

Parental alienation or justifiable estrangement? Assessing a child's resistance to a parent in the UK.

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Introduction

When parents separate, their children are the unwitting victims. All children are affected – some more than others. They may feel anger, frustration, confusion, guilt and be powerless to express their feelings or have them heard. For most, the transition from a single family unit to a new way of being is supported by two loving, caring parents who are soon enough able to recognise their needs and prioritise these above their own. They are helped to transition to a new healthy way of being. For others, the passage is less smooth. Where there has been domestic violence, abuse or significant parental conflict or acrimony, the outcome for children is less certain. It is cases such as these which most often feature in private family proceedings; after all, if parents can agree on post separation parenting there is little need for recourse to the law.

In July 2016, Sarah Parsons, Principal Social Worker and Assistant Director of Cafcass, stated that 'parental alienation is responsible for around 80% of the most intransigent cases that come before the family courts' (Hill, 2016). This was soon to be followed by Cafcass CEO, Sir Anthony Douglas, determining that parental alienation is 'undoubtedly a form of neglect or child abuse' (Finnigan, 2017). Despite the assertions of those most senior in Cafcass, and Cafcass Cymru, that all front-line practitioners are trained to recognise the issue and its impact on the child (Hill, 2016), my professional experience leads me to believe this not to be the case. I would also argue that the stated intransigence is in no small part due to a failure to correctly identify cases where parental alienation is a factor, and this failure contributes to a child's psychological distress. A similar view was expressed by Sir James Munby (2017), President of the Family Division, who recently lamented the lack of headway in dealing with cases involving parental alienation since he commented on the same back in 2004 ([2004] EWHC 727 (Fam)).

What is parental alienation?

Parental alienation is characterised by a child's strong alignment, or enmeshment, with one parent whilst stridently and vehemently rejecting a relationship with the other, or presenting with an almost phobic fear of that parent. This rejection, or fear, seems unwarranted based on the entirety of the child's actual experience of that parent. Alienation often co-exists with high levels of acrimony or adult conflict surrounding the relationship breakdown, or at a later point in time, often where particular triggers are evident (Amato & Cheadle, 2008; Baker & Chambers, 2011; Bernet, von Boch-Galhau, Baker, & Morrison, 2010; Fidler & Bala, 2010; Johnston, 2003; Lampel, 1996; Morewitz, 2016). As a condition which may be a focus of clinical attention, parental alienation is most readily categorised as a *Parent-child*

Relational Problem (V61.20) or Child Affected by Parental Relationship Distress (V61.29). In some cases the behaviours of a caregiver in perpetuating an alienated condition in a child may be defined as *Child Psychological Abuse (995.51)* (American Psychiatric Association, 2013).

Many children impacted by alienation appear, on the surface, to function well. They may be seen as model pupils at school, polite and well-behaved. However studies have identified increased emotional and behavioural problems in alienated children as well as risks to a child's psychological and emotional development. Alienated children may display anger, withdrawal, aggression, defiance, rigidity and school refusal at a higher level than children who maintain a relationship with both parents. Depression, somatic complaints and sleep disturbance have also been identified. Severely alienated children may act out - being rude, swearing, attacking a parent, destroying property or stealing. Conduct disorder or oppositional defiance may be evident. (Baker, 2005; Bernet et al., 2010; Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Johnston, Walters, & Olesen, 2005; Johnston, 2005; Lampel, 1996; Rand, Rand, & Kopetski, 2005; Waldron & Joanis, 1996; Wallerstein & Kelly, 1980)

Individuals who experience alienation are more likely to have an impaired ability to sustain effective, healthy relationships throughout their life-course, including work and social relationships, as well as an increased incidence of mental health and psychiatric disorders and substance misuse (Baker & Verrocchio, 2013, 2016; Bernet, Baker, & Verrocchio, 2015; Cartwright, 1993; Johnston et al., 2005). Establishing the prevalence of parental alienation is hampered by issues of data samples and definitions. The most recent study of 610 randomly selected adults in the USA suggests that 13.4 percent of parents have been alienated from one or more of their children which is much higher than previous estimates (Harman, Leder-Elder, & Biringen, 2016).

Symptomatic behaviours in the child

Alongside the apparent fear, irrational anxiety, refusal or resistance to being with a parent, or parenting time which is characterised by extreme withdrawal, gross hatred and animosity, there is often an evident absence of guilt over cruelty or poor behaviour towards the parent. A child will often offer weak or frivolous rationalisations for their refusal to see a parent such as the children who told me they didn't want to see their father because 'he burned the sausages' or that their mother 'bribed them with chocolate.'

Psychological splitting, a lack of ambivalence, where a child idealises one parent and devalues the other, is a common feature. This is most readily apparent in the enmeshed relationship with, or reflexive support of, one parent. This polarised thinking often extends to family and friends of the devalued parent, with rejection of the maternal or paternal family in its entirety. Children will often insist that any 'decision' relating to their rejection or animosity towards a parent is their own, not shaped or influenced by a favoured parent. The use of adult language or phrases (often of a learned or rehearsed quality) may be evident, or disclosures of information or experiences outside a child's direct knowledge. For example, children may speak of the court case, financial arrangements or report incidents prior to their

birth or cognitive awareness. These symptomatic behaviours and the underlying psychological processes in an alienated child have been independently identified since the 1980s by researchers and practitioners in social work, law, psychology and therapy (Baker & Darnall, 2006; Baker, 2005; Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Gardner, 1985; Johnston, Campbell, & Mayes, 1985; Kelly & Johnston, 2001; Kopetski, 1998; Wallerstein & Kelly, 1980).

At its core, these behaviours are the presenting features of a maladaptive coping strategy. Within the dynamics of a family system under stress, the child feels a loyalty conflict, is unwittingly co-opted into an unhealthy cross-generational coalition with one parent, or empowered or elevated to the role of decision maker in perverse triangulation, parentification or adultification processes (Buchanan & Heiges, 2001; Grych, Seid, & Fincham, 1992; Haley, 1977; Johnston et al., 2005; Kerig & Swanson, 2010; Kerig, 2005; McHale, 1997; Minuchin, 1974). Within this dysfunctional system, a child's critical thinking is impaired, they experience a cognitive dissonance – unable to reconcile their actual experience of a loved parent with the contrasting overt and implicit contradicting information received from the other loving parent. In the often fragile period where a child is managing to maintain some direct time with both parents, their behaviour may vary markedly from one situation to another (Waldron & Joanis, 1996). They may be comfortable, relaxed and affectionate when with a parent, but may become rejecting of that parent when in the proximity of the more favoured parent. In order to achieve some equilibrium, the child is driven (usually unconsciously) to reduce this psychological distress by rejecting the least vulnerable or fearsome parent. This rejection enables a child to present, on the surface, as coping and functioning well.

Child factors include the age, developmental stage, personality and temperament of the child. It is more likely that an alienated child will be an only child in the age range 8-13, or the oldest child in a family will be the first to become alienated (Everett, 2006; Johnston, Walters, & Olesen, 2005; Kelly & Johnston, 2001; Waldron & Joanis, 1996). Those children who are anxious, fearful, passive, have low self-esteem, developmental difficulties, neurodevelopmental conditions or additional needs often do not have the resilience to ride out the storm between their parents (Drozd & Olesen, 2004; Racusin, Copans, & Mills, 1994; Steinberger, 2006). Cognitive intelligence, thoughtfulness and caring nature are also features in many alienated children.

Normal child behaviours and child abuse

When faced with a child's rejection, refusal or fear, it is important to consider the developmental stage of the child, normal range responses to family breakdown and justifiable estrangement. In early childhood, crying, tantrums or clinginess are normal healthy reactions to separation. In older children, normal range behaviours can include displays of anger and aggression. A transient, changing preference for either parent is also common, particularly in adolescents. When parents are sensitive to their child's needs during family separation, these behaviours diminish over a short period of time.

When a child has been subject to abuse, rejection of an abusive parent is considered

to be an adaptive coping strategy. In these circumstances, refusal of a continued relationship is justifiable estrangement. However, such a response is unusual. Children have an innate, evolutionary drive to attach to their caregivers irrespective of the quality of care received, even if the caregiver is abusive. Children love their parents, and want to be with them. Most children who are abused by a parent, particularly younger ones, are reluctant to disclose their abuse as they struggle with feelings of confusion, inner conflict and issues of loyalty. Most often, they will resort to internalising coping mechanisms such as secrecy, denial and silence.

False allegations of abuse, whether intentionally fabricated, a misinterpretation or exaggeration of non-abusive incidents or in some cases, irrational or delusional beliefs, are commonplace where there is dispute over child arrangements, and parental alienation in particular (Baker, 2007; Faller & DeVoe, 1995; Thoennes & Tjaden, 1990; Trocmé & Bala, 2005). When such allegations are voiced by a child, there is a qualitative difference to those disclosed by children experiencing actual abuse. With alienated children, disclosures are often bold, elaborate, lacking affect with evident incongruence. Loyalty conflict is not apparent and allegations are repeated in a matter-of-fact, detached and frequent manner. There is often a rehearsed quality.

An alienated child is the presenting symptom of a damaged or dysfunctional system, and it is essential to consider the individual components of that system, and their interaction to fully understand why a child rejects, or fears, a good-enough loving parent.

Parental and contextual factors

The behavioural, contextual and psychological factors which increase the risk of, or perpetuate, parental alienation have been consistently identified in research and clinical observations. These include individual factors in each of the parents such as their personality, mental health, drug or alcohol use, their own experience of being parented, relationship behaviour and patterns, personal coping strategies and psychological defence mechanisms.

Parents who engage in overt or subtle alienating behaviours are more likely to have particular underlying personality traits or psychopathology. There is a preponderance for blame projection, a lack of insight and rigid defensiveness, manifested by a flawless, moralistic self-belief (Bagby, Nicholson, Buis, Radovanovic, & Fidler, 1999; Bathurst, Gottfried, & Gottfried, 1997; Siegel & Langford, 1998). There is a greater likelihood of histrionic, narcissistic and paranoid personality traits and disorders, affective disorders, psychosis and suicidal ideation and behaviours, with a lack of resilience around separation and loss (Johnston et al., 2005; Johnston, Campbell, & Tall, 1985; Lampel, 1996; Racusin et al., 1994; Turkat, 1994). There is often a failure to grieve or appropriately psychologically attend to the end of the intimate relationship. Issues of attachment and separation rooted in their own childhood are common, evidenced by an enmeshed relationship with a parent (often ongoing) or the early absence of, or rejection by, a birth parent (Kopetski, 1998; Rand, 1997). These parents are often dependent on a reconstructed family unit to maintain their emotional stability and sense of self which in turn may lead to enmeshment with a

child or infantilisation when the adult relationship breaks down (Everett, 2006; Garber, 2011). They are likely to experience the end of their relationship as abandonment or rejection, a narcissistic injury, triggering earlier childhood trauma. This often translates to a sense of humiliation, precipitating rage, vengeful and vindictive behaviours and distorted thinking (Kelly & Johnston, 2001).

Alienated parents may be quite passive, withdrawing in the face of conflict. Alternatively, there may be a harsh and rigid parenting style. There may be a self-centredness and immaturity, a propensity to be critical and demanding, all of which sometimes manifest in counter-rejection of the child (Kelly & Johnston, 2001; Warshak, 2003). In some parents there is a lack of empathy and evidence of inadequate parenting skills (Fidler & Bala, 2010; Turkat, 1994).

Contextual factors which often pre-dispose or perpetuate alienation include geographical distance between both homes; the duration of no parent-child contact; limited availability of appropriate support; litigation; new partners/relationships; domestic violence and conflict (Johnston, Olesen, & Walters, 2005; Lee & Olesen, 2001; Vassiliou & Cartwright, 2001; Waldron & Joanis, 1996).

Alienating behaviours

There has been a considerable amount of recent research which validates and expands upon the typical behaviours which are apparent in an alienating or favoured parent in the parental alienation dynamic (Baker & Verrocchio, 2016; Harman, Biringen, Ratajack, Outland, & Kraus, 2016; Verrocchio, Baker, & Bernet, 2016; Verrocchio, Marchetti, & Fulcheri, 2015). It is important to recognise that not all behaviours are overt and explicit and some will not be within a parent's awareness. Typical behaviours include direct or indirect denigration of a parent as well as suggestions that they are dangerous or have abandoned the child (Baker & Darnall, 2006; Baker, 2006; Kelly & Johnston, 2001; Kopetski, 1998; Rowen & Emery, 2014; Waldron & Joanis, 1996). Messages are reinforced by the removal of photographs, mementos and signs of the parent from the home and no positive dialogue about the parent-child relationship, or the absent parent. Children are encouraged to call the absent parent by their first name, or a derogatory term and cease to call them mum or dad. There is rarely any encouragement or support in celebrating special occasions with the other parent such as Birthdays, Fathers' or Mothers' Day. Negative body language and non-verbal communication, including withholding affection, excessive anxiety and overt excessive expression of emotions, all contribute to a child's internalised representation of a 'bad' other parent or a needy, vulnerable aligned parent.

Active alienating behaviours include preventing or frustrating direct and indirect parenting time and communication between child and parent. Favoured parents may arrange special treats or events, or offer inducements, when parenting time with the other parent is scheduled, breaching court orders in some cases. Letters, cards and gifts may be destroyed or hidden. Scheduled telephone and Skype calls may be interfered with or go unanswered. Involvement with health care, education or leisure activities may be frustrated alongside a failure to share decisions or information as should be expected where there is parental responsibility. These behaviours may

extend towards the entire family of the alienated parent, as well as friends.

In some cases there will be overt pressure to force a child to choose between parents. Behaviours here can include isolating a child from usual social contacts, verbal abuse and physical chastisement, lying to the child and manipulating them. Parents may be angry with a child or criticise them if they express love or enjoyment of time with their other parent. As indicated above, false or unsubstantiated allegations of abuse or neglect are common as is allowing a child choice or encouraging a child to make decisions about maintaining a relationship with the other parent (Bernet et al., 2015; Fidler, Bala, & Saini, 2012; Gordon, Stoffey, & Bottinelli, 2008; Siegel & Langford, 1998; Stoltz & Ney, 2002)

Estrangement or alienation?

Parental alienation has been conceptualised as existing on a continuum from mild to severe. In hybrid alienation, the behaviours of both parents contribute to the alienated position of a child (Burrill, 2006; Fidler et al., 2012; Rand et al., 2005). In reality, cases can be complex, often being complicated by intimate partner violence, substance misuse, long standing mental health issues, prior safeguarding and child protection issues.

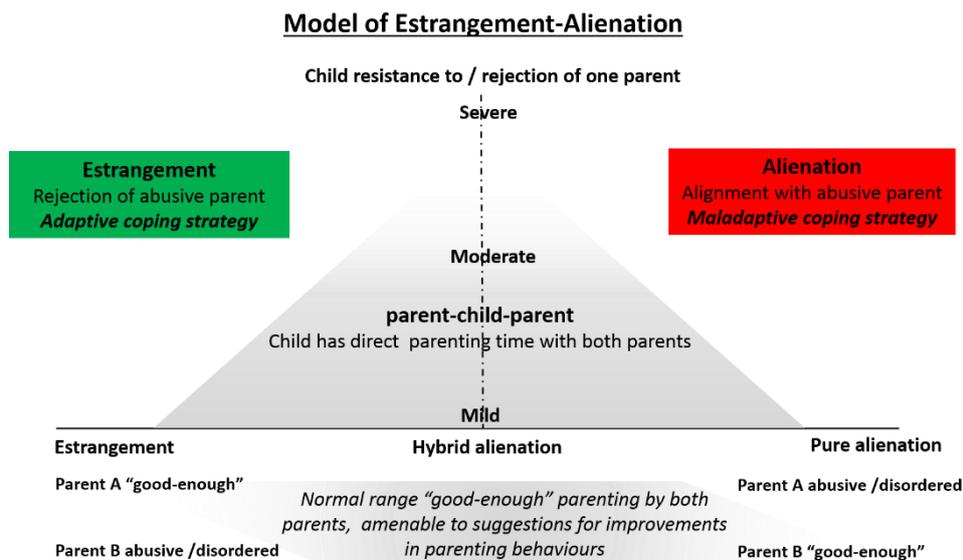


Figure 1 Model of Estrangement-Alienation

When faced with a child presenting as resistant to seeing a parent, vehemently rejecting a parent or displaying extreme anxiety or fear of a parent, it is important to determine whether this presentation is 'reasonable' or not, based on the entirety of that child's experience of that parent. Front-line practitioners in the UK are well-versed at evaluating families where there is recognisable abuse or poor parenting – the far left of the Estrangement-Alienation model (figure 1). Established assessment, evaluation and intervention models in this area and a limited understanding of alienation, often lead to a presumption that a child's resistance or

fear is justified – ‘there’s no smoke without fire.’ It is essential to develop a 360° view, which includes the pre-separation relationship as well as the current situation. Incorrect assessment and formulation can be damaging, exacerbating alienation and on occasions leaving a child in the care of a psychologically abusive parent.

Lack of knowledge and understanding can lead to unconscious collusion with the alienation process, particularly where information and history is garnered from one parent’s perspective only (Garber, 2007; Kelly & Johnston, 2001). It is often the case that enquiries are made of schools, counselling services, GPs or domestic abuse agencies which focus on the current situation. Very often, these services have only had input from one parent and that input becomes a ‘truth’ upon which decisions are made.

As an example, a parent may refer their child for counselling due to their evident anxiety. The intake information for the service will be the subjective narrative of the parent who takes the child for therapy. Any interpretation of the child’s presentation is likely to draw on the intake information provided by a parent. I have worked with families where the mother stated there were court orders in place preventing a father from seeing a child, and a mother had abandoned a child and moved out of the area. These assertions were taken as fact, without the organisations verifying them or seeking to obtain input from the other parent. Domestic abuse agencies for female victims refuse to take information from a parent who is alleged to be a perpetrator of domestic violence and I have known a GP refuse to record parental concerns at the insistence of a child deemed Gillick competent.

Assessment

Determining whether a child’s rejection of a parent is justified is a complex issue. Every family and situation is unique. In cases where there are suspicions of alienation, or where a child is resisting/refusing contact, early assessment by an alienation aware practitioner is essential. Late assessment increases the risks to children as alienation is usually more difficult to address with the passage of time, as the parties become entrenched in their positions, further exacerbated by adversarial court proceedings.

The initial aim of early assessment is for both parents to acknowledge issues with the parent-child relationship, and that it is in the child’s best interests to have an ongoing relationship with both parents. A voluntary agreement for consented and contracted appropriate therapy with an alienation aware practitioner, a firm, enforced child arrangements order and swift routes for return to court should arrangements break down or the therapist indicate non-engagement, is an important predictor of positive outcomes.

If the parents are unable to agree, or if a practitioner identifies non-compliance or safeguarding issues, a comprehensive assessment by a court appointed expert with specialist knowledge is needed (Fidler & Bala, 2010). This typically includes the analysis of longitudinal information about all of the parties, parents and children, and the family dynamics from many sources – including discussions, observations, appropriate psychometric instruments, court papers, information from individuals and organisations who have experience of the child, parents or family, school and

medical information (Ellis, 2008; Fidler et al., 2012; Friedlander & Walters, 2010; Jaffe, Ashbourne, & Mamo, 2010). In the UK, such an assessment is usually a last resort after all else has failed. This needs to be addressed. Prior ill-informed, inappropriate, failed attempts at re-establishing the parent-child relationship when there is not a clear enough understanding of aetiology of the situation can exacerbate the alienation and increase the psychological distress in a child.

A comprehensive assessment and formulation of a child's resistance/refusal to being with a parent will indicate the most appropriate intervention. Front-line practitioners can begin to assess by being open-minded, mindful of their own biases and considering the presence of symptomatic behaviours in a child and alienating behaviours in a parent (above). If any of these are evident, alienation must be considered. It is important to make some assessment of a child away from the influence of a potentially alienating parent. This can often best be effected at school or in a day-care setting. The influence of a parent waiting in a hallway outside an office should not be underestimated. Suitably trained professionals should seek a child's thoughts and feelings on each of the parents – what they like and dislike about them, good times and bad, how they are similar to each. Any black and white thinking should be gently explored; the use of photographs or videos can be particularly helpful here. Assessors should be alert to any incongruence between affect, verbal comments and body language. A child may insist they fear a parent – with no emotion or visible signs at all.

Allegations of abuse where alienation is a possibility, need careful management. It is usual in the UK to cease contact when allegations are made, pending investigation. Often there is no due consideration of the risks of interruption of the parent-child relationship if allegations are unfounded.

Case management

In cases where alienation may be a factor, timeliness and continuity of case management by judge and court appointed professionals is essential. Parents need to be minded, at the outset, that there will be accountability and clear consequences for failing to adhere to court orders or for interfering with, or undermining, the parent-child relationship (Bala, Hunt, & McCarney, 2010; Epstein et al., 2015; Martinson, 2010). Sanctions are only effective if imposed. In the UK, enforcement of court orders and sanctions for breaches are rare. One recommended sanction for interference or breach of order is increasing parenting time over and above that which has been missed. A suspended transfer of residence can be effective where there is no significant underlying psychopathology, encouraging a parent to comply with a court recommended or ordered intervention plan and child arrangements.

In more severe, intractable cases, it may be appropriate to change child arrangements so that a child is removed from the care of an alienating and abusive parent. In these cases it is usual for all contact between parent and child to be suspended for a period of time to enable the effective re-establishment of a relationship with the once rejected parent. This can happen remarkably quickly, though for other children there may be a requirement for a temporary placement in local authority or kinship care. Transfer of residence should not be considered lightly and should only be undertaken following a comprehensive, holistic assessment. The

goal is to remove a child from an abusive parent and place them with the parent who is best able to meet all of their needs, including fostering a relationship with the other parent when it is safe to do so. Such a transfer of care should not be undertaken without ongoing appropriate therapeutic support. Careful monitoring of re-introduction to a once aligned parent is necessary; it is likely that this will need to be supervised, at least initially, and potentially in the long term

Interventions

There is no one size fits all intervention where alienation may be present. A tailored program based on assessment and formulation is likely to afford the best outcomes. However, whatever the intervention plan there are some key common factors. These include the involvement of both parents and all children and the co-ordination and oversight by a single clinician. This clinician will either deliver all the therapeutic elements themselves, or ensure that there is effective supervision and sharing of information between therapists to minimise any alignment or unwitting collusion. In these cases there is modification to the usual levels of confidentiality which are clearly explained to each party at the outset, and to which they must consent. The supervising clinician also holds responsibility for a swift referral back to court where they assess the plan to be ineffective, or where one or more parties does not engage.

Interventions which are appropriate for mild to moderate alienation all share common elements which include psychoeducation about parental alienation and the impact on the child; reduction of the child's psychological distress and improvement of emotional well-being; addressing the child's distorted cognitions and developing their critical thinking skills; support of the alienated parent-child relationship; supporting the alienating parent and challenging their distorted cognition; attempts at reparation of the co-parenting relationship, improved communication and healthy boundaries (Albertson-Kelly & Burkhard, 2013; Fidler et al., 2012; Friedlander & Walters, 2010; Smith, 2016; Templer, Matthewson, Haines, & Cox, 2017; Walters & Friedlander, 2016). Interventions of this type include increasing parenting time between the child and the alienated parent.

In order to minimise the likelihood of alienation taking hold, there are some effective steps which can be implemented early in the legal process. Parenting time should be maintained unless there is clear evidence that a parent is harming a child. Court orders which allocate parenting time with each parent, including the full range of parenting activities (mornings, evenings, overnights, school nights, weekends, holidays, leisure time) suggests to a child that both parents are important. Further, this allows them to develop a critical appraisal of each parent which can provide them with some resistance to alienating strategies. Depending on the developmental needs of a child, longer periods with fewer handovers are preferred, with a limit on the level of indirect contact with the absent parent during this time. If handovers cannot be undertaken without conflict, they should be accommodated by a third party or at a neutral venue such as at school.

Moving forward

In the UK we have been slow to take on board the global knowledge base regarding

parental alienation, the harm to children, assessment protocols and evidence informed interventions. It is hoped that this article will assist those who work directly with separated families to better recognise risk factors and triggers and intercede appropriately.

Recommended reading for practitioners

Fidler, Bala & Saini (2012). *Children who resist post separation parental contact: A differential approach for legal and mental health professionals*. Oxford University Press

Baker & Sauber (2013) *Working with alienated children and families: A clinical guidebook* Hove: Routledge.

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