



## Statement on the use of traditional, generic and unadapted therapeutic interventions in cases of parental alienation

Published in February 2019

As practitioners and researchers working in the field, we remain concerned that traditional and standard therapeutic approaches continue to be recommended and carried out as treatment for cases identified as, or suspected of being, parental alienation. We are particularly concerned that many psychotherapists and other mental health practitioners who claim to have expertise in the field of parental alienation continue to promote such approaches, despite the lack of evidence that supports such interventions and a significant body of research evidence that reports that standard and generic therapeutic treatment approaches, including generic family therapy, are not only shown to exceptionally unlikely to succeed in cases of parental alienation but have been found to be

contraindicated; meaning there are no reasonable circumstances in which such treatments should be undertaken.

In support of this position, we draw on the conclusions of, for example:

Clawar & Rivlin (2013, p. xxvii) whose research finds that, of a 1,000 sampled cases, 'even under court order, traditional therapies are of little, if any, benefit in regard to treating this form of child abuse'

Reay (2015, p. 199) who states that, 'in separation and divorce cases where a child is severely alienated from a once loved parent, traditional therapeutic approaches grossly fail'

Dunne & Hedrick (1994, p. 31) who find that 'traditional therapies and interventions are not successful in rehabilitating children affected by [parental alienation]'

Fidler, Bala, & Saini (2013, p.116) who note that '[t]herapy in more severe cases, which may include some moderate cases, may be associated with the alienation becoming more entrenched'

Miller (2013, p. 16) who notes that, 'therapists who insist on a trial of conventional therapy (e.g., to 'see for myself') are exceedingly unlikely to succeed (...) such an approach is worse than worthless because while the therapist provides futile treatment, the child, already injured, is deprived of effective intervention—including protection'

Gottlieb (2017, p. 9) states that 'traditional therapies invariably lead to calamitous results: the alienation deepens, and when the therapy fails, the targeted/alienated parent is blamed: after all, it is claimed that, even with the

benefit of therapy, the relationship between the rejected parent and child was not restored'

Fiddler & Ward (2017, p. 22) argue that 'cases involving allegations of abuse and alienation require practitioners who have considerable clinical experience and specialized training.'

It should be noted that many specialists in the field of parental alienation opine that standard and generic therapeutic treatment approaches, including generic family therapy, in severe cases and many moderate cases often result in the alienation becoming more entrenched.

We consider that the observable markers of a severe alienation reaction in a child are that the child manifests unreasonable negative beliefs, feelings and/or behaviours about the rejected parent that are significantly disproportionate to the child's actual experience of that parent and that there is a pattern of denigration for which the child provides weak, trivial, frivolous or absurd reasons. In addition to these core symptoms, the child may express beliefs about their parents that suggest pathological splitting (for example, a marked lack of ambivalence about their parents; reflexive support for the favoured parent in almost every situation, portraying one parent as 'all good' and the other as 'all bad,' denying positive experiences with the rejected parent in the past, despite evidence to the contrary, and a rejection of wider members of the rejected parent's family, friends and other aspects of their life). The child may also engage in unwarranted, cruel or unkind treatment of the rejected parent and display little or no guilt, shame or remorse regarding that behaviour. We consider that a rejection of a parent that may be considered to be justified (sometimes referred to as estrangement) is, by contrast, a temporary rejection of a relationship with a parent in which none of the clinical markers of an alienation reaction are present.

Rivett & Street (2009) argue that systemic family therapy aims to help members of the family system to identify and understand symptoms, gain new perspectives on the existing dynamics, understand the perspectives of others within the system, think about patterns of communication and interaction, and contribute to and participate in the processes required for change. Further, they argue that family therapy does not seek to identify one individual within the family as being the cause of the problems but identifies the problem as being a disturbance in the family system, placing individual's beliefs, behaviours and emotions in context. We consider that Family Systems Therapy that is employed from this narrow perspective is a highly inappropriate intervention for cases of parental alienation as this approach fails to recognise that, at their core, such cases entail significant imbalances in power, coercive control and psychological harm to children that requires swift and decisive correction in order to restore the child's attachment relationships and protect the child from further harm. Such change is not effected through therapeutic modalities that focus on the child's symptoms, the targeted parent's capacities, or gradual adjustment of the parents' approach to parenting.

We believe that it is a gross error to characterise any cases of parental alienation as being high conflict in which it is assumed that both parents are significantly responsible for the dysfunctional family dynamics. In alienation cases, the alienating parent is primarily and, typically, exclusively the cause of the child's rejection. Equally, the use of the term 'hybrid' to suggest that the alienated parent has substantially contributed to the problem of the child's rejection of that parent is not supported by the literature and should not be utilised to support arguments for generic therapeutic interventions.

Whilst standard and generic therapeutic treatment approaches, including generic family therapy, are not appropriate in cases of parental alienation, we consider that key concepts from Minuchin's Structural Family Therapy model are applicable in the understanding and treatment of parental alienation. These include, for

example, that the child's observable behaviours are a response to the dysfunctional family dynamic rather than to internal dynamics, that hidden hierarchies and relationships within the family lead to dysfunction and that rules must be applied in order to maintain order and boundaries. The over-empowerment of a child at the behest of one parent, the encouragement and toleration by one parent of the child's maltreatment of the other parent, the triangulation by one parent of the child into the parental conflict, and other such dynamics are fundamental symptoms of parental alienation. Systemic approaches that do not robustly address and seek to treat the causes of those symptoms but, instead, give 'living systems nudges that help them to develop new patterns together' (von Schlippe & Schweitzer, 1998, p. 93) are not applicable in cases of parental alienation. Instead, the focus of treatment must shift from the symptom (the damaged or severed alienated parent-child relationship) to the cause (the behaviours of the alienating parent).

We believe that, whilst children's emotional experiences should be explored, therapists working with alienated children should not provide a therapeutic environment in which the child is encouraged or allowed to criticise, denigrate or disrespect a parent or voice untrue, unjust or delusional opinions, and that children's false beliefs, cognitive distortions, or delusional thinking should not be validated or upheld. Encouraging or allowing a child to do such things should be considered harmful to the child. Equally, therapeutic interventions should not provide an environment in which unfounded allegations are allowed to go unchallenged. Alienated parents should not be required to apologise to children for events and behaviours which are demonstrated to be untrue or for which there is no evidence. Therapists working with alienated children should not seek to empower the child but work to restore the functioning family hierarchy so that the child does not have to carry the burden of responsibility. Therapeutic techniques such as mirroring, empathising and validating are grossly inadequate

and often harmful in cases of parental alienation, not least because they tend to uphold untrue or delusional beliefs.

Techniques which are based upon the belief that both parents struggle with capacity to mentalise the child are not supported. There is no evidence that it is a feature of alienation cases that alienated parents need to build capacity to mentalise their child or the relationship with them. In examining alienation from a systemic perspective, Gottlieb (2012, p.149) argues that 'there is no escaping the conclusion that the aligned parent is, at the very least, culpable for the maintenance of the alienation,' suggesting that the focus of any use of mentalisation approaches should be upon the aligned or alienating parent only.

Approaches which use the construction of coherent narratives about past life events as a core approach to resolution are, equally, rooted in a erroneous belief that both parents are responsible for the problem of the child's rejection.

Narratives which deviate from demonstrable fact in order to incorporate the false or fabricated narrative of an alienating parent are harmful to the child. Similarly, the use of desensitisation approaches are based upon the false premise that an alienated child has developed a phobic response to a parent and are not supported by the research evidence (Warshak, 2015).

The overwhelming body of evidence suggests that therapy should never be attempted outside a strong legal structure and judicial oversight that uses the threat of sanction to ensure compliance with the therapeutic process (for example, Warshak, 2010; Fidler, Bala, & Saini, 2013; Wiley, 2016). In cases of parental alienation, therapeutic interventions should only be undertaken in the context of a concurrent restoration of the physical relationship between the child and the alienated parent and the therapist's primary consideration must always be the protection of the child from harm. Therapeutic interventions aimed at a restoration of the child's relationship with a rejected parent must not be open

ended and should be terminated without delay in cases where restoration of the relationship is not quickly achieved. Where a full restoration of the child's relationship with the alienated parent is not achieved, or in cases where the child remains psychologically split, the case should be returned to court for consideration of a change of the child's residence into the care of the alienated parent together with a temporary (typically, 90 days) or full protective separation from the alienating parent.

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