OVERCOMING PARENT–CHILD CONTACT PROBLEMS

FAMILY-BASED INTERVENTIONS FOR RESISTANCE, REJECTION, AND ALIENATION

edited by

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OXFORD

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Although this volume describes OBFC (as well as other family-based interventions), we wish to distinguish the camp from its parent organization, Overcoming Barriers. The latter is a 501(c)(3) nonprofit organization created to promote children's healthy relationships with their parents in situations where a child is at risk of losing a relationship with a parent because of family conflict following high-conflict divorce. In addition to hosting OBFC, Overcoming Barriers facilitates professional trainings and provides resources to families.

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Overcoming Parent–Child Contact Problems

1

Introduction

LESLIE M. DROZD AND NICHOLAS BALA ■

There is growing recognition by professionals, by parents, and in popular culture that when parents separate or divorce, or even if they have never lived together, serious problems can arise of children resisting contact with or rejecting one parent. In these situations, often referred to as "alienation" cases, the favored parent is considered responsible for undermining the child's relationship with the other parent. It is clear, however, that there is a complex spectrum of reasons for children to resist contact with a parent, ranging from, at one end, a child's adaptive response to abuse by a rejected parent to, at the other end, the malicious influence of a parent seeking to undermine a child's relationship with the other parent because of anger over the failure of the parents' romantic relationship. The latter situation can appropriately be characterized as alienation. Alienation and related problems with postseparation parent–child relationships are subjects of intense debate and controversy involving advocacy groups, researchers and writers, and, in individual cases, the professionals, parents, and even the children involved.

One issue about which there is significant consensus is that alienation cases pose serious risks to children and cause anguish to parents. It is also widely accepted that the traditional approaches of the law and the justice system have failed to deal adequately with these cases. The law and the justice system are very blunt social instruments. The ultimate legal sanctions for violation of court orders are typically limited to seizure of property to satisfy judicially found debts or imprisonment for contempt.

It is now widely agreed that justice system professionals and mental health professionals must collaborate to develop effective, child-focused responses to noncompliance with agreements or orders about parenting. One set of responses that has been developed involves reversal of custody to allow a previously rejected parent to establish a good relationship with the child, usually with intensive mental health intervention to assist the child through the often difficult transition process (Gardner, 2001; Warshak, 2010).

While there is a role for custody reversal as a response to alienation, this process is highly intrusive and generally requires suspension of contact between the

child and the favored parent, along with the threat or reality of police enforcement, contempt, and imprisonment for former spouses (or even children) who fail to comply with court orders. In addition to being very intrusive and often very expensive, custody reversal does not always succeed and may further traumatize already vulnerable children. Most significantly, this process rarely results in children establishing good relationships with both parents.

This book focuses on a different range of approaches to parent–child contact problems that involve the family justice system and mental health professionals. These interventions engage children and both of their parents. Such family-based interventions use psychoeducation, treatment, and various engagement strategies to improve parent–child relationships and child outcomes. While a significant portion of the book is devoted to analysis of one particular intensive family relationship pilot project that most of the contributors were involved with, the Overcoming Barriers (OCB) program, these authors recognize that OCB is just one model of a family-based program and so consider it in a broader context.

The book emphasizes the value of early assessment and intervention, given that alienating processes thrive when a child has little or no contact with a parent. Often the best antidote to a situation where a child is resisting contact with a parent is for the child to spend time with that parent; however, a simple judicial directive or parental agreement is often inadequate to achieve that objective. Although early intervention is clearly preferable, the contributors recognize that this is not always achieved or even possible, and the book discusses a range of interventions that may be undertaken over time. It is sometimes necessary to have a series of interventions involving both of the parents and children with the objectives of improving understanding and relationships.

While the authors of this book recognize that there is a role for custody reversal, they feel that this response should be used only in the most severe cases (and not even all of those). Custody reversal almost inevitably requires a court order after an embittering trial; very rarely will a favored parent consider a settlement that involves complete reversal of custody. One of the advantages of the family-based approach advocated in this book is that interventions of this kind can be the basis for settlement of litigation, which is generally preferable for resolution of family disputes to a full trial, as it is less expensive, is less intrusive, and yields more durable results. The family relationships approaches that are the subject of this book thus can be very useful for judges and lawyers trying to help parents resolve high-conflict cases without a trial though they can also be appropriate for some cases that may be resolved by a judge after a trial.

This volume has two parts. Part I provides a conceptual foundation for parent–child contact problems, key tenets of family intervention, and common clinical dilemmas. In Chapter 2, "Clinical Decision-Making in Parent–Child Contact Problem Cases: Tailoring the Intervention to the Family's Needs," Barbara Fidler and Peggie Ward provide the conceptual framework for the entire book. They define and explain terms and concepts, and they establish the central objective of a family-based intervention: for each child to have a healthy and functional relationship with both parents. Such a relationship involves the child's being able

to accept and integrate both good and bad qualities of each parent, coupled with flexible thinking, the capacity for multiple perspective taking, and good communication and problem-solving skills. Not surprisingly, these abilities are indices of mature interpersonal skills and relationships.

In Chapter 3, "The Current Status of Outpatient Approaches to Parent–child Contact Problems," Shely Polak and John Moran point out that traditional outpatient therapies do not work well for addressing parent–child contact issues in separating or divorcing families. Family courts are increasingly accepting testimony about alienation and designing orders that mandate family-based interventions to save parent–child relationships from the path of destruction that some are on.

In Chapter 4, "More Than Words: The Use of Experiential Therapies in the Treatment of Families with Parent–Child Contact Problems and Parental Alienation," Abigail Judge and Rebecca Bailey consider the theoretical and clinical literature on experiential family relationship therapies. Simply put, these are therapies that get the patient and the clinician out of the office. To the extent that these experiential therapies involve play, movement, and other physical activity, they may help the parents and the children improve self- and co-regulation within families while potentially leading to reductions in emotional reactivity. Improvements may include reduced anxiety, more constructive problem-solving, enhanced self-concept, a stronger internal locus of control, feelings of personal empowerment, greater social competence, and better interpersonal communication. Some of these therapies can lead to improved reality testing and to family members' discriminating more accurately between provocative or harmful behavior and irritation, indifference, or misattunement. Reframing behavior from being seen as dangerous to being perceived as misattuned or in need of redirection may very well promote good reality testing, reduce anxiety, and thus open doors for the development of new patterns of interaction among family members.

In Chapter 5, "The Perfect Storm: High-Conflict Family Dynamics, Complex Therapist Reactions, and Suggestions for Clinical Management," Judge and Ward write about how high-conflict cases often bring out the best and the worst in families as well as in the professionals who work with them. Such cases often involve personality disorders, high parental conflict, and complex systems involvement, in what the authors call "the perfect storm." In these circumstances, clinicians, attorneys, and judges frequently become players in the family drama, so it is important for all professionals to assess whether they are being manipulated by one or both parents and actually making a bad situation worse. Because a systems-based perspective and a team approach are essential in working with families in high conflict, scrupulous attention to inter-team dynamics is critical to preventing parallel divisive dynamics among professionals.

Part II of this book articulates the OCB approach. Ward, Robin Deutsch, and Sullivan, the founders of this approach, team up to introduce it in Chapter 6, "Overview of the Overcoming Barriers Approach." The work they do with families at the Overcoming Barriers Family Camp (OBFC) involves high-conflict cases in which one parent is often characterized as toxic, dangerous, or neglectful and the other parent as alienating. Their work involves elements of both family systems

therapy and cognitive–behavioral therapy. In group work they use techniques based on learning, memory, and cognitive science. The groups are sometimes homogeneous (consisting solely of favored parents, rejected parents, or children) and sometimes heterogeneous. Some work is done in dyads, some in triads, and some with the whole family or with multiple families. The clinicians at OBFC aim to capture the rapidly changing family dynamics so they can interrupt and modify rigid, entrenched patterns. Postcamp care is critical to germinating the seeds planted at OBFC. A strong aftercare plan requires clinicians willing to work in a cohesive team model to avoid polarization and splitting reflective of the family dynamic.

Individual outpatient therapies often fail in more severe alienation cases. Overcoming Barriers is one of a number of intensive family-based programs that have been developed over the past decade to address such cases. The common thread that runs through these intensive experiences is that the work is done from a family systems perspective, since each part of the family is connected to the other. In intensive work, family members experience each other in new ways. Ward, Deutsch, and Sullivan point out that the intensive outpatient programs share common elements. For example, each program sets out to (a) repair and strengthen children's healthy relationships with both parents, (b) keep children out of the middle of their parent's conflicts, (c) address children's distorted perspectives and memories regarding rejected parents, (d) help children develop critical thinking skills and apply them to the current situation, (e) develop more effective coparent and parent–child communication, (f) confront and correct black-and-white, polarized thinking that leads to rigid and inaccurate judgments, (g) help all family members develop empathy for one another, and (h) maintain the gains made through the program with an active follow-up component.

As important as the change produced at OBFC may be, it is inaccessible to many families because of cost. One possible solution to this limitation involves training regional clinicians so that they can jump-start treatment via local intensive weekend programs. Another option involves teaching local therapists to employ the principles of "active therapy" and growth through recreational activity, which aim to disengage families from long-standing conflict by creating new experiences. The Overcoming Barriers program is dedicated to generating ongoing research that promises to find other solutions that use limited resources to solve the problem of alienation that is endemic in family courts.

In Chapter 7, "Management of the Camp Experience: Integration of the Milieu and the Clinical Team," Carole Blane, Tyler Sullivan, Daniel Wolfson, and Judge describe the OBFC experience. This experience includes the milieu, which is carefully designed to provide an emotionally and physically safe environment that removes families from the normal surroundings, distractions, memories, habits, and social groups that may support their entrenched dynamics; the new milieu allows different perspectives to develop. Those perspectives in turn allow family members to move forward, to engage in positive and cooperative activities, and to garner enough motivation to overcome negative thoughts related to the presence of resistant family members. The Overcoming Barriers Family Camp

provides opportunities for parents and children to practice what they learn in psychoeducational groups by connecting positively and safely in experiences with other campers and staff. These experiences allow participants to learn that they are not alone in their difficulties. Ultimately, family members are sent home with positive memories that can help sustain agreements that they made during the intensive immersion to overcome entrenched conflicts of the past.

The two chapters that follow, Chapter 8, "'East Group': Group Work with Favored Parents," and Chapter 9, "'West Group': Group Work with Rejected Parents," Ward and Sullivan, respectively, discuss the work done in the two parent groups at OBFC. Favored parents tend to see little value in what the other parent brings to the lives of their children. These parents often share many characteristics: self-preoccupation, emotional dysregulation, a high level of mistrust, manipulativeness, "parentification" of the child, enmeshment with the child, lack of stable relationships generally, and a highly conflictual relationship with the coparent. They lack understanding of their actions and empathy for their children's place in the family dynamic. They show pervasive denial of any involvement in their children's rejection of the other parent, find conflict engaging, and are unable to let go of the other parent completely. In some cases, the favored parent has a new partner and has created a new family in which the rejected parent has no place and is seen as an intruder. Such parents enter the OBFC experience having engaged in various strategies that assure their dominance at the expense of the rejected parent and the child, including denigration of the rejected parent; limiting or interfering with the rejected parent's parenting time, mail, phone, or symbolic contact with the child, and information about the child; emotional manipulation of the child; and forming an unhealthy alliance with the child. The favored parents believe that their children like them better than the rejected parent because of their (self-perceived) exquisite attunement to them and ability to listen to and react to their children's needs, which they see as contrasting sharply with the rejected parent's inability to understand those needs. Favored parents' concerns about the rejected parent may very well have some validity. The main work with favored parents involves transforming blame of the other parent for all of their parent-child problems to acceptance of some personal responsibility, understanding the harm that their behavior does to their children, working with emotional regulation, and identifying many cognitive and memory distortions that they hold and have perpetuated in their children. Favored parents often have little if any internal motivation for changing their behavior. If they are motivated at all, it is usually by external factors such as consequences for noncompliance—in particular, the threat of further legal proceedings with the possibility of financial consequences, findings of contempt, and custody reversal.

Across the way from the favored parents at OBFC, Sullivan and his colleagues work with the rejected parents in what they call the West group. These parents come to camp believing that they are good parents whose children were turned against them by the malicious other parent. The rejected parents fail to see their contribution to the problem—and they always have a contribution. Work in the West Group concentrates on refocusing the rejected parents on what they can

control and how they can move forward by shifting from being a victim to being an active participant in the change process. This transition involves a shift from helplessness and projection of the responsibility for change on others to more active and adaptive coping with the most difficult situation imaginable: their own children's rejection or refusal to have contact with them. The formula by which OCB enables this change involves maximizing enjoyment while managing and minimizing negativity (avoidance, conflict, opposition, etc.) during parenting time and avoiding any processing or discussion of the difficulties in the relationship during parent–child contact, unless it involves the management of the immediate situation.

Aftercare is critical for both the favored and rejected parents in the East and West groups and their children. Important components of this work may include work with a parent coordinator, coparenting sessions, parallel parenting, ongoing education, and the continued involvement of the courts to assure accountability. The changes in perspective initiated at camp—away from blame in favored parents and victimization in rejected parents—must be nourished and further developed. Research into the long-term efficacy of this work is ongoing.

A growing body of research shows that both high conflict and poor parenting skills—both of which are common in the families seen in OCB and other intensive immersion programs—negatively affect children. Each parent's parenting can be measured along the two dimensions of *demandingness* and *responsiveness*. In these families it is not uncommon to see one enmeshed parent (i.e., a parent with high demands and high or inconsistent responsiveness), who is frequently the favored parent, and one disengaged parent (with low demandingness and low responsiveness), who is sometimes the rejected parent, or authoritarian parent (with high demandingness and low responsiveness), who is often the rejected parent. Understanding the parent–child dynamic along these dimensions is useful in determining where to intervene with the parent–child dyad, with each parent individually, and with the coparenting dyad.

In Chapter 9, "Common Ground: The Children's Group," Deutsch, Judge, and Fidler write about the work with children at OBFP. Children in families where alienation is present and where children resist or refuse contact tend to have rigid, dependent, and enmeshed perspectives of their parents. The family system is often set up to avoid challenges to these perspectives. Avoidant behavior strongly reinforces the status quo. Without new experiences to challenge old thoughts, feelings, and behaviors, the children remain stuck with cognitive distortions and antiquated problem-solving strategies. In the children's group at OBFP, new experiences are created to seed new perspectives. Psychoeducational materials are provided as scaffolding for these new perspectives. These materials are designed to improve the children's skills for coping with interparental conflict, to develop independent thoughts and feelings in the children, and to empower them to identify and solve problems. These new skills ideally lead to improved emotional regulation and cognitive processing—all of which support the goal of the child's having new experiences that can lead to a change in perspective. Ultimately the goal in this work is to expose the children to new experiences so that they can

see each of their parents more realistically and can claim their own thoughts and feelings.

In Chapter 11, Sullivan, Deutsch, and Ward write about "Coparenting, Parenting, and Child-Focused Family Interventions." The work described in this chapter begins before families arrive at the program. Families are sent to OBFC with a stipulation or a court order that states that the program's goal is to reconnect the rejected parent with the children and that mandates full and complete participation in the program. Parents must know coming into the program that they are required by the court (or agreement) to affirmatively assist the children in every aspect of the camp that will allow the children to re-establish a relationship with the rejected parent. With that foundation, the clinical team gathers essential information about the history of the family system and about external factors that are relevant to the child's rejection of a parent. For the family to be deemed appropriate for OBFC, there must be a determination that despite any of these past issues, it is in the best interests of the child to have a relationship with the rejected parent. Cases involving active and current domestic violence, substance abuse, threats of abduction, child abuse, untreated or poorly managed major mental illness, or the inability to pay for services are not appropriate for OCB work.

To participate appropriately in that work, favored parents must shift from their initial stance of protecting their children from perceived threats of emotional or physical harm to a stance in which they actively encourage contact between the children and the rejected parent. As mentioned above, their motivation for this shift comes more often than not from the court mandate that they may lose custody if they do not help their children recognize that the rejected parent has much to offer and the favored parent has made some mistakes.

The rejected parent must also come ready to participate. That means taking responsibility for past behavior (expressing understanding of its negative impact), apologizing sincerely for the behavior, and making a commitment not to engage in that behavior in the future. Further, the parent must respond to the child's usually skeptical and often derisive response to the apology in a manner that recognizes that the child's rejecting responses are understandable and acceptable. The rejected parent must reassure the child that as the relationship moves forward, the child need not worry about the past behavior's reoccurring.

The children are worked with as well at this stage. The initial work involves enabling them to focus on having an open heart and an open mind while maintaining boundaries and moving at a safe pace. Common themes in this work include helping children to be heard and understood and helping them manage their anxiety as they move from avoiding to approaching the rejected parent. This is done as a step in a desensitization process, one in which they appropriately express their anger in a manner that enables it to be accurately heard without reaction. This step opens the door to a new connection while regulating emotions.

Coparenting work is critical as well. The focus is on moving parents from high-conflict engagement to parallel engagement. Coparenting work creates a foundation for reunification with the rejected parent. The eventual goal is to establish a supported parallel parenting model that is emotionally safe for both parents in

aftercare by having their engagement be highly structured and supported by a competent parenting coordinator. An additional goal is to create more manageable (i.e., more safe and functional) engagement in the coparenting interaction.

The future utility of the OCB model depends on the degree to which its basics are transferable to an outpatient setting. Fidler, Ward, and Deutsch discuss this issue in Chapter 12, "Translating the *Overcoming Barriers* Approach to Outpatient Settings." The work to be done in intensive family-based programs is mislabeled by many as "family reunification," but the more accurate description is "family reintegration." The authors describe considerations and protocols for preliminary screening, clinical intake, and contracting for an outpatient program (including the legal components); identify treatment goals; and provide an overview of various tools and resources that will help the clinician implement treatment plans customized to meet the needs of each family. Treatment goals include fostering healthy child adjustment, restoring or developing adequate parenting and coparenting skills, and removal of the child from the parental conflict. Strategies for reaching these goals include decreasing the child's feelings of fear, anger, discomfort, or anxiety about the rejected parent; expanding the perspectives of the child and parents; and shifting the child's perceptions and feelings toward a less polarized view of each parent. For the parents, strategies include decreasing parental conflict, improving individual parenting skills, and improving parent alliance. Further strategies include improving the relationships and conflict management skills of coparents, healing parent–child relationships, establishing appropriate parent–child boundaries and correct alignments, decreasing parent–child conflict, improving communication and problem-solving among all family members, and enhancing empathy and compassionate relationships.

Three components of the OCB model that are applicable in an outpatient setting include an intensive, whole-family approach; use of experiential and recreational activities; and coordinated case management plus a team approach in which clinicians coordinate their efforts. Parent coordination work is often essential to maintain accountability and the coordination of the various components of the family treatment. One size does not fit all in cases of high-conflict separation and divorce involving strained parent–child relationships. The nature and severity of the contact problem inform the differentiated clinical and legal intervention response.

In Chapter 12, "Program Evaluation, Training, and Dissemination," Michael Saini and Deutsch discuss the challenges and limitations in the research literature on OCB to date. Given that each case of strained parent–child relationships results from a complex interaction of many factors and that many cases share overlapping factors, evaluating interventions to address such relationships has been and remains complicated. To test the effectiveness of these interventions, they need to be based on a coherent and comprehensive plan. The research model set forth in this book considers several outcome variables, including the satisfaction of the children and parents engaged in the interventions; the rebuilding of strained parent–child relationships and the reduction of alienating behaviors; the improvement in communication and cooperation between the parents; children's overall anxiety and depression levels; and the children's overall adjustment after

attending the interventions. Although the outcomes to date are not conclusive, the evaluation set forth in this final chapter confirms that the overall purpose of OCB should be seen as planting seeds of hope and setting families on the road to repairing strained relationships, rather than fixing strained relationships within the limited time frame of the camp.

While we believe that this book makes a convincing argument for the value of family-based interventions in cases where children are resisting contact with a parent, the authors acknowledge that there is a need for further research and program development. The Overcoming Barriers Family Camp is an important project, worthy of study and discussion, but key questions remain about its long-term effects and the possibilities for replicating and sustaining its work. These questions, however, are also very relevant to all approaches to dealing with the disquieting issues around children resisting contact with a parent, and indeed a host of issues involved in postseparation parenting.

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PART I

Family-Based Interventions

Indicators, Models, and Clinical Challenges

2

Clinical Decision-Making in Parent–Child Contact Problem Cases

Tailoring the Intervention to the Family's Needs

BARBARA J. FIDLER AND PEGGIE WARD ■

1. INTRODUCTION

Although there is little dispute about the existence of parental alienation or the reality that a child can be unduly influenced by one parent to reject the other, controversy exists in the legal and social science literature and popular media on how best to identify, assess, and respond to children resisting contact with a parent after separation or divorce.[1]

As with many issues in family law (e.g., joint legal custody, shared parenting time, overnight visits for children under 4 years old), there are polarized, strongly gendered narratives about parent–child contact problems. While each of these gendered narratives has some validity, both have significant limitations, and neither is especially helpful as a guide for improving the lives of children or their parents (Fidler, Bala, & Saini, 2013). In reality, cases of parent–child contact problems are complex and multidetermined. Courts and family law professionals need to move beyond polarized and simplistic analyses that not only fail to capture the richness and subtlety of these cases but also mirror the inflexible, "all or nothing" thinking of alienated children and their parents.

The presence of alienation does not necessarily entail the absence of child maltreatment or intimate-partner violence, or vice versa; professionals looking at parent–child contact issues do not need to consider an either/or proposition.[2] There are abused or neglected children exposed to intimate-partner violence or compromised parenting who justifiably resist contact, *and* there are alienated

children whose resistance of a parent is disproportionate to the child's actual experiences with that parent and the parental separation.

Both the nature and severity of the parent–child contact problem will inform appropriate and differentiated legal and clinical responses. Legal and mental health practitioners are not immune to cognitive biases, such as the bias blind spot (being able to identify bias in others while considering oneself immune (Neal & Brodsky, 2016) or scholar-advocacy bias (using research to support advocacy) (Emery et al., 2016). Other common cognitive biases are confirmatory, recency, repetition, source, or wishful thinking bias.[3] Practitioners are advised to consider relevant multiple hypotheses about the cause of the problem as they assess each family's circumstances and dynamics. Possible hypotheses include the following:

- One parent is exhibiting parental alienating behaviors.
- One parent has exhibited a pattern of coercive or controlling violence.
- There was no pattern of violence between the parents, but one or both of them engaged in separation-instigated violence when they separated.
- Even as one parent demonstrates alienating behavior, the other parent has engaged in behavior that, while not abusive, is contributing to child's resistance of that parent.
- The child is not alienated but has a realistic basis to resist a parent because of that parent's pattern of violence, child abuse or neglect, absence, or marked insensitivity to the child's needs.
- The preferred parent is not exhibiting malicious alienating behavior but rather is overprotective, and the child's resistance to the other parent is related to a role reversal and enmeshed dynamic with the preferred parent.

In this chapter, we

- identify the continuum of parent–child contact problems in divorcing families;
- summarize key principles and components of managing first queries, preliminary screening, and clinical intake;
- discuss the tailoring of interventions to the nature and severity of the parent–child contact problem; and
- list intervention options for different types and severities of parent–child contact problems.

2. DIFFERENTIATION OF PARENT–CHILD CONTACT PROBLEMS

Since the initial contributions of Richard Gardner (1998) our conceptualization of parent–child contact problems has evolved and become more nuanced. A child

may resist or reject a parent to varying degrees and for many reasons or a combination of reasons.

Joan Kelly and Janet Johnston (2001) describe a systems-based, multifactor model that they and their colleagues have developed to explain why some children resist contact or reject a parent and remain aligned with the other parent (Figure 2.1). They identify seven interacting factors that create a "perfect storm" for a continuum of parent–child contact problems, not just alienation:

1. The alienating behavior and motivation of the aligned parent.
2. The rejected parent's inept parenting and counterrejecting behavior (before or after the rejection).
3. Domestic violence or abuse and child abuse or neglect.
4. Chronic litigation, which typically includes "tribal warfare" involving aligned personal sources (extended family, friends, new partners, and educational, mental health, or legal professionals).
5. Sibling dynamics and pressures.
6. A vulnerable child (temperament style, dependent, anxious, fearful, emotionally troubled, and with poor coping and reality testing).
7. Developmental factors (e.g., age-appropriate separation anxiety or response to conflict consistent with the cognitive development of children aged 8–15 years).

While all alienation cases involve high conflict, including lack of or ineffective coparenting communication, not all high-conflict cases involve alienation or

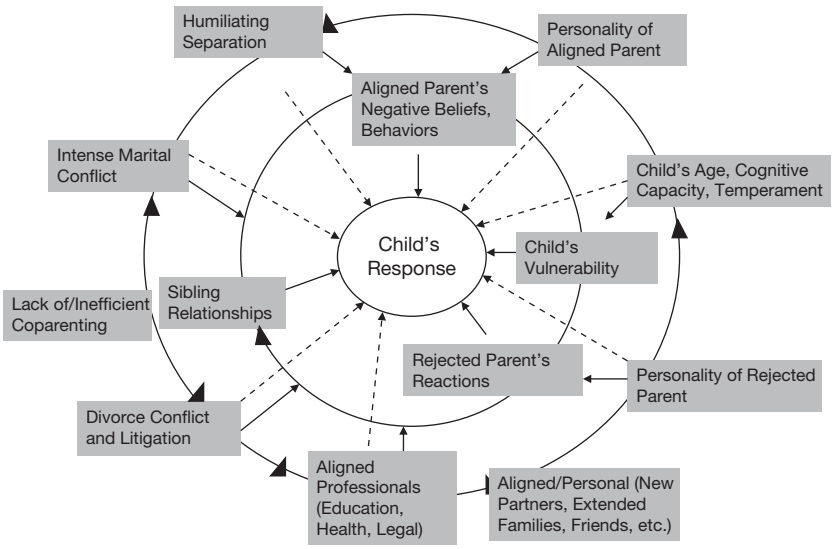

Figure 2.1 A Reformulated Model of Parent–Child Contact Problems.
Adapted from Kelly, J., & Johnston, J. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review*, *39*, 249–266, with permission of John Wiley and Sons.

parent–child contact problems. In addition, although it is common for separating parents to exhibit parental alienating behaviors to some extent, not all children exposed to parental conflict, bad-mouthing, or undermining will respond by resisting or rejecting a parent (Johnston, 1993; Johnston, Walters, & Olesen, 2005b).

Parent–child contact problems can be conceptualized on a continuum: affinity, alignment,[4] realistic or justified rejection (realistic estrangement), and unjustified rejection (alienation). Each type of contact problem can vary in intensity from mild to moderate to severe.

2.1. Affinity and Alignment

A child, while maintaining contact with both parents, may have an *affinity* toward one parent because of the age of the child, temperament style, gender identification, familiarity, having spent more time with that parent, or shared interests. For example, a younger child may experience normal separation anxiety from or a preference for the opposite-gender parent, while an older child may prefer the same-gender parent. The less favored parent may then blame the favored parent for alienating, say, the 3-year-old child who is exhibiting developmentally expected separation anxiety, while the favored parent may blame the other parent for poor or even abusive parenting and advocate on behalf of the child's right to refuse contact. In this situation of what may be a mild contact problem, early identification and parent education may prevent problems from escalating. For a teenager, normal adolescent rebellion may involve playing one parent off against the other or preferring the parent who makes fewer demands or offers more material goods. Such ebbs and flows of preferences (affinity) and gender identification occur in divorced and nondivorced families alike; they are normal and developmentally expected, not the result of alienation processes.

An *alignment* occurs when the child has an alliance with one parent. This alliance may develop before, during, or after separation, in response to the other parent's absence or minimal involvement in parenting, inexperience, insensitivity, or other poor parenting, even if these shortcomings do not reach the level of abuse or neglect. Alignments may also develop for divorce-specific reasons, as when a child becomes angry or upset with a parent who leaves the family, starts a new relationship, or causes the parent left behind to feel betrayed, depressed, or angry. The child's upset or moral indignation at the departed parent's behavior and subsequent resistance to seeing that parent may be an understandable reaction to the separation, at least initially. In these circumstances, the child copes with the parental separation and loyalty conflict by identifying and siding with the "left parent" who feels hurt and abandoned. Also, children may form alignments in response to new or ongoing parental conflicts, such as one parent's desire to relocate or the parents' disagreements over child or spousal support or property.

As children mature cognitively, they move from egocentric, concrete reasoning to the having the capacity to consider different perspectives simultaneously.

Younger children tend to embrace the perspective of the parent they are with at the time, with the result that they sometimes display shifting allegiances. With maturation, children acquire the capacity for reflexive thought ("I know that you know that I know") and are able to gradually retain more than one perspective at a time.

Children 9–11 years old are particularly vulnerable to getting caught in their parents' conflicts, are prone to take sides, and are at greater risk than younger children for becoming alienated. To cope with persistent and contradictory information, distress, and confusion, the latency-age child may move from shifting allegiances with each change in care to an alignment with one parent, sometimes accompanied by either resistance or refusal to spend time with the other parent. The child who does this may resort to polarized thinking, tending to perceive the situation in all-or-nothing terms: One parent is all (or mostly) good, while the other is all (or mostly) bad. Without early intervention and correction, this "reasoning" can become fixed and grow to have a life of its own, even after the negative influence of the aligned parent has abated (if it ever does).

As with affinity, alignment does not involve complete rejection of a parent but results in resistance or reluctance to have contact. The transition from one home to the other may be difficult for the child. However, the child often settles down soon after the transition, though the parents may misinterpret their child's behavioral difficulties during transitions and incorrectly blame the other parent for them. In high-conflict separations, both affinity and alignment are risk factors for alienation. In the absence of appropriate legal or clinical interventions, either one can escalate or develop into alienation, sometimes quickly.

2.2. Justified Rejection (Realistic Estrangement)

In justified rejection, the rejected parent may have been abusive or violent with the other parent (with causes that may include substance or alcohol abuse, untreated mental illness, or personality disorder), been abusive or neglectful with the child, been physically or emotionally absent in the child's life, or exhibited significantly inept parenting. The child's resistance to contact in these circumstances is justified *primarily*, though not always exclusively, by the rejected parent's actions. The resistance is an adaptive mechanism for coping with the conflict or trauma.

In cases of justified rejection, the preferred parent genuinely believes contact with the other parent is likely to be harmful to the child. While protective parents' concerns may be justified, and their restrictive gatekeeping[5] may even appear to undermine the child's relationship with the other parent, the child's reaction to the rejected parent is relatively independent of and occurs irrespective of the preferred parent's attitudes and behavior. What differentiates justified rejection from alienation is the lack of a previous relationship (or an underdeveloped relationship) or the presence of violent, truly abusive behavior toward the child, significantly compromised parenting, or both.

As is often observed in child protection cases, children exposed to intimate-partner violence or child abuse or neglect do not necessarily exhibit resistance

or rejection and instead want contact with the offending parent. Unlike alienated children, these children may exhibit symptoms of anxiety, depression, trauma, or post-traumatic stress disorder (PTSD) rather than a disproportionate or unjustified reaction to their actual experience with a parent, as occurs in alienation cases.

Adding to the complexity of justified rejection, in some instances the favored parent's reactions, while protective and not malicious or intentionally alienating, may be disproportionate to the circumstances and counterproductive (Drozd & Olesen, 2004). In protecting the child, the favored parent projects her or his own experiences of distress or anger about the other parent onto the child. The parent's reactions to the child's experiences may involve distortions or even paranoia, resulting in compromised, possibly emotionally harmful parenting despite the intention to protect the child (Friedlander & Walters, 2010; Johnston, Roseby, & Kuehnle, 2009; Johnston et al., 2005b).

2.3. Alienation

A child who resists or rejects a parent because of alienation is exhibiting an unjustified response resulting from a complex interplay of the many factors depicted in Figure 2.1. The alienated child as defined by Kelly and Johnston (2001) is "a child who freely and persistently expresses unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are disproportionate to their actual experience of that parent" (p. 251). Warshak (2006) expands the definition, noting that alienation is a "disturbance in which children, usually in the context of sharing a parent's negative attitudes, suffer unreasonable aversion to a person or persons with whom they formerly enjoyed normal relationships or with whom they would normally develop affectionate relationships" (p. 306). Appendix 2.B lists typical behaviors exhibited by an alienated child, the favored parent, and the rejected parent.

In alienation cases, the child's resistance or rejection is *primarily*, though rarely exclusively, the result of the alienating parent's conduct, conscious or unconscious, subtle or obvious, direct or indirect. Without the parental alienating behaviors exhibited by the favored parent, siblings, or extended family, the child would not have resisted or rejected the parent to the same extent. Darnall (1998) identifies three types of alienating parents with mild, moderate, and severe cases:

1. *Naive alienators* are passive about the relationship with the other parent and occasionally say or do something to alienate or reinforce alienation.
2. *Active alienators* cope with their hurt and anger by intermittently exhibiting alienating behaviors triggered by emotional vulnerability or poor impulse control; however, they know what they are doing is wrong.
3. *Obsessed alienators,* feeling narcissistically wounded, persistently want to hurt the other parent by destroying that parent's relationship with the child; they perceive their behavior as justified and rarely show empathy, self-control, or insight.

The favored parent, to varying degrees, may feel genuinely concerned for the child's emotional or physical safety and intentionally protective; however, the favored parent's concerns are unfounded, and there is no real risk to the child from the other parent. In the more severe cases, the favored parent may have a personality disorder or mental illness marked by disordered thinking or paranoia, such that their protective behavior is genuinely motivated but misguided. The favored parent, often the mother, as a result of her own earlier experiences, may be predisposed to certain vulnerabilities and be unable to sufficiently distinguish a perceived from an actual risk to the child. Unable to differentiate her own needs and experiences from her child's, she projects her own fears and anxieties onto the child. Although this parent may be vulnerable and have a genuine belief that the child is at risk, this can be an alienation case and may pose a significant risk to the child.

In other cases—notably, severe alienation—the alienating parent, feeling above the law and acting with malice, deliberately fabricates or knowingly makes unfounded abuse allegations to intentionally discourage, interfere with, or prevent the child's contact with the other parent. The alienating behaviors can also be more subtle or indirect. Personality disorders, mental illness or vengeance are likely contributors to the alienating parent's irrational thinking or knowingly fabricated allegations (Johnston & Campbell, 1988; Johnston, Walters, & Olesen, 2005c; Miller, 2013).

Sometimes the alienating parent is also a perpetrator of intimate-partner violence or maltreatment, and the child, through a process of identification with the aggressor, becomes alienated without justification from the victimized and now rejected parent, typically the mother (Johnston et al., 2005b). In these cases, the parental alienating behaviors and strategies are part of an abusive pattern and may result from mental illness, including substance or alcohol abuse or a personality disorder. Some domestic violence activists, who generally reject the reality or concept of alienation, maintain that behavior exhibited by the father is not alienating per se but rather is manipulation and control evident in an abusive pattern of coercive controlling violence (Meier, 2009).

In some cases, the child may develop an anxious and phobia-like response. As with phobias in general, the continued avoidance of the anxiety-provoking circumstances (parental conflict, loyalty bind) or feared object (the rejected parent), known as "anticipatory anxiety," reinforces the child's avoidance and rejection. The child's resistance or refusal also is reinforced by the preferred parent's approval and extra attention. A mutually escalating cycle of fear and anxiety develops between the child and the favored parent: the more upset the child is, the more protective and concerned the parent is, which in turn escalates the child's reactions, and so on. Separated high-conflict parents often have no direct contact and rely on secondhand information, including from their child, to form opinions about each other. Learning theory, supported by research, indicates that correction (extinction) of the avoidance is extremely difficult and requires exposure and systematic desensitization to the avoided circumstance or feared object, as will be discussed further in Chapters 9 and 12.

In alienation, the favored parent does not support the child's relationship with the rejected parent. The favored parent does not encourage the child to see or accept both the good and not so good in the other parent. Nor does the favored parent require the child to sort out difficulties with the other parent. This behavior typically differs from the favored parent's expectations when the child complains about a friend, teacher, coach, or another family member, even the favored parent. Favored parents do not sufficiently appreciate that avoidance or severing ties is an unhealthy approach to relationship problems. This disconnect in the favored parent's expectations gives the child the distinct impression that the child's relationship with the rejected parent is less important than relationships with other individuals. Moreover, the favored parent exploits the rejected parent's shortcomings and purports to leave the decision about whether to have contact up to the child, thereby sending a strong message that the relationship is unimportant. Interestingly, it is not uncommon for the favored parent who is seemingly noncommittal or lenient when it comes to the child's seeing the other parent to assert firm expectations with the child in other respects, such as doing homework, being polite with relatives and neighbors, doing chores, and so on.

Good parenting includes not only listening and validating a child's feelings but also helping the child appreciate other people's perspectives, resolving (not avoiding) conflicts, setting and following through with reasonable age-appropriate expectations, and modeling compassion, empathy, and forgiveness. These practices are not part of the favored parent's repertoire with the rejected parent.

2.4. Mixed or Hybrid Cases

Defining a mixed or hybrid case poses significant challenges for practitioners when assessing and then identifying the most appropriate intervention in a parent–child contact case. Some practitioners maintain that most cases are hybrids, while pure cases (those that include only parental alienating behavior by the favored parent or only intimate-partner violence or maltreatment by the rejected parent) are far less common (Friedlander & Walters, 2010; Garber, 2014). Empirical data on the question, however, are lacking. Even if hybrid cases are more prevalent than pure cases, practitioners must exercise caution about making assumptions or falling prey to confirmatory bias based on this generalization (Martindale, 2005). Miller (2013) notes that group data may be relied on for hypothesis generation but not for hypothesis confirmation.

Another problem with the mixed or hybrid category is that it is too often applied indiscriminately as a catch-all. This practice muddies the water for proper identification and appropriate intervention, particularly in moderate and severe cases of alienation, where some legal and clinical practitioners may resist making the hard calls (Miller, 2013).

Notwithstanding the lack of clarity and consensus about definition and prevalence, most practitioners agree that both pure and hybrid cases exist. As we elaborate further on, with mild and many moderate cases, interventions may be similar

for alienation and justified rejection cases. However, in more severe cases, different legal and clinical interventions will be necessary, depending on whether the contact problem results primarily from an alienation or a justified rejection dynamic.

It is easier to identify what a mixed case is not than what it is. Mixed cases do not include affinity due to a normal developmental preference or shared interests, nor do they include the child's having an underdeveloped relationship with a parent because of that parent's absence or marked lack of involvement. Research and anecdotal reports indicate that enmeshment, boundary diffusion (role reversal), and overinvolved parenting are common in alienation cases (Friedlander & Walters, 2010; Garber, 2011; Johnston et al., 2009). In high-conflict cases, these parent–child relationship dynamics are a "red flag"—an early risk factor. Accordingly, cases involving enmeshed, overinvolved parenting are not mixed or hybrid in the same way that cases involving alienation and justified rejection may be (Fidler, Bala, & Saini, 2013). Bona fide hybrid cases will have elements of alienation and justified rejection; the degree to which these elements are mixed may vary. Like pure cases of alignment, alienation, and justified rejection, hybrid cases may manifest with varying degrees of severity.

The rejected parent's behavior can exacerbate the child's resistance or rejection. When assessing and correctly identifying a mixed case (or any parent–child contact problem), it is important to distinguish between the rejected parent's causal and reactive inappropriate or counterproductive behavior. The child may have previously enjoyed a good relationship with the parent, accommodating for any shortfalls in the parent's personality or parenting. The rejected parent may even have parented well or within acceptable limits before the contact problem began. However, in some cases, the child's reaction to previously accepted parenting limitations worsens after separation, when the other parent is not there to support the parent or buffer the child's reaction, resulting in the child's discomfort with or resistance to the now rejected parent. In other cases, the child may develop an embellished or distorted view of what he or she previously saw as a modest and known parenting flaw. And in many cases, the parent's reaction to the child's provocative behavior and rejection exacerbates the existing alienation process (Johnston et al., 2009; Warshak, 2010a).

Poor or abusive parenting, even if reactive, cannot be condoned; the negative impact on the child's feelings and relationship with the parent exhibiting that behavior is the same whether the precipitating incident or problematic parenting is causal or reactive. Still, extreme behaviors, including aggression and rudeness, exhibited by an alienated child who feels inappropriately empowered and entitled are likely to provoke or "throw off" even the most patient and caring of parents, who may have a "fight, flight, or freeze" reaction to the distress and loss they are experiencing. Careful assessment is necessary to differentiate the dispositional and situational nature of the rejected parent's emotional and behavioral reactions (Miller, 2013).

Each case must be evaluated on its own merits. When attempting to differentiate alienation from justified rejection, it is important to recognize that lapses in