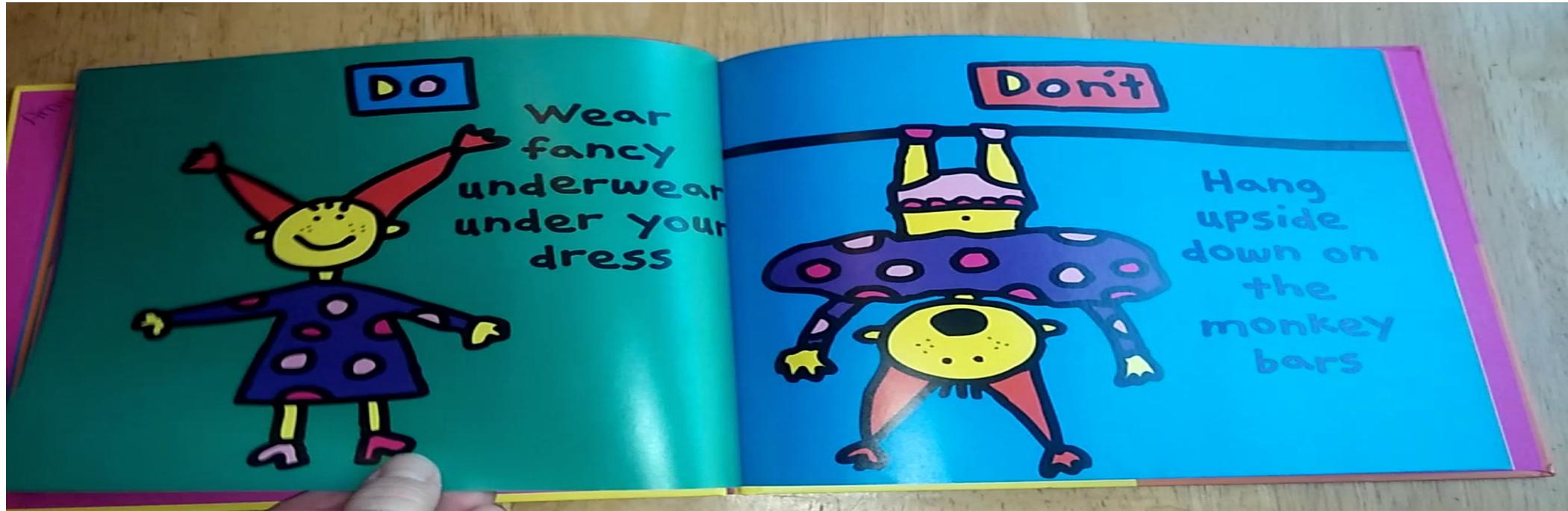


DO's AND DON'Ts OF REUNIFICATION THERAPY



with

Linda J. Gottlieb, LMFT, LCSW-R

May 16, 2021 Family Access International Conference

Presentation Goals

- 1) Provide the reasons why traditional or conventional “reunification therapies” are of little, if any benefit, in treating alienation—especially moderately severe or severe cases.**
- 2) Distinguish between mild, moderate, and severe cases of alienation by describing the different features and characteristics of each.**

Presentation Goals

3) Identify common treatment errors that tend to occur in traditional reunification therapies.

4) Recognize when it may be appropriate to move from a traditional form of reunification or reconnection therapy to a highly customized type of therapy—such as the approach described in this presentation.

Presentation Goals

5) Identify the principles of effective interventions to facilitate the reconnection and restoration of a normal relationship between a moderately or severely alienated child and a moderately to severely alienated parent.

6) Describe the phenomenon of triangulation—the label for this family dynamic that was given by the founders of the family therapy movement—and describe how it differs from normal behavior and/or normal family dynamics.

So many choices



Which Therapeutic Model is Most Successful?





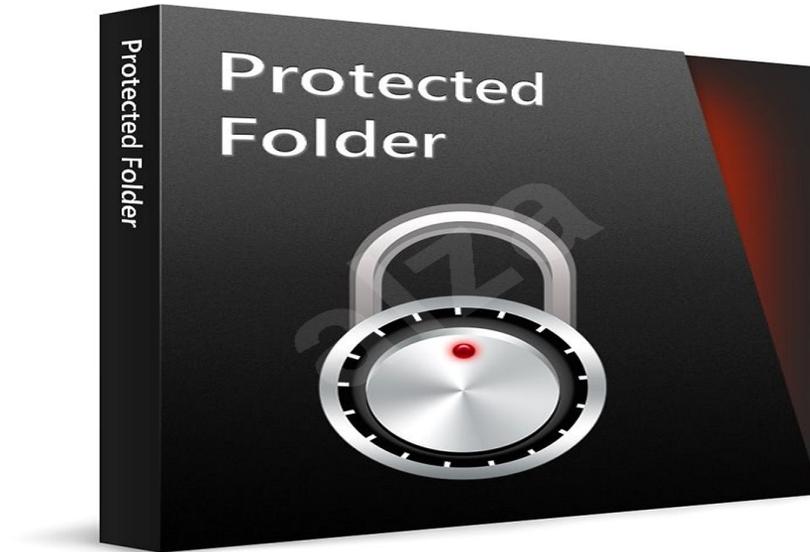
THERE *is*
A
DIFFERENCE

WHAT'S OUT THERE DAD?



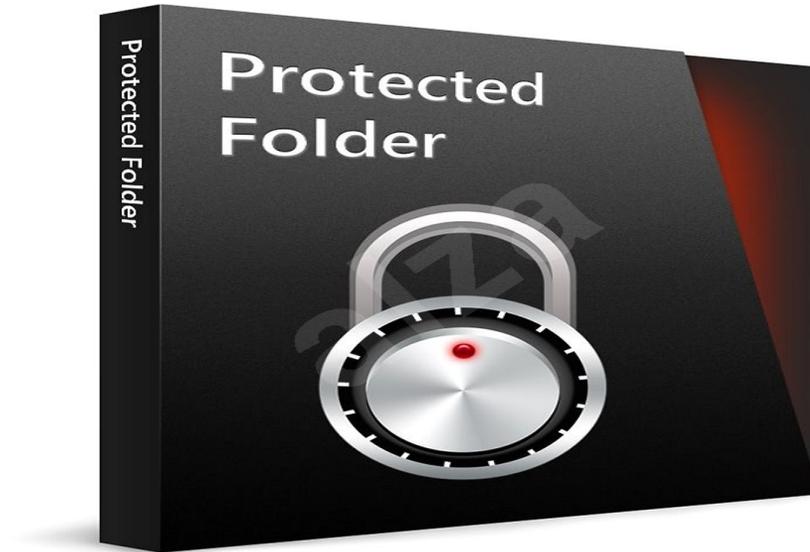
**IGNORANCE SON, ON A SCALE
I'VE NEVER SEEN BEFORE**

“Family Therapist” is a Licensed Protected Title in all 50 States



*This means mental health practitioners **cannot** call themselves
a Family Therapist
without a license in Marriage and Family Therapy*

“Family Therapist” is a Licensed Protected Title in all 50 States



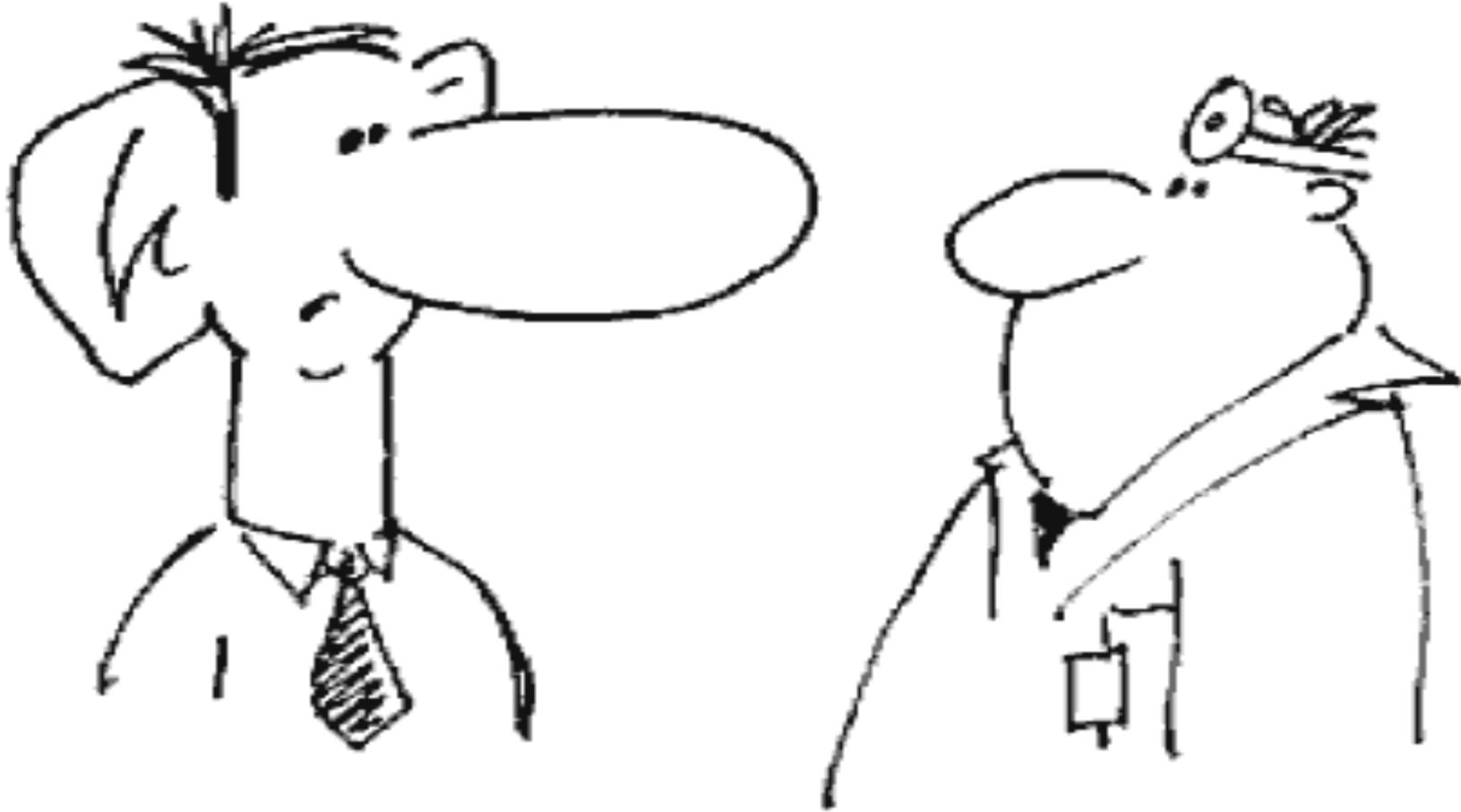
*This means that Family Therapy has a **SPECIALIZED** knowledge base **DISTINCT** from every other mental health discipline*

Practicing Family Therapy without adequate knowledge and experience



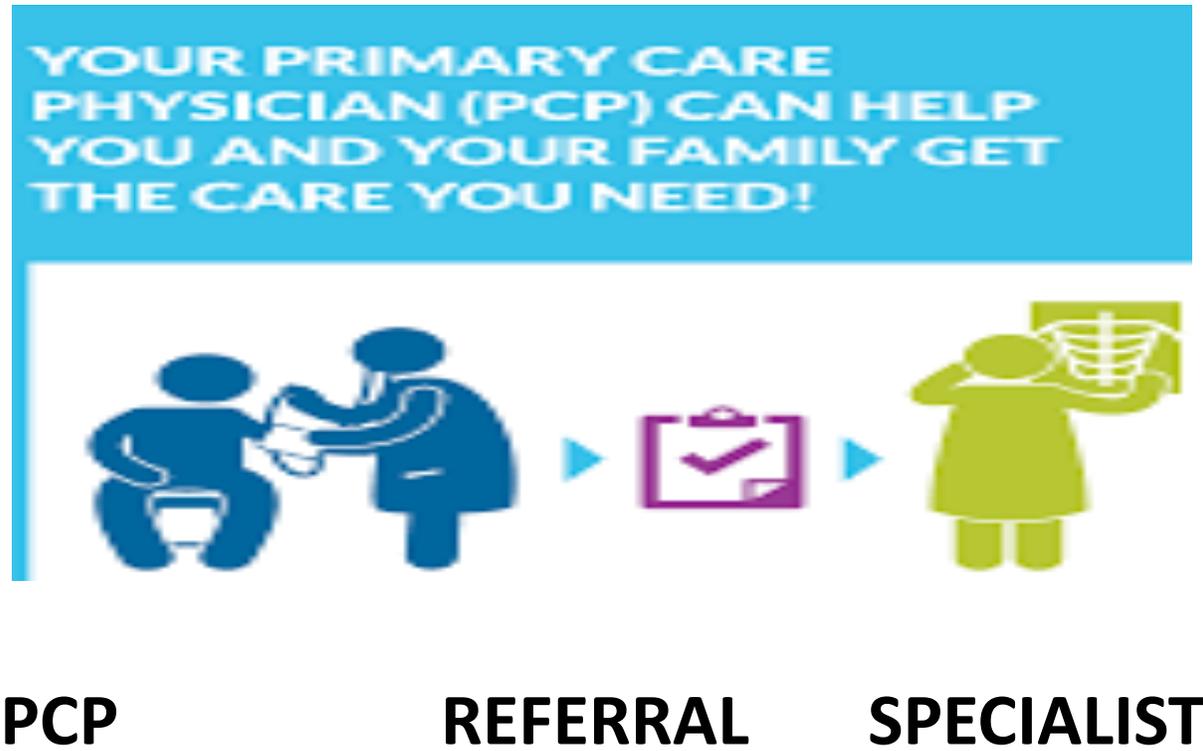
Can be a serious licensing board violation

Expert v. Specialist

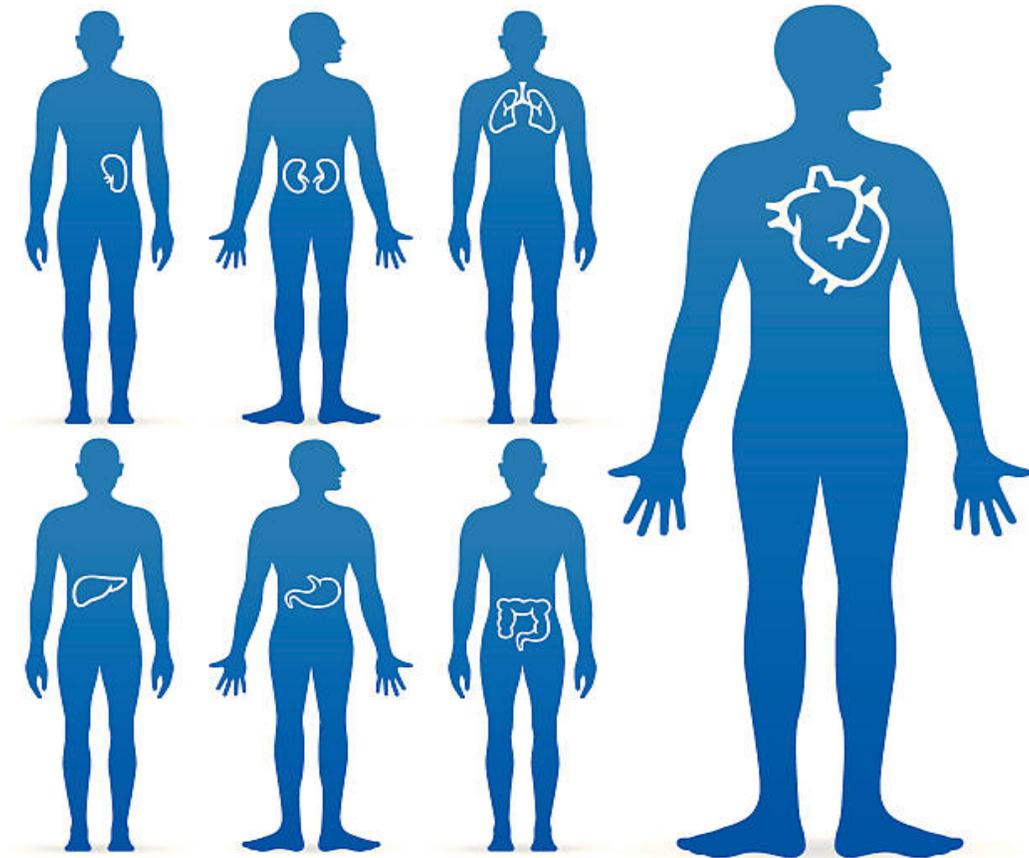


"Just what kind of specialist did you have in mind?"

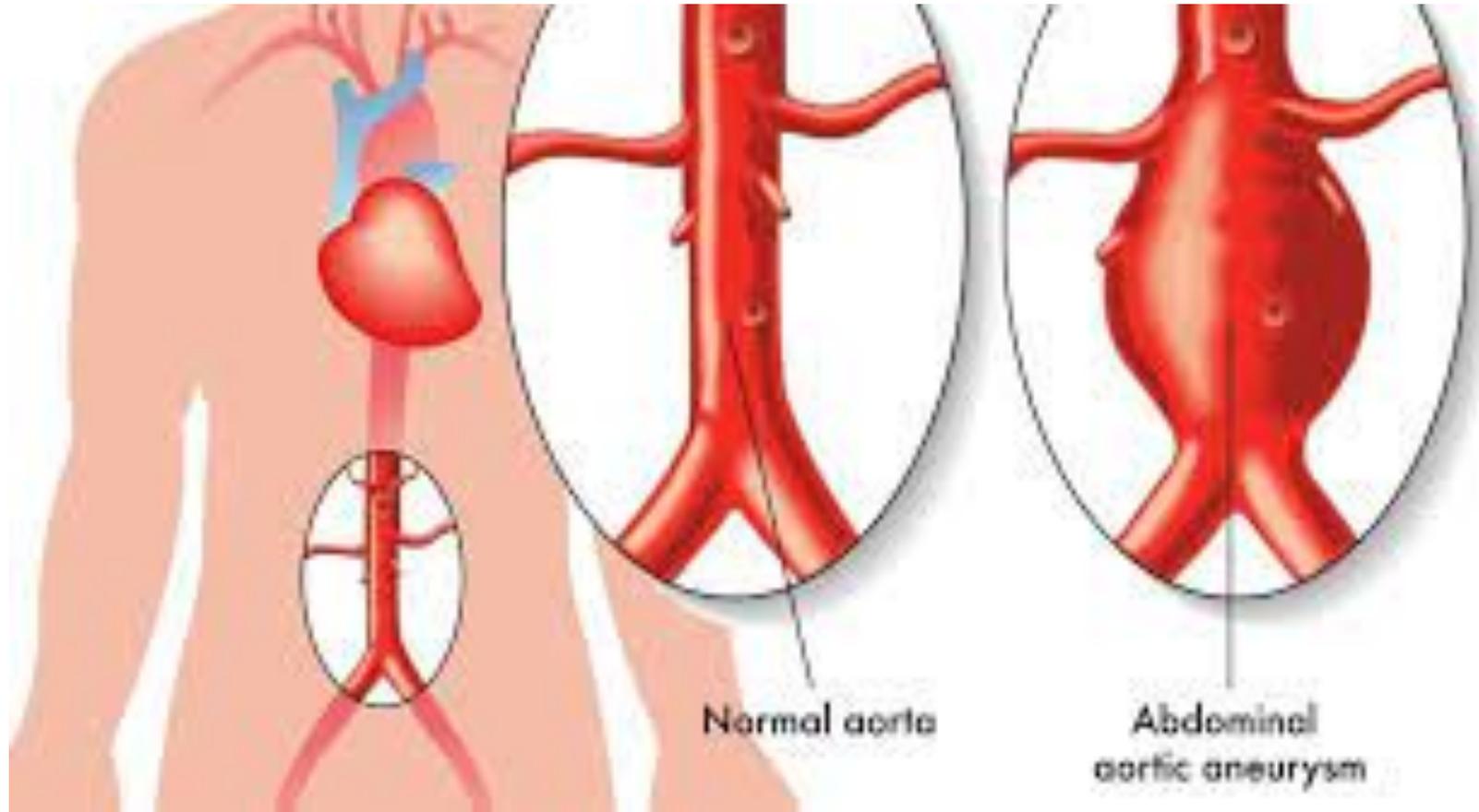
Alienation is a **sub-specialty**
within
the **specialty** discipline of Family Therapy



Alienation is a **sub-specialty**
within
the **specialty** discipline of Family Therapy



***The specialist in alienation
is analogous to the cardiologist who specializes in the aorta***



What to look for in a Reunification Therapist



MINIMUM ACCEPTABLE EXPERTISE AND EXPERIENCE

to effectively treat cases of alienation



- Knowledge of family dynamics
- Knowledge of child development
- Extensive pattern recognition for alienation
- Knowledge of the counterintuitive issues arising in alienation

MINIMUM ACCEPTABLE EXPERTISE AND EXPERIENCE

to effectively treat cases of alienation



- Knowledge of Gardner's 8 manifestations of an alienated child
- Knowledge of several additional manifestations of an alienated child
- Knowledge of the 17 alienating strategies researched by Baker and Fine (2007, 2013)
- Competence in applying the scientific method to the case evidence

PREFERABLE THERAPIST EXPERTISE AND EXPERIENCE (PARTICULARLY IN SEVERE CASES)



- **Qualified as an expert in a court of law in alienation and related matters**
- **Peer reviewed publications on alienation and related matters**

THE HISTORY OF FAMILY THERAPY

Conceptual and Clinical Influences

- 1940s and 1950s the development of cybernetics, systems, and communication theory.
- These theories, informed by concepts from sociology, anthropology, and biology,
- provided powerful theoretical frameworks for a more in-depth understanding of the complexities of family interaction.
- challenged the dominant psychoanalytic understanding that emotional disorders were of intrapsychic origin
- Postulated the rather innovative and then novel hypothesis that these disorders were symptomatic of troubled family relationships

THE LIGHTBULB MOMENT SPRARKING THE BIRTH OF FAMILY SYSTEMS THERAPY



The Birth of the Family Therapy Movement in the 1950s: Triangulation First Observed

Hospital Family Visitation Room



During the Visit



After the Visit



**The founders of the Family Therapy
Movement labeled the dysfunctional family
dynamic at the root of the child's psychosis
as**

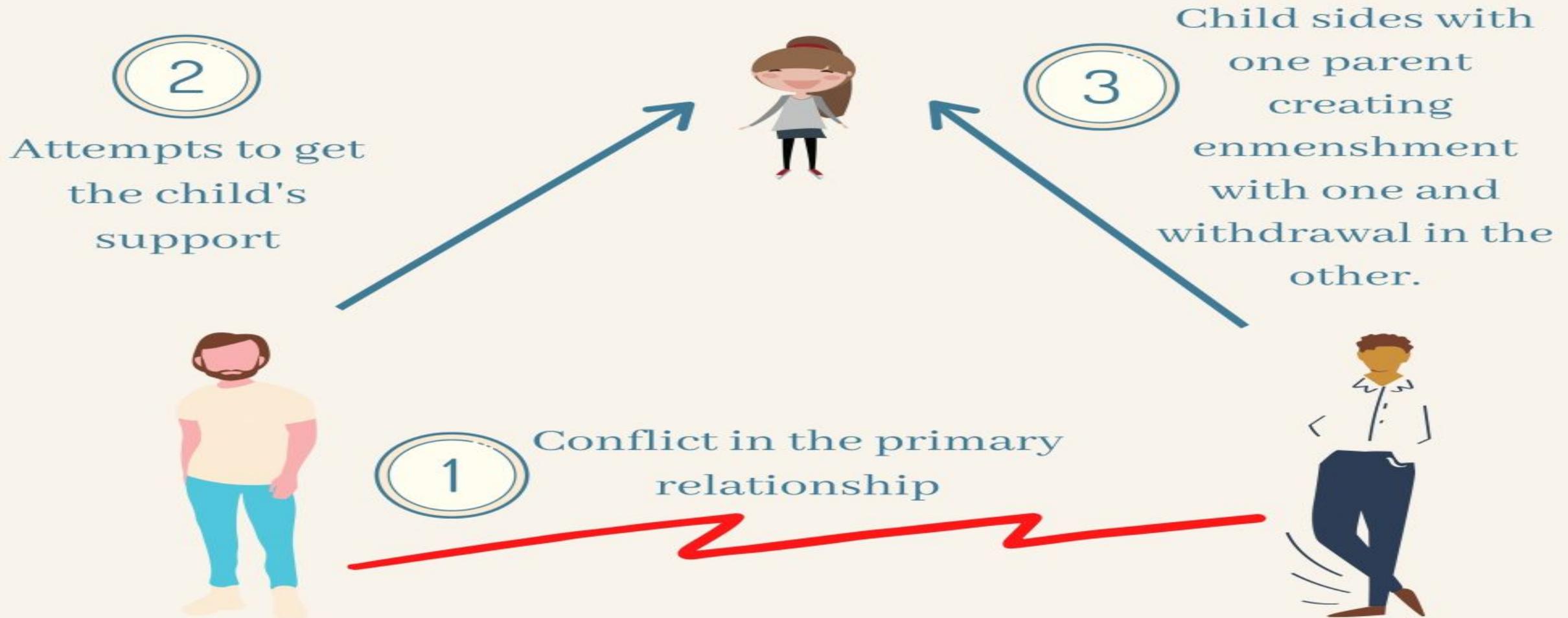
“Triangulation”

MSB FAMILY GUIDE

What is Triangulation?

@MYSOULBALM

TRIANGULATION



Core concepts: triangulations



- **Triangulation occurs when one member of a two-member system who are against one another attempts to distract from the conflict by bringing in a third person to focus on.**
- **For example : two parents who are fighting; one member may attempt to win the child over to his or her “side.”**
- **puts the child in a no-win position: child allies with one parent, experiences betrayal of the other parent, and the original conflict is never resolved.**

TRIANGULATION

- Bowen says that we are always attracted to triangulation as a concept in almost all relationships (just as cats are attracted to birds!)
- Since **dyads** are the least stable communication system and prone to tension, couples and families tend to bring in a third party, interest or influence when the going gets too hot
- This happens at many different levels, since all relationships go through cycles of **distance and closeness**
- The partner who is feeling the most discomfort is usually the one who pulls in a third party as a way of gaining an ally.

THE PERVERSE TRIANGLE

“A parent-child coalition not only undermines the authority of the other parent but makes the authority of the favoring parent dependent upon support from the child”

Jay Haley (1977) “Toward a Theory of Pathological Systems”

in *The Interactional View*

Eds. Watzlawick & Weakland (1977)

The Rigid Triad

“takes the form of a stable coalition. One of the parents joins with the child in a rigidly bounded cross-generational coalition against the other parent....

Whenever the child sides with one, he is automatically defined as **attacking** the other. In this highly dysfunctional structure, the child is **paralyzed**...This triad is the typical transactional pattern, accompanied by other significant family characteristics, in families having children with **severe psychosomatic symptoms.**”

Minuchin (1981), *Families and Family Therapy*, p. 102

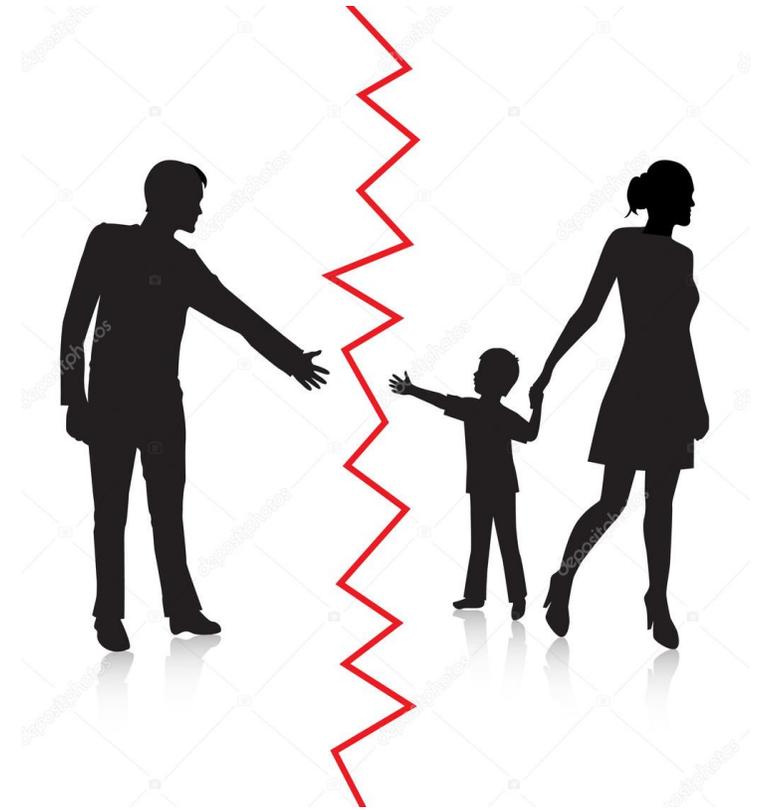
According to the child psychiatrists who founded the Family Therapy Movement:

The *best* that individual therapy can do for the **triangulated child** is to help the child adapt to this dysfunctional family situation.

After all, it would only **reinforce the reversal of healthy family hierarchy** if the child were to be expected to change his or her parents!

Therefore, the the founders of family systems therapy focused on the **dysfunctional family dynamics of triangulation**, that had caused the child's symptomatology.

No child can possibly be expected to fix this



To sum up:

**ACCORDING TO THE CHILD PSYCHIATRISTS
WHO FOUNDED FAMILY SYSTEMS THERAPY**

***THERE IS NO SUCH THING AS INDIVIUDAL
BEHAVIOR***

(UNLESS YOU ARE LIVING ON AN ISLAND)

1) The dysfunctional *relationships* are the target for intervention



Not the Individual

It's the context that matters:

Consider the total clinical picture!

The intervention: creating corrective family experiences



*Less focus on insight & validation of feelings in favor of **behavioral changes***

Family Therapy: The System as the Problem

- When the family therapy movement initially arose in the mid-1900s, it was considered revolutionary
 - Psychological symptoms as a byproduct of dysfunctional families
 - One individual may exhibit symptoms, but the problem belongs to the entire system

Family Systems History

- In 1959 Don Jackson in conjunction with Virginia Satir started the Mental Research Institute in Palo Alto, California During the 1950's,
- In 1960's Salvador Minuchin collaborated with Jay Haley to develop the structural family therapy model at the the Philadelphia Child Guidance Clinic.



Don D. Jackson, MD

Communication Theory

(August 2, 1956)



CONTROL

of who is to define a relationship

Is the **CENTRAL PROBLEM** of Mental Pathology

The crucial level at which relationships become pathological is the level of **controlling who is in control of the definition** of the situation.

Bateson's Key concepts

2. The family is a system with boundaries and is organised into subsystems
3. the boundary around the family set apart from the wider social system of which it is one subsystem
4. the family must be semi-permeable to ensure adaptation and survival
5. The behaviour of each family member, and each family subsystem is determined by the pattern of interactions that connects all family members

Family Therapy: 1950 to 1959

- Considered the genesis of the family therapy movement by some historians
- Focus on influential leaders
 - Nathan Ackerman
 - Gregory Bateson
 - Don Jackson
 - Milton Erickson
 - Carl Whitaker
 - Murray Bowen
 - Ivan Boszormenyi-Nagy

Innovators and History

❖ Carl Whitaker (1912-1995)

- Among the first to do psychotherapy with families
- Encouraged family members to be themselves

- Intuition

❖ Virginia Satir (1916-1988)

- Communication
- Individual self-expression



Major Family Therapies

- 1950's: Several psychologists break away from psychodynamics and argue that dysfunctional behavior is rooted in the individual's past and present family life.
- Jay Haley (and others) develop strategic family therapy.
- Virginia Satir develops conjoint family therapy
- Salvador Minuchin develops **structural family therapy**.
- Murray Bowens develops transgenerational family therapy.
- Carl Whitakers develops experiential family therapy.

Family Systems Perspective

Emphasis is on how the members interact within the family system, how they communicate, how family patterns evolve, and how individual personalities affect family members.

Family systems theory analyzes how implicit or explicit rules hold families together.

The Family Systems Perspective

- **Individuals – are best understood through assessing the interactions within an entire family**
- **Symptoms – are viewed as an expression of a dysfunction within a family**
- **Problematic behaviors –**
 - ◆ **Serve a purpose for the family**
 - ◆ **Are a function of the family's inability to operate productively**
 - ◆ **Are symptomatic patterns handed down across generations**
- **A family – is an interactional unit and a change in one member effects all members**

CHARACTERISTICS OF FAMILY SYSTEMS

- **CIRCULARITY- CASCADING SERIES OF CHANGES IN THE FAMILY**
- **EQUILIBRIUM- ORDERLINESS IN THE BEHAVIOR OF FAMILY SYSTEMS**
- **HOMEOSTASIS- TENDENCY OF SYSTEMS TO RESIST CHANGE AND GO BACK TO ITS PREVIOUS LEVEL OF FUNCTIONING**



Family therapy as a whole

- **Basic assumption**

- An individual's problematic behavior grows out of the interactional unit of the family, community, and societal systems

- **Focus of family therapy**

- Short term, solution-focused, action-oriented, and here-and-now interaction.
- Focus on how current family relationships contribute to the development and maintenance of symptoms.

The Systemic Approach

- Interpersonal rather than intra-psychic,
- Problems embedded in relationships,
- Circular rather than linear causality,
- Mutual influence,
- The importance of context,
- Influence of family beliefs, rules and patterns of communication.

Strategic Family Therapy

- Jay Haley – Worked with Milton Erickson, Gregory Bateson & Salvador Minuchin
- Started the Family Therapy Institute in DC
- Helped Minuchin start the Philadelphia Child Guidance Center in 1967
- Retired in 1995 to La Jolla, CA
- Died in 2007



Strategic Family Therapy

- Jay Haley
- Focuses on solving problems in the present
- Presenting problems are accepted as “real” and not a symptom of system dysfunction
- Therapy is brief, process-focused, and solution-oriented
- The therapist designs strategies for change
- Change results when the family follows the therapist’s directions & change transactions

STRATEGIC THERAPY



- Jay Haley – worked with Minuchin from 1967-76. Began Family Therapy Institute in Washington, D.C. in 1976.
- **Goal:** to create change in destructive behavior and communication patterns among family members. The identified problem is the focus of therapy.
- Developed a brief, problem-focused approach. Contends that "change occurs not through insight and understanding but through the process of the family carrying out directives issued by the therapist." (Becvar & Becvar, *Family Therapy*, 193)



Jay Haley's Strategic Family Therapy

- **Therapeutic change comes about through and interactional process that occurs when a therapist intervenes actively and directively in a system.**
- **The therapist works to substitute new behaviors or sequences for the vicious, positive feedback circles already existing.**
- **The goal is to change the dysfunctional sequences of behavior.**

Experiential Family Therapy

Carl Whitaker

- Innovative, spontaneous, and unstructured
- Main contribution was that of helping families get in contact with their absurdity
- Challenged people to examine their view of reality
- Since 1988, his approach has been called experiential symbolic family therapy



Experiential Family Therapy

Therapy Goals (Carl Whitaker)

- Application of existential therapy to family systems
- Help individuals achieve more intimacy by increasing their awareness of their inner potential and opening channels for family interaction
- An interactive process between a therapist and a family
- Encourage members to be themselves by freely expressing what they are thinking and feeling
- Techniques grow out of the therapist's intuitive and spontaneous reactions (Therapist use of self) to the present situation in therapy

Experiential Family Therapy

- Emerged out of the humanistic-existential psychology movement in the 1960s
- Influenced heavily by Gestalt therapy, psychodrama, client-centered therapy, and the encounter group movement
- Emphasizes affect.
- A healthy family is one in which people openly experience life with each other in a lively manner



Symbolic-Experiential Family Therapy (SEFT)

Major Constructs

Symbolic Language

- Whitaker believed that symbolic language developed in most close family relationships.
- Whitaker would use such symbolic language as an opportunity to promote positive change by shifting from metaphor to reality and back again.
- Whitaker would engage a family in verbal play to enhance flexibility in the family behaviors and roles.

Experiential Family Therapy

- A freewheeling, intuitive, sometimes outrageous approach aiming to:
 - Unmask pretense, create new meaning, and liberate family members to be themselves
- Techniques are secondary to the therapeutic relationship
- Pragmatic and atheoretical
- Interventions create turmoil and intensify what is going on here and now in the family

Bowen Family Systems Therapy

Multigenerational Family Therapy

- **The application of rational thinking to emotionally saturated systems**
 - ◆ A well-articulated theory is considered to be essential
- **With the proper knowledge the individual can change**
 - ◆ Change occurs only with other family members
- **Differentiation of the self**
 - ◆ A psychological separation from others
- **Triangulation**
 - ◆ A third party is recruited to reduce anxiety and stabilize a couples' relationship

BOWEN FAMILY SYSTEMS THEORY

- **Theory of Human Behavior views family as an emotional unit and uses systems thinking to subscribe complex interactions in the unit.**
- **Functioning of family members is interdependent: Change in one person's functioning is predictably followed by a reciprocal change in the function of others.**
- **Emotional interdependence will intensify under heightened tension (anxiety will escalate).**

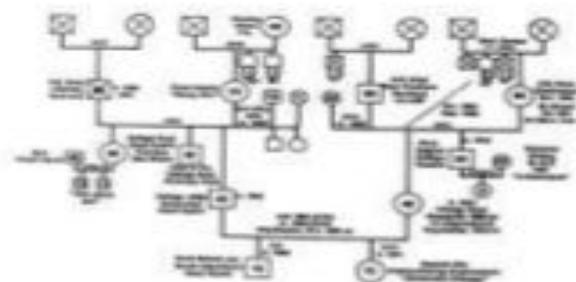
Goals of Bowenian Therapy

Goals of Therapy

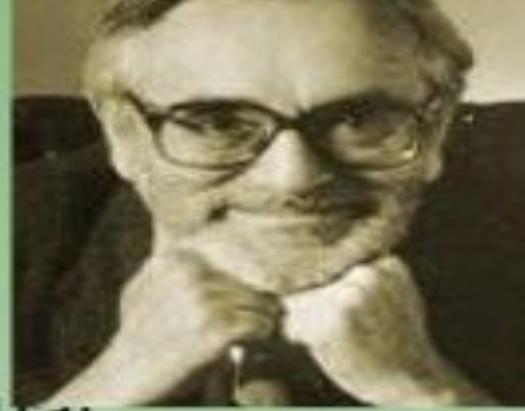
- Increase level of differentiation
- Reduce reactivity in the moment
- Decrease chronic levels of anxiety
- Reduce fusion of thoughts and feelings
- Educate and model differentiation
- Detriangle
- I messages; self-definition
- Reconnect
- Increase the capacity for one to one relationships

FUSION

- The lower the individual's level of differentiation, the greater the likelihood that he/she will be unable to differentiate him/herself from other family members
- This causes him or her to become "fused" with the emotions that dominate other family members
- When an entire family is fused it is called an undifferentiated family "ego mass."
- This is a term used by Bowen to describe the emotional "stuck-togetherness" of families that have inadequate interpersonal boundaries



Structural Therapy



- Salvador Minuchin
- **Goal:** Develop clear **boundaries** for individual members and changing the family's **structural pattern** by creating effective **hierarchical structure**
- Parents are in charge of their children and give them increasing independence and freedom as they mature.

- **Major concepts**

- Family Structure
- Family Subsystems
- Boundaries



Structural Family Therapy

- Focus is on family interactions to understand the structure, or organization of the family
- Symptoms are a by-product of structural failings
- Structural changes must occur in a family before an individual's symptoms can be reduced
- Techniques are active, directive, and well thought-out

Enmeshment versus Disengagement

Enmeshment

- Boundary is too permeable
- Family members are too involved with each other's lives.
- Autonomous acts = betrayal
- Anxious attachments?

Disengagement

- Overly rigid boundaries.
- Members share a 'space' but operate as separate units.
- No sense of 'connection'
- Detached
- Avoidant attachments?

Enmeshment and Disengagement

- **Enmeshment** is when the boundaries are too permeable and family members become over-involved and entwined in one another's lives (opening each other's mail, knowing each other's secrets, being continually attuned to each other feelings)
- **Disengagement** involves overly rigid boundaries, with family members sharing a home but operating as separate units, with little interaction, exchange of feelings, or sense of connection to one another. Little support, concern, or family loyalty is evident in disengaged families.



Key Concepts of Structural Family Therapy

- Focus is on family interactions to understand the structure/organization of the family
- Symptoms/presenting problem viewed as by-product of structural failings
- Structural changes must occur in a family before an individual's symptoms can be reduced

Underlying Assumptions

- A family system is therefore stabilized by each member's contribution.**
- Subsystems are organized hierarchically : power is distributed appropriately within individuals and between subsystems, making reliance on some members more expected than on others.**
- All family systems desire homeostasis: each individual member desires to stabilize the system and contributes their part to balance the system so that they can continue to be satisfied by the system (Minuchin, 1974)**

Structural Family Therapy (Salvador Minuchin)

- Family Structure = **invisible set of rules** governing family **transactions** (family members' behaviors towards each other)
- Family Subsystems (e.g., parents) have appropriate **functions and tasks**
- Family transactions and subsystems are governed by **boundaries** (e.g., closeness of members, flexibility of rules)
- **Therapist's role**: Re-align structure of family – i.e., **change interaction patterns** between family members and family subsystems to be **more functional**

Salvador Munichin

Structural Family Therapy

- **Core Techniques:**

- Modify family's transactional patterns
- Develop more appropriate boundaries
- Create an effective hierarchical structure

Transactional Patterns: Ways the family regulates itself; The stable structure within each the member live and interact

- **Goals of Therapy:**

- Structural changes in family relationships can help reduce/eliminate individual symptoms

- **Therapy in Practice: An Example**

- Therapists who practice from a structural family therapy perspective when noticing that one parent tends to talk to a child instead of communicating with his/her partner will seek to strengthen the boundaries in order to re-establish a better functioning parental system.

The Recipe for Family Therapy



One reason secret family recipes are usually best kept secret.



CARLOON
COLLECTIONS
com

Chitty

Search ID: CC143264

"Oh, you do it that way, do you?"

The Family's Description of the Presenting Problem:

That One is the Problem



Fix that one and our family will be just fine. We're really like the Brady Bunch except for our little fire-setter



I'm Fine!

**The rest of
you need
therapy!**

The Family's Description of the Problem



Minuchin Says the Family is Wrong

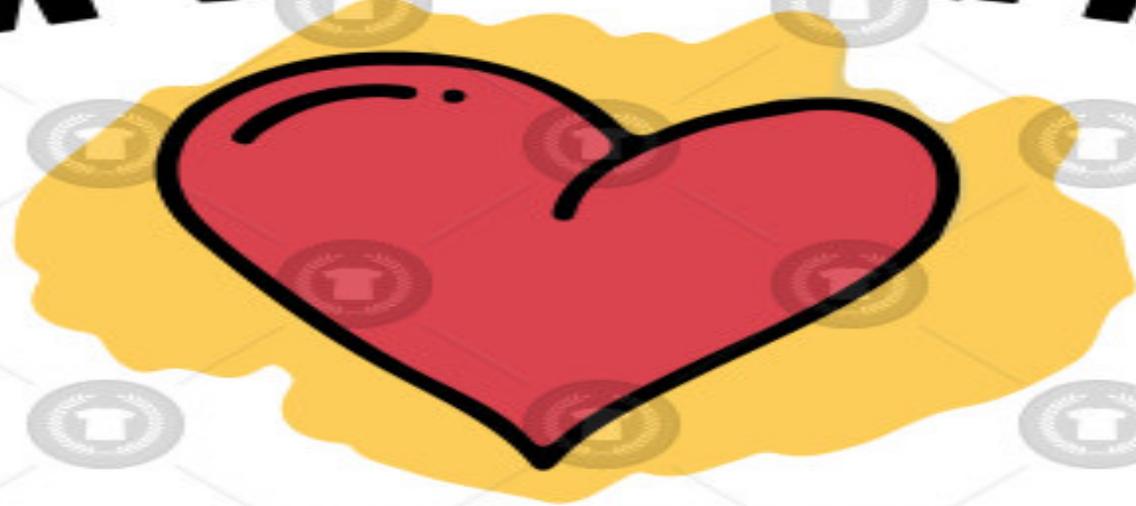


FAMILY THERAPY

A vibrant, colorful nebula or galaxy background with the text "Starts With A Bang!" overlaid. The colors range from deep blues and purples to bright oranges and reds, creating a dynamic and energetic visual. The text is in a light blue, sans-serif font with a slight shadow effect.

Starts With
A Bang!

I'M THE CRAZY



**MARRIAGE & FAMILY
THERAPIST**

EVERYONE WARNED

 YOU ABOUT! 



The Foundation of Minuchin's Structural Family Therapy is:



A couple is shown in silhouette, dancing in a dark room. A bright light source, possibly a window or a stage light, is positioned behind them, creating a strong backlighting effect that highlights the outlines of their bodies and heads. The overall mood is romantic and intimate.

The Dance of
Complementarity

Examples of couple complementarity

Overfunctioner and Underfunctioner

Pursuer and Distancer

Aggressor and Appeaser

Permissive one and Disciplinarian

Flexible one and Stubborn one

IT TAKES TWO TO TANGO

(The Dance of Love)



Disco
dance



R & B
dance



Tango
dance



Rumba
dance

Family Systems Therapy Asserts:



In the Middle

Family Systems Therapy asserts:

The 50/50 Rule of Relationships



by Jeff Agenor

However, relationships are 50/50



ONLY UNTIL THEY AREN'T

**“
THE YOUNG DOCTOR KNOWS THE RULES;
THE EXPERIENCED DOCTOR KNOWS THE:**



STEVEN MILLER, MD.

!”

**Because it is child abuse,
Parental Alienation is the *EXCEPTION* to the 50/50 rule**



Parental Alienation is Child Abuse

It is therefore the exception to the rule that both parents contribute



If a parent presents in these various ways at various times,



And if that parent creates this effect on the other parent:

**THEN THE FIRST PARENT LIKELY HAS ONE OR MORE
CLUSTER B *PERSONALITY DISORDERS***

and

it is, therefore, *NOT* a 50/50 RELATIONSHIP

I SENSE

**MUCH IMPATIENCE & HIGH
ANTICIPATION IN YOU - A JEDI YOU WILL
NOT BE.**

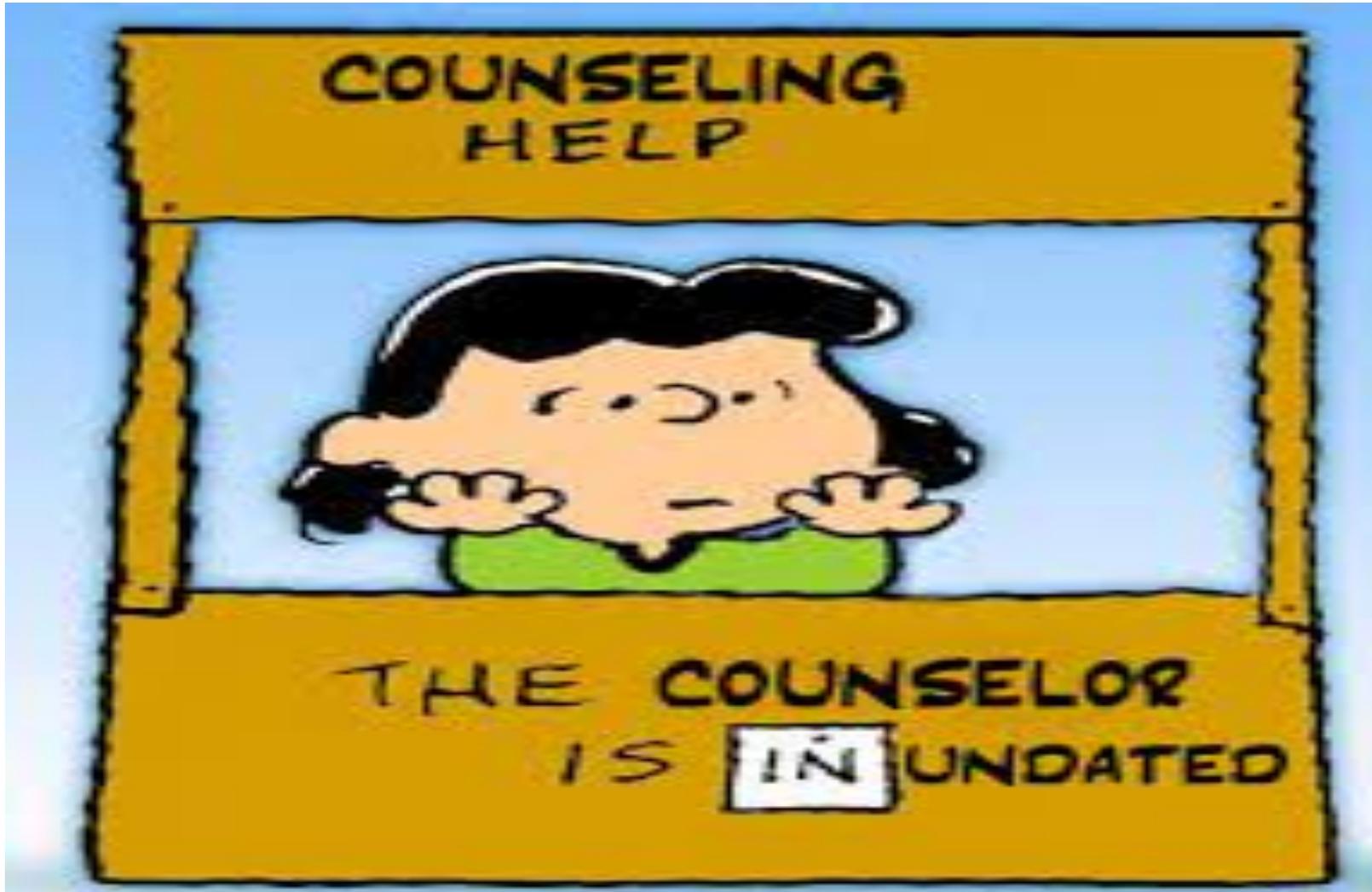
Personality Disorder



“An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has **an onset in adolescence or early adulthood**, is stable over time, and leads to distress or impairment.”

DSM-5 (p. 645)

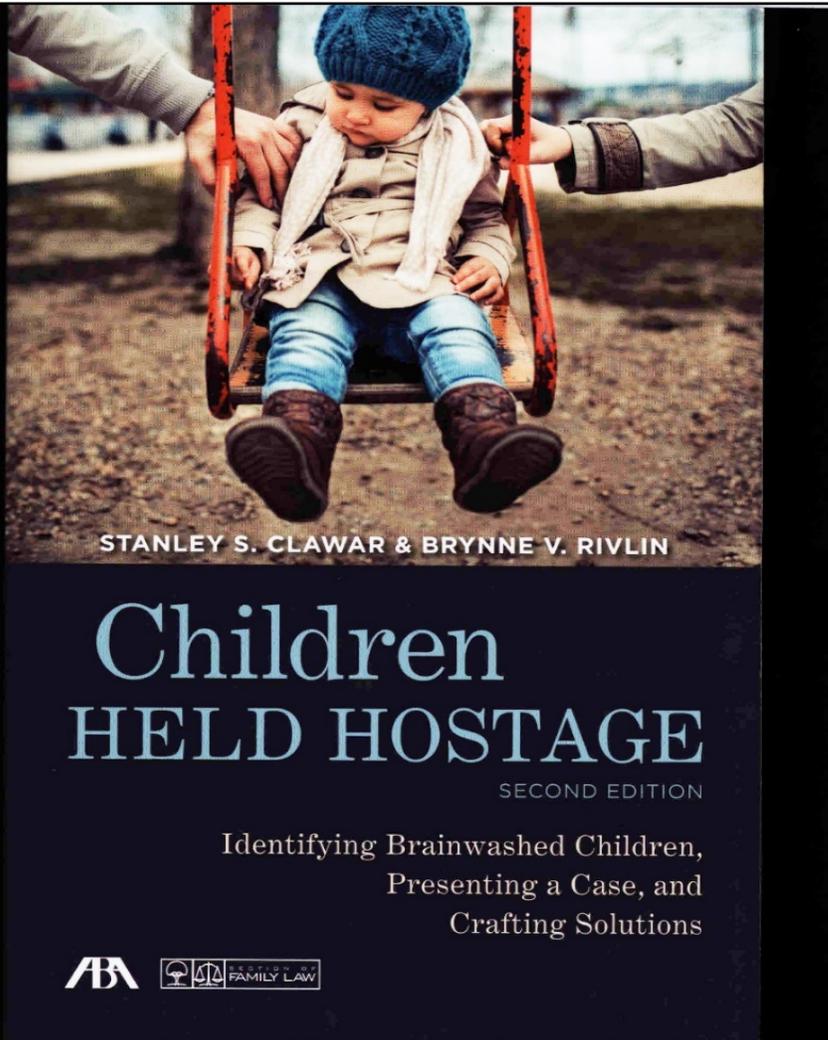
So the Court has ordered traditional reunification therapy to fix the alienated relationship



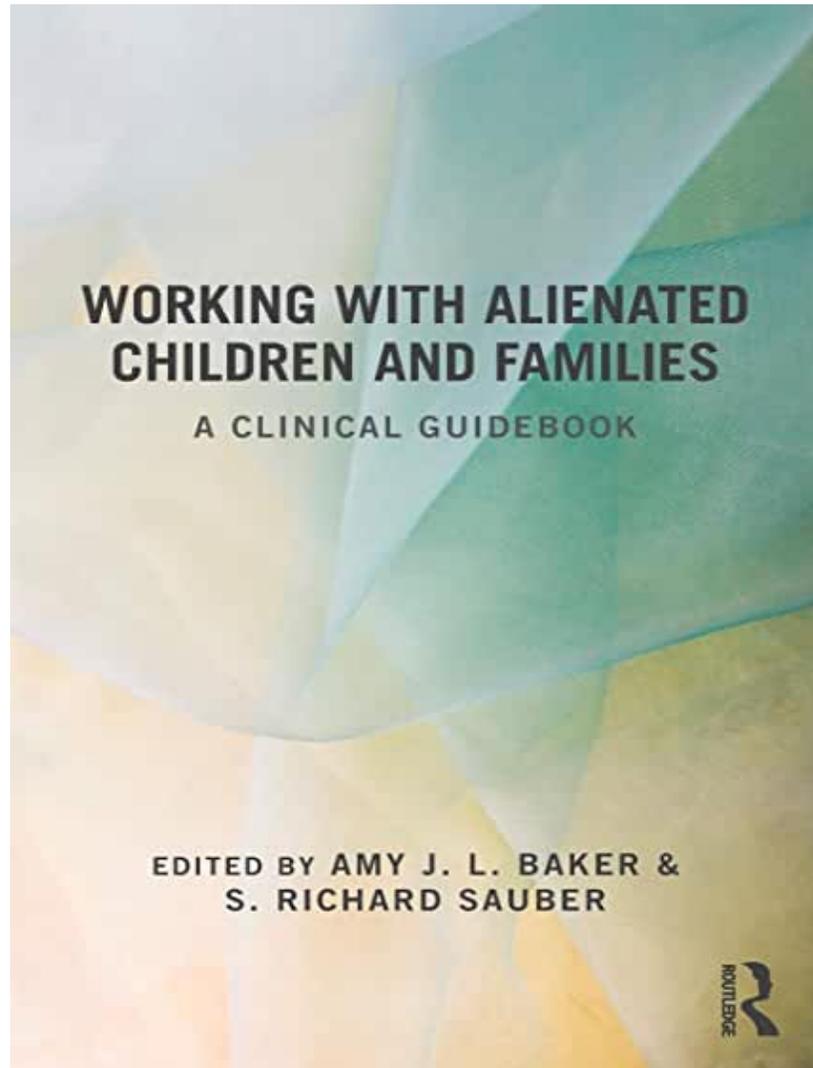
**“TRADITIONAL REUNIFICATION THERAPY FOR SEVERE
ALIENATION IS CONTRAINDICATED—
MEANING FORBIDDEN!” Steve Miller, MD**



Clawar & Rivlin (2013), published by the American Bar Association:



"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.)



“Therapists who insist on a trial of conventional therapy 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

“Delays caused by ineffective treatment will only serve to further exacerbate the problem, making it more resistant to remediation.”

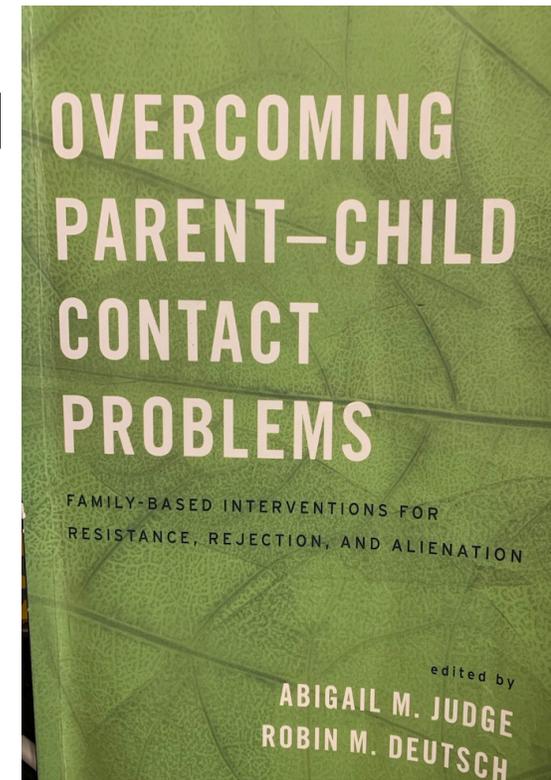
Fiddler & Ward

“Models of outpatient reunification therapy...are most likely to be effective for mild-moderate cases of parent-child contact problems and parental alienation...Families whose dynamics are considered moderate to severe, however, often require a more intensive approach.”

Polak & Moran

“Individual outpatient therapies often fail in more severe alienation cases”

Drozd & Bala



- Warshak, Richard (2015). Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy. *Professional Psychology: Research and Practice*. American Psychological Association. **Warshak's Fallacy 9:**

§ “Severely alienated children are best treated with traditional therapy techniques while living primarily with their favored parent.”

§ “Case studies and clinical experience suggest that psychotherapy while children remain under the care of their favored parent is **unlikely to repair damaged parent-child relationships and may make things worse**

§ “The poor track record of traditional psychotherapy with alienated children who live predominately with their favored parent should inform evaluators’ recommendations of interventions.”

§ “**Therapists should not prolong therapy with alienated children** in circumstances where the therapy has little chance of success

- **Fidler, Barbara Jo & Bala, Nicholas (2010). Children resisting postseparation contact with a parent: concepts, controversies, and conundrums. *Family Court Review*.**

§ “More severe alienation cases are unlikely to be responsive to therapeutic or psycho-educational interventions in the absence of either a temporary interruption of contact between the child and the alienating parent or more permanent custody reversal.”

- **§ Reay, Kathleen (2015). Family Reflections: A Promising Therapeutic Program Designed to Treat Severely Alienated Children and Their Family System. *American Journal Of Family Therapy*.**
 - **“In separation and divorce cases where a child is severely alienated from a once loved parent, traditional therapeutic approaches grossly fail ... entirely different therapeutic skills are needed.”**
 - **“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.”**

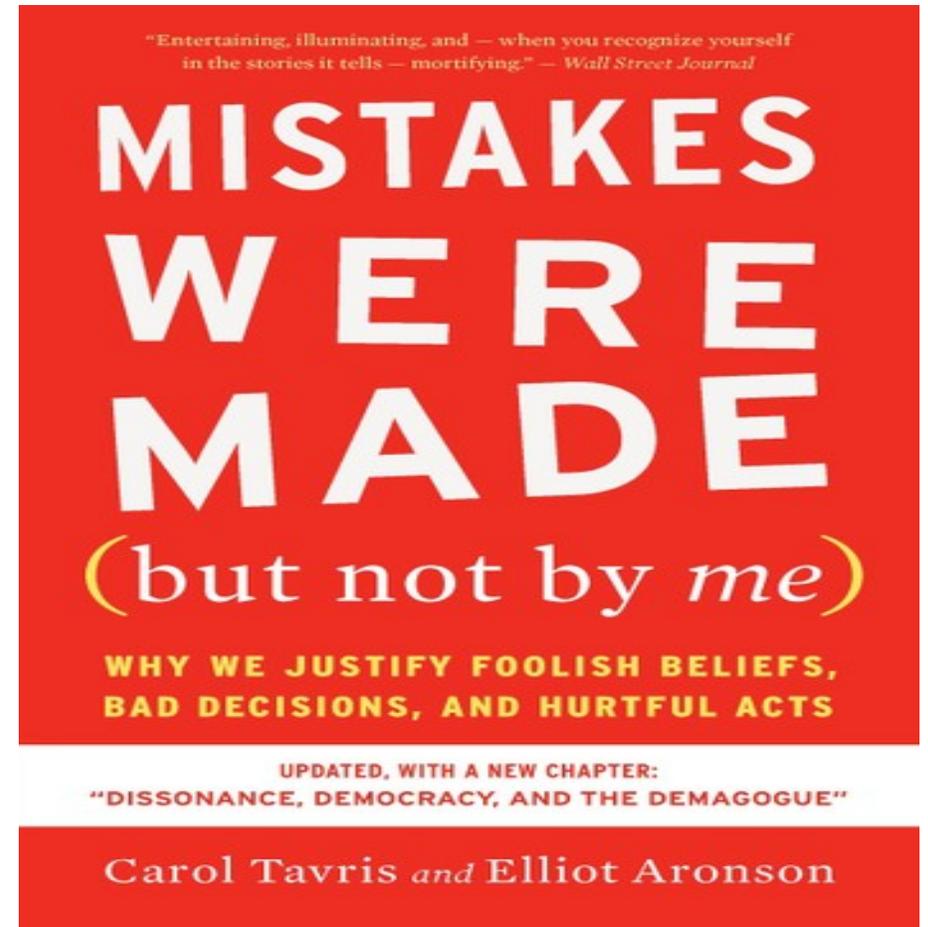
A man with short dark hair, wearing a dark t-shirt, is shown from the chest up. He is looking slightly to his right and has his mouth open as if speaking. His right hand is raised, with fingers slightly curled. The background is dark and out of focus.

**If you do what
you've always done,
you'll get what
you've always gotten.**

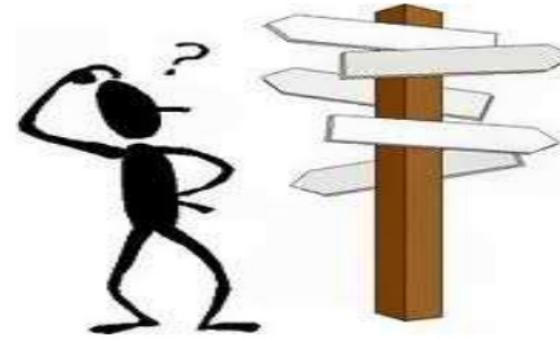
- Tony Robbins

Goalcast

COMMON MISTAKES MADE BY TRADITIONAL REUNIFICATION THERAPISTS



Differential Diagnosis



Mistake 1: Failure to develop a

- § It is NEVER appropriate for a therapist to treat ANY condition without first evaluating the client or clients
- § It is NEVER appropriate to provide generic treatment for “a relationship problem” without an evaluation

Mistake 1: Failure to develop a differential diagnosis

- § It is NEVER appropriate for a therapist to fail to evaluate a child or family dynamics because he or she was “not appointed to do an evaluation.”
- § This is a prime example of the equivocation fallacy
- § Therapists who make this claim attempt to equate a routine clinical evaluation (with a small e)—for which an evaluation is ALWAYS required—with a formal Forensic Evaluation (with a capital E)
- § No one should EVER fall for this common ploy!

Steven Miller, MD

Mistake 1: Failure to Develop a Differential Diagnosis

- **Since symptoms or manifestations can be indicative of more than one disorder or diagnosis**

and

- **Because diagnosis dictates treatment, the clinician is obligated to develop a differential diagnosis**

therefore

- **All competing, plausible hypotheses (possible diagnoses) must be generated to explain the clinical condition being presented**
- **The application of a valid and recognized scientific methods must be applied to the evidence (or tests) in the case for and against each hypothesis to rule out incorrect hypotheses and rule in the correct hypothesis**

Mistake 1: Failure to develop a differential diagnosis

- **Given the clinical condition of a child rejecting a parent, the clinician *must* generate the competing hypotheses of alienation, estrangement, and a hybrid and evaluate the evidence for and against each hypothesis to rule out the incorrect diagnosis and rule in the correct diagnosis**
- **Unfortunately, this is rarely done by traditional reunification therapists, and they end up providing a catastrophically incorrect treatment**
- **Failing to develop a differential diagnosis is a profoundly serious clinical error in an alienation case because the treatment for each of the three hypotheses are diametrically opposed**

Mistake 1: Failure to develop a differential diagnosis

- In the absence of the correct diagnosis, traditional reunification therapies ineffectively place the focus of treatment on the symptom: the damaged or severed parent-child relationship
- The cause of the clinical condition—the alienating parent’s behaviors—is usually minimized, not recognized, and/or totally ignored
- Treatment for the pathological enmeshment occurring between the alienating parent and child—a severe psychiatric condition for the child and therefore the more dysfunctional relationship—is tragically overlooked
- The alienating parent is not held accountable for relinquishing her or his behaviors

Mistake 1: Failure to develop a differential diagnosis

- **The alienating parent is not held accountable for relinquishing her or his behaviors**
- **As previously noted, severely alienating parents tend to have one or more personality disorders, and this is rarely, if ever, addressed in traditional therapies. The common personality disorders are:**
 - § **Borderline**
 - § **Narcissistic**
 - § **Sociopathic**
 - § **Other (e.g., paranoid, histrionic)**

Mistake 1: Failure to develop a differential diagnosis

- **Because of a parent's formidable influence over a dependent child and due to intense exposure, the child is vulnerable to developing a personality disorder**
- **If a personality disorder is present, or even suspected, such conditions should inform treatment**

Mistake 2: Failure to treat the underlying condition: *the child abuse*



"It's our new method for determining who we should treat first. We take people in order of how loud they scream."

"The highest priority is to protect the child from the abusive alienating environment, not to restore the relationship with the alienated parent." **Steven Miller (2013)**

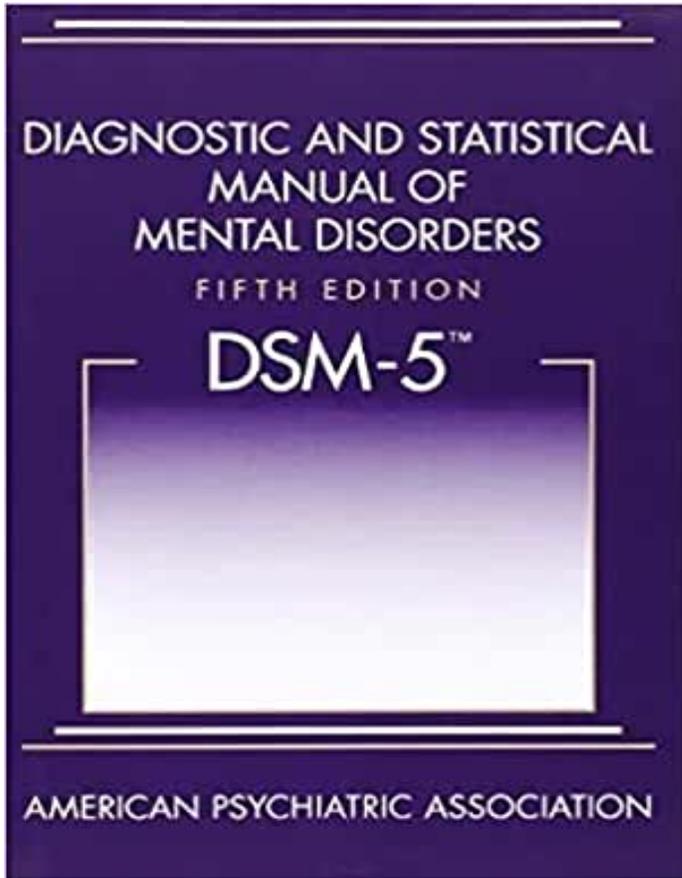
**Mistake 2) Failure to treat the underlying condition:
*the child abuse***

§ Proper treatment of PA requires an approach based on a child maltreatment and child protection model.

§ PA meets the standard criteria for child psychological and emotional abuse and psychological maltreatment.

In 2021, that is not debatable.

Mistake 2) Failure to treat the underlying condition: *the child abuse*

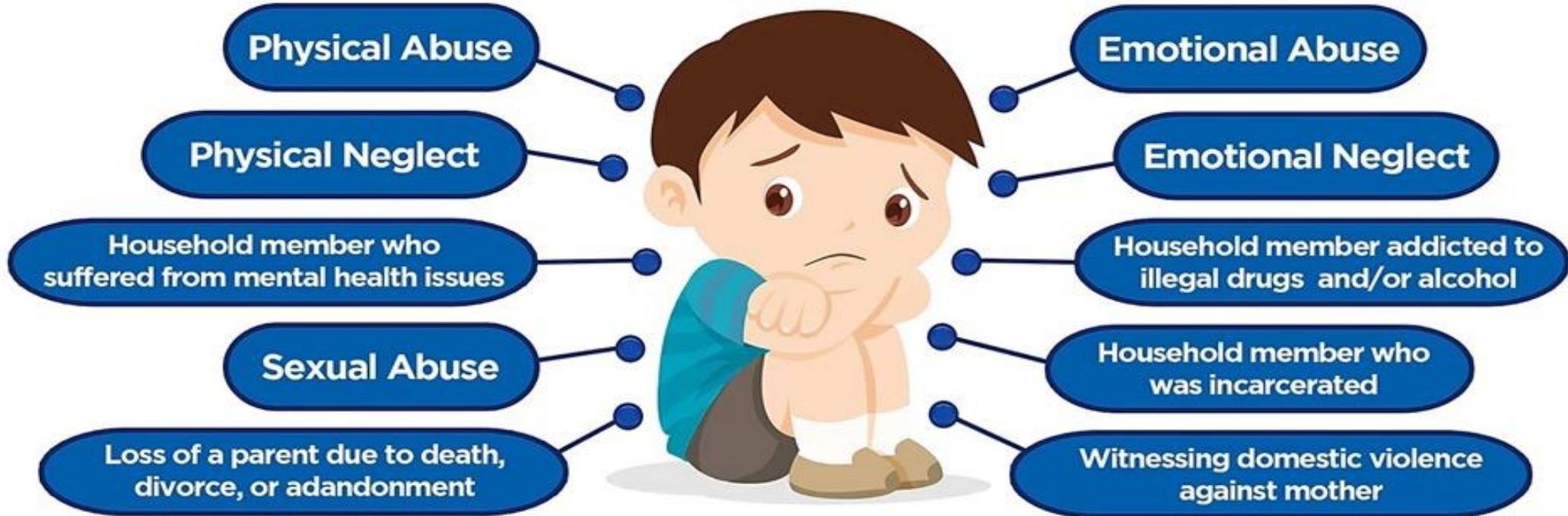


Child Psychological Abuse 995.51

“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... examples of psychological abuse of a child include 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

Mistake 2) Failure to treat the underlying condition: *the child abuse*

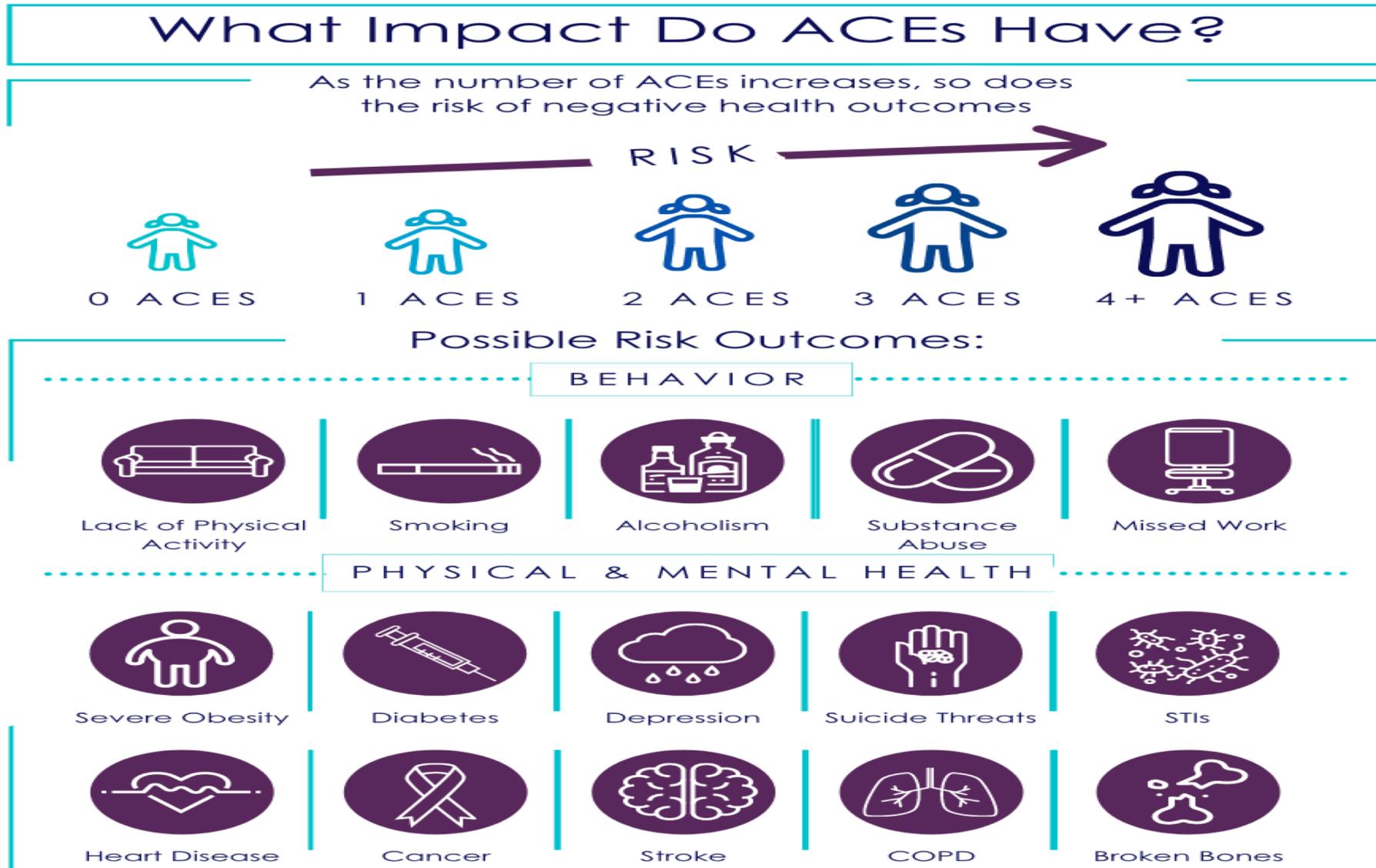
ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:



Mistake 2) Failure to treat the underlying condition: *the child abuse*



Mistake 2) Failure to treat the underlying condition: *the child abuse*

- **Felitti, et al. (1998) in “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences” published in *The American Journal of Preventive Medicine*.**
- **Anda & Felitti, Et. al. (2006). “The enduring effects of abuse and related adverse experiences in childhood.” *European Archives of Psychiatry and Clinical Neuroscience***

Mistake 2) Failure to treat the underlying condition: *the child abuse*

- **Spinazzola, J (2014). “Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes.” *Psychological Trauma.*”**
- **Nurius.(2015). “Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis.” *Child Abuse & Neglect.***

Mistake 2) Failure to treat the underlying condition: *the child abuse*

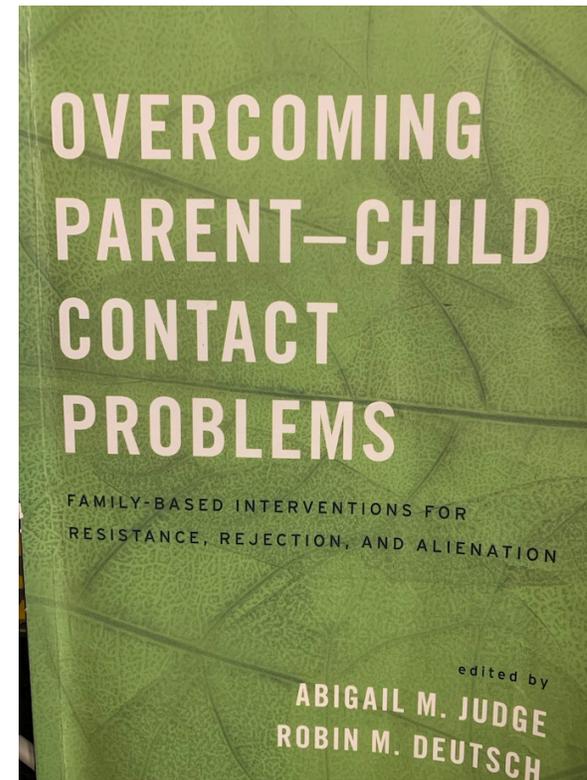
Federal Law: Child Abuse Prevention and Treatment Act (CAPTA)

- “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical *or emotional harm*, sexual abuse or *exploitation*”;
- or
- "An act or failure to act which presents an imminent risk of serious harm."

“The rationale for unwanted treatment and intrusive intervention with families where children refuse or resist contact with one parent can be derived from a prioritized list of four explicit intervention goals:

Highest Priority #1: Protect the safety and well-being of the child” (P. 323).

Janet Johnston



Mistake 2) Failure to treat the underlying condition: *the child abuse*

CHILD ABUSE

PARENTAL ALIENATION

- The systematic manipulation of a child, by an adult, into actions and thoughts that serve the purpose of the manipulator
- Actions that the child would NEVER independently entertain
- The showering of attention, in order to demonstrate that they are the only person that truly cares
- The removing of the child from the very people that do truly care for the child
- Will leave devastating and lasting psychological scars on the child

• **LEGAL**

LET'S MAKE CHANGE

www.dear-sophie.com

CHILD GROOMING

- The systematic manipulation of a child, by an adult, into actions and thoughts that serve the purpose of the manipulator
- Actions that the child would NEVER independently entertain
- The showering of attention, in order to demonstrate that they are the only person that truly cares
- The removing of the child from the very people that do truly care for the child
- Will leave devastating and lasting psychological scars on the child

• **ILLEGAL**

BOTH ILLEGAL



Dear
Sophie

Mistake 3) Listening to the Voice of the Child



Mistake 3) Listening to the Voice of the Child

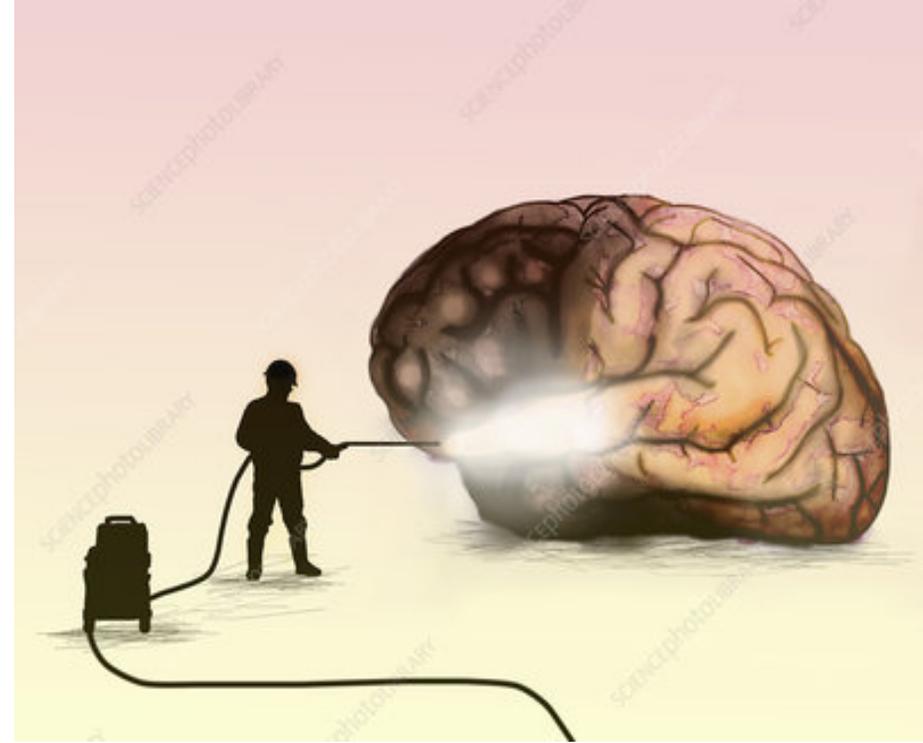
- **Giving credence and weight to the voice of the child is the present-day normal in family court proceedings, traditional reunification therapies, sex abuse treatment, and CPS investigations.**
- **In alienation cases, in particular, this is a tragic approach and leads to catastrophic consequences for the child.**



Mistake 3: Listening to the voice of the child

**PARENTAL
ALIENATION
=
A CULT**

Mistake 3: Listening to the voice of the child



- **The brainwashing in alienation is akin to the brainwashing in a cult**
- **An alienated child cannot be expected to report feelings and opinions different from the alienating parent any more than a cult member can report differently than the cult leader.**

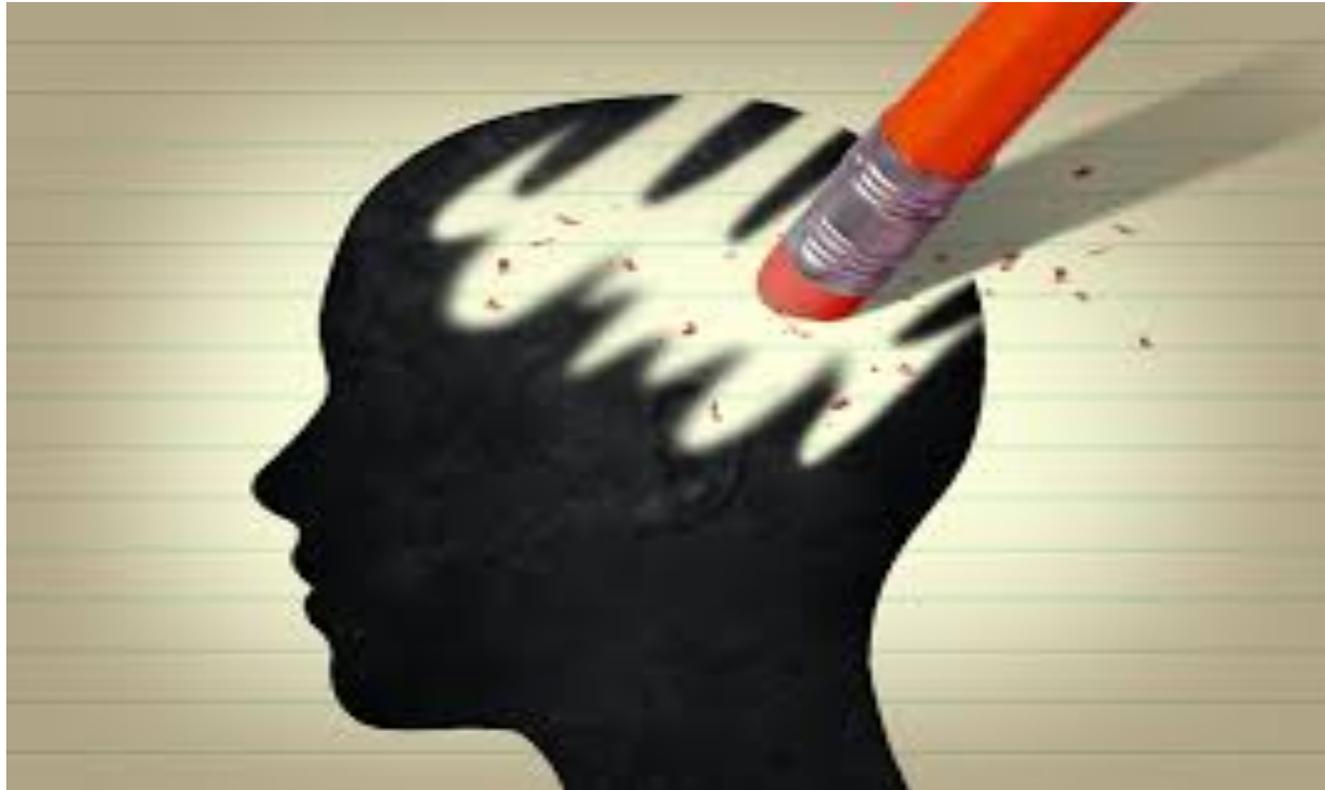
(Warshak, 2003; Gottlieb, 2012; Miller, 2013; Clawar & Rivlin, 2013; Lorandos & Bernet, 2020; Rosen, 2013; Reay, 2015, Baker and Fine, 2013; et. al.)

Mistake 3: Listening to the voice of the child



Alienated children are not free agents

Mistake 3: Listening to the voice of the alienated child



Is akin to listening to the voice of the alienating parent, who has erased the child's own feelings, opinions, and wishes and has substituted that parent's feelings, opinions, and wishes

Mistake 3: Listening to the voice of the child



Mistake 3: Listening to the voice of the child

A close-up photograph of a hand holding a needle and thread, with the thread being pulled through the needle. The background is a soft, out-of-focus landscape with a blue sky and green hills. The text is overlaid on the right side of the image.

we should
'listen to the child'
(because the
child is under
the manipulative
control of the
narcissistic/borderline
parent)

Mistake 3: Listening to the voice of the child

The alienated child suffers from “diminished capacity”



SPEECH EVALUATION

Jaime Rosen *FAMILY COURT
REVIEW*, Vol. 51 No. 2, April 2013
330–343 © 2013 Association of
Family and Conciliation Courts.

“THE CHILD’S ATTORNEY AND THE ALIENATED CHILD: APPROACHES TO RESOLVING THE ETHICAL DILEMMA OF DIMINISHED CAPACITY”:

“In child custody cases where parental alienation exists, the appointed Child’s Attorney must determine whether the child has diminished capacity under the *Model Rules of Professional Conduct*, and if so, must treat the client accordingly under Rule 1.14.20.”

Mistake 3: Listening to the voice of the child

**Diminished Capacity: The child's objectives would likely
a substantial risk or serious danger to the child**

**“Under the influence of an alienating parent, the child may not be cognitively or
psychologically able to make a judgment that is in his or her best interests”**

Jaime Rosen, 2013 Family Court Review

“The triangulated child is a puppet of the ventriloquist triangulating parent”

Salvador Minuchin, MD



Mistake 3: Listening to the voice of the child

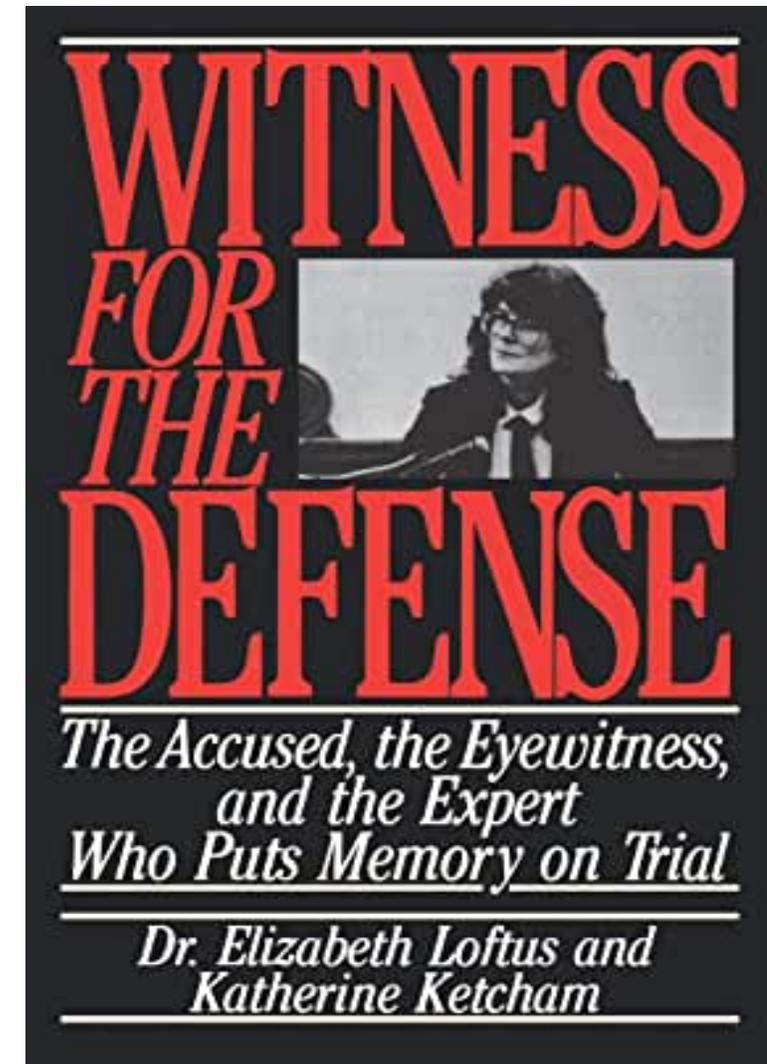
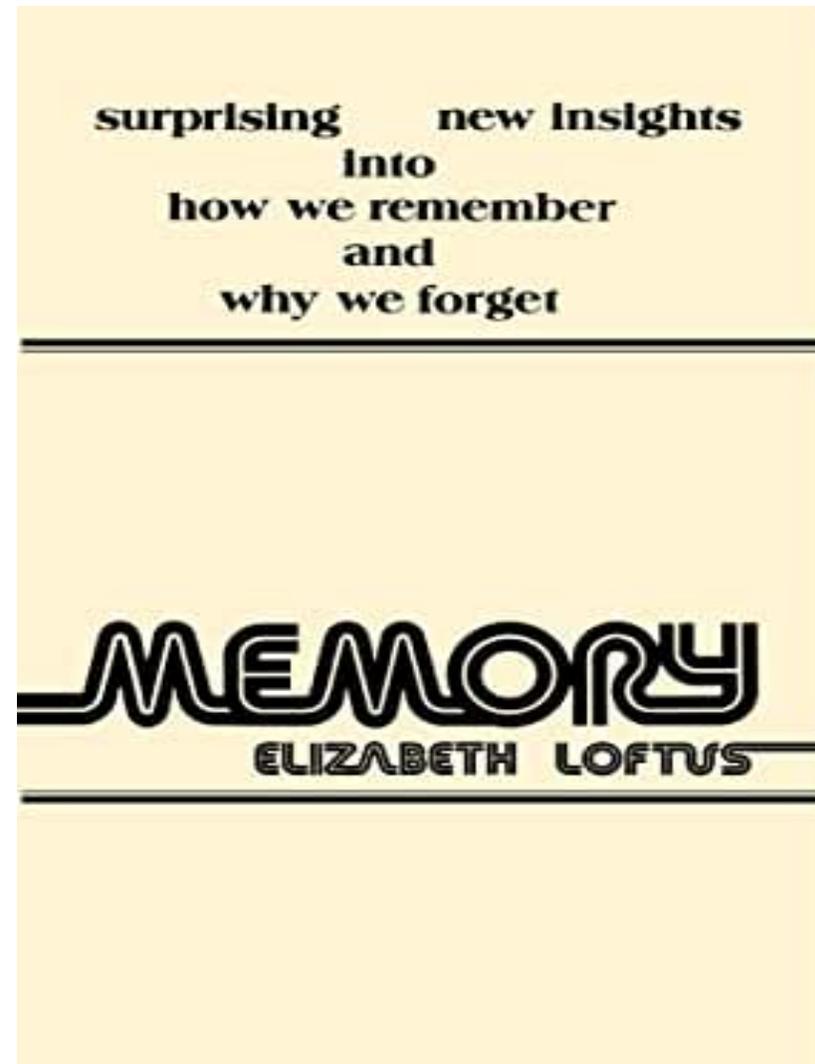
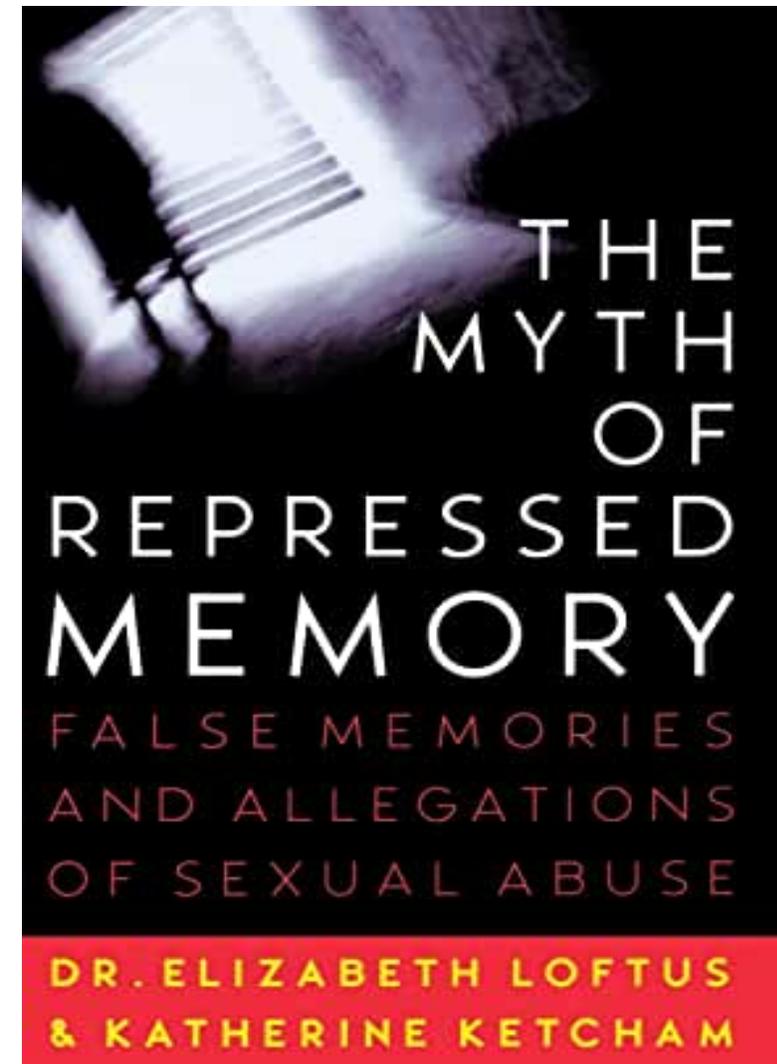
**Children's Suggestibility
and
Memory**

Mistake 3: Listening to the voice of the child

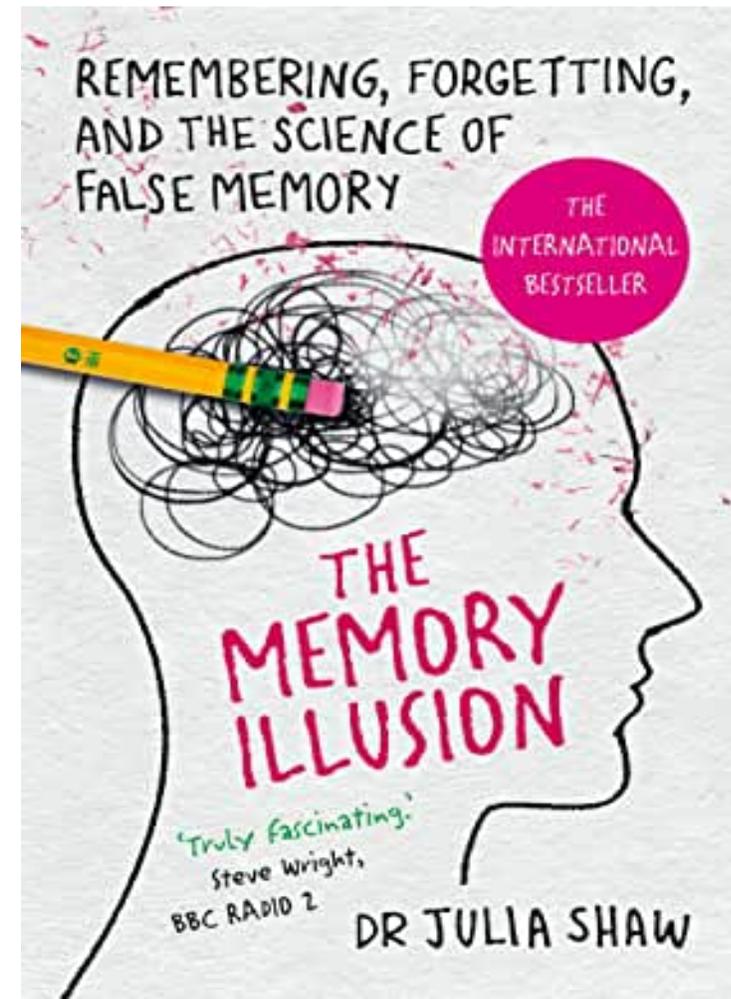
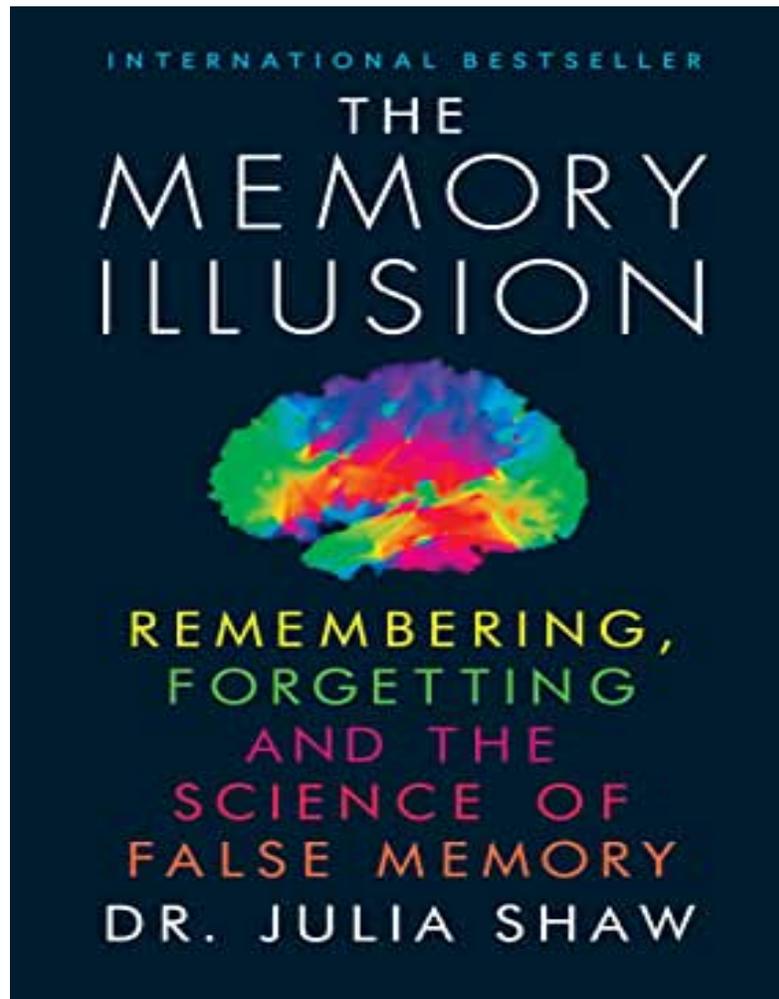
**Maggie Bruck and Stephen Ceci (1997) The Suggestibility of Young Children,
*Current Directions in Psychological Science***

- “When children are repeatedly and suggestively interviewed about false events, assent rates rise for each interview.
- For example, children are more likely to assent to a false event in a third interview than in a second interview.
- Subtle suggestions can influence children’s inaccurate reporting of nonevents that, if pushed in follow-up questioning by an interviewer who suspected something sexual had occurred, could lead to a sexual interpretation.

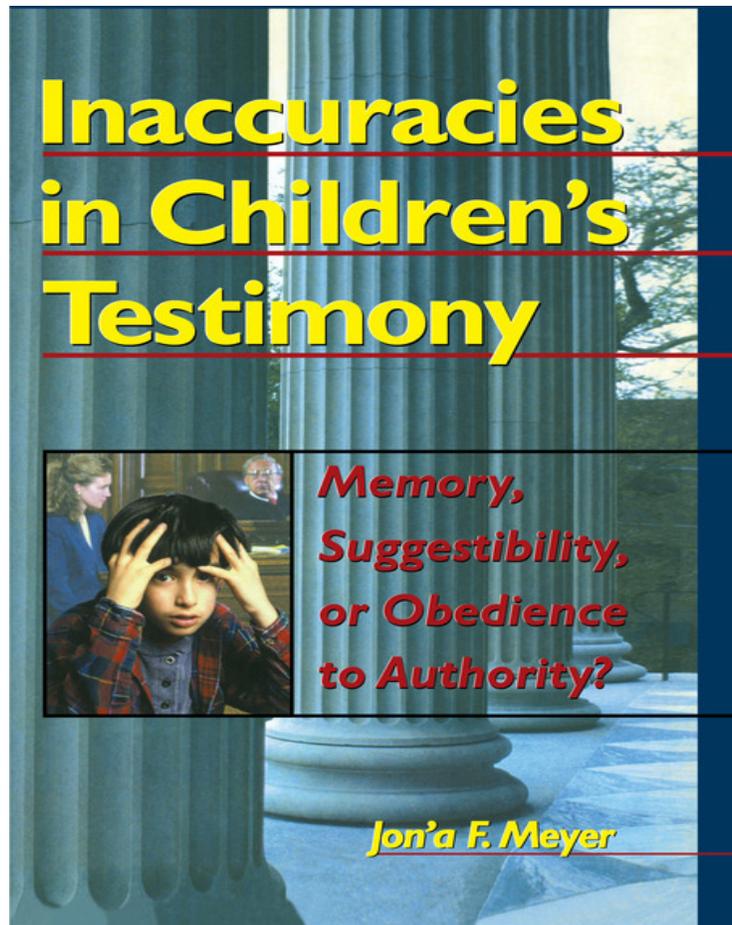
Mistake 3: Listening to the voice of the child



Mistake 3: Listening to the voice of the child



Mistake 3: Listening to the voice of the child



Mistake 3: Listening to the voice of the child

Dr. Yvonne Skinner, a former prison psychiatrist and President of the Australian and New Zealand Association of Psychiatry, Psychology and Law:

“If you reinforce your version of 'the truth' to yourself enough times, you might actually start to believe it. There are people who want to believe their lies so much that it does actually become a truth in their reality.”

Lying is a natural instinct

- **Seth Slater M.F.A., writing in articles on 9/22/2013 and on 1/31/2018 in *Psychology Today*, affirmed the innateness of deception to evolutionary biology as it is “a valuable tool in the survival kit of any social species.”**
- **In an 8/5/2003 NY Times article entitled, “Behavior: Truth About Lies,” Richard Friedman, MD, opines, “By the time most children are 4, they have acquired the ability to deceive others, a skill critical to survival. In fact, few human behaviors are viewed as paradoxically as lying. We teach our children that it is wrong, yet we lie every day in the name of civility.”**

Lying is a natural instinct

- Psychologist Robert Feldman, University of Massachusetts, opined, “A decade-long psychological study revealed that 60% of people lied during a typical 10-minute conversation.”
- An article published in *The Journal of the [Association for Psychological Science](#)*, psychological scientists, Shalvi of the University of Amsterdam and Eldar and Bereby-Meyer, of Ben-Gurion University, investigated the factors that influence deceitful behavior. They found, “Our first instinct is to serve our own self-interest, and people are more likely to lie when they can justify such lies to themselves.”

In a 7/11/2018 article by Theodore Schaarschmidt published in the *Scientific American* entitled, “The Art of Lying,” the author opines:

“Lying is among the most sophisticated and demanding accomplishments of the human brain... Lying is a major component of the human behavioral repertoire; without it, we would have a hard time coping. Small children love to make up stories, but they generally tell the first purposeful lies about age 4 or five.

The Art of Lying”

Before starting their careers as con artists, they must first acquire two important cognitive skills. One is deontic reasoning: the ability to recognize and understand social rules and what happens when the rules are transgressed. For example, if you confess, you may be punished; if you lie, you might get away with it. The other cognitive skill is the theory of mind: the ability to imagine what another person is thinking. For example, I need to realize that my mother will not believe that the dog snagged the last burger if she saw me scoff on the food.”

- **Social psychologist Bela M. DePaulo, University of California... undertook a 2015 study with more than 1000 participants in the Netherlands from ages 6 to 77. Children, the analysis found, initially have difficulty formulating believable lies, but proficiency improves with age. Young adults between 18 and 29 do it best. After about the age of 45, we begin to lose the ability to lie persuasively.”**

Humans are poor lie detectors

Social psychologist, Bella DePaulo, Ph.D., at Harvard, and her colleague, Charlie Bond, summarized all the studies conducted to determine our ability to detect lies. 24,000 participants were involved in their aggregate study. Dr. Paulo opined about the results:

People are pretty lousy lie detectors. In ordinary social interactions, when all we have to go by is what the other persons are saying and how they are saying it, our judgments of whether someone is lying or telling the truth are correct only a little more often than chance. By chance, accuracy would have been 50 percent; **the average accuracy across all of the studies was 54 percent.**

Mistake 3: Listening to the voice of the child

It inadvertently subjects the child to the loyalty conflict



Mistake 3: Listening to the voice of the child

Cognitive functioning does not mature until the mid 20s



Children do not know what is in their own best interests and they are unable to theorize what it would be like to have a parent absent from their lives

Mistake 4: Giving undue weight to intuitive reasoning (system 1) to the *exclusion or minimalization* of analytical reasoning (system 2)



Intuitive reasoning

- Faculty of apprehending a priori truths or facts
- Going with one's instincts e.g. we instinctively know that a cup of coffee purchased at a coffee shop is going to be hot
- An immediate gut understanding or judgment of something

“My wife’s female intuition is so highly developed, she sometimes knows I’m wrong before I’ve even opened my mouth”



Mistake 4: Giving undue to intuitive reasoning to the *exclusion* of analytical reasoning



Experience with a situation leads to *pattern recognition* for similar situations

Extensive pattern recognition for a situation thereby increases the accuracy of intuitive reasoning for judging similar situations

Mistake 4: Reliance upon intuitive reasoning to the exclusion of analytical reasoning



Intuitive reasoning is a *valuable beginning step* in evaluating a clinical presentation

Intuitive reasoning suggests the generation of all competing plausible hypotheses to explain the clinical presentation

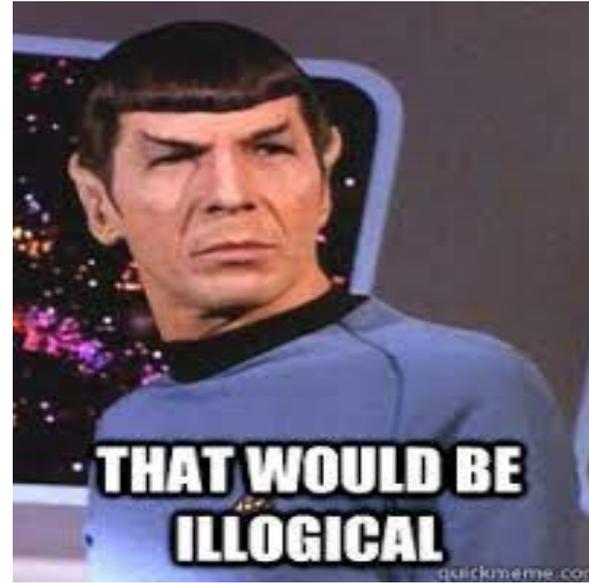
Mistake 4: Reliance upon intuitive reasoning to the exclusion of analytical reasoning



**Sadly, Non-Specialists in alienation
lack sufficient pattern recognition for alienation**

**Traditional reunification therapists typically fail to determine the
cause of the parent-child relationship problem referred for treatment**

Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning



- Relying heavily—if not exclusively—on intuitive reasoning derived from the clinical interview of the child to make clinical findings *unjustifiably presumes* that the child is reporting accurately and truthfully and that the child had not been unduly influenced
- Before making clinical findings, the standard of clinical practice requires that the evidence derived from intuitive reasoning *must be supported by analytical reasoning*—meaning obtaining and assessing confirmatory and disconfirmatory evidence from neutral collateral sources for and against each plausible competing hypothesis

Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning

- **Cases of PA—or even suspected PA—are inherently forensic; they require the therapist to have much special expertise, and some of that is forensic expertise**
- **For example:**
 - § **The therapist should not rely upon intuitive reasoning and accept statements at face value**
 - § **The therapist should supplement intuitive reasoning with analytical reasoning and thereby obtain and evaluate evidence from neutral collateral sources**

“Ignoring the Evidence: Why do Psychologists Reject Science?”

Sharon Begley (2009, Newsweek)



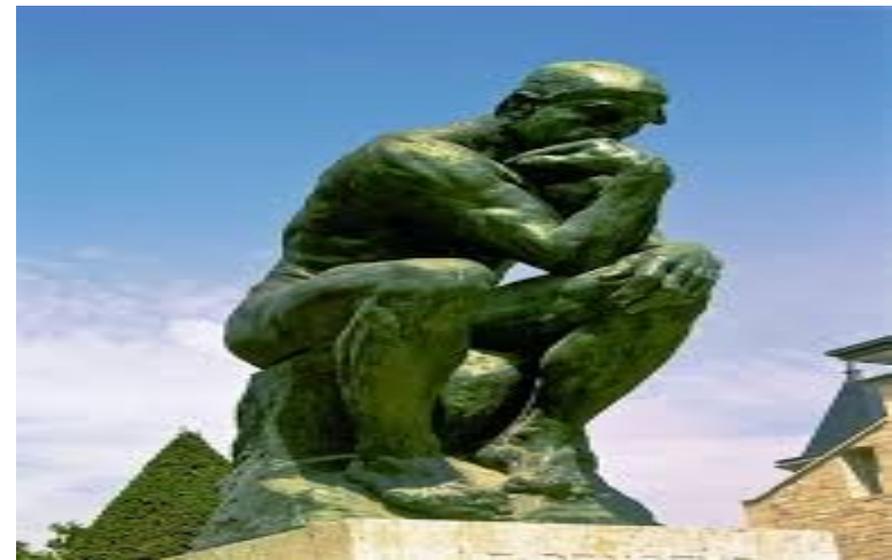
Both Intuitive & analytical reasoning are necessary for reaching correct findings

Current Status and Future Prospects of Clinical Psychology: Toward a Scientifically Principled Approach to Mental and Behavioral Health Care

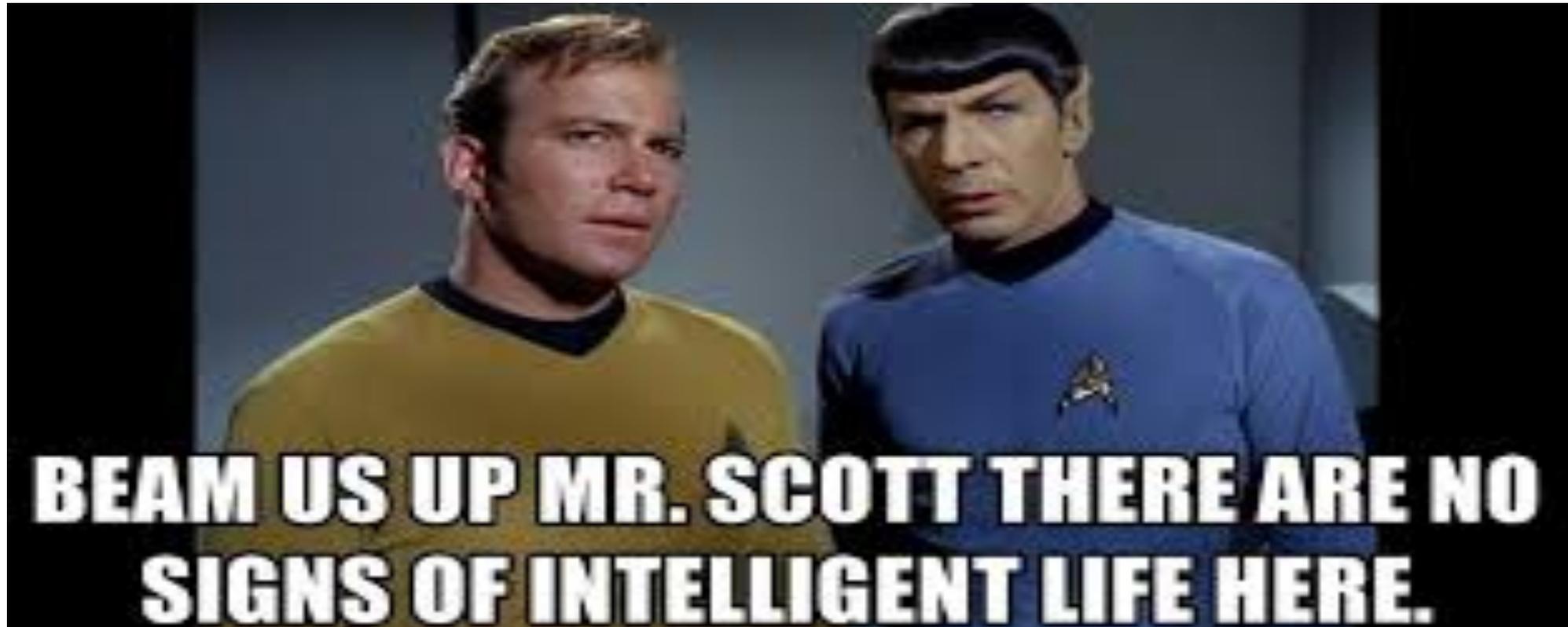
**by T. Baker, R. McFall, V. Shoham (2009)
*Association for Psychological Science***

“Clinical psychologists’ failure to achieve a more significant impact on clinical and public health may be traced to their deep ambivalence about the role of science and their lack of adequate science training, which leads them to value personal clinical experience over research evidence....

Clinical psychology resembles medicine at a point in its history when practitioners were operating largely in the prescientific manner”



It has been my experience that Baker's et. al. criticism applies across the board to all mental health disciplines



Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning

- **False allegations of sex abuse are, tragically, a frequent occurrence in severe cases of alienation and are all too often accepted by therapists as being factual—based solely on the self-reporting of the alienating parent and child**
- **I am sickened by the comment when treating therapists opine, “The only thing that matters is what the child reports in the therapy room.”**
- ***RELYING SOLEY OR HEAVILY ON THE ALIENATOR’S STORY—WHICH IS CONFIRMED BY THE BRAINWASHED CHILD TO REACH FINDINGS—IS A SERIOUS VIOLATION OF THE STANDARDS OF CLINICAL PRACTICE!***

Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning

- It is particularly tragic—especially for the child—when the therapist accepts the child’s word *prima facie* for allegations of child abuse and child sex abuse
- Tragically, in the course of this “so-called therapy,” these “sympathetic” therapists encourage the child to provide more and more detail about the false allegation(s) and thereby unwittingly validate the allegations of the abuse
- As a result, the child—**wanting to please an authority figure and having been coached by the alienating parent ahead of each session**—cooperates by elaborating with more and more bizarre, fantasized details.

Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning

- **Unwittingly, the therapist now validates for the child the false abuse allegation—initially by being an empathetic listener and then by expressing empathetic comments—comments that reinforce the allegation**

§ That's horrible;" "Your mom or dad was wrong for doing that to you;"

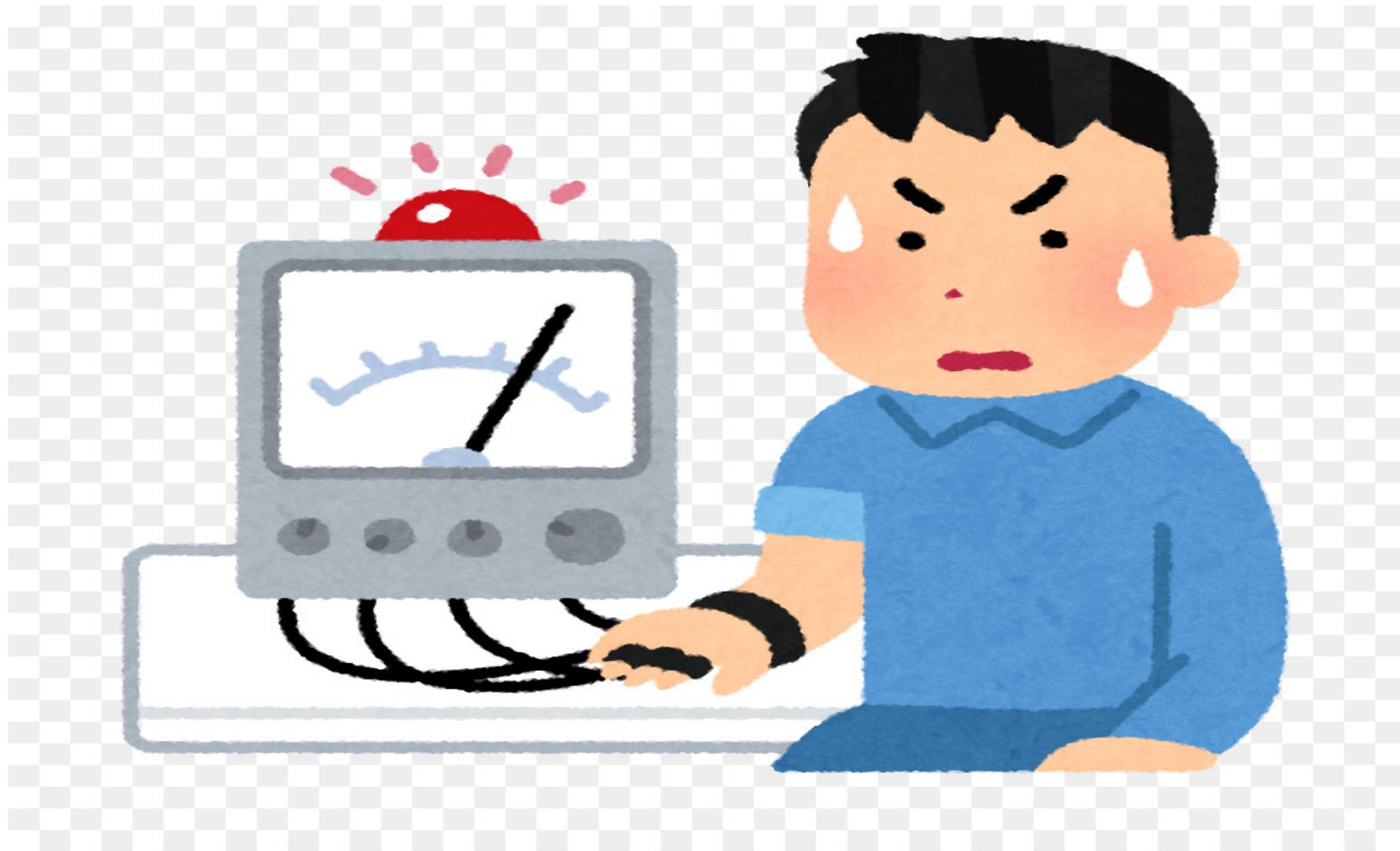
§ That's horrible;" "Your mom or dad was wrong for doing that to you;"

§ "I understand why you are so upset and don't want to see your parent anymore;"

§ "That's such a violation of trust for a parent to do that to a child;"

§ "Oh, so sorry, I feel your pain and know exactly what you are going through."

Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning



§ Sex-abuse allegations should be taken seriously and thereby **properly** investigated

§ The key word is **“properly”**

§ Sex abuse by a parent is a very serious violation of a child—resulting in life-time consequences to the child—**which is exactly why the allegation must be properly investigated**

§ Applying a recognized scientific method to the case evidence is necessary to properly rule sex abuse in or out

Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning

When false allegations of child abuse and child sex abuse are validated for the child, it increases the probability that the child will suffer the same risk factors for PTSD and other serious disorders—

as if the abuse had actually occurred

Child Memory, Traumatic Memory and the Child Witness: Interpreting the Research

by

George E. Davis MD (2017)/Children's Law Institute

§ “Less than 2% of contested custody cases involve sexual abuse”

§ Sex abuse Allegations may be as **high as 35%**
in this specific context

(Benedek & Schetky, 1985; Jones and Seig, 1988)

Child Memory, Traumatic Memory and the Child Witness: Interpreting the Research by

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- § “Less than **2%** of contested custody cases involve sexual abuse”
- § Allegations may be as high as **35%** in this specific context
(**Benedek & Schetky, 1985; Jones and Seig, 1988**)

Child Memory, Traumatic Memory and the Child Witness: Interpreting the Research by

George E. Davis MD (2017)/Children's Law Institute

The perfect storm of incentives for false sex abuse allegations:

§ Conflicted caretakers

§ Adversarial legal proceeding

§ Positive and negative consequences—Coaching

Conclusions:

- § False allegations are rare *except* in certain limited circumstances *with high incentives, coaching, and intense conflict***
- § Suggestibility is more common and is almost always the fault of adult motivations or behaviors**
- § Children are easy to confuse and intimidate**
- § The characteristics of child memory require special consideration**

Mistake 4: Giving undue weight to intuitive reasoning to the exclusion of analytical reasoning

- § I can report about my rates from my evidence-based practice of having treated 700 children who were victims of alienation to some degree.
- § My findings reveal that 80%+ of the moderate to severe cases—totaling about 550 children of the 700 children—had at least one knowingly made false child abuse allegation.
- § In the approximate 450 of severe cases, 80%+ cases had a **pattern** of multiple false allegations of child abuse

Mistake 4: Reliance upon intuitive reasoning to the exclusion of analytical reasoning

False child abuse and child sex abuse reports are profoundly damaging to children

Any parent who is guilty of knowingly making false child abuse and/or child sex abuse allegations is committing child abuse.

Mistake 5): Using the common technique of “mirroring,” “empathizing, and “validating”



Mistake 5): Using the common technique of “mirroring,” “empathizing, and “validating”

- **Reunification therapists should not permit—and should certainly not encourage—that the sessions be a forum for the child to:**
 - § voice fabricated or delusional opinions
 - § promote the alienation narrative
 - § assert alleged grievances that have no basis in reality
 - § disrespect or denigrate the alienated parent
 - § express opinions disrespectfully or uncivilly
 - § abuse the alienated parent and the therapist
 - § set the agenda for the therapy session
- **it is profoundly harmful to the child to “validate” the child’s delusions**

Mistake 5): Using the common technique of “mirroring,” “empathizing, and “validating”

- **To the contrary:**

§ One of the therapist’s main roles is to facilitate the alienated parent in correcting the child’s distorted or delusional thinking—not to reinforce or validate it.

§ It is abusive and disrespectful of an alienated child to encourage or permit him or her to relive the abusive alienation dynamics.



There is absolutely **no evidence for any therapeutic value to validating a child's distorted stories and beliefs and accepting the child's feelings based upon the distorted thinking—
no evidence whatsoever.**

Mistake 5): Using the common technique of “mirroring,” “empathizing, and “validating”



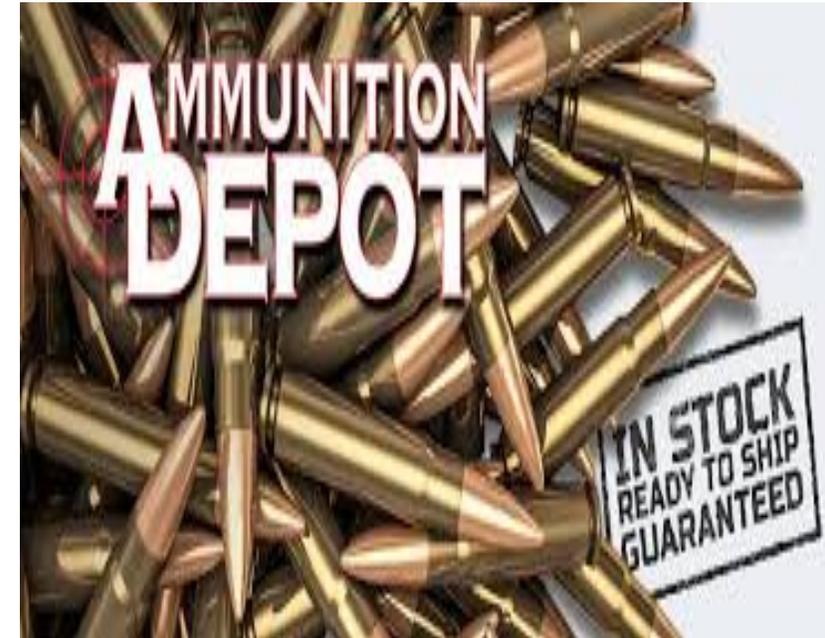
Mistake 6: Requiring the alienated parent to apologize, empathize, and be a better listener



- It is very dangerous to focus on the common expectation for the alienated parent to apologize to the child **for deeds not done**
- Apologies Backfire: alienated children reject the apologies as too little, too late, not genuine, and for all of the above
- Apologies often reinforce the child's over-empowerment

Mistake 6: Requiring the alienated parent to apologize, empathize, and be a better listener

- Apologies provide ammunition to the alienating parent: “Aha, finally your other parent apologized. You see, we were correct about her/him all along”
- Apologies further disempower the alienated parent
- Apologies tend to be humiliating to the alienated parent
- § Apologizing reinforces the alienation dynamics!



***Imagine the consequences of apologizing for a false sex abuse allegation—
which some traditional therapists have required!***

Mistake 6: Requiring the alienated parent to apologize, empathize, and be a better listener

Double



Bind

Mistake 6: Requiring the alienated parent to apologize, empathize, and be a better listener

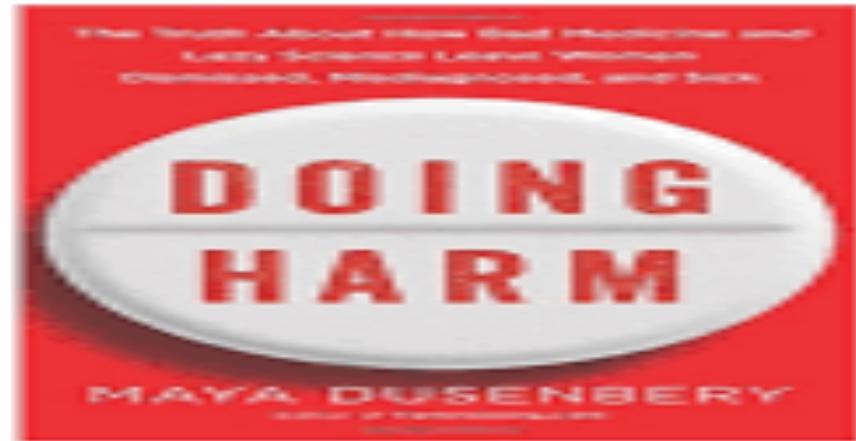


Mistake 6: Requiring the alienated parent to apologize, empathize, and be a better listener

I'm not going
to apologize for
just existing

Mistake 6: Requiring the alienated parent to apologize, empathize, and be a better listener

Harm results from *Lazy therapists* who rely on a belief system rather than on science



e.g. the belief that there is therapeutic value in *uncritically* accepting and validating a child's feelings and beliefs

**Mistake 7: *Further* empowerment of
the already over-empowered alienated child**



Mistake 7: *Further* empowerment of the already over-empowered alienated child

- In an alienated family, there has been a **reversal of the normal power hierarchy** such that the alienated child wields far more power than either parent
- **As Sal Minuchin** repeatedly opined: “The triangulated child is standing on the shoulders of the alienating parent.”
- Counterintuitively, traditional therapists fail to recognize the child’s overempowerment and thereby aims to “afford the child some control.”
- Tragically, the further empowerment of the alienated child is not only common in traditional reunification therapies, it is usually *a primary intervention* in these therapies

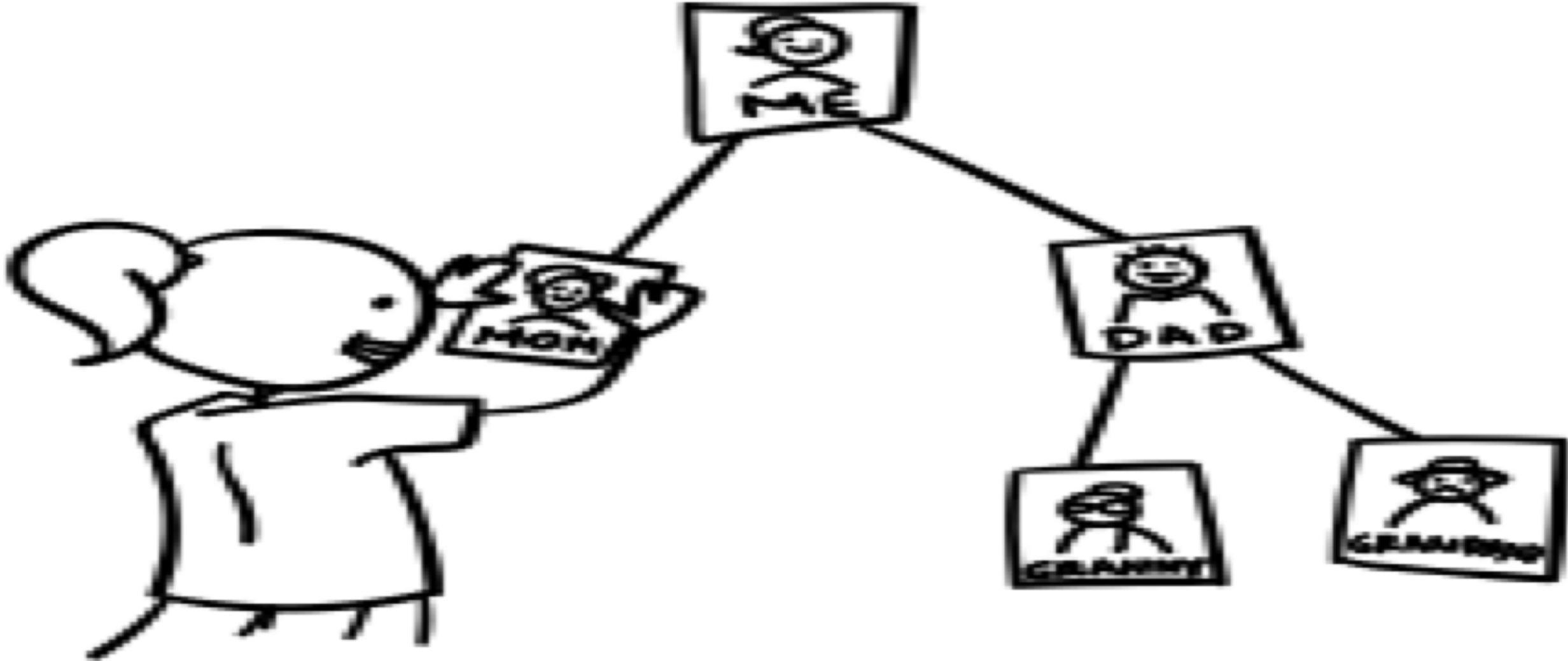
Mistake 7: *Further* empowerment of the already over-empowered alienated child



Mistake 7: *Further* empowerment of the already over-empowered alienated child



Mistake 7: *Further empowerment of the already over-empowered alienated child*



Mistake 7) In furthering the overempowerment of the child:



The alienated parent is further disempowered (complementarity)

Mistake 7) In furthering the overempowerment of the child:



The alienated parent is further disempowered (complementarity)

Mistake 8: Attempting to reason a child out of programmed beliefs by creating cognitive dissonance

- § ***Cognitive dissonance*** is the mental discomfort that occurs when people try to hold two contradictory beliefs, values, or ideas in mind at the same time. Typically, it is triggered when people encounter new evidence that is not consistent with their prior beliefs, values, or ideas.
- § Under ***cognitive dissonance theory***, people try to resolve such contradictions in order to reduce their discomfort.
- § Therapists who do not specialize in treating PA often misunderstand and misapply cognitive dissonance theory when treating alienated children.

Mistake 8: Attempting to reason a child out of programmed beliefs by creating cognitive dissonance

This is an ineffective simplistic intervention

COGNITIVE DISSONANCE

THIS IS WHY PEOPLE GET UPSET WHEN THEIR BELIEFS ARE CHALLENGED



The Free Thought
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A MENTAL CONFLICT OCCURS WHEN BELIEFS ARE CONTRADICTED BY NEW INFORMATION. THIS CONFLICT ACTIVATES AREAS OF THE BRAIN INVOLVED IN PERSONAL IDENTITY AND EMOTIONAL RESPONSE TO THREATS. THE BRAIN'S ALARMS GO OFF WHEN A PERSON FEELS THREATENED ON A DEEPLY PERSONAL AND EMOTIONAL LEVEL CAUSING THEM TO SHUT DOWN AND DISREGARD ANY RATIONAL EVIDENCE THAT CONTRADICTS WHAT THEY PREVIOUSLY REGARDED AS 'TRUTH'

Mistake 8: Attempting to reason a child out of programmed beliefs by creating cognitive dissonance

Research reveals that the more one tries to talk a cult member out of her/his beliefs, the more entrenched the beliefs become!



Mistake 9: Allowing the child to orchestrate the therapy

The traditional reunification therapist allows the child to control the therapy and what happens in it

- Child is permitted not to show up for the therapy
- Child dictates what to talk about in the therapy
- Child is unilaterally permitted to decide to “take a time out” by absconding from the room



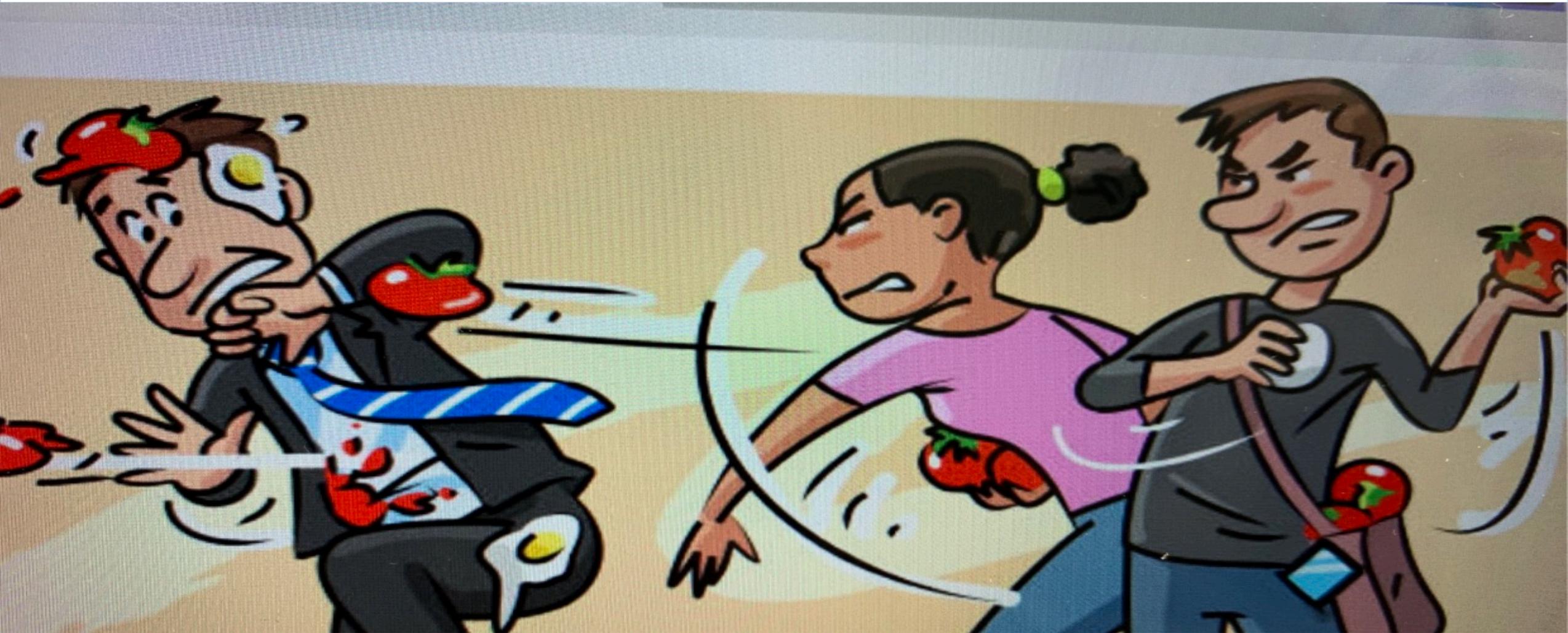
Mistake 9: Allowing the child to orchestrate the therapy

The traditional reunification therapist allows the child to control the therapy and what happens in it:

- Child is permitted to maltreat and disrespect the alienated parent
- Child decides whether to talk and participate
- Child is permitted to verbally, and sometimes physically, maltreat and abuse the alienated parent
- Child is permitted to determine when the session is over



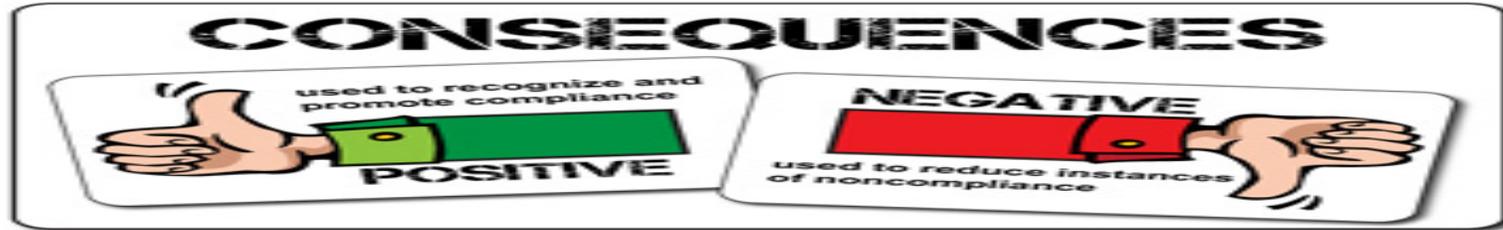
**When the therapist permits children to treat a parent like this:
it is not therapy**



It is therapist-assisted Elder Abuse

Mistake 10: Failure to identify appropriate criteria to assess progress and success

- Feelings take time to change, but *behavioral change* can be instantaneous—given appropriate incentives or consequences



- Traditional therapists fail to hold the alienator accountable for alienating behaviors that undermine the therapy and for....
- Failing to require the child *behave* respectfully towards the alienated parent and therapist

Mistake 10: Failure to identify appropriate criteria to assess progress and success



- It is unforgiveable when the therapist permits the child to misbehave and express feelings and opinions in an abusive, disrespectful manner
- It is the therapist's job to establish positive *behavioral change* before feelings are addressed

Mistake 10: Failure to identify appropriate criteria to assess progress and success



Vague or subjective opinions of “*making progress*” expressed by the therapist, by the alienating parent, and/or by the child should not be uncritically accepted as progress

Actions speak louder than words

Mistake 10: Failure to identify appropriate criteria to assess progress and success



Taking “baby steps” towards reconnection is based on the faulty assumption that the child needs “time to adjust”—as if the alienated parent is dangerous or can be tolerated only in small doses

The child’s readiness for contact and to *behave* lovingly towards the alienated parent *is not dependent on time*—it is dependent on the *alienating parent’s genuine cooperation* with the therapy and support for the reunification

Mistake 11: Failure to recognize a failed therapy

- Alienated children will *enthusiastically* welcome their alienated parent back in their lives and *behave lovingly* should their alienating parent convey genuine approval to do so
- Children will flip like a light switch, flip on a dime—*if and when* the alienating parent frees the child from the loyalty conflict

Mistake 10: Failure to identify appropriate criteria to assess progress and success

Since there is no bona fide abuse or neglect (or it would not be alienation), the therapist should be working towards reinstating your parenting time



Mistake 10: Failure to identify appropriate criteria to assess progress and success



Success in therapy should be defined by ***objective behavioral change***—such as the restoration a normal parent-child relationship—like the one that had existed prior to the onset of alienation

Mistake 11: Failure to recognize a failed therapy

- ***If*** the therapy is going to be successful, ***significant behavioral change*** must occur

- Should the therapy fail to achieve, in a relatively short period of time, significant ***behavioral changes*** towards reunification—***including compliance with the parenting plan—then the therapy is a failure!***

Mistake 10: Failure to identify appropriate criteria to assess progress and success

However, as long as the severely alienated child returns to the alienating environment, nothing is going to change—

There will be no ***behavioral change***

Nor will there be reinstatement of your parenting time



**Mistake 10: Failure to identify appropriate criteria
to assess progress and success**

Just in case I have not made myself clear, the intervention is



Mistake 10: Failure to recognize a failed therapy

- *It is incumbent upon the therapist to recognize **at this point** that the alienating environment must be eliminated in order for reunification to be successful*
- *It is a violation of the standards of clinical practice to continue to provide a knowingly failed treatment*



Mistake 10: Blaming the alienated parent for the inevitable failure of an ineffective therapy



Mistake 10: Blaming the alienated parent for the inevitable failure of an ineffective therapy

catastrophic recommendations for the alienated parent to:

§ attend anger management therapy

§ participate in parent education counseling

§ step back from pursuing a relationship with the child

§ wait for the child to have an spontaneous epiphany and seek out the alienated parent

Time for Change



Turn the Page,