



Parental alienation:

Reading and resources for practitioners and professionals

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Sue Whitcombe is a counselling psychologist, registered with the Health and Care Professions Council (HCPC) and a chartered psychologist and associate fellow of the British Psychological Society (BPS). She is currently Deputy Chair of the BPS Training Committee for Counselling Psychology, committee member of the Division of Counselling Psychology Welsh Branch and a member of the BPS Expert Witness Advisory Group. In addition to her affiliation to the BPS, Sue is a member of the Association of Family and Conciliation Courts (AFCC) and the international Parental Alienation Study Group (PASG) – an organisation of more than 300 legal, social care and mental health practitioners and other parties interested in furthering the understanding of Parental Alienation and disseminating knowledge and research evidence.

Sue completed her Doctoral training at Teesside University where she conducted her research into the experiences of alienated parents in the UK. On completion of her training, Sue established Family Psychology Solutions CIC, a social enterprise, to offer specialist services for families and children, and the professionals, practitioners and organisations who work with them. Core provision is focussed on working with complex relationship issues, particularly where there is hostility, conflict, rejection, alienation or estrangement.

Sue delivers training to meet the needs of legal professionals, mental health practitioners, family workers and those who work in social care and education. She works as a consultant with organisations on individual cases as well as to improve organisational policy, procedure and practice. Sue takes instructions for assessment in Public and Private Family Law proceedings.

Sue is actively involved in research around parental alienation and psychological issues related to high conflict family breakdown. She collaborates with professional colleagues, charities, statutory organisations and users by experiences to share knowledge, raise awareness and develop appropriate services. Sue is a volunteer with shared parenting charity FnF Both Parents Matter Cymru.

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Recommended Reading

Books

Fidler, B. J., Bala, N., & Saini, M. A. (2012). *Children Who Resist Post-Separation Parental Contact: A Differential Approach for Legal and Mental Health Professionals*. New York: OUP

Baker, A.J.L. & Sauber, S.R. (Eds.), (2013). *Working With Alienated Children and Families: A Clinical Guidebook*. Hove: Routledge.

Baker, A.J.L. and Andre, K.C. (2015). *Getting Through My Parents Divorce*. Instant Help Books

Journal articles

Walters, M. G., & Friedlander, S. (2016). When a Child Rejects a Parent: Working With the Intractable Resist/Refuse Dynamic. *Family Court Review*, 54(3), 424–445.
<http://doi.org/10.1111/fcre.12238>

Friedlander, S., & Walters, M. G. (2010). When a child rejects a parent: Tailoring the intervention to fit the problem. *Family Court Review*, 48(1), 98–111.
<http://doi.org/10.1111/j.1744-1617.2009.01291.x>

Dejong, M., & Davies, H. (2013). Contact refusal by children following acrimonious separation: therapeutic approaches with children and parents. *Clinical Child Psychology and Psychiatry*, 18(2), 185–98. <http://doi.org/10.1177/1359104512444629>

Templer, K., Matthewson, M., Haines, J., & Cox, G. (2016). Recommendations for best practice in response to parental alienation: findings from a systematic review. *Journal of Family Therapy*, 39(1), 103-122. <http://doi.org/10.1111/1467-6427.12137>

Weir, K., & Sturge, C. (2006). Clinical advice to courts on children's contact with their parents following parental separation. *Child and Adolescent Mental Health*, 11(1), 40–46.
http://doi.org/10.1111/j.1475-3588.2005.00385_1.x

Books written by parents and adult children

Please Let Me See My Son - Thomas Moore

Can't Explain - Luke Matthews

Broken Lives Broken Minds – Pamela Roche

Don't Hug Your Mother – JP and Brendan Byrne

Special Interest Groups

Parental Alienation Study Group - www.pasg.info/

Association of Family and Conciliation Courts – www.afccnet.org

Dr Sue Whitcombe

www.tees.academia.edu/SueWhitcombe

www.familypsychologysolutions.org

Training

We are delighted that our CPD Workshop for professionals and practitioners has been approved by the British Psychological Society (BPS)



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Approved by the British Psychological Society for the purposes of Continuing Professional Development (CPD)

Parental Alienation: Understanding, assessment, and intervention for children and families

A full day BPS Approved CPD workshop for practitioner psychologists, counsellors, psychotherapists, social workers and registered health professionals who work with children and families.

Facilitator:	Dr Sue Whitcombe CPsychol AFBPsS HCPC registered counselling psychologist
Venue:	locations in England, Scotland and Wales
Further information:	info@familypsychologysolutions.org

Parental Alienation

Parental alienation (PA) is most readily understood as a condition which may be a focus of clinical attention. Depending on the individual characteristics of child and family this may be a *Parent-child Relational Problem* (V61.20) or *Child Affected by Parental Relationship Distress* (V61.29). In some cases the behaviours of a caregiver may be defined as *Child Psychological Abuse* (995.51). (APA, 2013, *Diagnostic and Statistical Manual of Mental Disorders DSM-5*)

PA is characterised by a child's strong alignment with one parent whilst rejecting a relationship with the other. This rejection seems unwarranted based on a child's actual experience of that parent, and evidence of a prior normal, loving, good-enough relationship. PA is most usually apparent when there is a high level of acrimony or conflict surrounding the relationship breakdown, or at some later stage.

The behavioural, contextual and psychological factors which increase the risk of PA or perpetuate PA have been consistently identified in research findings and clinical observations. These include individual factors in each of the parents such as their personality, mental health, drug or alcohol use, parenting, relationship behaviour and patterns, personal coping strategies and psychological defence mechanisms. Child factors include the age, developmental stage, personality and temperament of the child. Contextual factors include geographical distance between both homes; the duration of no parent-child contact; availability of appropriate support; new partners/relationships; domestic violence and conflict.

Typical behaviours in a favoured parent include:

- direct or indirect denigration of a parent – suggestions they are dangerous, have rejected the child, removing mementos and signs of the parent from the home, negative body language
- false allegations of abuse or neglect
- interfering with contact including arranging activities during agreed contact time, changing or cancelling arrangements, offering inducements not to attend contact
- allowing or encouraging a child to make decisions about contact, lack of encouragement or facilitation with indirect contact, destroying or not passing on mail or gifts
- involving the child in adult matters such as litigation and discussions over finances

(Baker & Darnall, 2006; Fidler, Bala, & Saini, 2012; Gordon, Stoffey, & Bottinelli, 2008; Harman et al., 2016; Siegel & Langford, 1998; Verrocchio, Baker, & Bernet, 2016)

Key features of PA in a child are irrational anxiety and refusal or resistance to contact with one parent, or contact which is characterised by extreme withdrawal, or gross hatred and animosity. There are often weak or frivolous rationalisations for their criticism of a parent and an absence of guilt over their cruelty or poor behaviour. A child's behaviour may vary markedly from one situation to another. They may be comfortable, relaxed and affectionate when with a parent, but may become rejecting of that parent when in the proximity of the more favoured parent. There is often evidence of psychological "splitting" – where a child idealises one parent and devalues the other; one parent is "all good" and the other is "all bad". This is evidenced in an enmeshed relationship,

reflexive support or strong alignment, with one parent. This view can extend to family and friends of the parents. Children often insist that decisions relating to their rejection or animosity towards a parent are their own – not shaped or influenced by a favoured parent. Borrowed scenarios are sometimes evident such as the use of adult language or phrases, or the presentation of information or experiences which are outside the direct knowledge of a child.

Research has identified increased clinical emotional and behavioural problems in alienated children as well as risks to a child's psychological and emotional development. Alienated children may display anger, withdrawal, aggression, defiance, rigidity and school refusal at a level that is higher than those children who maintain a relationship with both parents. Depression, somatic complaints and sleep disturbance have also been identified. Children may exhibit symptoms of anxiety or panic reactions when asked to spend time with a rejected parent and there may be a fear of leaving the favoured parent or concerns for the future and safety of this parent. Severely alienated children may act out being rude, swearing, attacking a parent, destroying property or stealing. Conduct disorder or oppositional defiance may be evident. (Baker, 2005; Bernet, Baker, & Verrocchio, 2015; Bernet, von Boch-Galhau, Baker, & Morrison, 2010; Clawar & Rivlin, 1991; Dunne & Hedrick, 1994; Fidler & Bala, 2010; J R Johnston, Campbell, & Mayes, 1985; Janet R Johnston, 2005; Kopetski, 1998; D. Rand, Rand, & Kopetski, 2005; Waldron & Joanis, 1996; Wallerstein & Kelly, 1980)

Research has identified that children who experience alienation are more likely to have an impaired ability to sustain effective, healthy relationships throughout their life-course, including work and social relationships, as well as an increased prevalence of mental health and psychiatric disorders and substance misuse (Baker & Verrocchio, 2013; Baker, 2005; Bernet et al., 2015; J.R. Johnston, Walters, & Olesen, 2005).

PA has been conceptualised as existing on a continuum from mild to severe, with therapeutic and legal interventions in response reflecting the severity and complexity (Burrill, 2006; Fidler et al., 2012; D. C. Rand, 1997).

Determining whether a child's rejection of a parent is justified is a complex issue. Every family and situation is unique. A careful, holistic assessment of the child's needs within the particular family context is required. This typically includes the analysis of longitudinal information about the individuals and the family dynamics from many sources – including discussions, observations, appropriate psychometric instruments, court papers, information from individuals and organisations who have experience of the child, parents or family, school and medical information. Failure to accurately detect alienation and offer appropriate intervention can have serious consequences for children and their transition into adult life. (Ellis, 2008; Fidler et al., 2012; Friedlander & Walters, 2010; Jaffe, Ashbourne, & Mamo, 2010).

Alienation is often exacerbated in cases involving third parties, such as social care, therapists, support agencies and the legal system. Lack of knowledge and understanding by these practitioners can lead to collusion with the alienation process, particularly where information and history is garnered from one parent's perspective only (Garber, 2007; Kopetski, 1998; Sullivan & Kelly, 2001; Walters & Friedlander, 2016).

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Walters, M. G., & Friedlander, S. (2016). When a Child Rejects a Parent: Working With the Intractable Resist/Refuse Dynamic. *Family Court Review*, 54(3), 424–445. <http://doi.org/10.1111/fcre.12238>

Diagnostic Criteria for Parental Alienation Disorder

- A. The child—usually one whose parents are engaged in a high-conflict divorce—allies himself or herself strongly with one parent and rejects a relationship with the other, alienated parent without legitimate justification. The child resists or refuses contact or parenting time with the alienated parent.
- B. The child manifests the following behaviors:
 - 1 a persistent rejection or denigration of a parent that reaches the level of a campaign
 - 2 weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent
- C. The child manifests two or more of the following six attitudes and behaviors:
 - 1 lack of ambivalence
 - 2 independent-thinker phenomenon
 - 3 reflexive support of one parent against the other
 - 4 absence of guilt over exploitation of the rejected parent
 - 5 presence of borrowed scenarios
 - 6 spread of the animosity to the extended family of the rejected parent
- D. The duration of the disturbance is at least 2 months.
- E. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
- F. The child's refusal to have contact with the rejected parent is without legitimate justification. That is, parental alienation disorder is not diagnosed if the rejected parent maltreated the child.

(Bernet et al., 2010)

Parental Alienation Disorder – as submitted to the DSM-5 Task Force for consideration for inclusion in DSM-5

Although not included in the DSM-5, these behavioural symptoms have been validated by clinicians and researchers in mental health and social work over the last thirty years.

	My mum/dad	Never	Occasionally	Sometimes	Often	Very often
1	Made negative comments about other parent or rarely made positive ones					
2	Stopped me seeing my other parent as much as I was supposed to					
3	Blocked phone messages or did not give me letters, cards or gifts from my other parent					
4	Made it difficult for me and my other parent to communicate with each other					
5	Seemed unhappy or annoyed when I spoke about or asked for photographs of other parent					
6	Became upset, annoyed or ignored me when I showed affection for my other parent or spoke positively about them					
7	Said or suggested that my other parent didn't love me					
8	Tried to make me choose between them and other parent					
9	Said or suggested that other parent was dangerous or unsafe					
10	Talked to me about the court case, family finances, adult relationships or other "adult" issues which made me feel protective of them or angry at other parent					
11	Created situations where I felt I had to show that I preferred them or ignore or reject other parent					
12	Asked me to "spy" on other parent or find out information and report back to them					
13	Asked me to keep "secrets" from other parent – such as plans for holidays, parties, school events					
14	Called other parent "FORENAME" and expected me to call them "FORENAME" too					
15	Referred to new partner as "dad" or "mum" and expected me to call them "dad" or "mum" too					
16	Encouraged me to value their opinion and rely on them above everyone else					
17	Encouraged me to ignore or pay little attention to the other parent's rules, values or authority					
18	Made me feel bad about spending time with other parent's family or stopped me from doing so					
19	Created situations which would probably make me feel angry or upset with other parent					
20	Tried to turn me against other parent					

Derived from Baker Strategy Questionnaire (Baker & Ben-Ami, 2011)