



Family Separation Clinic

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Educational Needs Identified During Reunification Training

This work isn't for everyone

- Very stressful
- Often at the centre of everyone else's projections
- Have to be prepared to work outside standard therapeutic models
- Anyone who provides effective treatment is UK and other places risks falling foul of their professional body

Generic therapy is not the answer

'the "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.'

Gardner, R.A. (1999). Family therapy of the moderate type of parental alienation syndrome. *The American Journal of Family Therapy*, 27, 195-212.

Generic therapy is not the answer

The job of those of us working with families where alienation is present is not to bend the realities of parental alienation to meet the structures and theories of our own practice but to ensure that the interventions we use meet the realities of the situation

Practitioners have to be prepared to override the voice of the child

'Children align themselves with the parent they most fear, or the parent they regard as most unstable (...) [a]lthough these children may be outspoken in their custodial preferences, their wishes may not reflect their genuine best interests (...) Giving children's wishes and feelings paramount weight in determining the outcome of such cases burdens children with the terrible responsibility and impossible task of managing the adult world around them.'

Warshak, R.A. (2003). Payoffs and pitfalls of listening to children. *Family Relations*, 52, 373-384.

Parental alienation is not a 'contact' issue

- Have to place this in the mental health sphere
- Yes, the child is unable to have a relationship with the parent they reject, but that is caused by the disfunction in the aligned parent
- 'Contact' issue might be seen almost as a by-product of the disfunction
- Practitioners need to look beyond the presenting issue
- The 'contact' issue is the symptom that alerts us to look for the deeper cause

Need to be very careful about conceptualising PA as being about conflict

- Conflict is often present
- However, what looks like conflict between parents is the action of one and the hurt and frustration of other
- Conflict is not the cause of an alienation reaction as Gardner curated it
- Usually a child's unconscious response to a perceived threat to their attachment
- Severe cases, infantile psychological splitting
- Anyone who does this work has to believe that the shutting down of normal attachment responses is a serious problem that must be addressed

Practitioners need to locate the work in mental health

'Attachment theory emphasizes (...) the primary status and biological function of intimate emotional bonds between individuals, the making and maintaining of which are postulated to be controlled by a cybernetic system situated within the central nervous system, utilizing working models of self and attachment figure in relationship with each other.'

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. New York: Brunner-Routledge.

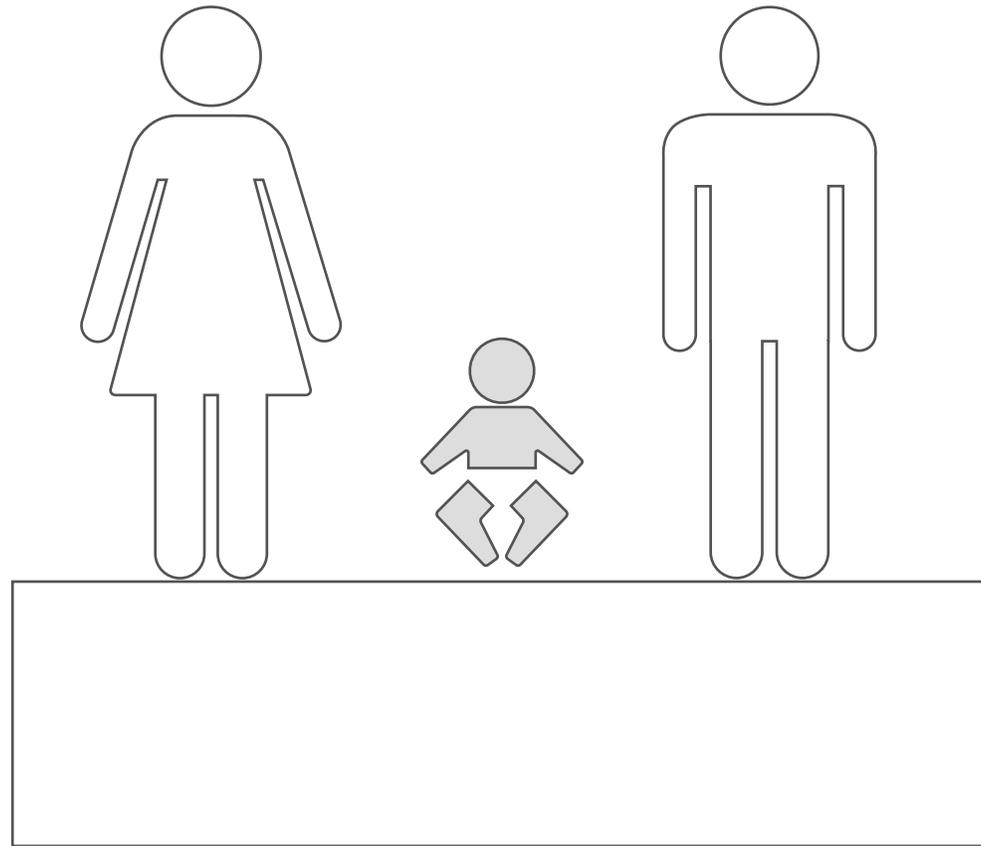
'Bowlby (1982) observed a pattern of insecure attachment he termed compulsive self-reliance, in which a "parentified" child assumes care-giving responsibilities toward the parent. Bowlby hypothesized that, because of their insecurity about the emotional availability of others, some parents turn to their children to meet their own emotional needs, placing developmentally inappropriate demands on young children to provide their parents with nurturance and comforting. Although the parent may be ostensibly protective and solicitous, parentification has negative implications for child development in that the parents' emotional needs are being met at the expense of the child's.'

Kerig, P. K. (2005). *Implications of parent-child boundary dissolution for developmental psychopathology: Who is the parent and who is the child?* New York: Haworth Press.

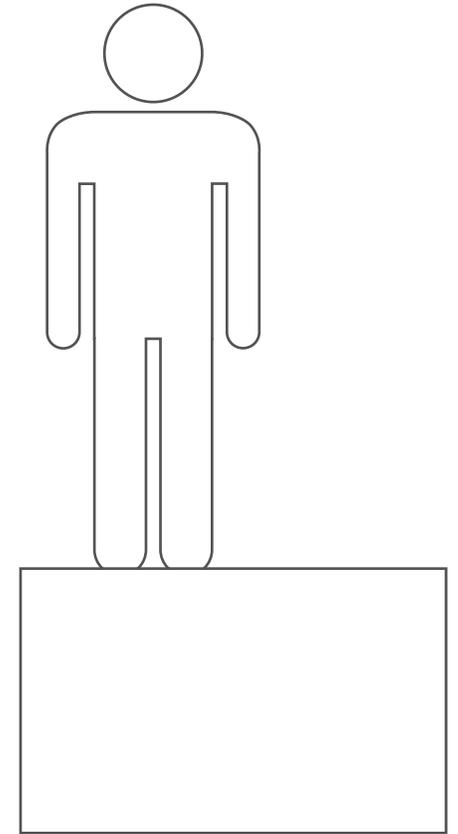
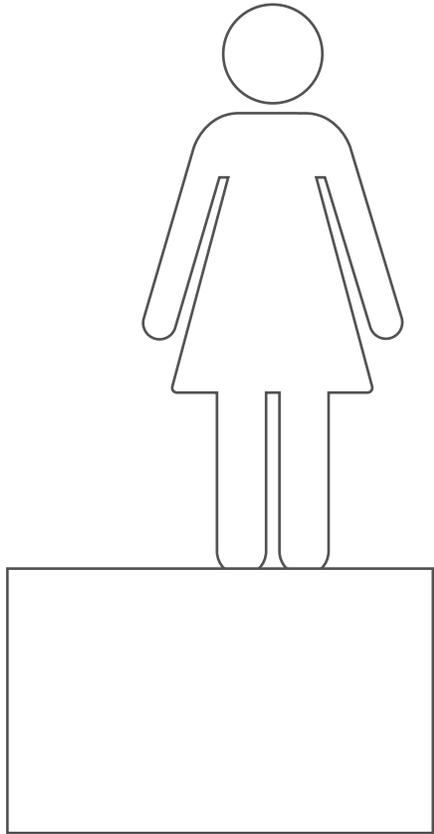
Tasks that must be undertaken

- Forensic examination of the case in order to make an assessment
- Inform and educate the court
- Prepare the treatment route
- Carry out the work
- Ensure follow up work is completed with the child

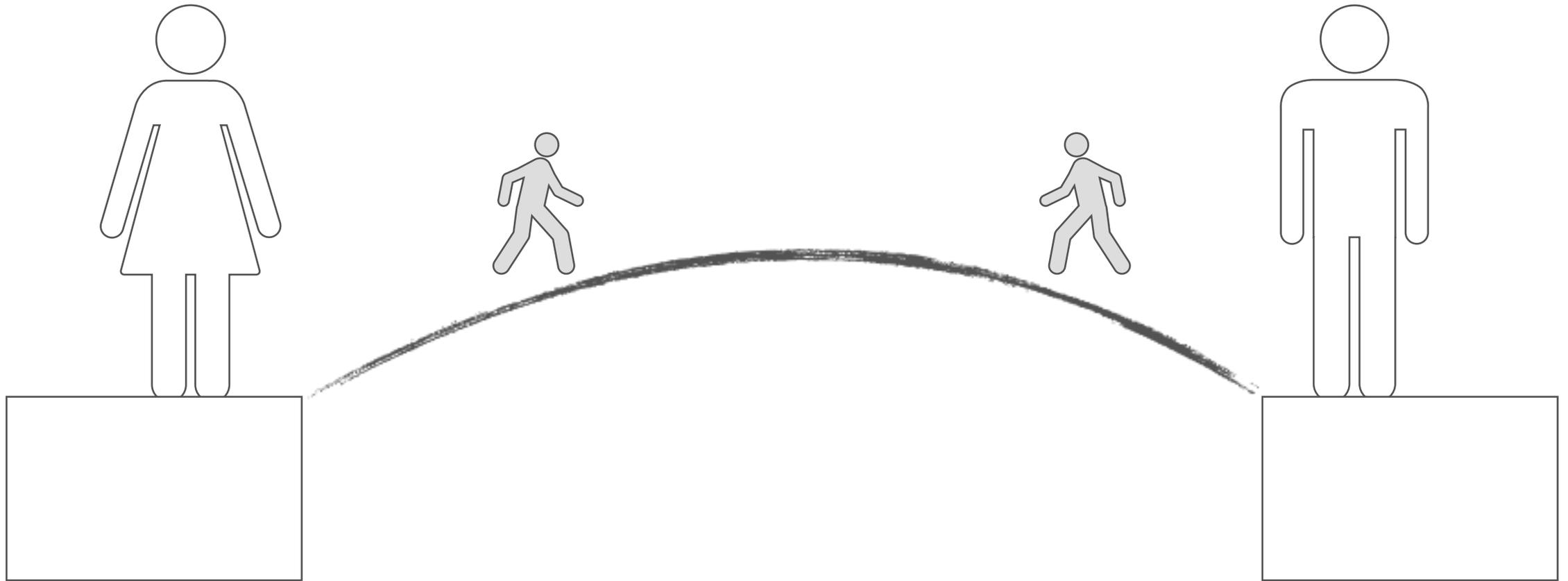
The Transition Bridge



The Transition Bridge



The Transition Bridge

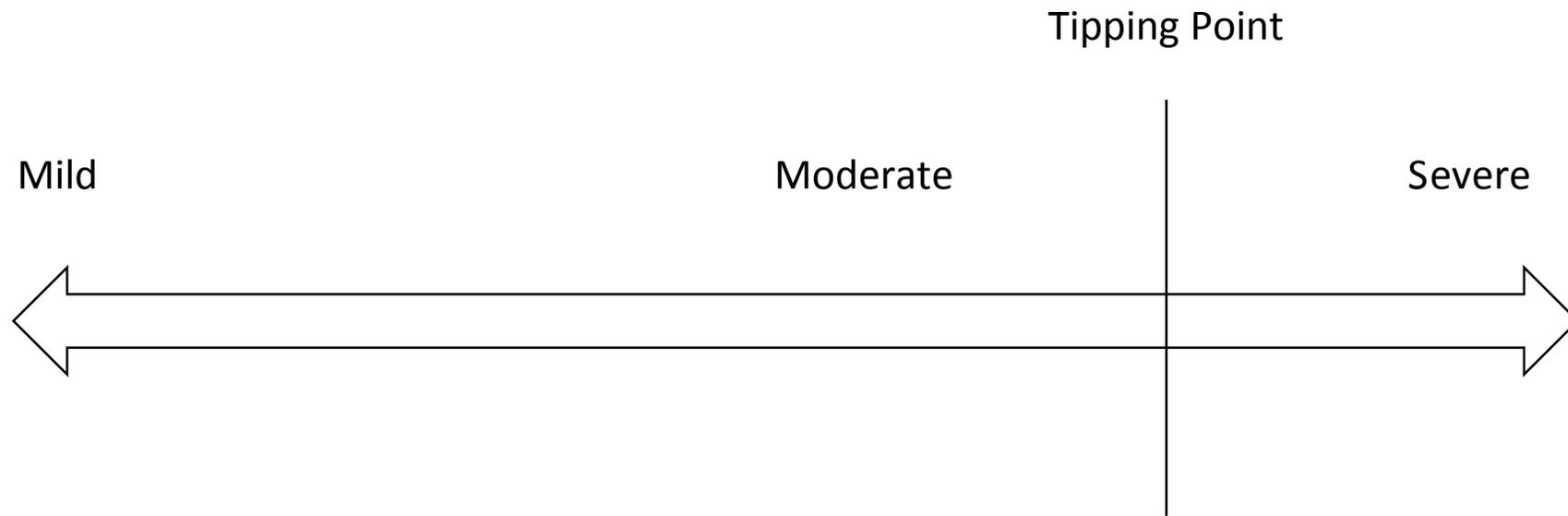


Justified rejection

- Neglect
- Cruelty
- Incapacity due to drink or drugs whilst caring for a child
- Physical harm
- Emotional or psychological cruelty – name calling or other such abuse

Fidler and Bala

Severity



MILD	MODERATE	SEVERE
<ul style="list-style-type: none"> • Reluctance to spend time with a parent which eases off when transition is complete • Occasional outbursts of behaviours which are odd • Wanting to be in touch with the other parent • Becoming rude and surly 	<ul style="list-style-type: none"> • More determinedly rude and objectionable • Find it increasingly difficult to spend time with parent • Miss times when they are due to be see parent • Withdrawn, monosyllabic and disinterested • Take some time to settle down • When they are settled they find it difficult to leave 	<ul style="list-style-type: none"> • Absolute refusal • Psychological splitting • Hatred • Signs of alienation showing • Phobic • Hysterical

Categorisation

- Justified Rejection
- Hybrid Alienation
- Pure Alienation



- Pure and Unconscious Alienation
- Pure and conscious Alienation

Fidler and Bala

Hybrid alienation

- The level of alienating behaviour in the aligned parent
- The contribution that the rejected parent has made to the alienation - active and passive
- The age and sex of the child and the length of time the alienation reaction has been in place

Pure alienation

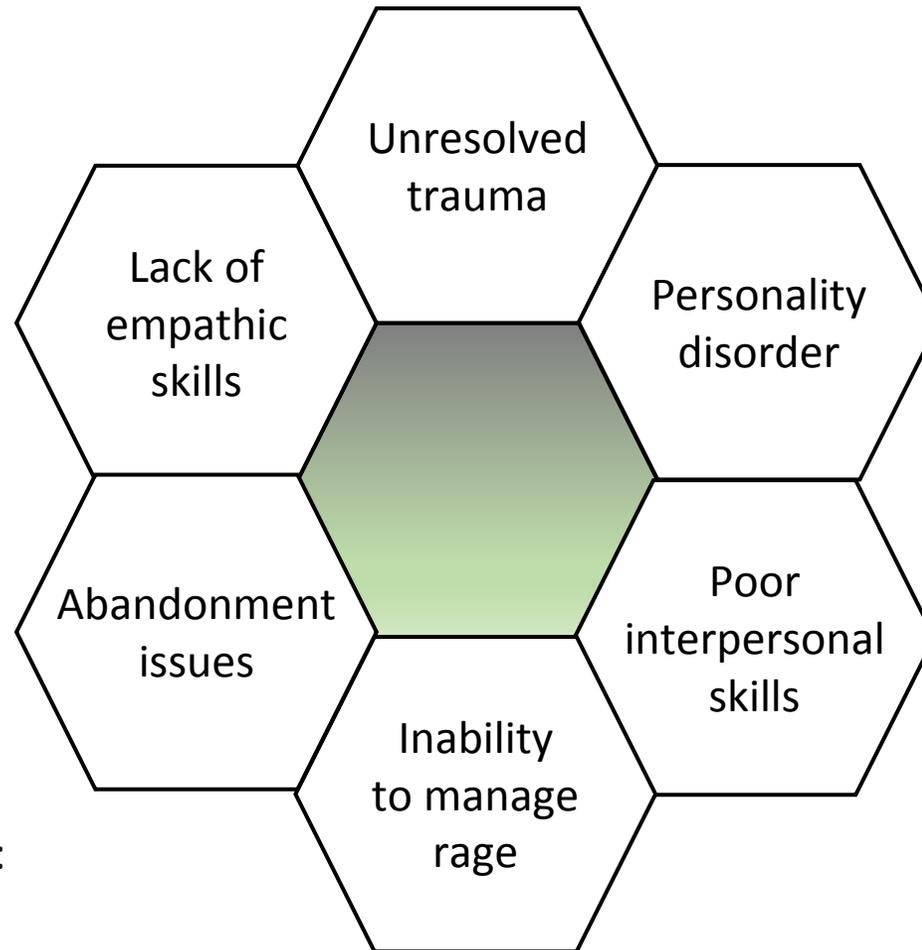
- Signs of severe role corruption
- Patterns of increasing allegations
- Making a child believe they have been abused by the rejected parent
- Sharing inappropriate information with the child
- Creating anxiety in a child by being overly anxious or emotional each time the child is due to see the rejected parent
- Using emotional shunning techniques when the child sees the rejected parent

Looking for the mental health issues

'...parents who were alienating were also those who had poor boundaries and engaged in role reversal with their children. They had difficulty distinguishing their own feelings from those of their child, and the child often became the parent's confidante, comforting and admonishing other family members, thus assuming an inappropriate executive or parenting role in the family.'

Johnston, J. R., Walters, M. G., & Olesen, N. W. (2005). Is it alienating parenting, role reversal or child abuse?: A study of children's rejection of a parent in child custody disputes. *Journal of Emotional Abuse*, 5(4), 191–218.

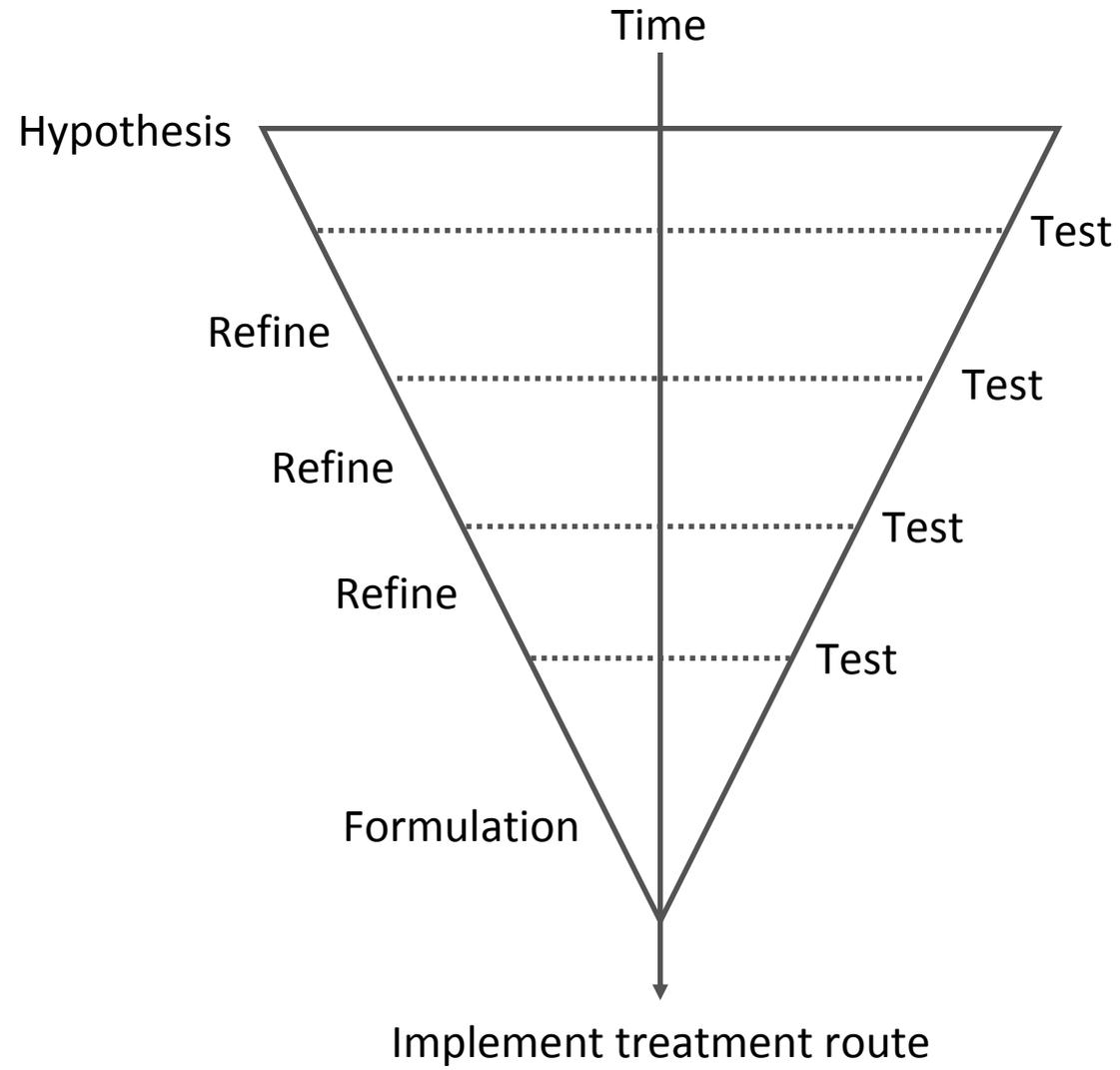
Analysis of power and control



Analysis of power and control patterns:
Psychosocial Model

Analysing power and control

- Who holds power in the relationship and how is it maintained over the other parent
- Who holds power over the children
- Whose behaviours are controlling
- Presence of rage behaviours which are utilised to terrorise a parent and/or children
- Presence of abandonment issues which may or may not trigger rage behaviours
- Presence of attachment issues which may denote deeper problems such as personality disorder
- Presence of empathic understanding or not in relationships within the family
- Transgenerational transmission of controlling behaviour
- Unresolved trauma patterns which cause the above



Matching the treatment route to the assessment

- Hybrid cases: Mix of therapeutic intervention and parenting co-ordination with strong court management.
- Pure cases: Transfer of residence either direct from one parent to the other or using stepping stone intervention (foster care).

Principles of reunification work in pure cases

- Treatment must match categorisation
- ToR isn't enough on its own
- Supporting the previously rejected parent
- Evaluating and supporting the previously aligned parent to determine management of parenting
- Supporting the child to adjust

Principles of reunification work in pure cases

- Convey to the child the decision of the court
- Carry out the decision of the court using available and necessary means (can involve using the police to ensure that the physical movement is made)
- Hold the expectation that the child will reunite with the parent and convey to the child the decision that this will happen for long enough for the split in the child's mind to repair
- Follow up work with the child
- Support the movement from split state of mind to congruence seeking and then to forgiveness seeking and then to integration.

Critical principles that practitioners must learn

- Voice of the child should be treated with caution - listen to the words but respond to the actions of the child
- Continuation of allegations
 - the alienation reaction hasn't fully lifted
 - habit
 - testing of the new landscape
- Allegations may extend to the practitioner
- Reunifications take their own unique course

Critical principles that practitioners must learn

- Re-emergence of the suppressed attachment may happen quickly or may take longer - children may 'ping-pong'
- Be patient in holding the tension for the child for long enough for the repressed attachment to emerge. This is counter intuitive when the child is saying no but respond to the actions of the child not the words and analyse the words by listening for the brittle presentation and acting of the rejection and the presence of the eight signs of alienation
- It is not harmful to the child to persist in ensuring that the direction of the court is carried out, this work is counter intuitive, if the child's legs had been broken we would not hesitate to remove the child. The child's mind has been broken the removal and transfer to effect reunification is to heal the child by repairing the relationship with the healthier parent



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