

Therapeutic Interventions and the Alienated Child: Whose Interests Are We Serving, and How Are We Serving Them?

by John-Paul Boyd

I've just finished writing a paper on alienated and estranged children for an recent seminar provided by the Continuing Legal Education Society of British Columbia, their tenth Biennial Family Law Conference. The paper's subject matter has lingered with me, in particular certain concerns about the therapeutic options available to the court once alienation has been established.

I will assume that readers have at least a passing familiarity with the concept of parental alienation. Very briefly, a child's relationship with a parent can be damaged, sometimes severed, as a result of the behaviour of the rejected parent, the behaviour of the favoured parent or the behaviour of both. When a child repudiates a parent because of that parent's past conduct, the child is said to be justifiably or realistically estranged from that parent. Family violence and a rigid, authoritarian approach to discipline are common reasons why a child may become estranged from a parent. When the child repudiates a parent because of the favoured parent's efforts to poison the parent-child relationship, the child is said to be alienated from the rejected parent.

Joan Kelly and Janet Johnston, in their critical 2001 article "The Alienated Child: A Reformulation of Parental Alienation Syndrome," describe alienated children as children who "stridently and without apparent guilt or ambivalence ... strongly resist or completely refuse any contact with that rejected parent." They write that:

"Although there may be some kernel of truth to the child's complaints and allegations about the rejected parent, the child's grossly negative views and feelings are significantly distorted and exaggerated reactions. Thus, this unusual development ... is a pathological response. It is a severe distortion on the child's part of the previous parent-child relationship. These youngsters ... are responding to complex and frightening dynamics within the divorce process itself, to an array of parental behaviors, and also to their own vulnerabilities that make them susceptible to becoming alienated. The profound alienation of a child from a parent most often occurs in high-conflict custody disputes ..."

Now, when alienation has been established in a family law case, the question that keeps judges up at night is *what can be about it*, and frankly none of the legal and therapeutic options are particularly good. Lately, however, the concept of reunification therapy seems to be enjoying a bit of a renaissance, and it's this that I wish to talk about.

The problem facing the court in alienation cases is obvious: the relationship between a parent and a child has broken down. Since it is usually in children's best interests to maintain a positive, loving relationship with both parents, and the rejected parent is in court trying to maintain exactly that relationship, the solution is therefore equally obvious: restore clearly the parent-child relationship.

Three points, however, stand in the way of this tidy, if somewhat simplistic, analysis: (1) the child doesn't want to spend any time with the rejected parent and will certainly experience some degree of trauma at being taken from the home of the loved parent and forced into the home of the rejected parent, while (2) leaving the child in the home of the favoured parent risks exposing the child to continuing efforts to nurture rancour toward the rejected parent, and, making things worse, (3) many of the strategies commonly employed to regulate the favoured parent's behaviour or enforce contact between the child and the rejected parent – including fines, contempt proceedings and peace officer enforcement – can backfire and inadvertently entrench the child's attitudes toward the rejected parent. This leaves counselling, or some other type of therapeutic intervention, looking pretty good; after all, parental alienation can't be cured by court order.

Psychologist Randy Rand developed a specialized program aimed at reuniting recovered missing children with their parents in the early 90s. His program, Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships, which I believe was the first of its kind, was eventually extended to serve alienated children who hadn't been abducted and whose parents were separating. Since that time, and particularly in the last decade, organizations offering programs to a similar effect have popped up across Canada and the United States. Many of these programs purport to provide "reunification" or "reintegration" therapy, either in an overnight or day camp format or in a series of intense group and individual counselling sessions.

Although reunification programs sound like an ideal response to parental alienation, it is important that one's analysis of the needs and interests at play not stop at this tempting junction. Firstly, I suggest that a little more thought should be given to purpose of the reunification therapy, because the purpose of such interventions should *not* be the restoration of the parent-child relationship. Secondly, there is the trickier issue of picking the *right* reunification program.

The Purpose of Therapeutic Interventions

Let me explain that first point. In my view, orders for reunification therapy that are made for the purpose of restoring the parent-child relationship wrongly prioritize the interests of the rejected parent over those of the alienated child for two reasons:

1. the best interests of the child are the "only," the "paramount" or the "primary" consideration in all decisions affecting children, depending on the legislation at hand; and,
2. the "victim" of alienation, from my perspective, is not the rejected parent but the child.

As a result, it seems to me that the primary purpose of therapeutic interventions should not be the restoration of the parent-child relationship, although that may be a byproduct of the intervention;

the primary purpose should be restoring the *child*. Remember the observations of Kelly and Johnston: “the child’s grossly negative views and feelings” toward the rejected parent “are significantly distorted and exaggerated reactions”; those views are “a pathological response” and “a severe distortion on the child’s part of the previous parent-child relationship.” *This* is what therapeutic responses to alienation should seek to address.

Johnston, in her article “Therapeutic Work with Alienated Children and Their Families,” says that the purpose of such interventions should be to “transform the child’s distorted, rigidly held” views of the rejected parent “into more realistic and measured ones, rooted in the child’s actual experience of both parents.” Likewise, Nicholas Bala, in “Alienated Children and Parental Separation,” writes that “the goal of intervention should be the promotion of a child’s wellbeing, and therefore best interests, and not to advance the ‘rights’ of a rejected parent.”

It is difficult to take the position that primary purpose of reunification therapy ought not be the restoration of the parent-child relationship. The pain felt by rejected parents is acute, these cases evoke a great deal of empathy on the part of counsel and it is extraordinarily difficult to suppress one’s natural urge to rail against the evil and injustice of alienation. However, we must remember that the best interests of the child simply must come first. The moral blameworthiness of the alienating parent’s conduct has nothing to do with the course of action that is in the child’s best interests.

Now, I am not saying that reunification programs are wrong-headed; many of them are not. In fact, Richard Warshak, writing about Family Bridges in a recent article, does *not* list the restoration of the parent-child relationship as among they key goals of the program, which he says include:

1. facilitating and strengthening children’s ability to maintain healthy relationships with both parents;
2. helping children avoid being caught in the middle of their parents’ conflict;
3. strengthening children’s critical thinking skills;
4. helping children maintain balanced views of each parent; and,
5. strengthening the family members’ ability to communicate with one another and manage conflicts.

This is an eminently reasonable, child-centred approach that places the wellbeing of children front and centre. The restoration of the parent-child relationship would certainly be a wonderful result, but it is *not* a goal of the program.

Picking a Therapeutic Intervention

As I said earlier, responding to situations of parental alienation has fostered a North American cottage industry in reunification programs, and, as I learned reviewing the case law for my paper, not all are created equal. It can be very difficult, however, for counsel and court to separate the wheat from the chaff; one glossy brochure with photographs of smiling children and sunrises looks very much like another.

First off, we should always be concerned about conflicts of interest when a custody assessor makes a finding of alienation and recommends his or her own program as a solution. Second, we should be wary of claimed success rates that are simply too good to be true. In such cases, enquiries must be made to determine what other mental health professionals think of the proposed program, and we must examine how the program defines “success” and whether the success rate was determined in-house or by an objective evaluator.

Other factors to consider include whether:

1. the program is intended to achieve specific outcomes and is based on a hypothesis that can be empirically tested;
2. the principals of the program are able to produce research supporting their hypothesis and program design;
3. the principals of the program are engaged in its ongoing evaluation;
4. the evaluation of the program includes a long-term follow-up component;
5. the principals of the program are able to report the program’s success rate;
6. the principals of the program have significant experience in providing services for families and children;
7. the principals of the program are professionally recognized and respected by their peers;
8. the principles of the program and all therapeutic staff are licensed and insured members of their applicable provincial regulatory body;
9. the program intake process includes screening for family violence, substance abuse and significant mental illness;
10. the program’s treatment regime differentiates between alienation and justified estrangement; and,
11. the program includes an aftercare component.

I further suggest that the presence of one or more of the following warning signs should probably discourage further consideration of a particular program:

1. a principal of the program is not a member of the applicable regulatory body;
2. a principal of the program purports to hold one or more advanced degrees from online universities;
3. a principal of the program is not recognized by, respected by or widely known among his or her peers;
4. the reported success rate of the program sounds too good to be true;
5. the program intake lacks a screening process and will accept all comers; and,
6. the principals of the program will not discuss their hypothesis, their methodology or the research supporting their approach.

If you have concluded that the case you’re dealing with is one in which some sort of therapeutic intervention, you owe it to the child, and to the parents, to pick a program that is well thought out and well thought of.