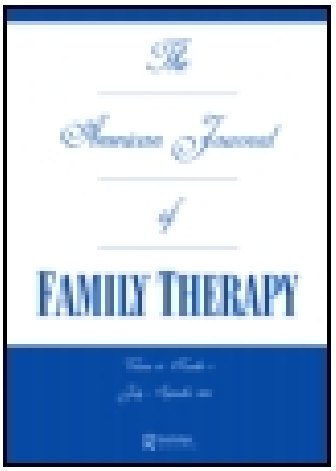

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Family Reflections: A Promising Therapeutic Program Designed to Treat Severely Alienated Children and Their Family System

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Family Reflections: A Promising Therapeutic Program Designed to Treat Severely Alienated Children and Their Family System

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Parental alienation is a form of child psychological abuse and traditional therapeutic approaches do not work with these types of cases. This article provides explanation for the gross failure of traditional therapeutic approaches. The rest of the article discusses the Family Reflections Reunification Program (FRRP), specifically designed to treat severely alienated children and their family system. This program was piloted in 2012 with 22 children in 12 families. Evaluations at the end of the retreat and at 3-month, 6-month, 9-month, and 12-month follow-ups demonstrate a 95% success rate in re-establishing and maintaining a relationship between children and once-rejected parents.

It is not uncommon to work with clients who are undergoing the devastating effects of a bitter divorce or custody dispute. Parental alienation is a particularly pernicious outcome of dysfunctional family relationships and is a burgeoning phenomenon in psycho-legal communities. By definition, the term *alienation* is used to indicate that a child has rejected a parent without a reasonable or valid reason—that is, for weak, trivial, frivolous, or absurd reasons. This phenomenon is commonly known as *parental alienation*. By contrast, the term *estrangement* is used to indicate that a child has rejected a parent for reasonable or valid reasons—that is, as a result of bona fide abuse, neglect, or markedly deficient parenting. These definitions are generally accepted within the clinical literature (Bernet, 2010; Fidler, Bala, & Saini, 2013; Lorandos, Bernet, & Sauber, 2013).

In the setting of parental alienation, the favored parent is typically referred to as the *alienating parent*, and the rejected normative parent is

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typically referred to as the *target parent*. Parental alienation is a valid concept and the diagnostic criteria for parental alienation are reliable (Baker & Darnall, 2006, 2007; Rueda, 2004). In accordance with these definitions, generally accepted manifestations of parental alienation include:

- A campaign of denigration against the target parent;
- Weak, frivolous, and absurd rationalizations for the denigration;
- Lack of ambivalence;
- The independent thinker phenomenon;
- Reflexive support of the alienating parent;
- Cruelty towards the target parent with no remorse or guilt;
- Presence of borrowed scenarios;
- Spread of the animosity to the extended family of the target parent;
- A good base-line relationship between the target parent and the child; and
- An abrupt, negative change in the relationship between the target parent and child, generally corresponding to the onset of the separation/divorce proceedings (Gardner et al., 2006; Lorandos et al., 2013; Miller, 2013).

There are three levels of parental alienation: mild, moderate, and severe (Gardner et al., 2006; Lorandos et al., 2013). In mild cases, the child opposes contact with the target parent however appreciates the time with that parent once parenting time is in progress. In moderate cases, the child unequivocally opposes contact with the target parent and is tenaciously oppositional with that parent once parenting time is in progress. In severe cases, the child diligently and resolvedly opposes contact with the target parent and may shroud or flee to prevent any form of contact with the target parent. The eight specific manifestations of parental alienation are almost always present in severely alienated children but rarely present in severely estranged children (Gardner et al., 2006; Lorandos et al., 2013).

Child psychological abuse is included as a new disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*; American Psychiatric Association, 2013) and is defined as "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" (p. 719). Several examples of child psychological abuse are offered in the DSM-5 including, but not limited to, "berating, disparaging, or humiliating the child; threatening the child; harming/abandoning—or indicating that the alleged offender will harm/abandon—people or things that the child cares about . . . ." (p. 719).

Parental alienation meets the criteria for child psychological abuse in the DSM-5 and must therefore be treated as any other form of child abuse. In severe cases of alienation, it is necessary to protect children and youths from the further influence of the abusive favored parent or any other individual who clearly helps proliferate the alienation dynamics (i.e., older

siblings, grandparents or step-parents). Empirical evidence and clinical literature have consistently revealed that the greater the level of severity in parental alienation cases, the greater the likelihood that the child and rejected parent will not reconcile with or without traditional therapeutic approaches (Darnall, 2010; Gardner et al., 2006; Reay, 2007, 2011; Warshak, 2010a). This article will present rationale for the gross failure of traditional therapeutic approaches that attempt to treat severely alienated children and their family members. Additionally, the Family Reflections Reunification Program (FRRP) for severely alienated children and their family members will be introduced. Preliminary outcome data on this highly specialized program will also be discussed.

EXPLANATION FOR THE GROSS FAILURE OF TRADITIONAL THERAPEUTIC APPROACHES

In separation and divorce cases where a child is severely alienated from a once loved parent, traditional therapeutic approaches grossly fail (Darnall, 2010; Fidler et al., 2013; Miller, 2013; Reay, 2011; Warshak, 2010a). Families where parental alienation exist are not a matter of business as usual; entirely different therapeutic skills are needed. For example, the heads of these toxic families have been described as cult leaders (Baker, 2005). The children and other family members who refuse to be followers of the cult leader are treated with cruelty. Alienated children literally have their critical thinking taken away and are forced to align with the cult leader. This becomes a desperate survival issue for the children. They no longer understand that the rejected parent and relatives that represent one half of their heritage still love them. These rejected family members are helpless in that they are unable to help the child to maintain anything close to an objective reality about their family. Without exposure to healthy people, these children's actions become increasingly bizarre, including accusing the rejected parent of a host of horrible behaviors that he or she has never done.

There are at least ten reasons why traditional therapeutic approaches grossly fail with these types of families. They are:

1. Cases of parental alienation tend to be highly counterintuitive to anyone who is not a specialist or subspecialist in alienation and estrangement (Miller, 2013).
2. The treatment for severely alienated children and their family members is entirely different from that of mild or moderate alienation cases (Gardner et al., 2006).
3. Numerous therapists who are not trained in the specialized techniques that these families require often fall into the trap of believing the

alienating parent and the programmed child and make the egregious mistake of contributing to the problem. This phenomenon is often referred to as "third party alienation" (Garber, 2004).

4. Some therapists will team up with the alienating parent and the alienated child. The target parent is excluded. In doing so, these clinicians run the risk of creating complete family annihilation. They get so caught up in the alienator's and child's manipulation and delusional thinking that they lose sight of the realities of parental alienation. They may even form a strong bias against the target parent.
5. Untrained child protection workers and clinicians may not be able to accurately assess the differences between true allegations of child abuse and false allegations of child abuse which are commonly seen in severe cases of parental alienation (Sauber, 2010).
6. Parents who make false allegations of child abuse, conceivably those who are obsessively determined to annihilate the child's relationship with the target parent, are likely to demonstrate characteristics of various personality disorders. In particular, borderline personality disorder; narcissistic personality disorder; paranoid personality disorder; or sociopathic traits (Darnall, 2010; Gardner et al., 2006; Lorandos et al., 2013; Miller, 2013).
7. In severe cases, the alienating parent and alienated child are too determined and too delusional to respond to any form of traditional therapy (Fidler et al., 2013).
8. In court-ordered as well as non-court-ordered cases, alienating parents will fire therapists who question their motives and actions. If the therapy is focused on improving the relationship between the child and the rejected parent, then the favored parent will stop the child from seeking further interventions. It is not uncommon for alienating parents to "shop around" for clinicians who will eventually buy into their delusional thinking and manipulative games.
9. In court-ordered and non-court-ordered cases, alienating parents and alienated children are typically not motivated to attend therapy. They are obsessively determined to undermine both the therapist and the therapy (Darnall, 2010; Fidler et al., 2013; Miller, 2013; Reay, 2011; Sauber, 2010).
10. In traditional therapeutic settings, no attempt is made to physically remove the severely alienated child from the toxic home environment. The therapist attempts to influence the child for one hour a week while the child continues to reside with the alienating parent for the rest of the week (Miller, 2013).

All in all, the reality is that typical or conventional office therapy is virtually never successful in severe cases, and often makes things catastrophically worse (Miller, 2013; Sauber, 2010).

ORIGINS OF THE FAMILY REFLECTIONS REUNIFICATION PROGRAM (FRRP)

The FRRP was envisioned over 7 years ago, at which time the founder was a child custody evaluator and family therapist experienced with high-conflict separation and divorce cases in which many assessment and counseling experiences involved children and their siblings rejecting a once loving parent for no legitimate reasons. It was soon recognized that traditional therapeutic approaches were futile with this specialized population.

In 2007, the founder purchased a spacious property in the Okanagan Valley, British Columbia, Canada with the intent of it one day becoming a unique year-round retreat for the purpose of reunifying children with their rejected parents. The following 3 years consisted of keeping up-to-date on empirical research and clinical literature on high-conflict divorce, alienation and estrangement (e.g., Baker, 2005, Baker & Darnall, 2007; Bernet, 2010; Gardner et al., 2006; Warshak, 2010a), the link between child psychological abuse and child neurodevelopment (e.g., Siegel, D.J., 2012; Teicher, 2002; Yates, 2007), and best practices for teaching children through the use of multimedia (e.g., Brunye, Taylor, Rapp, & Spiro, 2006; Deimann & Keller, 2006; Rosen & Salomon, 2007). Additionally, the founder researched two well-known reunification programs—Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships, originally developed by Randy Rand and later refined by Rand and Warshak (Kelly, 2010; Warshak, 2010a, b; Warshak & Otis, 2010), and the Overcoming Barriers Program (Sullivan, Ward, & Deutsch, 2010). From there, the current FRRP model developed, drawn upon the strengths of both reunification programs and best practices for multimedia learning. Subsequently, the FRRP founder facilitated training programs for mental health professionals throughout various parts of the United States and Canada. At the time this article was written, over 2,000 clinicians have become certified FRRP on-call independent contractors for the program's aftercare counseling services. After launching successful pilot programs in 2012, the FRRP came to fruition in the spring of 2013.

PROGRAM OBJECTIVES

The primary objective of the FRRP is to reconcile children between 8 and 18 years of age with their normative rejected parent to foster a healthy relationship between the child and his or her rejected parent. This specialized program facilitates a swift, emotionally safe reunification between children and rejected parents, provides favored parents with necessary emotional support and assistance during that time, and provides other necessary intervention strategies for maintaining a successful reunification. This intervention model works very well with high-conflict families that exhibit

extremely rigid organizational patterns. Trends suggest that the most effective treatment response for these cases is a family-systems approach involving the children, father, mother, step-parents, step-siblings, and sometimes other members of the family such as grandparents (Fidler & Bala, 2010; Fidler et al., 2013; Sullivan et al., 2010).

SIX KEY COMPONENTS

The FRRP consists of six major components. They are the following:

1. The child and his or her siblings initially attend the retreat facility without having any contact with either parent (referred to as "the transition phase").
2. The child subsequently begins a psycho-educational program that leads to the reunification process with the rejected parent (referred to as "the reunification phase").
3. The rejected parent arrives at the retreat and begins working with a psychologist in preparation for a successful reunification.
4. The child and rejected parent engage in various psycho-educational and outdoor experiential programs separately and then together after they have successfully reconnected with each other. Prior to exiting the program, the child and parent share the same large living quarters and enjoy a special celebration chosen by the child (referred to as "the departure phase").
5. The favored parent seeks counseling with a trained and certified FRRP therapist in his or her own locale. Or, if that is not possible, the favored parent seeks counseling with a trained, certified FRRP therapist near the retreat or via a safe, secure video-conferencing service.
6. A strong continuing care plan supports the reunification process and is an important key to obtaining long-term success (referred to as "the follow-up phase"). In a vast majority of cases, the aftercare plan is established long before the child and rejected parent arrive at the retreat. As the on-site program draws to a close, clients work with their therapists to develop future plans of action. This ensures that the elements of a good recovery plan are in place before the family leaves. The plan may include individual and family therapy by a trained and certified FRRP therapist located near the family's home or continued involvement via phone or Internet with the on-site therapists at the retreat facility.

PROGRAM GOALS

There are eight primary goals of the program:

1. Promote healthy child adjustment;
2. Improve the child's critical thinking skills;

3. Help the child understand how and why the alienation occurred;
4. Help the favored parent understand how and why the alienation occurred;
5. Work with each family member to help create more appropriate parent-parent and parent-child roles, responsibilities, and boundaries;
6. Strengthen each parent's ability to communicate with each other and resolve relevant parent-parent and parent-child conflicts;
7. Maintain the reunification process; and
8. Promote relationships between the child and both parents unless there are specific circumstances that preclude such a relationship.

ENROLLMENT SUITABILITY

The FRRP is suitable for all children between 8 and 18 years of age who resist or refuse contact with a normative parent. FRRP is often utilized in circumstances in which traditional therapy has not proven successful in fostering a healthy relationship between children and the rejected normative parent. The FRRP is suitable for severely alienated children and youths who have phobic reactions and refuse contact with the rejected parent. This program is also suitable for severely alienated children and youths who threaten risk of flight, risk of harm to self, or risk of harm to the rejected parent. This program is also suitable for some hybrid cases.

The FRRP is not suitable for children who are realistically estranged from a parent because of (a) clinically significant parental abuse or neglect, (b) child trauma because of exposure to domestic violence, (c) parental history of unreasonably inept or harsh discipline, (d) parental history of incarceration, (e) harm from parental substance abuse or dependency, and (f) major untreated parental mental illness or medical illness.

REFERRALS AND INTAKE

Referrals for the FRRP are generally provided by the family court community across Canada and the United States through word-of-mouth to fellow court professionals, word-of-mouth between child-custody evaluators and other mental health professionals, presentations at mental health and legal conferences, social media connections, dissemination of brochures and other publications, and international television and radio appearances by the founder of the program.

Acceptance into the FRRP requires a court order for a suspension of direct and indirect contact between the alienating parent and the child for a period of time until the child's resilience to any negative messaging or to an enmeshed relationship can be rebuilt and the child's attachment to the rejected parent rebuilt. Acceptance also generally requires a court order for a reversal of custody in favor of the rejected parent that may or may not

be permanent, the duration of which can be determined by the alienator's response to counseling, including the parent's insight, judgment, conduct, behavior and parenting skills. Collaborative work is essential between the rejected parent, his or her attorney, and the FRRP clinical director during the intake process.[1]

PRELIMINARY OUTCOME DATA

The FRRP was piloted in March 2012 with 12 families. The sample of rejected parents comprised of 6 mothers and 6 fathers. A total of 22 children attended the retreat—14 boys and 8 girls. Prior to beginning the retreat, 2 children had restricted adverse contact with the rejected parent and 20 children had no contact with the rejected parent for a significant period of time ($\overline{x} = 26$ months).

In each case, a rejected parent and child(ren) went through together as one family with no other families at the retreat facility. Each family consisted of at least one youth ranging from either 8 to 12 years of age for one pilot study, or 13 to 18 years of age for a second pilot study, the rejected parent, and the favored parent. The child(ren) and rejected parent attended the retreat for 4 days and 5 nights, while the favored parent began therapy with a trained and certified FRRP therapist in his or her locale.

In each family's case, there had been at least one previous failed attempt at counseling. The courts were satisfied that it would be in the best interests of the children for the rejected parents to have the rights and responsibilities of primary care of the children and for the children to have temporary suspended contact with their favored parents. Comprehensive child custody evaluations, court reports, rejected parents' reports, and the failure of prior counseling attempts were all utilized to determine the degree of the child's resistance and his or her refusal to have contact with the rejected parent at the outset of the retreat and then compare it with the same data as evaluated at the end of the retreat.

The pilot revealed a 95% success rate (21 of the 22 children) in re-establishing a relationship between the children and their once-rejected parents between the second and third day of the retreat as evidenced by the children's statements, parents' statements, and observations of the multi-disciplinary team at the retreat. A 16-year-old participant was prematurely released from the retreat. At the beginning of the program he learned that his favored parent (mother) had just been diagnosed with a terminal illness and would likely pass away within 3–4 months. The youth naturally began to undergo anticipatory grieving. It was mutually agreed by all parties, including his rejected father, that it was not an appropriate time to undergo the reunification process given the acute situational factors.

The rest of the families in the FRRP pilot were followed at 3-month, 6-month, 9-month, and 12-month intervals. The 21 children and their

once-rejected parents maintained positive, healthy, loving attachments with each other as evidenced by the children's own statements, by the once-rejected parents' own statements, and by the observations of the aftercare counselors. The majority of favored parents made positive strides during the program.

The FRRP preliminary outcome findings also clearly demonstrated that a sudden unexpected separation from the favored parent is not harmful or traumatic for a child when an effective transfer in custody occurs. Once children are removed from the favored parent, and any other extended family member involved in the alienation dynamics, they begin to feel emotionally safe and steadfastly reconnect with the rejected parent. As such, an interim reversal of custody in favor of the rejected parent and a temporary suspension of direct and indirect contact between the child and favored parent seem necessary when other judicial or mental health remedies have not worked. The latter findings are consistent with other mental health and legal professionals who "have repeatedly observed that once out of the orbit of the preferred parent, an alienated child can transform very well, sometimes very quickly, from staunchly resisting the rejected parent, to being able to show and receive love from that parent" (Fidler et al., 2013, p. 228). Moreover, removing the child from a toxic environment to cease child psychological abuse is indicated in severe cases of alienation because a continued strong bond with a favored parent is not a healthy attachment and the long-term consequences are devastating (Baker, 2005; Fidler et al., 2013; Reay, 2007, 2011; Warshak, 2010a).

CONCLUSION

Parental alienation is a form of child psychological abuse. Traditional therapeutic approaches do not work in severe parental alienation cases. There are at least ten major reasons why traditional therapeutic remedies are not effective with this specialized population. The FRRP was piloted in 2012. Preliminary outcome evidence demonstrated a 95% success rate after children and their rejected parents attended an intensive 4-day retreat. The participants were reevaluated at 3-month, 6-month, 9-month, and 12-month follow-ups. The children and their former rejected parents continued to demonstrate a 95% success rate in maintaining healthy attachments following the 4-day intervention. Preliminary evidence also demonstrated that once children are safely removed from the alienating parent, and any other extended family member involved in the alienation dynamics, they begin to feel emotionally safe and steadfastly reconnect with the rejected parent. Specific court-ordered terms are necessary for acceptance into the FRRP.[2]

Preliminary outcomes were based on a small sample and descriptive statistics. It would have been more suitable for an outside source to have conducted the pilot. Although the way of measuring family members' progress at different intervals over a period of 1 year was helpful and enlightening,

the FRRP has since been measuring children's progress by administering the Parental Acceptance and Rejection/Control Questionnaires (PARQ/Control) (Rohner & Khaleque, 2005) at 6 different intervals—prior to the start of the retreat component, prior to the discharge of the retreat component and at 3-month, 6-month, 9-month, and 12-month intervals.

Future research will need to look at larger samples and consider the PARQ/Control instrument or other means of measuring the program's outcomes. Future research will also need to control for other variables to make more definitive conclusions. A randomized control trial of various reunification programs would also be advantageous to conduct in the future.

NOTES

1. A lengthier discussion of these topics is available upon contact with the author.
2. A lengthier discussion of sub-sections in this paper is available upon contact with the author.

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