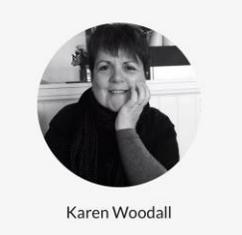


Interventions

Alienated Children and Families: Learning from Practice

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STARTING WITH THIS EDITION OF PAI, I will be hosting a regular column which will focus on practice with children and families affected by parental alienation around the world. This first article focuses on my own perspective as a clinician. We also will hear from other practitioners and discuss those areas of similarity and difference which allow for a wide range of interventions.

As a psychotherapist, I have worked with alienated children for many years and accumulated a lot of experience as well as knowledge of what works across the spectrum of reactions seen in children of divorce and separation. What I have learned most in working with parental alienation is that, to bring about the swiftest change for children, we must be the type of forensic practitioner described by Richard Gardner (1999, p. 211)

'[T]he "Mr. (Mrs.) good-guy" approach, so important in traditional individual and family therapy, has no place in the treatment of PAS families. Only therapists who are comfortable with stringent and authoritarian treatment procedures should be involved in conducting therapy with PAS families.'

This approach, of the practitioner in charge of the family, is at the core of what we do at the Family Separation Clinic, where we will work alone with severely alienated children and families, or as team leader in a multidiscipline intervention which is based upon the work of Friedlander & Walters (2010) and Walters & Friedlander (2016). In configuring interventions in this way, we always seek the swiftest route to reunification between the child and the rejected parent, using this as the external structure to encourage the integration of the child's internal split state of mind. The state of psychological splitting, which is that which is seen in parental alienation, is what gives rise to the child's expression of the signs of alienation. Splitting means that a child has utilized an defense of dividing their feelings into wholly good for one parent and wholly bad for the other. This defense, which in objects relations theory is considered infantile, in that it relates to the inability to hold ambivalent feelings, allows the child to make the "choice" to reject one parent completely.

Route in and route out

It is our observation that the route the child took into alienation provides the evidence of what is needed to bring the child out of the rejecting stance. For this reason, we use a differentiation route to map the child's pathway into the psychological splitting defense and we match that with the most appropriate treatment route.

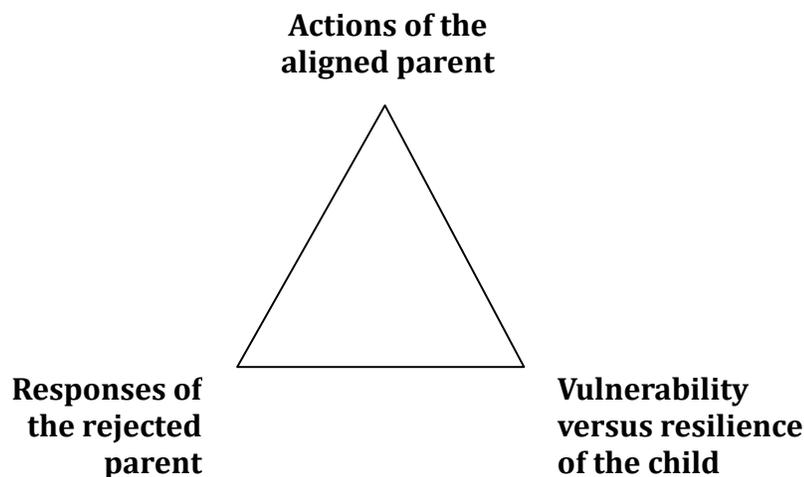
Differentiation of a case means separating out those things that have pressured the child into the defense of splitting and understanding how these things have become configured to hold the child in a state of rejection. When we understand how this happened, we can begin to build the intervention that will create dynamic change.

Our model of differentiation identifies a “pure” case of alienation, in which the child is alienated through a combination of coercive control and emotionally harmful behaviors resulting from personality disorder in the alienating parent. This requires the separation of the child from the parent to restore the integrated state of mind. Whereas the child who is alienated through a combination of factors which do not include personality disorder is likely to require a structured intervention over time to bring about release. Structured interventions set behavioral expectations and focus upon the immediate restoration of the relationship between child and parent and then monitoring the ongoing movement of the child between parents over time.

In differentiation, we use assessment tools that have been developed by international experts in parental alienation, as well as an understanding of structural family therapy, for example Minuchin (1974), objects relations theory (Greenberg & Mitchell, 1983), and disrupted attachment in families of divorce and separation (Solomon & George, 2006; Woodall & Woodall, 2007).

In our treatment routes, we have combined this research knowledge with the practical work of therapeutic parenting, particularly drawing upon the work of intensive short-term psychotherapy (Davanloo, 1994). With this approach, we build dynamic focused interventions which have at their heart the capacity to shift the balance of power which is held over the child by the alienating parent. This alleviates the pressure upon the child, and provides challenge and support, to change the behavioral responses from parents.

In evaluating the child’s route into alienation, we understand the following dynamics to be at play:



Assessment is always accompanied by intervention. We do not believe that the two things are separate (Woodall, 2017) and we do not believe that static assessment is particularly useful in alienation cases. Additionally, an assessment is not complete until we have seen the rejected parent with the child and so our intervention begins as part of the assessment process.

In our work, therapy always comes *after* the restoration of the relationship, not before. The split state of mind in the child cannot be relieved by therapeutic means alone but must be accompanied by the encounter with the split-off object, which is the rejected parent.

We use legal management and seek direction from the court to ensure that the child can be observed with the parent they are rejecting. We do this even in severe cases of alienation, using the legal imperatives to trigger dynamic change. In this respect we are using the approach recommended by Davanloo, which is to provoke the hidden dynamic – the child’s split state of mind which results in refusal and the aligned parent’s upholding of this – onto the surface, from the outset of our work.

Legal/mental health interlock

My overall experience of doing the work in this way is that the *legal and mental health interlock* – which is the way in which the mental health intervention is held within the legal management of the case – is essential to bringing about change for alienated children. While we draw upon the widest range of expertise in the field of family therapy, attachment and object relations theory in our assessments, Gardner’s (1985) curation of the symptoms of alienation, along with his identification of the necessary components of intervention, stands the test of time in relation to bringing about positive outcomes for children and families.

In future articles for this column, I will unpack more of the principles of differentiation and treatment, along with taking a closer look at the alienated child in recovery. In subsequent pieces from other authors, we will look at the principles of reunification programs and compare and contrast the most current thinking on practice with families.

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