2 | 76.2 | 23.3 | .001 |
| Hard to be with extended family | 15.3 | 61.9 | 19.8 | .001 |
| Fostered anger/hurt at other parent | 8.2 | 61.9 | 31.7 | .001 |

him or her about the other parent (compared to only 41.2% of the participants who did not endorse Item 20). Over 90% of the Item 20 endorsers also endorsed requiring favoritism (compared to only 28.2% of the nonendorsers) and between 70% and 80% of the Item 20 endorsers also endorsed made child choose, asked child to keep secrets, encouraged reliance on him- or herself, and encouraged disregard of other parent (compared to less than 20% of the nonendorsers). Between 60% and 70% of the Item 20 endorsers also endorsed upset child affectionate with other parent, hard to be with extended family, and fostered anger/hurt at other parent (compared to less than 20% of the nonendorsers). Around half of the Item 20 endorsers also endorsed limited contact, made communication difficult, indicated discomfort about other parent, said parent was unsafe, and asked child to spy (compared to less than 20% of the nonendorsers). Around 20% of the Item 20 endorsers also endorsed withheld messages, said parent was unloving, called other parent by first name, and referred to new spouse as Mom or Dad (compared to 3% of the Item 20 nonendorsers).

Thus, those who reported that one parent tried to turn them against the other parent were statistically significantly more likely to report the 19 other parental alienation behaviors. At the same time, even among those who endorsed Item 20, there was some variation in the number and type of other behaviors reported. Looking more closely at this subset of respondents, it was found that they reported between 5 and 18 different behaviors and had

total scores between 7 and 64. No two participants reported the same exact pattern of parental alienation exposure.

We also tested whether those who endorsed Item 20 endorsed statistically significantly more behaviors overall, which they did, $M = 11.6$ ($SD = 4.1$) versus $M = 3.1$ ($SD = 3.0$), $t(104) = 11.13$, $p < .001$, and whether they had statistically significantly higher summary scores, which they did, Mann–Whitney U ($n = 105$) = 6.48, $p < .001$.

The second research question in this study asked whether participants whose parents separated or divorced during their childhood endorsed more of the parental alienation behaviors or had higher summary scores than participants whose parents remained married throughout their childhood. We began with a crosstab of the item divorced or separated versus not divorced or separated and Item 20 (one parent tried to turn the child against the other parent). Results revealed that 45% of those with divorced or separated parents reported that one parent tried to turn them against the other parent, whereas only 13.6% of the nondivorced or separated group reported that being the case. This difference was statistically significant, $\chi^2(1, N = 103) = 10.8$, $p < .002$.

To determine whether those with divorced or separated parents reported experiencing a greater number of parental alienation behaviors, an independent t test was conducted. Results revealed that, as expected, those with divorced or separated parents reported exposure to nearly three times as many parental alienation behaviors ($M = 9.6$, $SD = 4.9$) than those whose parents did not divorce or separate ($M = 3.6$, $SD = 3.9$), $t(101) = 6.03$, $p < .001$. Because the summary score was not normally distributed, a Mann–Whitney test was conducted to determine whether those with divorced or separated parents had higher scores than those without. Results revealed a statistically significant effect, Mann–Whitney U ($n = 102$) = 285, $p < .001$.

Next, the two groups were compared on presence or absence of each of 19 parental alienation behaviors (one item, referred to new spouse as Mom or Dad, was not included as it was not relevant for the group whose parents did not divorce). To that end, 19 chi-square analyses were conducted. These results are presented in Table 5.

As can be seen, participants whose parents separated or divorced during their childhood were statistically significantly more likely than participants whose parents did not divorce or separate to endorse 17 of the 19 parental behaviors. The two for which there was not a statistically significant group difference were referred to other parent by first name (the incidence was quite low in both groups) and encouraged reliance on him or herself (which was in fact marginally statistically significant). Within the divorced or separated sample, rates of exposure to the parental behaviors were quite high and statistically significantly higher than in the nondivorced or separated group. Of the participants from separated or divorced families, over 90% of

TABLE 5 Proportion of Divorced/Nondivorced Respondents Endorsing Each Parental Alienation Strategy

| Strategy | Nondivorced | Divorced | χ^2 | Sig. |
|--|-------------|----------|----------|------|
| Made negative comments | 61.7 | 95.5 | 9.2 | .002 |
| Limited contact | 18.5 | 45.5 | 6.8 | .009 |
| Withheld or blocked messages | 1.2 | 13.6 | 7.1 | .008 |
| Made communication difficult | 12.3 | 36.4 | 6.9 | .009 |
| Indicated discomfort about other parent | 7.4 | 59.1 | 30.7 | .000 |
| Upset child affectionate with other parent | 18.5 | 68.2 | 20.7 | .000 |
| Said parent was unloving | 2.5 | 22.7 | 11.2 | .001 |
| Made child choose | 14.8 | 59.1 | 18.5 | .000 |
| Said parent was unsafe | 9.9 | 36.4 | 9.3 | .002 |
| Confided in child | 48.1 | 72.7 | 4.2 | .040 |
| Required favoritism of child | 29.6 | 81.8 | 19.5 | .000 |
| Asked child to spy | 6.2 | 36.4 | 14.3 | .000 |
| Asked child to keep secrets | 27.2 | 45.5 | 2.7 | .100 |
| Called other parent by first name | 3.7 | 04.5 | 0.03 | .856 |
| Encouraged reliance on him/herself | 32.1 | 54.5 | 3.7 | .053 |
| Encouraged disregard of other parent | 23.5 | 63.6 | 12.8 | .000 |
| Hard to be with extended family | 17.3 | 54.5 | 12.7 | .000 |
| Fostered anger/hurt at other parent | 12.3 | 45.5 | 12.1 | .000 |
| Tried to turn against other parent | 13.6 | 45.5 | 10.8 | .001 |

the participants endorsed made comments, compared to 61.7% of the nondivorced or separated group; 81.8% endorsed required favoritism, compared to 29.6% of the nondivorced or separated group; and 72.7% endorsed confided, compared to 48.1% of the nondivorced or separated group. Two parental behaviors, upset at affection and encouraged disregard, were endorsed by 61% to 70% of this group, compared to around 20% of the nondivorced or separated group. Four parental behaviors were endorsed by 51% to 60% of the participants from divorced or separated families—indicated discomfort at other parent, made child choose, encouraged reliance on him- or herself, and made it hard to be with extended family—compared to less than 33% of the nondivorced or separated group. Four parental behaviors were endorsed by 41% to 50% this group of participants—limited contact, asked child to keep secrets, fostered anger/hurt at other parent, and tried to turn against other parent—compared to less than 28% of the nondivorced or separated group. Two, made communication difficult and said other parent was unsafe, were endorsed by between 31% and 40%, compared to less than 13% of the nondivorced or separated group. One parental behavior, said parent was unloving, was endorsed by 21% to 30% of the divorced or separated group, compared to less than 3% of the nondivorced or separated group. The parental behavior withheld or blocked messages was endorsed by 13.6% of the divorced or separated group compared to less than 2% of the nondivorced or separated group. One parental behavior was endorsed

by so few participants in each group that there was no statistically significant difference, referred to other parent by first name.

Thus, participants whose parents were divorced or separated during their childhood reported statistically significantly more exposure to parental alienation, exposure to a greater number of parental alienation strategies, and greater exposure to 17 of the 19 specific parental behaviors assessed.

The third research question asked whether there were associations between reported exposure to the parental alienation behaviors and current functioning, specifically self-esteem and depression during the past week. Depression was examined as both a dichotomous variable (above and below the cutoff for clinical depression) as well as continuous (summary score from 0–60). Parental alienation behaviors were examined as both a dichotomous variable (exposed to any of the 20 behaviors or not exposed to any) and continuous (summary score of 0–80). Thus, four analyses were conducted: (a) a chi-square with both variables as dichotomous; (b) a *t* test with parental alienation as dichotomous and CES–D as continuous; (c) a logistic regression with parental alienation as continuous and CES–D as dichotomous; and (d) a correlation with both variables as continuous. None of the analyses was statistically significant. Interestingly, 40% of the participants in the total sample met the clinical cutoff for depression.

Next, scores on the RSE were assessed for associations with exposure to the parental alienation behaviors. RSE was treated as a continuous variable indicating degree of self-esteem, with values ranging from 0 to 30. This variable was correlated with the number of parental behaviors, with no statistically significant results. In addition, a *t* test was conducted with exposure to the parental alienation behaviors treated as a dichotomous variable, which also did not result in a statistically significant effect. Although the RSE can also be treated as a dichotomous variable with scores below 15 indicating low self-esteem, too few of the sample ($n = 8$, 7.9%) met this criteria to warrant analyses with the variable in this way.

DISCUSSION

This study was designed to address three questions pertaining to adult recall of exposure to childhood involvement in parental conflict, defined as 20 different parental alienation behaviors. The first question focused on rates of exposure to these behaviors as reported by the adults in the sample. We found that about 80% of the sample as a whole reported exposure to some parental alienation, and the proportions exposed to each of the individual strategies ranged from a low of 3.9% (withheld or blocked messages) to a high of 67.9% (made negative comments about the other parent). Of the 20 behaviors assessed, 10 were endorsed by between 3% and 20% of the sample, 7 were endorsed by between 21% and 40% of the sample, 2 items

were endorsed by between 41% and 60% of the sample, and 1 was endorsed by over 60% of the sample. In terms of number of behaviors endorsed, half of the sample reported exposure to between 1 and 5 behaviors, about 20% reported exposure to between 6 and 10 behaviors, and 15% of the sample reported being exposed to 11 or more behaviors. These data indicate that the vast majority of adults in this study recalled exposure to some parental alienation behaviors of their parents.

About 20% of the sample reported exposure to parental alienation at what we would consider high rates, indicated by endorsement of Item 20, "tried to turn me against the other parent." These same participants had the highest scores on the summary variable and reported exposure to the greatest number of behaviors. These participants had parents who probably could be described as the "obsessed alienators" in Darnall's (1998) categorization, defined as parents who intentionally have a goal of destroying their child's relationship with the other parent. About 20% of the sample did not endorse Item 20 or any of the other parent behaviors. These participants were not exposed to parental alienation (or were so defended against acknowledging it). The remaining 60% of the participants, although not endorsing Item 20, did endorse at least one other item. They probably had parents who can be described as Darnall's "naive alienators" (make infrequent and minor slips but in general support the child's relationship with the other parent) or "active alienators" (generally understand the importance of the child's relationship with the other parent but do let their anger get in the way of being consistently supportive).

Twenty percent of the sample endorsed the item "tried to turn me against the other parent," a slightly lower proportion than in Baker (2010), who found that 28% of a sample reported endorsement of a very similar item. It might be that the difference between 28% in that study and 20% in the current study is not meaningful and is due only to normal variation between samples. The sample here of slightly more than 100 participants is somewhat smaller than the Baker (in press) sample of 253, which could be considered a more stable estimate. There are also differences in sample characteristics that might be important. Clearly, additional studies should be conducted with larger samples to derive a stable and generalizable estimate. That being said, confidence is warranted in the belief that in the general adult population at least 20% of adults will report that one parent tried to turn them against another parent.

In the subsample of divorced or separated families, the rate of endorsing the variable "tried to turn" increased to 45%. In fact, rates of almost all of the parental alienation behaviors were higher in the group whose parents divorced or separated when they were under the age of 18 than in the group whose parents remained married for the duration of the respondent's childhood. Everyone in the group of participants with separated or divorced parents reported exposure to at least one other parental alienation behavior

in addition to tried to turn, and the total number of behaviors endorsed was higher than in the nondivorced or separated group. These data are consistent with a body of knowledge regarding the prevalence of parental alienation within divorcing families (e.g., Clawar & Rivlin, 1991; Gardner, 1998). The data from this study confirm and build on these findings by documenting this problem from the perspective of adults and by providing additional detail and insight into the nature of this experience for the adult children. Behaviors endorsed at a particularly high rate in the divorce group included required favoritism of child, upset child affectionate with other parent, made child choose, encouraged reliance, encouraged disregard of other parent, hard to be with extended family, and fostered anger.

The low incidence of some of the strategies, even within the sample of divorced families, suggests a few explanations, one of which is that these events did not occur. An alternative explanation is that some behaviors might be outside the awareness of children. For example, it seems quite likely that one parent could interfere with communication and block and withhold messages without the child ever being aware that this was happening. Unless the child inadvertently finds the undelivered gifts and mail or is told by the targeted parent about the undelivered items and blocked communication, he or she has no way of knowing whether this occurred. These parental alienation behaviors are usually strongly endorsed by targeted parents and are the cause of chronic frustration (e.g., Baker & Darnall, 2006); therefore, it seems possible that lack of knowledge, as opposed to lack of occurrence, was a factor contributing to the low level of endorsement of this item by the participants in this study. Thus, in future research, information should be obtained from both the targeted parent and the "adult child" if the purpose is to assess actual exposure to this behavior and determine whether, in fact, some of these events occur outside the awareness of children (as opposed to not occurring at all). However, if the purpose is to assess adult perception of this childhood experience, then the current approach is acceptable.

Interestingly, even those who did not endorse Item 20 reported exposure to other items. Of this group, 60% reported that one parent "made comments to me that fabricated or exaggerated the other parent's negative qualities while rarely saying anything positive about that parent"; 40% reported that one parent "confided in me about 'adult matters' that I probably should not have been told about (such as marital concerns or legal issues) that led me to feel protective of him or her or angry at the other parent"; and close to 30% endorsed "created situations in which I felt obligated to show favoritism toward him or her and reject or rebuff/ignore the other parent." This pattern of data suggests a few possible interpretations, one of which is that although the parents did engage in some of these behaviors, they did not represent and were not perceived to be part of a larger effort on the part of one parent to turn the child against the other parent. This would be consistent with Darnall's (1998) notion of naive alienators,

parents who intermittently engage in some of these behaviors but with not real intention to damage the child's relationship with the other parent. Perhaps in the context of the relationship, the child still felt support by one parent in having a relationship with the other, despite some denigration and confiding.

A second explanation is that some respondents were able to acknowledge exposure to specific behaviors but did not acknowledge or understand the intention behind those behaviors (that one parent was trying to turn them against the other parent). As with other forms of abuse, assessment of parental alienation might require asking about specific behaviors rather than asking about a general construct, as it might be simply too threatening to admit the poor intentions of a parent. Research on adult recall of other aspects of parent-child relationships supports this notion, especially for memories of emotionally charged childhood experiences. For example, adults participating in the adult attachment interview (Main, Kaplan, & Cassidy, 1985) provided positive adjectives to describe a particular parent-child relationship when asked to recall that parent in general, but offered examples and stories that belied these adjectives when asked to describe a specific memory of that parent. The adjectives represented the socially acceptable and ego-syntonic beliefs, whereas the specific stories reflected what actually occurred on a day-to-day basis. For this reason, responses to specific items might not be consistent with responses to items that require endorsement of abstract concepts, especially if those concepts are threatening.

Rates of exposure to parental alienation were relatively high in intact families as well, although the rate was much lower than in the group of participants whose parents separated or divorced while the participants were under the age of 18. Close to half of the participants with parents who remained married throughout their childhood endorsed the item confided in child, and about one fourth endorsed asked child to keep secrets, encouraged reliance on him- or herself, encouraged disregard of other parent, and required favoritism of child. These data are consistent with clinical wisdom and theory regarding dysfunction within some families involving cross-generational alliances and intergenerational boundary dissolution, such as confiding, keeping secrets, undermining the other parent's authority, and so forth (Minuchin, 1974, 1993). These data also suggest that in some families parental alienation behaviors predate the divorce such that even in the nondivorced group there are participants whose parents divorced after the participant's 18th birthday, following their childhood exposure to some of the behaviors assessed.

Despite the theoretical linkages and the initial supportive data, the data in this study did not find evidence of associations between exposure to parental alienation and rates of current depression and self-esteem. Several reasons for this are explored next.

First, rates of depression were fairly high in the sample as a whole and within the divorced and not divorced groups equally (about 40%). The relatively high rates of depression found in the sample for this study might be due to the population from which the sample was drawn. Siebert (2004) found that rates of depression in social workers were quite high, with 19% of the National Association of Social Workers affiliated participants in her study scoring above the CES-D cutoff for depression and 60% rating themselves as either currently depressed or formerly depressed. Therefore, recruiting the participants for this study from a population of social work students might have resulted in an unusually high rate of depression in our sample, making associations with parental alienation not likely to be found.

Second, in the Baker (2005, 2007) study of long-term effects of exposure to parental alienation behaviors, the participants revealed negative outcomes as experienced over the course of their lifetime, not necessarily within the past week. It is quite possible that none of Baker's participants would have scored in the clinical cutoff range during the week of the interview, but their responses to the interview questions indicate that they probably would have scored above the clinical cutoff for depression at some point over the course of their life. Thus, it is quite possible that those in the sample here who had been exposed to parental alienation could have met the clinical cutoff for depression at some point earlier in their life, just not within the past week. Perhaps a better test of the hypothesis would be a quantitative measure of depression over the course of a lifetime as opposed to within a narrowly proscribed time frame.

Another reason for the lack of association between parental alienation and either depression or self-esteem is that examining exposure to parental alienation behaviors might not be as powerful as examining the participants' response to these behaviors. The Baker (2005, 2007) study sample was made up of participants who experienced both exposure to parental alienation and Parental Alienation Syndrome (PAS), defined as the child's unwarranted rejection of one parent to please the other. That is, they all succumbed to the pressure of one parent and became turned against the other parent. It is possible that it was this experience (including the loss of the relationship with the targeted parent, guilt over the treatment of that parent, shame at having participated in the loss of the relationship, belief that the targeted parent no longer loved him or her, etc.) as opposed to the exposure to the parental alienation per se that was the causal agent for their reported subsequent depression and low self-esteem. Within this study, the participants reported only on their exposure to parental alienation and not whether they had actually become alienated from the targeted parent. No study yet has assessed the independent and combined contribution of parental alienation and PAS to negative outcomes for individuals.

A fourth explanation as to why this study failed to find a relationship between exposure to parental alienation behaviors and current depression

and self-esteem is that the participants were recruited from a population that was biased in favor of high-functioning people. The sample for the original Baker (2005, 2007) study on which this hypothesis was mainly based was made up of people with a range of current functioning, including people who had done fairly well for themselves and people who had not yet developed a self-sufficient and healthy lifestyle. On the other hand, the sample for this study was made up entirely of individuals who had already achieved a certain degree of life success in that they had all attended college and most were in the process of obtaining an advanced degree from a prestigious institution. Although they had rates of current depression that were high (40%), they were not necessarily still suffering the long-term effects of whatever damaging parenting to which they had been exposed. It is likely that becoming a mental health professional afforded them opportunities to process their early life experiences, decreasing the likelihood of associations between parental alienation and mental health outcomes.

Several areas for future research and practice suggest themselves from these data. First, additional research should be conducted to replicate these findings in other samples to arrive at a valid and reliable estimate of exposure to parental alienation in the general population. Second, additional studies should be conducted to confirm the original Baker (2007) findings regarding the long-term impact of PAS on children's social and emotional development. Using measures that assess outcomes as experienced over a longer period of time—rather than just within the past week—are clearly warranted. Obviously, measures of additional outcomes including achievement of self-sufficiency, quality of adult romantic relationships, and issues of trust and identity should also be included in future studies.

Developing valid cutoffs and categorizations of exposure to parental alienation would also be a fruitful area of future research. In this study, three different measures were examined: endorsement of Item 20 (one parent tried to turn child against other parent), number of different strategies endorsed, and total summary score. Ideally the data from these variables could be combined to classify the participants into meaningful groupings that could be used in future research and for identifying at-risk children for targeted interventions.

Clinical and practice implications are also suggested. For example, although the data did not support a connection with depression and self-esteem, the data do reveal that a significant portion of children of divorce as well as children from intact families are exposed to a variety of parental alienation strategies that might damage the child's relationship with the other parent and might create stress and emotional conflict for the child. The types of behaviors endorsed in this study are the very behaviors that divorce researchers have found to be associated with greater difficulty in postdivorce adjustment.

Children need to be given tools to respond to these behaviors. Not all parents who engage in these behaviors will or can stop should they be identified and asked to do so, especially those involved in protracted custody disputes. There appears to be a portion of parents who—probably due to personality disorders—are unable to respect the child's need for a positive relationship with the other parent (Baker, 2007). Other parents are in such pain and turmoil from a difficult divorce or problematic marriage that they simply cannot refrain from exhibiting the types of behaviors studied here. Thus, a logical location of prevention efforts is with the children themselves, especially those who have not yet developed emotional or behavioral problems that would lead to participation in mental health treatment. These children are at risk for problems and hence appropriate for prevention efforts (Cowen, Hightower, Pedro-Carroll, Work, & Wyman, 1996; Durlak, 1995).

Although many divorcing parents are required to attend a divorce education program, not all children of divorce are afforded the same opportunity to receive education and support. Many divorce education programs are general, short-term, and do not provide sufficient detail about the types of behaviors most likely to be stressful for children (although there are some exceptions). According to a recent review of the content of such programs (Goodman, Bonds, Sandler, & Braver, 2004), neither the short-term universal nor the long-term targeted programs focus specifically on parental alienation strategies (other than discussing the negative impact of bad-mouthing the other parent in front of the child). Children of divorce need more targeted, child-focused support and psycho-education, as do children whose parents are not divorced, and the school setting appears to be a likely avenue for this type of support. Because most children attend school, that setting is ideally suited for delivering psycho-educational materials and support for children whose parents are engaged in parental alienation efforts. Currently there are school-based divorce groups, but they do not incorporate the latest research and theory regarding parental alienation and do not include a component for children whose parents are not divorced. For example, CODIP (Pedro-Carroll & Cowen, 1985) is a school-based program for children of divorce that shows evidence of effectiveness but does not delve as deeply into the issue of loyalty conflicts as might be warranted. These data suggest that some revision and expansion of existing programs would be a meaningful response to the problem of children being exposed to parental efforts to turn them against their other parent.

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False beliefs about the genesis of parental alienation and about appropriate remedies shape opinions and decisions that fail to meet children's needs. This article examines 10 mistaken assumptions: (a) children never unreasonably reject the parent with whom they spend the most time, (b) children never unreasonably reject mothers, (c) each parent contributes equally to a child's alienation, (d) alienation is a child's transient, short-lived response to the parents' separation, (e) rejecting a parent is a short-term healthy coping mechanism, (f) young children living with an alienating parent need no intervention, (g) alienated adolescents' stated preferences should dominate custody decisions, (h) children who appear to function well outside the family need no intervention, (i) severely alienated children are best treated with traditional therapy techniques while living primarily with their favored parent, and (j) separating children from an alienating parent is traumatic. Reliance on false beliefs compromises investigations and undermines adequate consideration of alternative explanations for the causes of a child's alienation. Most critical, fallacies about parental alienation shortchange children and parents by supporting outcomes that fail to provide effective relief to those who experience this problem.

Keywords: alienation, custody reversal, high-conflict divorce, parental alienation, reunification

Common false beliefs about parental alienation lead therapists and lawyers to give bad advice to their clients, evaluators to give inadequate recommendations to courts, and judges to reach injudicious decisions. The increasing recognition of the phenomenon of children's pathological alienation from parents brings with it a proliferation of mistaken assumptions about the problem's roots and remedies. These assumptions fail to hold up in the light of research, case law, or experience.

In some instances, a professional may not have thought to question the belief, or may lack sufficient experience and familiarity with research literature to test the accuracy of the assumption. The more often the fallacy is mentioned in professional presentations and publications, the more likely it becomes a *woozle*—a commonly accepted idea that lacks grounding in persuasive evidence yet gains traction through repetition to the point where people assume that it is true (Nielsen, 2014). In other cases evaluators, therapists, and lawyers make unreliable predictions based on the relatively small sample of their practices. Some professionals hold rigid ideological positions that inhibit receptivity to disconfirming facts or lead to intentional

evasion of data that conflict with desired conclusions (Lundgren & Prislín, 1998; Martindale, 2005). Even those with no strong ideological motivation to advocate a particular position are susceptible to confirmation biases that predispose them to search for and focus on information that supports previously held beliefs and expectations, while overlooking, ignoring, or discounting facts that fail to conform to their preconceived views (Greenberg, Gould-Saltman, & Gottlieb, 2008; Jonas, Schulz-Hardt, Frey, & Thelen, 2001; Rogerson, Gottlieb, Handelsman, Knapp, & Younggren, 2011). An untested assumption about the significance of one factor, such as a generalization based on a child's age, may lead family law professionals to place undue weight on that factor when making recommendations or decisions.

This article identifies 10 prevalent and strongly held assumptions and myths about parental alienation found in reports by therapists, custody evaluators, and child representatives (such as guardians ad litem), in case law, and in professional articles. Ideas were determined to be fallacies if they are contradicted by the weight of empirical research, by specific case outcomes, or by the author's more than three decades of experience evaluating, treating, and consulting on cases with parental alienation claims. The following discussion pertains to the pathological variant of parental alienation and not to situations in which a child's rejection of a parent is proportional to the parent's treatment of the child. The 10 fallacies about parental alienation fall into two categories: those that predominantly relate to the genesis of parental alienation and those concerned with remedies for the problem.

Fallacies About the Genesis of Parental Alienation

1. Children Never Unreasonably Reject the Parent With Whom They Spend the Most Time

It is generally assumed that children will identify most closely with the parent whom they see the most. When children live

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exclusively under one parent's care, naturally this increases that parent's influence on the children, including shaping their view of the absent parent (Clawar & Rivlin, 2013; Warshak, 2010a). The most extreme example of this occurs with abducted children who depend on their abducting parent for any information about their other parent. Spending more time with a parent who is the target of denigration often helps children resist becoming alienated or facilitates their recovery of a positive relationship. It is mistake, though, to assume that children are immune to becoming alienated from the parent with whom they spend the most time. One survey found that in 16% of cases the alienated parent had either primary or joint physical custody (Bala, Hunt, McCarney, 2010). In some families the children's rejection of their custodial parent results in a de facto change of custody without litigation; thus, case law surveys probably underestimate the proportion of children who become alienated from the parent who had primary residential custody.

This author has consulted on more than 50 cases in which a father who had contact with his children primarily when school was out of session effectively influenced his children to reject their mother. In several of these cases the father retained the children at the end of an extended school holiday period at which time the children claimed that they wanted to live with him and never see their mother again. The children's motives varied. Some children wanted to please an intimidating father to avoid his anger (Drozdz & Olesen, 2004). Others became convinced that their father's emotional survival depended on having his children live with him and that their mother was responsible for his suffering. In other cases a court allowed a mother to relocate with her children far away from the father, and the father retaliated by exploiting the children's discomfort about the move and manipulating them to reject their mother.

Operating under fallacy #1 some evaluators have stated unequivocally that the children's rejection of their primary residential parent (usually the mother) could not possibly constitute pathological alienation. These evaluators assume that a child who spends a lot of time with a parent is sufficiently familiar with the parent to be invulnerable to cognitive distortions about the parent. Thus if a child rejects a parent who has primary custody, the child must have a valid reason. This mistaken assumption predisposes evaluators to search for flaws in the rejected parent to explain the children's rejection while failing to investigate and sufficiently weigh the other parent's contributions to the children's negative attitudes.

Knowing that children's rejection of the parent with whom they spend the most time can be unreasonable and reflect the noncustodial parent's influence, custody evaluators, therapists, and judges should view the available data and evidence without any preconceived assumptions about the extent to which the child's rejection is justified versus unjustified. When gathering and considering data, child custody evaluators should consider alternative explanations for a child's negative attitudes regardless of which parent spends the most time with the child. Therapists should remain alert to the possibility that a child's complaints about the parent with whom the child predominantly lives may be unduly influenced by the other parent and may not reflect the child's true experiences or be an accurate account of the alienated parent's behavior.

Consulting and testifying experts who review custody evaluations that attribute children's rejection of the parent with whom

they spend the most time solely to the rejected parent's behavior should be alert to the possibility that a confirmation bias skewed the data gathering and interpretation (Martindale, 2005) and perhaps gave inadequate attention to the influence of the favored parent. Experts retained to educate the court about general issues in a case that raises parental alienation issues should be prepared to explain how this fallacy may have led to poorly reasoned opinions and recommendations reached by professionals such as evaluators, parenting coordinators, guardians ad litem, and attorneys appointed to represent the children's best interests. Judges who reject this fallacy will be more inclined to give proper weight to evidence of the noncustodial parent's influence on the children's negative attitudes toward the custodial parent when such evidence exists.

2. Children Never Unreasonably Reject Mothers

The fallacy presented above holds that a class of parents—those with primary custody—are immune from pathological alienation. Another fallacy is related to the previous one in that it also holds that a class of parents—in this case, mothers—are immune from their children's irrational rejection. A corollary fallacy is that only mothers are accused of fostering parental alienation and that this means that the concept of irrational parental alienation is bogus and simply a litigation tool for fathers (NOW Foundation, n.d.). Both fallacies are disproved by case law and empirical studies that document the existence of alienated mothers and alienating fathers in one third to one half of cases.

A Canadian survey reported that courts identified the father as the alienating parent in about one third of cases (Bala et al., 2010). Kopetski, Rand, and Rand (2006) reported that the alienating parent was the father in more than one third of cases. An analysis of unreported judgments in Australia over a 5-year period found approximately equal numbers of male and female alienators (Berns, 2001). Similarly, Gardner (2002) reported equal distributions of male and female alienators. In a small but nonrandom sample of parents who participated in an intervention to overcome children's alienation, 58% of the rejected parents were mothers (Warshak, 2010b). Also, several mothers who identify themselves as alienated have written books about their experience for the general public (Black, 1980; Cross, 2000; Egizii, 2010; Meyer & Quinn, 1999; Richardson & Broweleit, 2006; Roche & Allen, 2014).

Those who believe that mothers cannot be the victims of their children's irrational rejection are predisposed to believe that children who reject their mothers have good reasons for doing so. This belief leads evaluators to overweigh a mother's contributions to her children's rejection of her while failing to recognize the influence of the father's manipulations on the children's negativity toward their mother.

Evaluators who hold an ideological position against the concept of pathological parental alienation reflexively dismiss the possibility that a child's negative behavior toward a parent is unwarranted or is influenced by the favored parent. Such evaluators fail to adequately explore plausible rival explanations for case facts and data that relate to children's alienation and instead they prejudge the children's alienation as justified by mistreatment from the rejected parent. In so doing they fall short of practice guidelines such as the American Psychological Association's (2013)

Specialty Guidelines for Forensic Psychology. An example of the lack of critical thinking in a custody evaluation and in testimony is the failure to consider alternative explanations for a child's negative thoughts, feelings, and behavior toward the rejected parent (Warshak, 2003b).

Evaluators operating under an anchoring bias rely on accusations about the rejected parent's behavior as a point of reference for subsequent data gathering and interpretation (Martindale, 2005). This reference point leads to selective attention to evidence that confirms initial impressions, and inattention to disconfirming evidence. Confirmation bias operates when evaluators prejudice concerns about irrational parental alienation as unlikely and then seek, attend, and heavily weigh evidence of the rejected parent's contributions, while they avoid and discount evidence of the favored parent's contributions. Zervopoulos (2013) provides specific questions that attorneys can use to uncover such biases in mental health evaluations and testimony. He shows how to tie an expert witness's lack of critical thinking to the admissibility and weight accorded to mental health evidence.

Mental health and legal professionals who reject the concept of pathological parental alienation should rethink their position in the light of the extensive literature on the topic (for a comprehensive bibliography see Lorandos, Bernet, & Sauber, 2013) and a survey that reported 98% agreement "in support of the basic tenet of parental alienation: children can be manipulated by one parent to reject the other parent who does not deserve to be rejected" (Baker, Jaffe, Bernet, & Johnston, 2011). Also, the *Diagnostic and Statistical Manual Of Mental Disorders*, fifth edition includes "unwarranted feelings of estrangement" as an example of a "Parent-Child Relational Problem" (American Psychiatric Association, 2013, p. 715). Evaluators and therapists should keep an open mind about the possibility that children's rejection of their mother or their father is not warranted by the rejected parent's behavior.

3. Each Parent Contributes Equally to a Child's Alienation

Gardner's (1985) original formulation of pathological alienation, and his subsequent publications (e.g., Gardner, 1998), described multiple contributions to the child's disturbance, including the behavior of each parent, motivations that originate within the child, and situational factors such as a custody dispute or a remarriage. But his formulation, and work that followed (e.g., Clawar & Rivlin, 2013; Kelly & Johnston, 2001; Warshak, 2010a), left no doubt that the attitudes and behaviors of the parent with whom the child appears to be aligned are a key element in understanding the genesis of the problem.

Responding to allegations and concerns that clinicians and courts placed too much emphasis on the contributions of the favored parent and not enough emphasis on other factors, Kelly and Johnston (2001) recast the problem in a family systems framework. Others have elaborated this model by introducing the term *hybrid* for cases that identify a combination of both parents contributing to the children's alienation (Friedlander & Walters, 2010). Some professionals assume that a child's alienation is rarely traced to primary contributions from one parent. The influence of the family systems model is evident in custody evaluation reports that explicitly cite the model, conclude that each parent's behavior is responsible for the child's alienation, and take care to avoid

ranking either parent's contributions as more prominent. A related practice is the reflexive use of the term *high conflict couple*, a term that implies joint responsibility for generating conflict.

Kelly (2003) was one of the first to expose this fallacy. Drawing on 40 years of experience as a researcher, custody evaluator, mediator, and Special Master, she found that in as many as one third of entrenched parental disputes, one parent was clearly responsible for initiating and sustaining conflict. Clinical reports and some large-scale empirical studies describe disturbed and disturbing behavior on the part of favored parents, often characteristic of borderline and narcissistic psychopathology (Eddy, 2010; Friedman, 2004; Kopetski, 1998; Rand, 1997a, 1997b, 2011). Favored parents are more likely than rejected parents to display controlling and coercive behavior, poorly modulated rage, paranoid traits, and parenting styles that encourage enmeshed parent-child relationships, such as intrusive and infantilizing behaviors (Garber, 2011; Johnston, Walters, & Olesen, 2005; Kopetski, 1998).

Based on their study of 1000 custody disputes, Clawar and Rivlin (2013) identify the favored parent's programming as the primary dynamic behind a child's alienation, and they regard such programming as psychologically abusive. Kelly and Johnston (2001) agree that the behaviors of the favored parent "constitute emotional abuse of the child" (p. 257). Clearly their model is not intended to hold both parents in all families equally responsible for children's pathological alienation. For example, it would be no more fitting to assume that an alienated mother is equally responsible for her children's rejection of her than it would be to hold a mother equally responsible for her husband's physical abuse of the children.

Studies of formerly alienated children who reconciled with their rejected parents provide additional evidence that the behavior of the rejected parent is not a necessary factor in the genesis of children's alienation. In some cases a family crisis resulted in a spontaneous and in some cases instantaneous reconciliation (Darnall & Steinberg, 2008a, 2008b; Rand & Rand, 2006). Outcome studies for the educational intervention, Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships, show that children can overcome their negative attitudes and behavior without any change in the rejected parent's personality or behavior (Warshak, 2010b; Warshak, in press). Although the workshop teaches parents how to more effectively communicate and manage conflict with their children, this is not the central element linked to improvement in the parent-child relationships. Dramatic transformations of children's negative attitudes occur during the 4-day workshop when they learn about and gain insight into the process by which they became alienated and when they have a face-saving way to recover their affection for their parents. If the rejected parent's personality characteristics and behavior were a central cause of the alienation, we would not expect the children's alienation to abate unless and until they had an opportunity to experience changes in the rejected parent's behavior.

Some children have very good reasons for feeling disillusioned with the rejected parent, but the favored parent eagerly fans the flames of negative feelings. In such cases the child's rejection has both strong rational *and* strong irrational components. The rejected parent's behavior may be sufficient to alienate the child in the short-run, but the favored parent's behavior interferes with the healing that would naturally occur

with time and support. And there is no doubt that, in some cases, the rejected parent's behavior can exacerbate or ameliorate the impact of the favored parent's influence (Warshak, 2010a). But this does not mean that the rejected parent is equally responsible for a child's alienation formed in the context of psychological abuse by the aligned parent. Laying such blame on the rejected parent is analogous to ignoring the power imbalance that may exist between spouses and holding the spouse of a physically abusive parent equally responsible for the child's injuries because she failed to protect the child. Just as the phrase "violent couple" can draw attention to transactional variables while obscuring the personality characteristics of an abusive husband (Bograd, 1984), Friedman (2004) points out that "disregarding the power inequality that often prevails in custody arrangements can obscure the fact that one parent is often fighting for more equitable access which the other parent is blocking. Calling them a high-conflict couple can be misleading and a misuse of systems theory" (p. 105).

In an effort to appear evenhanded, evaluators and judges sometimes go to great lengths to balance positive and negative statements about each parent without clarifying the behaviors that most harm the children (Kelly, 2003). It is not surprising that multiple threads form the tapestry of a child's irrational aversion to a parent; this is true for nearly every psychological disturbance in childhood. But evaluators who anchor their data gathering and analyses with the assumption that both parents contribute equally to their children's alienation overlook or undervalue information that supports alternative formulations.

Operating under this fallacy, evaluators fail to take into account the significance of the history of parent-child relationships when they weigh the contributions of rejected parents to their children's alienation. They cite aspects of the parent's personality or behavior that the children complain about, such as using the cell phone too much during the children's soccer games, without considering that this parental behavior had not previously undermined the children's love and respect for the parent. Evaluators who are not restricted by the "equal contribution" fallacy will ask:

1. Did the presumed flaws of the parent emerge just before the child's alienation, such as might be the case with a newly acquired closed-head injury, or have the parent's offensive traits and behavior coexisted in the past with cordial parent-child relations?
2. Would the rejected parent's weaknesses result in the child's alienation under normal circumstances regardless of the favored parent's attitudes and behavior?
3. Has the favored parent played a role in focusing the child's attention on the other parent's flaws and mistakes, exaggerating the significance of the mistakes, or encouraging an unsympathetic attitude toward a parent's problems?
4. Given the favored parent's behavior, were the children likely to become alienated even in the absence of the rejected parent's presumed flaws?

5. Does the rejected parent continue to enjoy a normal relationship with the alienated child's siblings or step-siblings in spite of the personality and behavior that supposedly is the cause of the child's alienation?
6. Is the rejected parent's offensive behavior, such as a temper outburst, a maladaptive reaction to a child's rejection or is it a likely cause of the child's rejection?
7. Does the child appear motivated to improve the relationship, such as engaging meaningfully in therapy interventions, or does the child seem content with the loss of the parent?
8. Does the child show genuine interest in the parent changing his or her behavior, as in the case of a child who wants his father to watch his soccer games rather than being preoccupied with a cell phone, or does the child convey that no amount of change will be sufficient to heal the relationship?
9. Does the child regain affection when the rejected parent modifies the behavior about which the child complained, or does the alienation continue unabated despite improvements in the parent's behavior?

When evaluators mistakenly hold both parents equally culpable for the children's alienation, they are likely to avoid recommendations that they believe would disappoint and discomfort the children. They will be more inclined to recommend that the children remain with their favored parent and be allowed to avoid the other parent until therapy helps children gradually overcome their negative attitudes. In the case of severely alienated children, such a plan holds little hope for success (Dunne & Hedrick, 1994; Fidler & Bala, 2010; Garber, 2015; Lampel, 1986; Lowenstein, 2006; Rand et al., 2005; Rand & Rand, 2006; Rand, Rand, & Kopetski, 2005; Warshak, 2003a, 2013; Weir & Sturge, 2006).

When the rejected parent's behavior is inaccurately assumed to be a major factor in the children's alienation, therapy proceeds in unproductive directions. Sessions aim to modify the rejected parent's behavior, help that parent express to the children empathy for their complaints, and gradually desensitize the children to their aversion to the parent. Simultaneously, the therapist fails to appreciate the power of the aligned parent to undermine treatment progress. Because the children's alienation is not primarily the result of the rejected parent's behavior, the more that the process validates the children's complaints as legitimate reasons for their animosity and avoidance of normal contact, the deeper becomes the chasm between the parent and the children.

Evaluators and therapists should avoid unwarranted assumptions about the roots of a child's rejection of a parent. Instead they should remain neutral and attentive to all factors that contribute to a child's alienation. In cases where the child's negative attitudes are traced primarily to the behavior and influence of the parent with whom the child is aligned, professionals and the court should be aware of the literature that stresses the importance of an alienated child's contact with the rejected parent (Fidler & Bala, 2010; Garber, 2015; Warshak, 2003a).

4. Alienation Is a Child's Transient, Short-Lived Response to the Parents' Separation

Parents and those who advise them often mistake the incipient signs of a child's pathological alienation as a temporary reaction to the anxiety stirred by the parents' separation. In some cases this reflects the belief, or wishful thinking, that children who resist being with a parent eventually initiate reconciliation. Some do. But many do not.

Based on a sample of 37 young adults who received family focused counseling, Johnston and Goldman (2010) speculated that alienation that emerges for the first time in the early teens will eventually dissipate. But the lead researcher on that longitudinal project referred to the lasting damage caused by parents who manipulate children to turn against their other parent (Wallerstein & Blakeslee, 1989). Warshak (2010b) reported an intervention outcome study in which the average length of time of alienation was 2.5 years; some children had been alienated for as long as five years, and prior to the intervention none of the children gave any indication that the alienation would abate. In a sample of adults who reported being alienated as children, the disrupted parent-child relationship lasted for at least six years in all cases and continued for more than 22 years for half the sample (Baker, 2005). Gardner (2001) reported 33 cases in which alienation persisted for more than two years. In a sample of college students, 29% from divorced homes remained alienated from a parent (Hands & Warshak, 2011).

Therapists who predict that a child's resistance to spending time with a parent will evaporate in the near future are apt to focus therapy on helping the child cope with unpleasant feelings aroused by the parents' breakup. In such cases therapists may encourage parents to passively accept their children's reluctance or refusal to spend time with them, and often advise a "cooling off period" in which the rejected parent temporarily relinquishes active efforts to reestablish regular contact with the children (Darnall & Steinberg, 2008b). Therapists who recognize that they may be seeing the early signs of chronic alienation are apt to encourage more normal parent-child contacts while working on uncovering the roots of the child's discomfort. Such encouragement protects against crucial losses; missing out on even two formative years of parent-child contact means an accumulation of lost experiences that can never be recovered.

The emotional and financial costs exacted by severe alienation, and the obstacles to its alleviation, highlight the importance of directing resources and efforts to early screening, identification, and protection of children at risk and to preventing the entrenchment of severe alienation (Jaffe, Ashbourne, & Mamo, 2010; Warshak, 2010c, 2013, in press). Consulting psychologists should advise lawyers to encourage clients to maintain contact with their children despite the children's scorn, except in situations that raise concern over the safety of the parent or child. Lawyers should move quickly for sanctions when orders for parent-child contacts are violated. Warshak (in press) provides practice tips for lawyers, which consultants can draw on when advising lawyers representing a parent who is alienated or at risk for becoming alienated.

Evaluators should attend to indications that a parent is inappropriately drawing the children into an alliance against the other parent, or engaging in behavior that carries a high likelihood of undermining the children's respect and affection for the other

parent. Similarly, evaluators should attend to early signs that a child is succumbing to such pressures by forming an unhealthy alignment with a parent and by unreasonably resisting or refusing to spend time with the other parent.

When a case raises concerns that a child, with a parent's encouragement, support, or acceptance, may refuse contact with the other parent without adequate justification, the court may consider several options implemented in a tiered, stepwise manner and preferably on a fast track (Salem, 2009). A first step is parent and child education programs. Some courts require parents to read books and view material to learn how and why to avoid behaviors that influence children to align with one parent against the other, and then to provide evidence of compliance with the assignment such as a book report (Warshak, in press). Many courts require litigants to attend a parent education program designed for parents who live apart from each other. Such programs operate in at least 46 states (Salem, Sandler, & Wolchik, 2013; Sigal, Sandler, Wolchik, & Braver, 2011). In a recent evaluation of one program, parents reported a reduction in behaviors that placed children in the middle of conflict (LaGraff, Stolz, & Brandon, 2015).

In cases where parent education has proved insufficient to modify alienating behaviors and interrupt the decline of a parent-child relationship courts often appoint a mental health professional to work with the family. Interventions strive to reduce alienating behaviors by helping parents appreciate the importance of shielding their children from such messages. Parents who are the target of bad-mouthing learn to respond in a sensitive and effective manner to their children's behavior and avoid common errors that may exacerbate parent-child conflicts (Ellis, 2005; Warshak, 2010a). Children learn to assert their right to give and receive love from both parents and avoid being pulled into their parents' disputes. The literature presents several models and strategies for working with families in which school-age children are alienated, but lacks rigorous outcome data (Carter, 2011; Eddy, 2009; Freeman, Abel, Cooper-Smith, & Stein, 2004; Friedlander & Walters, 2010; Johnston & Goldman, 2010; Sullivan, Ward, & Deutsch, 2010).

The court may try to motivate alienating parents to modify their behavior by putting them on notice that if the child's relationship with the other parent continues to deteriorate, and the court finds that the aligned parent's behavior is largely responsible for the problem, the court will entertain options that provide more time for the child to be in the care of the alienated parent. In some cases the court hears testimony that raises concerns that a child is being severely mistreated, such as in cases where a parent, intent on erasing the other parent from the child's life, punishes the child for expressing any desire to see the other parent. Such cases may rise to the level where the judge believes that the child is being psychologically abused and the judge feels obliged to protect the child from further abuse by requiring supervision or monitoring of the child's contacts with the alienating parent.

5. Rejecting a Parent Is a Short-Term Healthy Coping Mechanism

A corollary to the view that alienation is transient is that it reflects healthy behavior on the part of a child struggling to come to grips with a family transition and turmoil (Drozdz & Olesen, 2004). The assumption is that children want to regulate access to

their parents to accomplish two goals: (a) Exercise control in a situation where they are helpless to stop their world from unraveling, and (b) relieve themselves of torn loyalties by siding with one parent against the other, and reduce discomfort with this position by devaluing and avoiding contact with the rejected parent. No doubt such motives play a part in the genesis of parental alienation for some children. But is this behavior healthy and in the children's best interests?

Studies converge to suggest a conservative estimate that 2% to 4% of children become alienated from a parent after the divorce (Warshak, in press). Although this represents a large number of children, an alienated relationship with a parent is clearly a deviation from the norm even among children whose parents are divorced. Most children want regular contact with both parents after divorce (Fabricius, 2003; Fabricius & Hall, 2000; Hetherington & Kelly, 2002; Parkinson, Cashmore, & Single, 2005; Schwartz & Finley, 2009; Warshak & Santrock, 1983).

Therapists who believe that rejection of a parent is a healthy adaptation encourage parents to accept the children's negativity until the children feel ready to discard it. This is especially true when therapists assume that the alienation is destined to be short-lived. But as discussed above, the alienation may not be transient, and is not healthy if the children's negative attitudes and avoidant behavior harden into a long-term or permanent problem. Growing up with a severely conflicted or absent relationship with a parent is associated with impaired development (McLanahan, Tach, & Schneider, 2013).

A problem that seems at the outset as a temporary difficulty coping with a life transition can, if handled ineffectively, become more long lasting. An analogy is a child who has trouble adapting to the changes entailed by attending Kindergarten instead of remaining home all day. Ordinarily we would work to help the child cope effectively with this expected life transition. If instead we indulged the child's wish to avoid the experience, the child would lose an important opportunity to grow through mastery as well as miss out on the value that school attendance offers.

In their reports and testimony child custody evaluators and educative experts should emphasize that early intervention and rapid enforcement of court ordered parent-child contacts can help prevent a child's avoidance of a parent from hardening into a long-term estranged relationship, especially when the avoidance is encouraged and supported by the other parent (Fidler, Bala, Birnbaum, & Kavassalis, 2008, p. 257; Warshak, in press). Courts should recognize that enforcing the court-ordered parenting plan can alleviate the burden of children who feel that they have to choose between their parents or show loyalty to one parent by rejecting the other.

Fallacies About Remedies for Parental Alienation

6. Young Children Living With an Alienating Parent Need No Intervention

The need for intervention may sometimes be less apparent in families with young children who live with a parent who teaches them to fear or hate the other parent. Toddlers and preschoolers may fulfill a parent's expectations by acting fearful and resistant during scheduled transfers to the other parent's care (Fidler et al.,

2008, p. 243; Lund, 1995). If the child's overt, albeit temporary, feelings are indulged, and the child's protests allowed to abort the planned exchange, the protests are likely to emerge and become more intense at each subsequent attempt to implement the parenting time plan. If instead the child is given the opportunity to spend time with the denigrated parent outside the orbit of the alienating parent, the fearful and angry behavior quickly evaporates (Fidler et al., 2008, p. 242; Kelly & Johnston, 2001; Lund, 1995; Warshak, 2010b; Weir, 2011). When meeting with a custody evaluator, young children may try to repeat a script written by the alienating parent. But often they forget what they are supposed to say and cannot answer questions for which they were not rehearsed (Kelly & Johnston, 2001; Ludolph & Bow, 2012).

Because the young child loses the negative reaction and warms up to the denigrated parent during contacts with the parent, and does not show stable and chronic negative attitudes and behavior, a common mistake is to overlook the need for intervention (Weir, 2011). Therapists have noted children's confusion and anger resulting from exposure to alienating processes regardless of the very young child's apparent resilience (Ludolph & Bow, 2012). Depending on their severity and cruelty, alienating behaviors may approach or reach levels of psychological abuse and children may need protection from the abusive parent.

Without help to change, the family environment places these children at risk to develop a fragmented identity with the characteristics and consequences of irrational alienation and of parental absence (Roseby & Johnston, 1998). Children who live in an environment that consistently encourages them to view a parent in a negative light need assistance to maintain a positive relationship with that parent. Such assistance may be to give the child more time with the parent who is at risk for becoming the alienated parent. Or, the court may appoint professionals to help the parents modify behaviors that contribute to a child's problem and to monitor compliance with court orders. An added benefit of involving a professional with the family, either in the role of parenting coordinator, guardian ad litem, or therapist, is that the professional's observations may subsequently assist the court in evaluating the merits of conflicting accounts offered by parents in litigation (Fidler et al., 2008, p. 265).

7. Alienated Adolescents' Stated Preferences Should Dominate Custody Decisions

Many child custody evaluators and courts place more weight on a teenager's preference to sever contact with a parent than on similar preferences of younger children (Gould, 1998). In any given case, one of two rationales underpins the deference given to adolescent's stated wishes. In some cases decision makers emphasize that adolescents have the cognitive capacity to form mature judgments that are independent of their favored parent's influence and manipulations. In other cases the court finds that the alienation is unreasonable and that it is not in the children's best interests to sever their relationship with a parent; nevertheless the court concludes that expectations for compliance with court orders for contact cannot be enforced with teenagers who voice strong opposition to the orders and profess to hate a parent.

Teens know what is best for them. Adolescents, in general, are more capable than younger children of mature reasoning (Steinberg & Cauffman, 1996; Wechsler, 1991) and are less sug-

gestible (Ceci & Bruck, 1993, 1995). They are also better able to convince others that their wish to avoid or disown a parent is a reasonable, thoughtful, and proportionate response to the treatment they claim to have suffered at the hands of the rejected parent. I have been involved in several cases in which the judge initially accepted the custody evaluator's conclusion that an adolescent's alienation was irrational, until the judge spoke with the child. The teenager was able to convince the judge either that the choice to reject the parent was reasonable, or that the judge could trust the teenager to reunite with the parent in the future without being compelled to do so by court order. In each case, after the litigation was over, the child remained estranged from the parent.

Despite their more mature cognitive capacities compared with younger children, adolescents are suggestible, highly vulnerable to external influence, and highly susceptible to immature judgments and behavior (Loftus, 2003; Steinberg, Cauffman, Woolard, Graham, & Banich, 2009; Steinberg & Scott, 2003). These limitations are well known in the fields of adolescent development and neuropsychology, and account in part for the consensus view of psychologists that juveniles merit different treatment by the legal system than adults receive (American Psychological Association, 2004).

Adolescents' vulnerability to external influence is why parents are wise to worry about the company their teenagers keep. At times adolescents show extreme deference to others' views. Other times they make choices primarily to oppose another's preferences (Steinberg & Cauffman, 1996). Both of these dynamics can result in the formation of a pathological alliance with one parent against the other. Grisso (1997) points out that the preferences of adolescents often are unstable. Choices made early in the process of identity formation often are inconsistent with choices that would be made when a coherent sense of identity is established, generally not before age 18. For these reasons, even the preferences of adolescents merit cautious scrutiny, rather than automatic endorsement. It is also important to keep in mind that the alienation may have arisen years before the litigation when the child was probably even more vulnerable to a parent's influence and less able to assert mature and independent judgment. Thus the custodial preferences voiced by an adolescent may reflect preferences formed by a much younger child.

Courts cannot enforce orders for parent-child contact against an alienated teen's wishes. A judge who understood that a 13-year-old's decision to sever his relationship with his father reflected impaired judgment nevertheless acquiesced to the boy's demands because, "He is now of an age where, even if he may be too immature to appreciate what is best for him, he cannot be physically forced to remain where he does not want to be" (Korwin v. Potworowski, 2006, ¶ 145). This judge is not alone. Other judges, child representatives, parenting coordinators, psychotherapists, and parents often report feeling stymied when adolescents refuse to cooperate with the court-ordered parenting time schedule (DeJong & Davies, 2012; Johnston, Walters, & Friedlander, 2001). These children can be so convincing about their resolve to have their way with respect to avoiding a parent that they convince the court that they are beyond its authority. They induce a sense of helplessness in judges.

Adults need not feel helpless in the face of oppositional behavior from alienated teens. Two studies have reported that most children's protests evaporate when reunited with a rejected parent

(Clawar & Rivlin, 2013; Warshak, 2010b) and this is illustrated anecdotally by high profile cases (Warshak, in press). Instead of appeasing children's demands, the court can order an intervention to assist children in adjusting to court orders that place them with their rejected parent (Warshak, 2010b).

Adolescents comply with many rules and expectations that are not of their own choosing. It is an error to assume that they do not benefit from an assertion of authority on the part of the court and their parents. Teens need adult guidance, structure, and limits as much as if not more than do younger children. When a teen has been violent toward a rejected parent, allowing the teen's wishes to determine the outcome of a custody case can be seen as rewarding violent behavior (Warshak, 2010b). Children of any age need to understand that they are not above the law or beyond its reach.

Child custody evaluators and educative experts should inform the court about the benefits and drawbacks of various means of giving adolescents a voice in a custody dispute (Dale, 2014; Warshak, 2003b). Courts also need to learn about the suggestibility of adolescents and their susceptibility to immature judgment and external influence.

If the evidence suggests that the child's viewpoints do not reflect mature judgment independent of the other parent's unhealthy influence, or the child's expressed preferences are unlikely to serve the child's best interests, the court should impress on the adolescent, either directly or through agents of the court, the necessity of complying with the residential schedule put in place by the court. The parents and the child should understand that failure to comply with court orders will not be overlooked and will not result in the court capitulating to the overt demands of the adolescent. A firm stance by the court brings the added benefit of relieving the child of needing to maintain a parent's approval by refusing to spend time with the other parent.

8. Children Who Irrationally Reject a Parent But Thrive in Other Respects Need No Intervention

Some custody evaluators and decision makers oppose interventions for alienated children if the parent-child conflict is an exception to a child's apparent good adjustment in other spheres, such as in school and with peers. These professionals believe that children who are doing well in other aspects of life should be empowered to make decisions regarding contact with a parent. Professionals who advocate this position express concerns that interventions for resistant youth, such as court-ordered outpatient therapy, may disrupt the children's psychological stability, are likely to prove unsuccessful, and will leave children feeling angrier toward the court or the rejected parent (Johnston & Goldman, 2010). Other professionals counsel a hands-off policy toward these children until we have more studies that document long-term damage of growing up irrationally alienated from a parent.

Warshak (in press) presents three reasons to intervene on behalf of alienated children despite their apparent good adjustment in areas unrelated to their relationship with the rejected parent. First, children's apparent good adjustment may be superficial or coexist with significant psychosocial problems. Second, regardless of adjustment in other spheres, the state of being irrationally alienated from a loving parent is a significant problem in its own right and is accompanied by other indices of psychological impairment. Third, growing up apart from and in severe conflict with an able

parent risks compromising children's future psychological development and interpersonal relationships.

Psychosocial problems. Children can do well academically, participate in extracurricular activities, avoid drugs, and act polite with teachers and neighbors, while at the same time sustain significant psychological impairment evident in their relationships with friends, their favored parent, and legal authorities. The psychological processes that accompany irrational rejection and cruel treatment of a parent bleed into other relationships. These processes include global thinking about others as allies or enemies, contempt for those who see things differently, feelings of entitlement in personal relationships, and avoidance of conflict. When conflicts arise with friends, alienated children who have been empowered to reject a parent are apt to do the same with friends; they avoid conflicts by abruptly ending friendships rather than practicing skills to manage conflict and sustain relationships (Kelly & Johnston, 2001; Johnston et al., 2001).

Alienated children's relationship with their favored parent may seem ideal because of the absence of conflict and frustration. This harmony comes at the cost of normal parent-child relationships. In a shift from the usual roles in a family, some alienated children feel responsible for their favored parent's emotional well-being (Warshak, 1992). They comfort distressed parents, serve as confidantes, and reassure parents of their allegiance (Friedlander & Walters, 2010).

Alienated children often sacrifice age-appropriate independent functioning to gratify favored parents' needs to keep the children close at hand and dependent. Mental health professionals describe such parents as infantilizing their children, and refer to the overly close parent-child relationships that emerge from such parenting as enmeshed (Ellis & Boyan, 2010; Friedlander & Walters, 2010; Garber, 2011; Kelly, 2010). The extent to which a parent infantilizes a child is less evident in the child's early years. As the child gets older, the failure to achieve normal degrees of separation and independence becomes more obvious, as in the case of a teenager who continues to sleep with a parent or avoids attending summer camp.

Some children feel that the price they must pay to court the favored parent's affection, and avoid that parent's anger, is to reject the other parent (Friedlander & Walters, 2010). They conceal positive feelings for and experiences with the rejected parent and feel inhibited about giving and receiving love from that parent. This limits the genuine closeness between the favored parent and children because the children hide important aspects of themselves from the parent.

Alienated children comply with adults' expectations when these do not clash with the children's strong preferences. But when their wishes conflict with limits imposed by others, they act entitled to have their desires prevail. Thus, children who are described as model citizens in their schools and communities openly defy judges and fail to cooperate with court-ordered parenting time schedules (Clawar & Rivlin, 2013; Warshak, 2010b). The children speak and act as if they were above the law and immune from external controls on their behavior.

Psychological problems inherent in irrational rejection of a loving parent. We need not identify scholastic or social adjustment problems outside the family to be concerned about an alienated child's psychological state. Harboring irrational alienation from a parent, as with most significant irrational aversions, is a

sign of a psychological problem in itself. Unreasonable anxieties or obsessive hatred and fixed negative stereotypes justify intervention to alleviate suffering and this is no less true when the target of aversion is a parent.

The rationale for interventions with families in which a child unreasonably rejects a parent goes beyond helping the family avoid the tragedies of a child losing a parent and a parent losing a child. These children need help to overcome cognitive, emotional, and behavioral impairments that accompany their alienation, and their parents need help to cope effectively with the children's behavior and to support the children's healthier functioning (Friedlander & Walters, 2010; Kelly, 2010; Warshak, 2010b, 2013, in press). In its description of the diagnostic category "Parent-Child Relational Problem," the *Diagnostic and Statistical Manual Of Mental Disorders*, fifth edition (American Psychiatric Association, 2013) gives these examples of impaired cognitive functioning, which certainly describe the alienated child's relationship to the rejected parent: "negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement" (p. 715).

The damage to critical thinking is evident in cases where children align with one parent's view of reality in spite of conflicting objective evidence and the unanimous judgment of numerous professionals and the judge. In several cases a mentally ill parent has convinced a child that the police, lawyers on both sides of the case, therapists, and the judge conspired against the parent during custody litigation. Some children are coached to make false accusations against a parent. For instance, 10 years after their mother was convicted of attempted sexual abuse based on the testimony of her two sons, the boys confessed that their father coached and intimidated them into branding their mother as a sex offender (People v. Bronson, 2011). In another case, a boy gouged his face and told police that his mother did it. Such displays of impaired character development can exist alongside excellent academic, musical, or athletic performance (Warshak, 2010a) and should not be ignored by those concerned about the child.

Risks to future development. Research on the long-term outcome of children who grow up irrationally alienated from a parent is sparse. But several well-developed lines of investigation provide data relevant to understanding the consequences of parental alienating behavior and of exposing children to poorly managed interparental conflict (Cummings & Davies, 2010; Davies & Martin, 2014; Hetherington, Bridges, & Insabella, 1998; Kelly, 2005, 2010). Intrusive parenting that manipulates children's experience and expression of emotions has been linked to subsequent higher levels of depression and antisocial behavior (Barber, Stolz, & Olsen, 2005). Children who witness and are brought into conflicts between their parents show poorer long-term adjustment (Buchanan, Maccoby, & Dornbusch, 1991; Davies & Martin, 2014). In one study, the greater the discrepancy between the amount of nurturing and involvement children received from each parent—and for severely alienated children the discrepancy is the most extreme—the lower their subsequent self-esteem, life satisfaction, and quality and satisfaction with friendships, and the greater distress, romantic relationship problems, and troubled ruminations about parents these children experienced as young adults (Finley & Schwartz, 2010). Warshak (in press) reviews additional literature that demonstrates the handicapping impact of damaged and con-

flicted parent–child relationships on future psychological adjustment.

To summarize, we should not let a child's good academic grades, friends, and community activities distract attention from serious problems in character development and interpersonal relationships; from impaired functioning in cognitive, emotional, and behavioral domains; from unnecessary yet significant losses; and from the long-term consequences of growing up with such losses and with unresolved and unnecessary conflict with a loving parent. Such contemporary and future problems signal the need for intervention. Even when an alienated child is apparently well adjusted in some domains, evaluators should remain alert to the presence of such problems. In their reports and testimony evaluators should articulate the signs of the child's impaired psychological functioning and should inform the court of the short-term and long-term harm associated with the state of being unreasonably alienated from a good parent.

9. Severely Alienated Children Are Best Treated With Traditional Therapy Techniques While Living Primarily With Their Favored Parent

By the time cases with severely alienated children are adjudicated, families often have sought remedies from one or more psychotherapists. Despite the failure of previous treatments, courts frequently order another course of therapy or counseling while the children remain under the care of the parent with whom they are aligned.

Research on interventions for severely alienated children is an emerging field (Saini, Johnston, Fidler, & Bala, 2012). Case studies and clinical experience suggest that psychotherapy while children remain under the care of their favored parent is unlikely to repair damaged parent–child relationships and may make things worse (Dunne & Hedrick, 1994; Fidler & Bala, 2010; Garber, 2015; Lampel, 1986; Lowenstein, 2006; Rand & Rand, 2006; Rand et al., 2005; Warshak, 2003a; Weir & Sturge, 2006). No study has demonstrated effectiveness of any form of psychotherapy in overcoming severe alienation in children who have no regular contact with the rejected parent.

Some therapists conceptualize alienated children's problems as phobic responses to the rejected parent (Garber, 2015; Lampel, 1986). Therapists using this framework recommend cognitive–behavioral therapy methods, particularly systematic desensitization in which gradual exposure to the feared parent is paired with relaxation training (Garber, 2015). Garber gave two case illustrations using these methods. After 17 sessions interspersed with the therapist's ongoing support, an 8-year-old girl was able to tolerate only online contact with her alienated mother before litigation erupted and reunification efforts were suspended. The second case illustration reported that after seven sessions a 12-year-old boy was able to be nearly free of anxiety while *imagining* contact with his alienated father, yet the case report notably included no information about the child's actual reconciliation with his father. Lampel (1986) reported on six cases using phobia reduction techniques; none resolved the child's alienation.

One reason why phobia reduction techniques fail to overcome children's refusal to spend time with a parent is that most of these children, except preschoolers, do not really fear their rejected parent. If they act frightened of the parent, often this is a ruse to

avoid contact. The lack of genuine fear is evident in the children's uninhibited denigration, expressions of hatred, and disrespect toward the rejected parent, as opposed to the obsequious or withdrawn behavior typical of children's interactions with a feared adult. Even with children who have learned to fear a parent, systematic desensitization may miss the mark for another reason. This treatment method helps children gradually overcome irrational anxieties toward places and objects (Wolpe, Brady, Serber, Agras, & Liberman, 1973). But an alienated child's aversion to one parent is not solely internally generated. Phobic children are surrounded by adults who encourage them to overcome their fears and who emphasize the benefits of doing so. By contrast, alienated children who live in the home in which their problem arose are around a parent, and perhaps siblings or other relatives, who at the very least provide no effective encouragement to overcome their aversion, and in most cases actively contribute to its perpetuation.

As opposed to the poor response of alienation to traditional therapy techniques, marked reduction of alienation has been reported for children who were placed for an extended period of time with their rejected parent (Clawar & Rivlin, 2013; DeJong & Davies, 2012; Dunne & Hedrick, 1994; Gardner, 2001; Lampel, 1986; Rand et al., 2005; Warshak, 2010b, in press). Despite limitations such as small sample sizes and lack of random assignment to treatment conditions, the collective weight of the literature suggests that contact with the rejected parent is essential to healing a damaged parent–child relationship. No evidence supports the efficacy of treating severely alienated children while they remain primarily in the custody of their favored parent and out of touch with their rejected parent. Not only is such treatment unlikely to succeed, it postpones getting children the relief they need.

When an evaluation finds that a child is severely and irrationally alienated from a parent, and that it is in the child's best interests to repair the damaged relationship, the evaluator should exercise caution about recommending a course of traditional psychotherapy while the child remains apart from the rejected parent. Recommendations for therapy in such circumstances should include advice to the court about imposing (a) a time frame after which the impact of treatment will be assessed, (b) explicit criteria for evaluating progress and success of treatment, and (c) contingency plans in the event that the treatment is ineffective. For instance, if the judge informs the parties that a failed course of therapy may result in an increase in the child's time with the rejected parent or in a reversal of custody, this may help increase the child's motivation to participate meaningfully in treatment and the favored parent's support for treatment gains.

A therapist's facilitation of a child's complaints about a parent and rehashing conflicting accounts of the parent's past behavior may be counterproductive and prevent the parent and child from having experiences that move the relationship in a positive direction. Instead interventions can teach children and parents about (a) the nature of negative stereotypes, (b) the hazards of selective attention, (c) the ubiquity of perceptual and memory distortions, (d) the importance of recognizing multiple perspectives, (e) critical thinking skills, (f) effective communication and conflict management skills, and (g) the value of maintaining positive and compassionate relationships with both parents (Warshak, 2010b).

The court should be informed that psychotherapy is most likely to be effective if (a) there have been no prior failed attempts, (b) the parent with whom the child is aligned is likely to cooperate and

support the child's treatment and progress, and (c) the child has ample time to experience care and nurturing from the rejected parent. On the other hand, if one of more attempts with psychotherapy have already failed to remedy the problem, if the aligned parent is likely to sabotage treatment, and if the child is empowered to avoid contact with the rejected parent, the court should understand that ordering another round of psychotherapy without changing the amount of contact the child has with each parent is unlikely to remedy the problem and may postpone effective intervention until it is too late. In circumstances where treatment failure is highly likely and may aggravate problems, court-appointed therapists should not unnecessarily prolong treatment. Early in the treatment the therapist may feel ethically bound to inform the court that treatment should be discontinued.

10. Separating Children From an Alienating Parent Is Traumatic

Despite repeated reports that alienation abates when children are required to spend time with the parent they claim to hate or fear, some experts predict dire consequences to children if the court fails to endorse their strong preferences to avoid a parent. Usually such predictions are vulnerable to reliability challenges because the experts cite undocumented anecdotes, irrelevant research, and discredited interpretations of attachment theory. No peer-reviewed study has documented harm to severely alienated children from the reversal of custody. No study has reported that adults, who as children complied with expectations to repair a damaged relationship with a parent, later regretted having been obliged to do so. On the other hand, studies of adults who were allowed to disown a parent find that they regretted that decision and reported long-term problems with guilt and depression that they attributed to having been allowed to reject one of their parents (Baker, 2005).

Some evaluators and expert witnesses cite attachment theory to support predictions of trauma and long-term psychological damage to children who are separated from an alienating parent and placed with their rejected parent (Jaffe et al., 2010). Such predictions are rooted in research with children who experienced prolonged institutional care as a result of being orphaned or separated from their families for other—often severely traumatic—reasons (Ludolph & Dale, 2012). A consensus of leading authorities on attachment and divorce holds that contemporary attachment theory and research do not support generalizing the negative outcomes of traumatized children who lose both parents, to situations where children leave one parent's home to spend time with their other parent (Warshak, with the endorsement of the researchers and practitioners listed in the Appendix, 2014). Despite initial protests and demands, once reunited with the rejected parent most children recover the positive feelings that had been dormant since the onset of alienation or that they did not feel free to express.

Anchoring the conversation with predictions of lasting trauma and self-destructive behavior can make it seem inhumane to enforce a child's contact with the rejected parent. When experts anchor their testimony to terms like trauma and attachment—"when a child is described as 'traumatized' if he is, instead, only unsettled"—attorneys should challenge the experts to unpack evocative jargon (Zervopoulos, 2013, p. 180). The lack of empirical support for such pessimistic predictions can be contrasted with the benefits of removing a child from the daily care of a disturbed

parent whose behavior is considered psychologically abusive (Clawar & Rivlin, 2013; Kelly & Johnston, 2001; Rand, 2011) and placing the child with a parent whom the court finds to be better able to meet the child's needs, especially the need to love and respect two parents. Separating children from an alienating parent is one among several possible dispositions of a case involving alienated children (Warshak, 2010b, 2013, in press). Warshak (in press) describes 10 reasons why courts may find it to be in children's best interests to temporarily suspend their contact with their favored parent while the children reunite with the rejected parent. This will not always be the best option. But it should not be dismissed based merely on the fallacy that a child will be traumatized if expected to have contact with a good parent whom the child irrationally claims to hate or fear.

Recommendations to place a child with the rejected parent and temporarily suspend contact with the favored parent should include consideration of interventions and resources to ease the family's adjustment to the court orders. Effective interventions should provide experiences to help uncover the positive bond between child and parent. Norton (2011) draws on developmental psychology and neurobiology to emphasize the importance of providing children and adolescents with experiences that facilitate empathy, connection, and wellness: "These experiences can help them to create a new narrative about their lives, one that is more cohesive, more hopeful, and allows them to begin to see themselves in a new place" (p. 2). Family Bridges (Warshak, 2010b) is one intervention that specializes in assisting with the transition by providing face-saving, transformative experiences that help children recover their affection for their rejected parent. A 4-day workshop helps children develop compassion for both parents and prepares the children and the parent who received custody to live together by teaching respect for multiple perspectives, and skills in critical thinking, communication, and conflict management.

When a court orders a child to spend time with a rejected parent despite the child's adamant objections, some commentators regard it as a severely harsh solution even when the child has help to adjust to the transition. Given the damage to children who remain alienated from a parent, such a disposition may be seen as far less harsh or extreme than a decision that consigns a child to lose a parent and extended family under the toxic influence of the other parent who failed to recognize and support the child's need for two parents.

Summary and Conclusions

The 10 fallacies discussed in this article shape opinions and decisions regarding children who unreasonably reject a parent. The fallacies are listed below along with a brief summary of practice recommendations.

Fallacies About the Genesis of Parental Alienation

1. Children never unreasonably reject the parent with whom they spend the most time.

2. Children never unreasonably reject mothers.

Practice recommendations. Professionals should guard against allowing false assumptions about the genesis of alienation to influence the development and analysis of data. When

such biases are evident in the work of other professionals in the case, experts should expose the underlying fallacies and explain how mistaken acceptance of the fallacies limits the trustworthiness of information and opinions reported to the court. Professionals and the court should keep an open mind about the possibility that children's rejection of a parent is unwarranted and that unreasonable rejection can be directed at the parent with whom the children spend the most time, even when this parent is their mother.

Experts who opine that a child's alienation must be a realistic reaction to the rejected parent's behavior because pathological parental alienation is a bogus concept should rethink their position in the light of an extensive literature. Experts hired to critique the opinions of colleagues who deny the reality of pathological parental alienation should draw attention to the field's acceptance of the concept and phenomenon.

3. Each parent contributes equally to a child's alienation.

Practice recommendations. Evaluators should avoid anchoring data gathering and analyses with the "equal contribution" fallacy. Instead the evaluation should address a series of questions that help distinguish reasonable and justified alienation from unreasonable and unjustified alienation that is not in a child's best interests to sustain. Prominent factors to consider are the history of parent-child relationships, the timing and context of the onset of the alienation, the likelihood that each parent's behavior, on its own, would result in the child's alienation, and the motives and reasonableness of the complaints that a child makes to account for the rejection of a parent. In cases where the child's negative attitudes are traced primarily to the behavior and influence of the parent with whom the child is aligned, professionals and courts should be aware of the importance of keeping the alienated child in contact with the rejected parent. Therapists should address the cognitive processes that underlie a child's distortions of the rejected parent and work to improve relational skills of the parents and child. With an irrationally alienated child, such an approach is likely to be more productive than focusing therapy on the child's repetitive complaints about a parent.

4. Alienation is a child's transient, short-lived response to the parents' separation.

5. Rejecting a parent is a short-term healthy coping mechanism.

Practice recommendations. Knowing that it is false to assume that a child's rejection of a parent is likely to be brief, and false to regard such rejection as a healthy way to cope with a family in transition, emphasis should be placed on early identification and protection of children at risk. Interventions by therapists and the court should aim for rapid enforcement of parent-child contacts while providing support for the family to adjust to the situation. Cases in which a child—with a parent's encouragement, support, or acceptance—may refuse contact with the other parent without adequate justification, should be placed on a fast track. Rapid responses may prevent alienation from becoming entrenched. The court may implement several steps as needed, including parent education, court-ordered treatment, and contingencies to motivate an alienating parent to modify destructive behavior.

Fallacies About Remedies for Parental Alienation

6. Young children living with an alienating parent need no intervention.

Practice recommendations. Because young children who live with an alienating parent are at risk for disruptions in their identity formation and in their long-term relationship with their other parent, the court should maintain oversight and put in place mechanisms to ensure that the child has ample opportunity to develop a healthy, positive relationship with both parents. Evaluators may recommend that the child have more time with the parent who is at risk of becoming alienated, and that the court appoint professionals to help the family better manage the situation, monitor compliance with court orders, and provide needed feedback to the court. In the most severe cases children may need protection from psychological abuse by the alienating parent.

7. Alienated adolescents' stated preferences should dominate custody decisions.

Practice recommendations. Custody evaluators and educative experts should be aware, and be prepared to inform the court, that adolescents are suggestible, highly vulnerable to external influence, and highly susceptible to immature judgments, and thus we should not assume that their custodial preferences reflect mature and independent judgment. If an adolescent's best interests would be served by repairing a damaged relationship with a parent, evaluators' recommendations and court decisions should reflect the benefits of holding adolescents accountable for complying with appropriate authority. Although adolescents protest many of society's rule and expectations, they will generally respond to reasonable limits when these are consistently and firmly enforced.

8. Children who irrationally reject a parent but thrive in other respects need no intervention.

Practice recommendations. Evaluators should be careful not to overlook an alienated child's psychological impairments that may be less apparent than the child's good adjustment in domains such as school and extracurricular activities. Evaluators can assist the court's proper disposition of a case by identifying the cognitive, emotional, and behavior problems that accompany irrational aversion to a parent, as well as the potential long-term negative consequences of remaining alienated from a parent.

9. Severely alienated children are best treated with traditional therapy techniques while living primarily with their favored parent.

Practice recommendations. The poor track record of traditional psychotherapy with alienated children who live predominantly with their favored parent should inform evaluators' recommendations of interventions. Therapists should not prolong therapy with alienated children in circumstances where the therapy has little chance of success. Effective interventions provide transformative experiences that help children relinquish negative attitudes while saving face.

10. Separating children from an alienating parent is traumatic.

Practice recommendations. Custody evaluators should avoid offering opinions that reflect sensationalist predictions lacking a basis in established scientific and professional knowledge. When previous interventions have proved inadequate, a wide range of options should be considered to assist families with alienated children, including placing a child with the rejected parent, tem-

porarily separating a child from the favored parent, or apart from both parents. Rather than automatically dismiss custody options that an alienated child strenuously opposes, the evaluator should focus on which option is likely to serve the child's best interests and what interventions can help the child adjust to the custody disposition.

Future Directions for Research

Future research will shed more nuanced light on the fallacies discussed in this paper. The greatest benefit is likely to derive from longitudinal studies of alienated parent-child relationships and of various dispositions in cases involving alienated children.

Based on flawed extrapolations from attachment theory and no empirical evidence, some evaluators and educative experts make alarming predictions about the impact of a court order that separates a child from an alienating parent even when that parent has a toxic relationship with the child. The weight of current evidence reveals that children pay a high psychological price for remaining alienated from a parent and growing up without giving and receiving expressions of love from a parent. This evidence supports dispositions that require irrationally alienated children to spend time with their rejected parent while receiving interventions, and the evidence opposes options that maintain a status quo of children remaining estranged from a parent.

Nevertheless additional documentation is needed with more studies of larger samples that compare outcomes of different dispositions using a variety of measures. We need a more robust understanding of the short-term and long-term sequelae for the entire family of various options (such as placing alienated children with the favored parent, with the rejected parent, apart from both parents, or allowing children to decide when and if they will reunite with their rejected parent). Researchers should study the psychological price that children pay for becoming and remaining alienated from a parent, but also any potential costs of requiring children to repair damaged relationships. Studies that identify markers to evaluate the maturity and independence of adolescent's judgments will assist decision makers in deciding how much weight to place on a child's stated preferences about custody, as will studies that compare outcomes for adolescents whose demands to avoid a parent were accepted versus rejected.

We need better understanding of the factors and circumstances within families that affect the long-term outcome of alternative dispositions and that favor one disposition over another in cases that raise concerns about parental alienation. At the same time it is important that we not let our focus on long-term outcomes obscure attention to the damage that a child and parent experience in the present and the need to alleviate their suffering. Families in these circumstances require greater availability of interventions that reliably prevent and overcome irrational parental alienation.

The scientific literature allows us to expose the widespread fallacies addressed in this article. Given the limitations of this literature we should not presume more knowledge than we have. Rather than approach our task with humility or with hubris, in previous work I have advocated the virtue of *humbition*: a fusion of humility and ambition (Warshak, 2007). Humbition allows social scientists to draw on the best available information while exercising appropriate restraint and duly noting the limitations of the current literature.

This article challenges 10 common assumptions that detract from the quality of custody recommendations, treatment, and court decisions. Accumulation and awareness of the evidence exposing these false beliefs, and an open mind to future discoveries, should guide decision makers and those who assist them to avoid biases that result in poor outcomes for alienated children. The result will be a better understanding of the needs of alienated children and decisions that are more likely to get needed relief to families who experience this problem.

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