







ESTRANGEMENT

- History of marginal contact.
- May be a history of serious physical abuse or neglect.
- Child may have witnessed recurrent domestic violence.
- Lack of attachment due to parental absence or impairment.
- Lack of contact due to parental interference. (These cases are particularly amenable to treatment with reunification therapy).

PARENTAL ALIENATION

- Child's rejection of the parent is out of proportion to the difficulties reported.
- Often vague, abstract complaints about the rejected parent.
- Child over-reacts and/or is extremely critical of normal parenting behavior (e.g. Characterizes normal discipline as being abusive.)
- Tendency to "parrot" adult phrases and terminology.



SPECTRUM OF PARENTAL REJECTION

Mild: Resists contact; enjoys relationship once they are with the parent.
Often recites criticism of the parent, but has a basically healthy relationship with both.

Moderate: Persistently rejects contact.
Continues to complain and criticize during contact with the parent.
Mild to moderate dysfunction in relationship with the preferred parent.

Severe: Strong and persistent resistance to contact.
Child may hide or run away.
Firmly held, false belief that the rejected parent is evil, dangerous, or worthless.
Severely dysfunctional relationship with the preferred parent.

A CHILD'S RESISTANCE OF ONE PARENT AND ALLIANCE WITH THE OTHER IS A SYSTEMS PROBLEM...

1. Influence of the allied parent
 - a. Emotional enmeshment
 - b. Hostility
 - c. Anxiety
 - d. Projection of parent's feelings onto the child.

THE ALLIED PARENT

Parenting Style	Parent-Child Relationship
<ul style="list-style-type: none"> • Tends to be overtly angry or enmeshed & overprotective. • May make superficial effort to support the child's relationship with the other parent. • Openly or subtly fearful or disapproving when contact occurs. • Offers affection & approval in response to loyalty. 	<ul style="list-style-type: none"> • Emotional enmeshment. • Insecure attachment common. • Child shows total loyalty and idealizes parent. • May view parent as being a victim. • Child is often "parentified" and caretaking toward parent.

2. Influence of the resisted parent
 - a. Limited availability.
 - b. Exclusion from parenting role during the marriage.
 - c. Lack of consistent parent-time.
 - d. Passive or overly accommodating response to missed time.
 - e. Domestic violence or abuse

THE REJECTED PARENT

Parenting Style

- Often passive or absent during the marriage.
- May become hurt, angry, or frustrated in response to rejection by their child, adding to conflict.
- May be overly accommodating in response to the other parent's unwillingness to allow parent-time, especially during & shortly after divorce.

Parent-Child Relationship

- Child tends to be in control of communication.
- Child displays rejection, anger, and open disapproval toward parent.
- May appear openly disrespectful or withdrawn.
- Actively resists spending time with or talking to the rejected parent, relying on "rescue" by the other parent.

3. Child variables

- Adolescence
- Anxiety
- Spectrum disorder
- Insecurity regarding relationship with the allied parent
- Over-empowerment

THE REJECTING CHILD

- Tend to display emotional issues prior to divorce; often a psychologically vulnerable child.
- Health problems, PDD features, or anxiety/mood disorder symptoms are often present. Reinforces the alienating parent's belief about the child's need for protection.
- Rigid "black & white" thinking and world view.
- Tend to be bright, verbal children who often function extremely well in school and other structured settings.
- Precocious sense of empowerment.
- "Independent thinker" phenomenon.

LONG-TERM CONSEQUENCES OF ALIENATION

- Self-esteem issues; may internalize concept of “good” and “bad” self.
- Difficulty with individuation; over-reliance on parental support.
- Tendency to project black & white thinking style in other situations as well, being judgmental of others.
- Difficulty tolerating ambiguity and conflicting emotions which interferes with problem-solving.
- Social difficulties with peers and often the opposite sex, if alliance is with the same sex parent.

Overcoming the Co-Parenting Trap: Essential Parenting Skills When a Child Resists a Parent

by Moran, Sullivan & Sullivan

SOLUTIONS FOR A CHILD RESISTING A PARENT

1	2	3	4
Insist that parent-time occurs.	Try adjusting the parent-time exchange procedures (3rd party, neutral setting, etc).	Work to develop insight about your role in the problem and address this proactively.	Get professional help sooner rather than later.

BENEFITS OF ENFORCING PARENT-TIME:

- Avoids damaging and long-term effects of parental alienation.
- Teaches healthy relationship skills and problem solving.
- Helps the child avoid black and white thinking; and rejection of others in response to disappointment.

THE TREATING EXPERT

High Conflict Family Systems = Tribal Warfare

Risks:

- Providing biased treatment.
- Helping the child avoid emotional issues &/or maintain unbalanced view of each parent's contribution to their lives.
- Involvement in the legal system.
- Licensing or other ethical complaints.

Goal: Provide effective treatment while minimizing the risk of role boundary violation or entanglement in the family dispute.

Greenberg, Lyn R. and Gould, Jonathan W. (2001). The treating expert: A Hybrid Role with Firm Boundaries. *Professional Psychology, Research and Practice*, 32 (5).

REUNIFICATION THERAPY

When one parent loses contact or communication with a child, the process of reintroducing that parent back into the child's life is considered reunification.

RELEVANT INFORMATION TO CONSIDER

- Length of absence by the nonresidential parent
- The nature of this absence
- Quality and nature of the parent-child relationship prior to separation/divorce, during the divorce/separation and since
- Court proceedings that pre-date the Order for reunification
- The child's history with the nonresidential parent (for example, length of absence, knowledge of the parent, nature of their attachment)

ASPECTS OF TREATMENT ASSESSED BY THE REUNIFICATION THERAPIST

- Risk and safety of the process
- Nonresidential parent's willingness to follow directions, accept responsibility and be patient.
- Residential parent's level of cooperation and willingness to support the process
- The child's emotional reaction to reunification (e.g. anxiety, anger, disinterest)
- Identification of what the challenges will be for parents and child

REUNIFICATION THERAPY IN A PERFECT WORLD

1. Proceed with child interviews until the child is comfortable with meeting the parent in a therapeutic setting.
2. Conduct a series of sessions between the nonresidential parent and the child with focus on the separation/absence and developing communication between them.
3. Work toward visits outside the office (with or without the therapist) based on level of risk and the child's comfort.
4. Move toward possible overnight visits without supervision
5. Establish normal, on-going parent-time schedule.

ROADBLOCKS: REUNIFICATION IN THE REAL WORLD

- Child maintains the residential parent's view of the non-residential parent and refuses to cooperate. Estrangement is never resolved.
- Nonresidential parent demands that the process be expedited, attempting to force the process.
- Residential parent is passively involved and does not actively support the child attending therapy. ("I can't make him/her come!" or "They are too big!")

THE NONRESIDENTIAL PARENT MAY GIVE UP

- The process may take far longer than anyone anticipated (sometimes several years).
- If there are multiple children involved, a nonresidential parent may resume visits with at least one of the children and "give up" on the rest.
- The nonresidential parent may be abusive and unable to engage in treatment appropriately.
- The parent may lack the empathy for their child that is needed in order to patiently process his or her fears/misinformation about them.

MULTI-FACETED FAMILY THERAPY

- Systems approach well-suited to problems in parent-child contact problems.
- Purpose is to assist in facilitating contact with both parents, *not* to determine IF it is in the child's best interests to have contact with the resisted parent.
- Therapy occurs irrespective of reasons for the contact problem (justified, unjustified, or combination).

REQUIREMENTS FOR SUCCESS

- Both parents must stipulate that it is in the child's best interests to have a good relationship with both parents.
- All parties must participate as requested.
- A parent-time schedule has been established by the court, recommended by an evaluator, or stipulated to by the parties.

Adapted from: Parent-Child Contact Problems, Institute session presented at AFCC 54th Annual Conference, May 31, 2017. Leslie Drozd, Ph.D., Barbara Jo Fidler, Ph.D., Nicholas Bala, Commissioner Marjorie Slabach, (Ret.), JD, CFLS

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www.afccnet.org

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