Parental Alienation, Estrangement and Reunification Therapy

“But he doesn’t want to go…”

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The High Conflict Divorce

- Unremitting hostility.
- Angry encounters by phone or in person; conflictual exchanges.
- Recurrent allegations of abuse with lack of supporting evidence.
- Abusive or coercive behavior by one or both parents.
- Frequent litigation.
- Involvement of outside agencies, such as the police or the Division of Child and Family Services is common.
- Often inappropriate involvement of the children as pawns or messengers.

High Conflict Divorce and Alienation

- Anger and hurt regarding the manner in which a parent left the marriage.
- Moral indignation regarding parent’s behavior.
- Loyalty conflicts with resultant guilt and anxiety.
- Worry and/or sympathy for the left-behind parent.
- Influence of older sibling to reject one parent.
- Unremitting conflict over time with child blaming one parent for this.

Comments by Jan Johnson at the opening plenary session
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Spectrum of Parental Alienation

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

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

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

Diagram of Parental Alienation Triad
Rejection of a Parent

**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/impairment.
- Lack of contact due to parental interference. (These cases readily respond 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 displays rejection, anger, and open disapproval toward parent.
- Child over-reacts &/or is extremely critical of normal parenting behavior. May characterize this as being abusive.
- May “parrot” adult phrases and terminology.

The Allied Parent

**Parenting Style**
- 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.

**Parent-Child Relationship**
- 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.

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.

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.

Differential Diagnosis

- **Estrangement**
  Child chooses to distance from a genuinely abusive parent.

- **Pathological bonding with abusive parent**
  Child identifies with perpetrator as a means of self-empowerment or out of fear.

- **Enmeshment**
  Poor boundaries between parent and child: parentification of the child; emotionally needy or mentally ill parent.

- **Folie-a-deux**
  Shared delusion with a thought-disordered or psychotic parent.
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.

Reasons for Losing Contact

- A child has a difficult time adjusting to the separation/divorce
- There is an abuse history that may include violence
- Parental conflict due to litigation
- Poor attachment between the nonresidential parent and the child (also parental indifference)
- Poor parenting on the part of one or both parents
- The child has relocated or there is a great distance
- Mental health or substance abuse issues on the part of the nonresidential parent
- Interference from a 3rd party
- Absent parent post separation/or lengthy divorce/separation adjustment

Reunification

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.

Reunification

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

Therapeutic Process for Successful Reunification

1. Review the Court Order (Specific therapist should be named.)
2. Interview with the residential parent.
3. Interview with the nonresidential parent.
4. Interview with the child(ren).
5. Obtain collateral input from any third parties pertinent in the case

Case Considerations

- Is the loss of contact between parent and child due to abandonment or obstruction (i.e. estrangement or alienation)?
- Is there a history of abuse (emotional, sexual, or physical), or has the child witnessed domestic violence?
- Is reunification in the child’s best interest?

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

Timeframe for Reunification

It is critical that the timeline for reunification be child centered. This requires ongoing assessment of the child’s feelings, behavior, and thoughts.

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 nonresidential 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.

References

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