

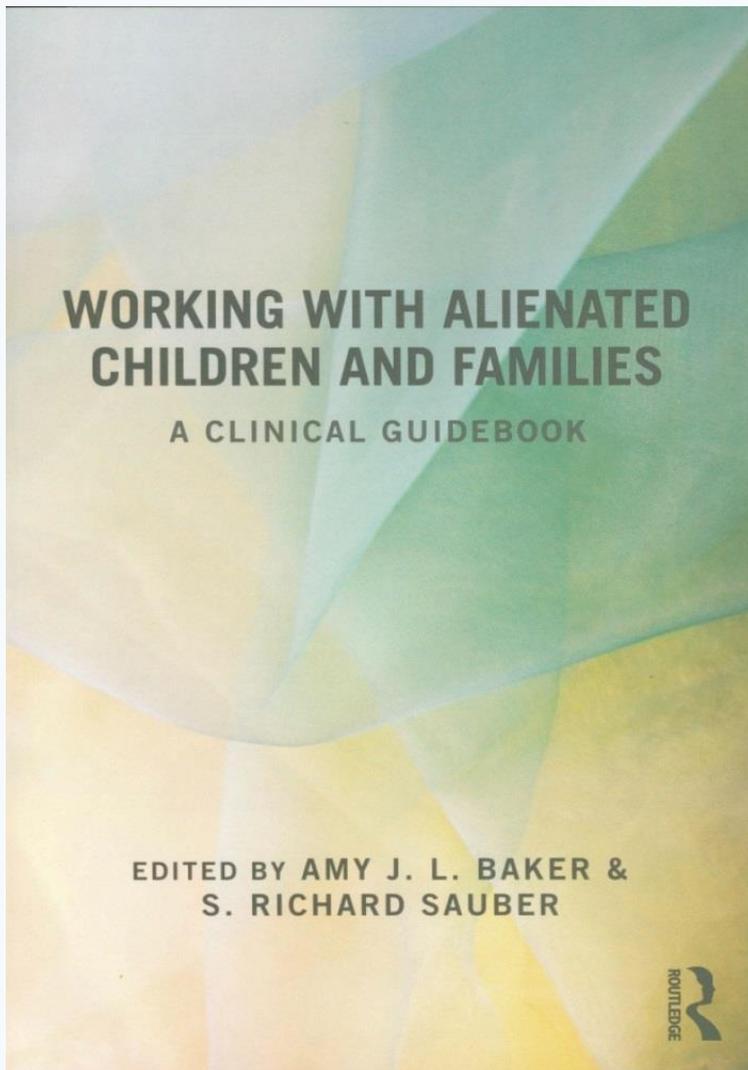
**WHEN DISCUSSING PARENTAL ALIENATION,  
WHY DO SOME PEOPLE  
HAVE GREAT CONFIDENCE  
IN THEIR INCORRECT CONCLUSIONS?**

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# THE FIELD IS PROFOUNDLY COUNTERINTUITIVE

- Almost everything about PA is likely to be *profoundly* counterintuitive to anyone who does not specialize in this area—and even to some who do.
- This is much more than a warning to be careful!
- When something is counterintuitive, one should not attempt to use intuition—even professional intuition—unless it is *specialty-level* intuition.
- Those who do not understand this typically get almost everything wrong, and often *backwards*.
- In PA cases, that is a recipe for disaster.



**Edited by  
Baker and Sauber, 2013**

**"Cases of severe alienation are likely to be highly counterintuitive. Clinicians who attempt to manage them without adequate skills are likely to find themselves presiding over a cascade of clinical and psychosocial disasters."**

**Miller, Steven G. (Chapter 2).  
Clinical Reasoning and  
Decision-making in Cases of  
Child Alignment. Page 11.**

# CONCEPTS FROM COGNITIVE SCIENCE

- When we think intuitively, our decisions tend to *feel right*, regardless of whether they *are right*.
  - ✓ That is true almost by definition.
- The human brain is not wired well for certain types of reasoning and tends to make systematic errors.
  - ✓ For things that are counterintuitive, that, too, is true almost by definition.
  - ✓ Analogies: evolution, relativity; quantum mechanics.
  - ✓ To understand the science of PA, one must have a sophisticated understanding of several things for which the brain is not well-wired.

- Examples:
  - ✓ The brain is not wired for the modern world; it is wired for the ancient world, specifically for life in pre-historic Africa, in the African savannah.
  - ✓ The brain tends to rely on intuitive thinking even when it shouldn't—that is, even when the situation requires special knowledge and rational analysis.
  - ✓ Intuitive thinking can be very helpful—it is fast and frugal—but it can also be inaccurate and misleading.
  - ✓ The field that deals with this is Heuristics and Biases.
  - ✓ A *heuristic* is a cognitive shortcut or rule of thumb.
  - ✓ Beware of simplistic heuristic thinking.

THINKING,  
FAST AND SLOW



DANIEL  
KAHNEMAN

WINNER OF THE NOBEL PRIZE IN ECONOMICS

**2011**

- ✓ Beware of attribute substitution.
  - ▶ In general, when the brain encounter a problem that is unfamiliar or difficult, it tends to substitute a different problem—one that is more familiar and easier to deal with.
  - ▶ That is an unconscious but very powerful bias.
  - ▶ It would be difficult to overstate the importance of this cognitive error in professional practice.
- Specific tasks for which the brain is not wired well include: statistical thinking, probabilistic thinking, risk assessment, causation analysis, and others that are absolutely essential when dealing with PA.

**THIRTEEN  
COUNTERINTUITIVE  
POINTS**

## 1. The high conflict model is highly inappropriate.

- It assumes—improperly—that both parents are significantly responsible for the family dynamics.
- It fails to properly consider the possibility that one party might be the aggressor and the other might be in defense mode, trying to manage a horrific family crisis.
- It entails multiple severe cognitive errors, e.g., stereotyping errors.
- From both clinical and legal perspectives, use of the HCM in a case of parental alienation is one of the worst mistakes one can make.
- Nonetheless, most professionals use that model.



**2A. Alienating parents typically present well.**

**2B. Targeted parents typically present poorly.**

- Observers often confuse behavior that is situational or environmental (external) with behavior that is dispositional or characterological (internal).
  - ✓ That is called the fundamental attribution error.
- Observers often attribute qualities to a speaker based on what he or she says about others.
  - ✓ That reflects spontaneous trait transference.
  - ✓ Communicators become associated with the traits they describe in others even when there is no logical basis to make such an inference.

- Alienating parents typically present with the 4 C's: they are master manipulators—cool, calm, charming and convincing.
- Alienated parents typically present with the 4 A's: they are trauma victims—anxious, agitated, angry and afraid.

### Alienating: 4 C's

**Cool**

**Calm**

**Charming**

**Convincing**

### Alienated: 4 A's

**Anxious**

**Agitated**

**Angry**

**Afraid**

### 3. Most mental health and legal professionals lack the expertise to properly handle such cases.

- Cases of PA require a sophisticated understanding of certain advanced clinical concepts.
- Many of these are not just clinical concepts, they are *medical* concepts.
- Few mental health clinicians—and even fewer lawyers—have had any training at all in that regard.
- WORSE, they don't know what they don't know.
- HOWEVER, that does not mean that such cases require a medical doctor; it merely means that professionals who attempt to manage them need certain specific skills.

## FOR EXAMPLE, IT REQUIRES AT LEAST A BASIC KNOWLEDGE OF CONDITIONAL PROBABILITY

- The probability of one thing given another thing; or
- The probability of an event given that another event has already occurred; or
- The probability of a hypothesis (H) given evidence (E).
- Governed by a simple mathematical equation known as Bayes' theorem (BT).
- BT is actually quite simple; in its simple odds form, it takes the following form:

$$\mathbf{A = B \times C}$$

# THE SIMPLE ODDS FORM OF BAYES' THEOREM

$$\text{Posterior (Final) Odds} = \text{Prior (Initial) Odds} \times \text{Weight of Evidence}$$

- This tells us what to believe given the evidence.
- It tells us how to update our belief given new evidence.
- It can be used in sequence for each piece of evidence (assuming that each piece of evidence has conditional independence).
- It is never appropriate for a clinician to violate BT.
- Clinicians who deal with PA do often do that.

## 4. The clinical and legal literature is laden with both misinformation and disinformation.

- In some cases that is intentional; in others, it is not.
- Either way, the problems include:
  - ✓ Lack of understanding of certain clinical concepts.
    - ▶ Failure to understand basic principles of clinical reasoning, especially conditional probability.
    - ▶ Failure to perform a proper causation analysis.
    - ▶ Failure to conduct a valid risks/benefits analysis.
    - ▶ And so on ...
  - ✓ Belief systems masquerading as science.
  - ✓ Ideology and speculation masquerading as science.

## For the most part, critics of PA rely on pseudoscience and pseudo-controversies

- The syndrome issue.
  - ✓ PA meets the standard medical definition of a clinical syndrome.
  - ✓ Here is the *DSM* definition of a syndrome (unchanged 1994 to 2013, with emphasis added):
    - ▶ “A grouping of signs and symptoms, based on their frequent co-occurrence that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection.”
  - ✓ In addition, anti-syndrome arguments are, in large part, based on the equivocation fallacy.

- ✓ From *DeGowin's Diagnostic Examination*—in every edition going back to at least the 1990s up to the most recent one in 2013 (with emphasis added):
  - ▶ “For thousands of years, physicians have recorded recurring patterns of disordered bodily structure, function, and mentation that suggest a common cause. Each pattern receives a specific name. When a common etiology and pathophysiology are confirmed, we designate the condition a disease. Other clusters of attributes, known by a combination of features not clearly related to a single cause, are called syndromes ....”

- The Holy Hybrid Hypothesis (HHH).
  - ✓ The claim that “most cases are hybrids” is inconsistent with the laws of logic and probability.
  - ✓ A typical response to this from mental health and legal professionals is to say: “But I’ve seen it!”
  - ✓ What they have probably seen is a pseudo-hybrid.
  - ✓ In response to the alienation, targeted parents often develop dysfunctional coping mechanisms.
  - ✓ If Event B *followed* Event A, then Event B could not have *caused* Event A.
  - ✓ The HHH assumes that two rare events often happen at the same time (they don’t).

## **5. Non-specialists will almost always mistake pathological enmeshment for healthy bonding.**

- Enmeshment entails severe boundary violations to the point that the parent has essentially engulfed the child.
- Non-specialists typically see the close relationship but miss the point that it is too close—pathologically close.
- This error runs rampant among non-specialists—and that is true of mental health clinicians; for non-clinicians, the phenomenon is even worse.
- The reason this is so dangerous—and usually catastrophic—is that there are few things more damaging to a child than to be enmeshed with a parent.
- Enmeshment is a major risk factor for severe dysfunction and other severe complications in adult life.

## **6. The eight manifestations of alienated children can—and should—be used for clinical and forensic diagnosis.**

- From a scientific perspective, this is not debatable !!!
- To believe otherwise, one must lack even a basic understanding of certain elementary clinical principles. Those include but are not limited to the following:
  - ✓ How to properly use diagnostic criteria.
  - ✓ How to properly weight and combine clinical evidence in order to either rule in, or rule out, a clinical hypothesis (e.g., a clinical diagnosis).
  - ✓ How to deal with false negatives and false positives.
  - ✓ How to recognize and avoid false dichotomies.
- These require a knowledge of conditional probability.

## 7. In the absence of an outside influence—such as an alienating influence—children rarely reject a parent.

- It is counter-instinctual for a child to reject a parent.
- This is true even for abusive parents.
- It is all the more true for non-abusive parents.
- When children resist contact with, or reject, a parent due to estrangement, the estranged children do not resemble alienated children except in superficial ways.
  - ✓ That distinction is usually obvious to a bona fide specialist in alienation and estrangement.
- THEREFORE, a child who is rejecting a non-abusive parent is probably alienated, not estranged.
- But this must be determined on a case-by-case basis.

## **8. Parental alienation meets standard definitions for child abuse—specifically, psychological and emotional abuse.**

- From the DSM-5, page 719:

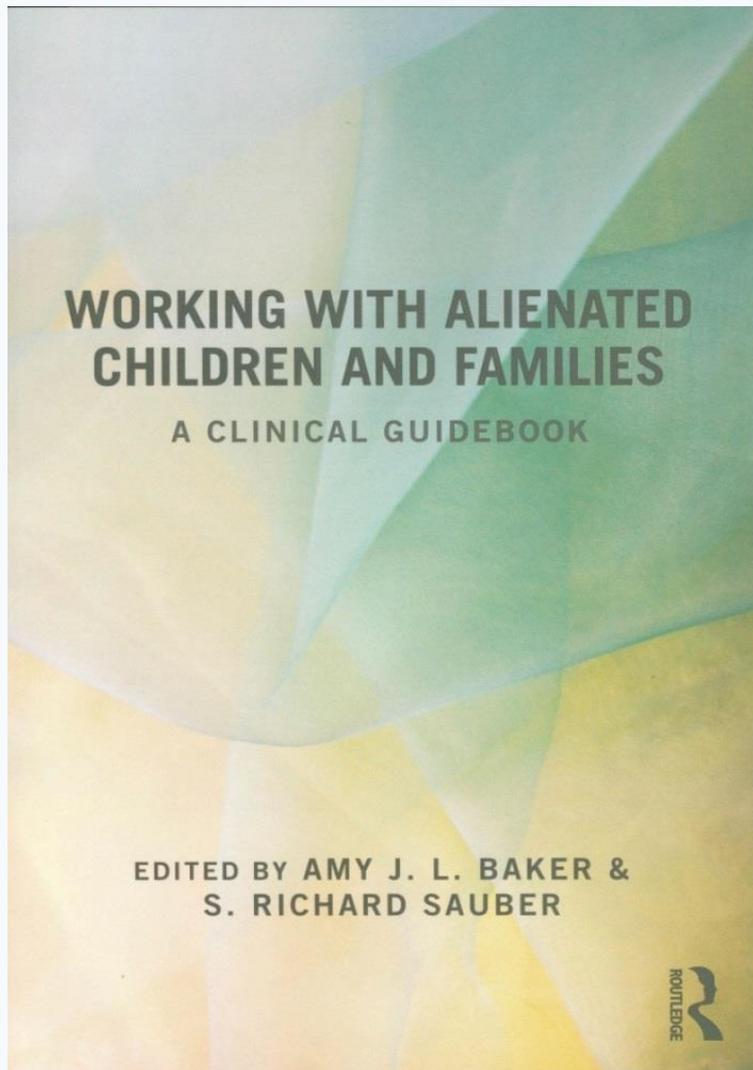
Child psychological abuse is nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child. (Physical and sexual abusive acts are not included in this category.)

**9. Since PA is a form of child abuse, the #1 priority should be to protect the child from further abuse—*not* to work on the child’s relationship with the rejected parent (although that is also a very high priority).**

- This is almost axiomatic—the reasons should be obvious.
- Nevertheless, failure to understand that principle runs rampant among mental health and legal professionals.
- Judges often reinforce this error—which reflects a serious misunderstanding of clinical priorities—by issuing orders for “reunification therapy” without corresponding orders to protect the child.

## 10. Not only are traditional therapies of little, if any, benefit in regard to treating PA, but they often make it worse—and often catastrophically worse.

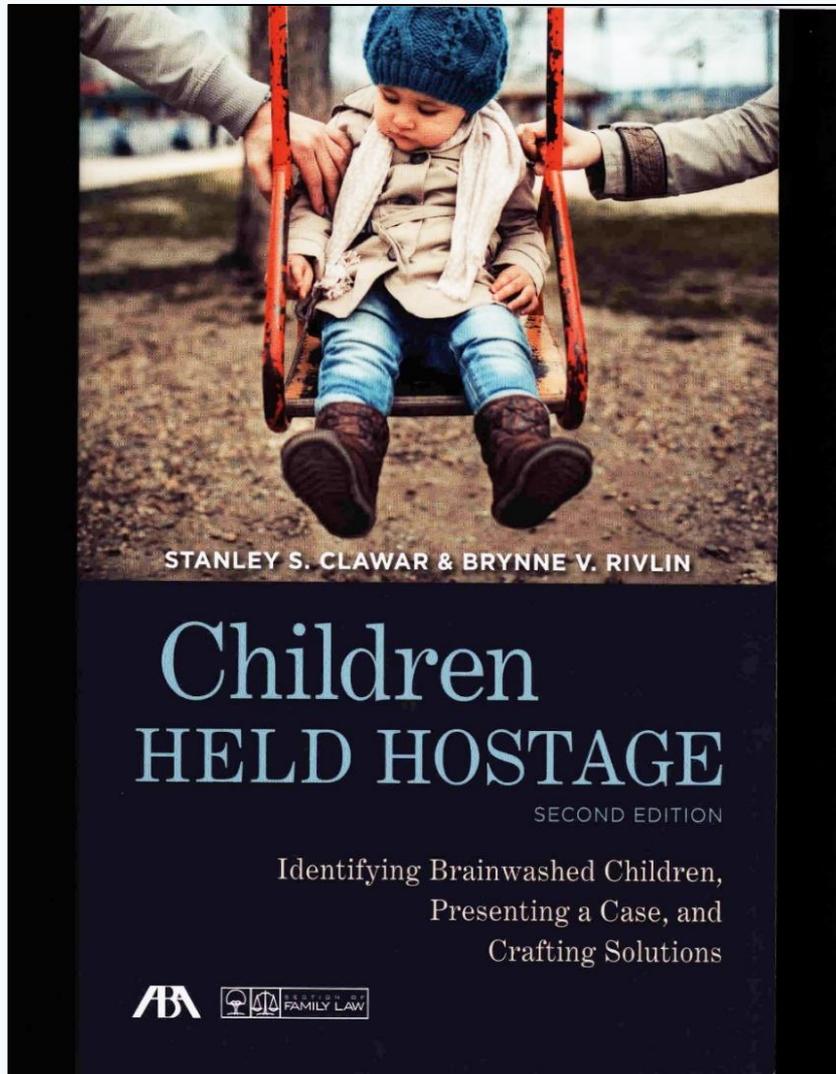
- In other words, traditional therapies are worse than worthless.
- That includes most types of family therapy unless they are modified very extensively and in very specific ways.
- Consequently, except as a brief therapeutic trial when the diagnosis is truly in doubt—and that means in doubt based on a sophisticated analysis by a clinical specialist, not an intuitive impression by a non-specialist—such therapy is contraindicated.
  - ✓ Contraindicated does not mean “not indicated.”
  - ✓ Contraindicated means forbidden.



**Edited by  
Baker and Sauber, 2013**

**“Therapists who insist on a trial of conventional therapy (e.g., to ‘see for myself’) are exceedingly unlikely to succeed ... Such an approach is worse than worthless because while the therapist provides futile treatment, the child, already injured, is deprived of effective intervention—including protection.”**

**Miller, Steven G.  
Clinical Reasoning and Decision-Making in Cases of Child Alignment: Diagnostic and Therapeutic Issues. Chapter 2, Page 16 (emphasis added).**



**From the Second Edition,  
published by the  
American Bar Association,  
2013:**

**"We have added 300 new cases  
to our original sample of 700,  
for a total of 1000 cases . . . Our  
research continues to confirm  
that, even under court order,  
traditional therapies are of  
little, if any, benefit in regard to  
treating this form of child  
abuse." (Preface, page xxvii.)**

**Clawar and Rivlin, 2013**

## 11. Just because a child is "doing well" in school or other activities does not mean he or she is doing well psychologically or emotionally.

- This is one of the worst, but most common, mistakes.
- Many children find a safe haven in school or with other activities.
- That is a poor indicator with respect to their psychological, emotional, and behavioral health.
- In regard to adverse childhood experiences, much of the worst damage is not obvious and/or delayed.
  - ✓ Many sociopaths have a history of doing well in school and other activities. Example: Philip Markoff.
  - ✓ Professionals should be skeptical when told that a possibly alienated child is allegedly "thriving."

## **12. Just because a child is 16 or 17 that is not a valid reason to fail to take action to protect the child from abuse, and PA is no exception—quite the opposite.**

- To claim that a child of 16 or 17 is too old for an intervention that is otherwise indicated is dangerously misguided.
- From a clinical perspective, that is the wrong way to look at it.
- The right way to look at it is to recognize that the child is in need of urgent protection, and yet, in only a year or two, will be beyond the reach of the court—and will therefore probably not receive the urgently needed protection.
- It is also egregiously incorrect—nonsense—to believe that such children will not cooperate, cannot be forced, and so on.

**13. There is no valid, credible, or objective evidence that removing an alienated child from the home of an alienating parent—or, for that matter, ordering a period of protective separation (that is, a no-contact period)—carries a significant risk of substantial harmful.**

- Actually, the opposite is true. In almost all severe and some moderate cases of PA, the risks of not protecting the child are much greater than the risks of protecting the child.
  - ✓ This is a good example of why it is essential for clinicians and attorneys who deal with such things to know how to perform a proper risks versus benefits analysis.
  - ✓ In brief, one must carefully consider both sides of the equation—the very low risk of harm with removal versus the very high risk of harm with non-removal.

## Concluding Points

- These 13 examples are merely examples!
  - ✓ There are dozens of others!
- The field is at least as counterintuitive for attorneys and judges as it is for clinicians and parents!
  - ✓ Probably more so!

**THANK YOU!**

For a copy of this slide set  
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