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Differentiating Alienated From Not Alienated Children: A Pilot Study

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The subjects of this study were 40 consecutive children in a child therapy and evaluation agency, half of whom were seen for reunification therapy and half for other reasons related to parent–child difficulties in the context of high-conflict divorce. Children completed a 28-item paper-and-pencil questionnaire regarding their thoughts and feelings about their parents to assess the degree to which their statements reflected unjustified alienation from one parent and alignment with the other. Responses to the questionnaires were coded by the first author as reflective of alienation or not. Case files were independently reviewed by agency staff for presence of indicated abuse, and clinicians independently rated the children’s resistance to treatment services. Findings revealed that presence of alienation was found in all but one reunification therapy case and in only four of the non-reunification cases. In addition, the children who were coded as exhibiting alienation were rated by their clinicians as significantly more resistant to treatment. Only one alienated child had an indicated abuse or neglect finding in the file, as opposed to five in the not-alienated group. These data highlight the unique configuration of behaviors and attitudes of alienated children and contribute to the knowledge base about how to evaluate and identify them.

KEYWORDS *parental alienation, divorce*

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Children's alignments and alienation in response to high-conflict divorce is a long-standing problem. Although controversies exist in the field, there has emerged strong consensus that some children of divorce do in fact become unjustifiably estranged from one parent and aligned with the other. Reich (1949) is credited as the first person to write about this phenomenon from a clinical perspective, and Wallerstein and Kelly (1976)'s landmark study is considered the first empirically derived description of what they referred to as an "unholy alliance" of a child who is enmeshed with one parent and alienated from the other. Gardner (1985) coined the term *parental alienation syndrome* (PAS) to describe a subset of children who refuse visitation with one parent while demonstrating an unhealthy alliance with the "favored" parent, in the absence of a justification for doing so (i.e., abuse or neglect by the rejected parent). One of Gardner's contributions was to identify the characteristics of children that he believed signified the essential elements of this phenomenon: (a) a campaign of denigration of the rejected parent; (b) weak, frivolous, or absurd reasons for the rejection; (c) lack of ambivalence toward both parents, with one being demonized and the other idealized; (d) lack of guilt regarding the poor treatment of the rejected parent; (e) use of borrowed words and ideas from the favored parent to justify the rejection; (f) claims that the child is thinking independently and wholly without influence from other sources, notably the favored parent; (g) automatic support for the favored parent in all conflicts; and (h) spread of the animosity toward the friends and family of the rejected parent. Gardner argued that when these behaviors were present and the rejected parent was not abusive or neglectful, the most likely explanation for a child's rejection was alienation rather than a legitimate cause (Gardner, 1998). Other clinicians have also noticed and written about a similar pattern of behaviors. For example, Kelly and Johnston (2001) described children who vehemently reject one parent in the absence of any rational cause, vilifying that parent in a scripted and wooden manner.

Although these clinical descriptions are consistent, it has not yet been empirically demonstrated that there is a subset of children who can be identified as alienated based on their stated thoughts and feelings, using a brief paper-and-pencil measure. Numerous practical implications of such a finding would follow. Custody evaluators and judges are frequently called on to make determinations about the appropriate services to recommend or order for children in high-conflict divorce. Reunification therapy is typically the proposed solution for children who are perceived to be unjustifiably alienated from a nonabusive parent. Therapy or supervised visitation are options for other children, depending on various factors such as the extent of the danger the court perceives contact with the parent poses to the child's emotional or physical well-being and the degree to which the rejected parent has contributed to the parent-child relationship difficulties. If the court concludes that the rejected parent has substantially contributed to the breach

in the relationship, or that contact with that parent poses a substantial risk to the child's welfare, then one set of actions will typically be recommended (no change in custody, no sanctions against the favored parent, no forced visitation between the child and the rejected parent). Of course, identifying alienation is just the first step in what is a complex undertaking fraught with its own controversies and concerns (i.e., see options outlined by Warshak, 2010, for dealing with what has been termed the "stark dilemma" of balancing the child's needs for a repaired relationship with the rejected parent against the need to not cause greater psychological harm by intervening against the child's will). Although the appropriate course of action might still be under discussion, the field first and foremost needs research to document that alienated children can be identified using reliable and valid instruments.

To date, only observational measures with complex rating systems have been used to identify children's alienation (i.e., Bricklin & Elliot, 2002; Johnston 2003; Rueda, 2004). Unfortunately, what is lacking so far is empirical investigation into whether it is actually possible to identify alienated children using a paper-and-pencil measure that is short, easy to administer, and easy to objectively score. This was the purpose of this study.

THE CURRENT STUDY

We started with every case that was seen at a child psychological services agency within a specified time period, in which the children were referred by the court for some type of treatment or individual evaluation secondary to problems related to a conflicted divorce of their parents. Within this larger group was a subset who had been referred to the agency for reunification therapy (RT) based on the court's assessment that there was no valid reason for the child to refuse visitation ($n = 19$). The remaining children were referred to the agency for a variety of reasons including evaluations ($n = 4$), supervised therapeutic visitation ($n = 10$), and individual therapy ($n = 7$). We hypothesized that all of the children who were referred for RT would reveal themselves to respond in a manner consistent with alienation (i.e., denigrate the rejected parent, exhibit a lack ambivalence in their thinking, etc.), whereas children who were referred for other reasons would not. Thus, the overall research question for the study was as follows: Would it be possible to reliably identify children who were referred for RT from the other children seen in a child psychological services agency (not-RT group) based on their self-reported feelings and beliefs regarding their parents?

A second focus of the study was to examine the behaviors of the children once they began to receive services. Clinicians who work with alienated children report problematic behaviors in terms of noncompliance and acting out. For example, Warshak (2010) noted of the children referred

for RT that, “In the past many of these children succeeded in defeating court orders for contact and attempts at reunification therapy, and there is the expectation that they will continue their oppositional defiance, perhaps with dangerous testing of the limits and acting out” (p. 61). Darnall (2010) also noted the recalcitrance and lack of cooperation in alienated children: “Children victimized by parental alienation and showing signs of parental alienation syndrome can be particularly difficult to work with. Typically they are more motivated to fight therapy than to cooperate” (p. 93). Gardner (1998) found the same and recommended that therapists working with alienated children develop thick skins and tolerance for “shrieks and claims of maltreatment” (p. 236). Thus, as part of this study, we hypothesized that children with high scores on the alienation questionnaire would be more likely to be resistant to treatment than children with low scores on the alienation questionnaire.

A final area of investigation was to confirm that the children referred for RT were not victims of abuse or neglect on the part of the rejected parent. It has been argued that children who refuse visitation are in fact children who are in some manner victimized. Some theorists (Baker, 2007; Gardner, 1998) suggest that alienated children are not acting out of a response to abuse or neglect by the rejected parent, but rather out of an unhealthy alliance with the favored parent and distorted thoughts and feelings regarding the rejected parent. Thus, we hypothesized that the rate of abuse or neglect in the RT group would be zero. We also hypothesized that the rate of abuse or neglect in the cases with high scores on the alienation scale would be significantly lower than the rate in the cases made up of the other children. We predicted an inverse relationship between high scores on the alienation scale and presence of confirmed abuse or neglect.

METHODS

Sample

Data were collected on 41 consecutive cases court ordered for assessment or treatment at a New York State private practice that provides forensic evaluations and court-ordered treatment services in response to problems related to high-conflict divorce. All of the children were experiencing some type of problem related to actual or alleged abuse, and parental conflict or separation. Children involved in custody evaluations and children in foster care were excluded from the study. One case terminated treatment before data were collected, leaving the total number of cases at 40. Of the 40 cases, 19 were seen for RT and 21 were not (not-RT group).

The children were between 6 and 17 years of age ($M = 11.6$, $SD = 2.8$) and the sample was 35% male. Analyses were conducted to compare the RT and non-RT group on age and gender. Gender was not

associated with group status but there was a trend for an association with age, with the children in the RT group being marginally statistically significantly older ($M = 12.3$, $SD = 2.8$) than the children in the non-RT group ($M = 10.7$, $SD = 2.8$), $t(38) = 1.8$, $p < .09$. For this reason, age is used as a control variable in all analyses.

Measures

BAKER ALIENATION QUESTIONNAIRE

The Baker Alienation Questionnaire (BAQ) is a two-page paper-and-pencil self-administered instrument. It takes approximately 10 minutes to complete and is designed to determine whether children are responding in a manner that is consistent with alienation. The survey is made up of 28 items designed to capture a child's extreme rejection of one parent and extreme idealization of the other. The measure itself is listed in the Appendix along with a description of the relevant aspects of alienation associated with each item. The measure was created based both on theory regarding parental alienation and on the clinical experience of the second and third authors. The measure was piloted to ensure that children could understand the items and follow the directions. In creating the measure we understood that certain behaviors that might be common in alienated children would not be measurable in a paper-and-pencil format (e.g., weak, frivolous, or absurd reasons for the parental rejection; absence of guilt; and use of borrowed scenarios). Thus, the measure is heavily weighted toward capturing vehement rejection of one parent, including erasing the past, and lack of ambivalence including presence of dichotomous (e.g., black–white) thinking in which one parent is vilified and the other is idealized.

Responses were coded in the following manner. Identifying information was removed from all instruments and provided to the first author, who coded each pair of items (the item that referred to the mother and the identical item that referred to the father) as “alienation consistent” if the responses for the mother and father were at opposite extremes of the scale. This resulted in 14 variables, each coded as 1 = alienation consistent or 0 = not alienation consistent. A second rater who was blind to the hypotheses of the study, parental alienation theory, and the status of the participants also independently coded all of the cases. Interrater reliability was achieved with a kappa of .93.

RESISTANCE TO TREATMENT

Two clinicians independently coded each child's behavior during the first and second sessions on a scale that measured resistance during the beginning of treatment. The following coding system was developed for this

purpose: 0 = *none to minimal treatment resistance* (no behavior problems, cooperative but not enthusiastic, or polite but not cooperative) or 1 = *moderate to extreme resistance to treatment* (actively refusing to participate, cursing or verbally denigrating the therapist or parent, running out of the building, or causing upset in the session by yelling or being rude and provocative). The rate of agreement between the two clinicians was established with a kappa of .86, and the data from the first rater were used for the study.

ABUSE BY THE REJECTED/NON-PREFERRED/OR NON-RESIDENTIAL PARENT SCALE

Agency staff, who were blind to the BAQ questionnaire results, reviewed each case file to establish the presence or absence of abuse or neglect finding on the part of the rejected or nonresidential parent. Abuse or neglect was rated based on whether there was an indicated case by Child Protective Services (CPS; 0 = *no indicated abuse*, 1 = *indicated abuse, neglect, or inadequate guardianship*). This information was available to the agency on all cases. Cases that were indicated included instances of parental neglect, endangerment, and abuse. The child victims included those who had witnessed domestic violence as well as children who were victims of severe physical abuse.

Procedures

Children who were in treatment or evaluated at the agency after the questionnaire was developed were given a set of paper-and-pencil assessment instruments during the initial period of treatment. The purpose of the assessment instruments was to obtain a secondary source of clinical data with respect to the child's perceptions and state of functioning that came directly from the child and was, therefore, independent of the therapist's perceptions. The BAQ was included in the packet of instruments. The children completed the instruments independently in an office or playroom. Children under 7 years of age or those who were deemed likely to have difficulty reading (two cases) had the questionnaire read to them from a separate copy. However, no assistance was given in directing the answers.

For purposes of this study, all identifying information was removed from the questionnaires. The questionnaires were then sent to the first author for scoring of presence of alienation or not. The first author was blind to all other information about the child and family. Once the BAQ was coded, the first author was provided with the remaining data points including whether the child was sent for RT or some other service, which parent was rejected by the child, the resistance to treatment data, and the chart review abuse or neglect data.

RESULTS

A total alienation score was created by adding the 14 dichotomous BAQ variables representing whether the child answered in a manner that was consistent with alienation. Each child received a single score that ranged from 0 (*no answers were consistent with alienation*) to 14 (*all answers were consistent with alienation*). The first analysis involved conducting an independent *t* test with the actual group (RT or not-RT) as the independent variable and the total BAQ score as the dependent variable. Results revealed a statistically significant difference in mean level of the BAQ total score by group, with the RT group ($M = 12.0$, $SD = 2.4$) having higher scores than the non-RT group ($M = 4.6$, $SD = 3.4$), $t(38) = 7.8$, $p < .001$. These results were replicated with a Mann–Whitney U test, which was conducted due to the small sample size and the fact that the kurtosis for the BAQ total score was over 1.0. Mean rankings were 29 for the RT group and 13 for the non-RT group, a difference that was statistically significant ($p < .001$). These analyses were replicated controlling for age and found to be statistically significant. Specifically, a logistic regression was conducted with group (RT vs. not-RT) as the dependent variable and age and the BAQ total score as the independent variables. Age was not statistically significant, whereas the BAQ total score was, $\exp(b) = 1.7$, $p < .001$. Thus, children in the RT group had higher total BAQ scores than children in the not-RT group.

A dichotomous alienation score was created using the mean of the BAQ total score for the not-RT group (3.1) plus 2 *SDs* above and below to capture 98% of the not-RT cases. Thus, the continuous variable was recoded into a dichotomous variable in which scores between 0 and 6 were recoded as not alienated (18 cases) and scores of 7 and higher were recoded as alienated (22 cases). A receiver operating characteristic (ROC) analysis confirmed that this cutoff had high sensitivity (95%) as well as high specificity (85%), which was statistically significant ($p < .001$).

Next, the relationship between the dichotomous BAQ variable and the actual group (RT or not-RT) was analyzed with a chi-square. These data are presented in Table 1.

As can be seen, 18 of the 19 RT cases (95%) were correctly classified as alienated and 17 of the 21 (81%) not-RT cases were correctly classified as not alienated. In all, 35 of 40 cases (87.5%) were correctly classified,

TABLE 1 Results of Reclassification Based on Coding of Baker Alienation Questionnaire (BAQ)

BAQ Ratings	Reunification Therapy	Not Reunification Therapy
Alienated	18	4
Not alienated	1	17

$\chi^2(1, N = 40), p < .001$. Looking at the data another way, of the 22 cases that responded as if they were alienated 18, (82%) were sent for RT, and of the 18 cases not responding as if they were alienated, 17 (94%) were not sent for RT. The “miss” cases show that 4 children not sent for RT responded as if they were alienated and 1 child sent for RT did not respond in an alienation consistent manner. A logistic regression was conducted with actual group (RT or not-RT) as the dependent variable and age and the BAQ dichotomous variable (alienated or not alienated) as the independent variables to control for the effects of age. Age was not statistically significant but the dichotomous BAQ variable was, $exp(b) = 69.17, p < .001$. Thus, children sent for RT had higher scores and were more likely to be above the cutoff on the BAQ than children seen at the agency for other reasons related to high-conflict divorce.

The second research question pertained to the relationship between resistance to treatment and the alienation behaviors of the children. We began with an independent *t*-test with resistance to treatment as the grouping variable (resistant or not resistant) and continuous BAQ scores as the dependent variable. Results revealed that children in the resistant to treatment group had statistically significantly higher BAQ total scores ($M = 12.7, SD = 1.4$) than children not resistant to treatment ($M = 6.6, SD = 4.5$), $t(37.9) = 6.5, p < .001$. A logistic regression controlling for age confirmed the effect of BAQ scores, $exp(b) = 1.6, p < .01$. Thus, children rated as resistant to treatment had higher BAQ scores than children not rated as resistant to treatment.

Next we examined the association between dichotomous BAQ scores and the dichotomous resistant to treatment variable. These data are presented in Table 2. As can be seen, there was a statistically significant association between alienation and resistance to treatment, $\chi^2(1, N = 40) = 10.9, p < .001$. About half of the children above the cutoff on the BAQ were rated as resistant to treatment and none of the children below the cutoff on the BAQ were rated as resistant to treatment. A logistic regression was conducted with the dichotomous resistant to treatment variable as the dependent variable and BAQ dichotomous variable and age as the independent variables to control for age. Neither variable was statistically significant, which is likely an artifact of the distribution of the resistant to treatment variable.

TABLE 2 Cross-Tabulation Between Dichotomous Baker Alienation Questionnaire (BAQ) and Resistant to Treatment Variables

BAQ	Not Resistant	Resistant
Alienated	5	4
Not alienated	14	3

The third set of analyses pertained to associations between indicated histories of abuse or neglect with CPS and responses on the BAQ. In this sample the abuse or neglect variable involved only five indicated cases of abuse, endangerment, or inadequate guardianship and one case of neglect due to child witnessing of domestic violence. Therefore, analyses must be considered preliminary. For these analyses BAQ is treated as both a continuous and a dichotomous variable and indicated abuse or neglect is dichotomous only. We began with an independent t test with indicated abuse or neglect as the grouping variable and total BAQ scores as the dependent variable. Results revealed that the children with indicated CPS cases had statistically significantly lower scores on the BAQ ($M = 5.0$, $SD = 4.6$) than the children without indicated abuse or neglect histories ($M = 8.7$, $SD = 4.6$), $t(38) = 1.8$, $p < .04$. A logistic regression was conducted to control for age, which revealed no effect for age and a trend for statistically significant effect for total BAQ scores, $exp(b) = .83$, $p < .10$.

Next we conducted a cross-tabulation between the dichotomous indicated abuse or neglect variable (indicated case or not indicated case) and the dichotomous BAQ scores (alienated or not alienated). These data are presented in Table 3. A chi-square analysis revealed that only 1 of the 22 (4.5%) children above the cutoff on the BAQ had an indicated CPS case, whereas 5 of the 18 (28%) children below the BAQ cutoff had an indicated CPS history. This distribution was statistically significant, $\chi^2(1, N = 40) = 4.2$, $p < .05$. A logistic regression was conducted with indicated abuse or neglect as the dependent variable and dichotomous BAQ scores and age as the independent variables to control for the effects of age. Neither variable was statistically significant, which might be due to having only six indicated cases in the sample.

The final analysis involved examining the association among all three variables: indicated abuse or neglect, resistance to treatment, and BAQ alienation scores. To do this, a new variable was created that represented the intersection between abuse and neglect history and resistance to treatment. Of interest were children who were resistant to treatment in the absence of an indicated abuse or neglect history. Thus, cases were coded into a dichotomous variable in which a score of 1 was reserved for children who were coded as both resistant to treatment and not abused or neglected.

TABLE 3 Baker Alienation Questionnaire (BAQ) Scores Above 7 Cross-Tabulated With Indicated Abuse or Neglect

BAQ Ratings	No Indicated Abuse or Neglect	Indicated Abuse or Neglect
Alienated	21	1
Not alienated	13	5

Note. $N = 40$.

TABLE 4 Baker Alienation Questionnaire (BAQ) Scores Above 7 Cross-Tabulated With Abuse or Neglect and Resistant

BAQ Ratings	Abuse or Neglect and Resistant	Other
Alienated	9	13
Not alienated	0	18

Note. $N = 40$.

All other cases were coded 0 on this variable. These cases reflected all other possible abuse and resistant combinations such as (a) not resistant and abused or neglected, (b) not resistant and not abused or neglected, and (c) resistant and abused or neglected. Of the 40 cases in the study, 9 were coded as resistant and not abused or neglected. This variable was then cross-tabulated with the dichotomous alienation BAQ variable. These data are presented in Table 4.

Results revealed that not one child below the BAQ cutoff was resistant and not abused or neglected, whereas almost half of the children above the BAQ cutoff were resistant and not abused or neglected, $\chi^2(1, N = 40) = 9.5$, $p < .002$. Looking at the data another way, nine children were in the resistant and not abused or neglected group, all of whom were coded as responding to the BAQ in a manner that is consistent with alienation. Thus, every child in the group of children who was rated as resistant and not abused or neglected was above the cutoff on the BAQ. Interestingly, five of six cases the cases with a known indicated CPS finding of abuse or neglect were coded as not resistant to treatment. The child who was resistant was a witness to domestic violence as opposed to a direct victim of physical abuse.

DISCUSSION

This study was conducted with the overall purpose of ascertaining whether it was possible to empirically differentiate between alienated and not alienated children. Independent teams of clinicians and researchers have confirmed clinical observations about how alienated children behave, therefore lending support to the theoretical construct of alienation (e.g., Bernet, Boch-Galhau, Baker, & Morrison, 2010; Clawar & Rivlin, 1991; Kelly & Johnston, 2001; Kopetski, 1998; Wallerstein & Kelly, 1976). However, this study represents the first empirical effort to conduct a differential diagnosis based on a simple paper-and-pencil questionnaire and builds on earlier work by Baker and Darnall (2007) in which it was found that rejected parents described their children in a manner that was consistent with alienation. A limitation of that earlier study was that rejected parents could have distorted reality in terms of either the child's behavior or in terms of their own contribution

to their child's rejection of them. It was also possible that rejected parents had learned about theory related to alienated children and aligned their responses to be consistent with the theory.

The data from this study reveal that reclassification is achievable utilizing a child's self-report on a 28-item brief paper-and-pencil questionnaire—assuming that the court is correct in assigning alienated children to RT and nonalienated children for other services. The children referred for RT consistently responded in a polarized fashion in which one parent was denigrated and the other was idealized. Particularly notable was that the children who responded in this polarized fashion did not generate a single positive memory of a parent who was determined by the court to be appropriate for visitation. Likewise, these children did not report one aspect of the favored parent that they did not like, despite the fact that this parent—like all parents—was probably imperfect. Even if the favored parent were a “theoretically perfect” parent, these parents would certainly invoke some frustration or disappointment in their children as a result of limit-setting and refusal to gratify every demand. Thus, the inability to marshal one complaint is notable for its lack of basis in reality.

Furthermore the results of this study suggest that many of the children differentially present with significant behavioral resistance to treatment in the form of acting out behaviors toward their rejected parents and the mental health professionals during treatment. Oppositional and rude behaviors directed at the rejected parent and toward the therapist did not appear with other children also court-ordered for treatment or assessment from high-conflict families.

The data support the hypothesis that there exists a group of children among divorcing families who voice anger and a harsh rejecting sentiment toward a parent that might be disproportionate to the misdeeds of that parent and hence seemingly unjustified. It has been suggested by Gardner (1998), among others, that the source of this polarized family dynamic is the favored parent's encouragement to maintain an unhealthy alliance with him or her at the expense of the child's view of and relationship with the other parent. Johnston and colleagues (e.g., Johnston, 2003; Kelly & Johnston, 2001), on the other hand, do not find this useful and instead label rejection of a parent that is disproportionate to the child's experience of that parent as alienation, with no causal attribution built into the definition other than the criterion that the rejection is not a realistic response. Clearly, further research is needed to fully understand the specific etiological causes associated with generating polarization in these children. To the extent that parents play a role in instigating, fostering, or encouraging these polarized views, this could be considered a form of emotional abuse of children (Baker, 2007).

Many have raised the argument that it is difficult to determine what is justifiable rejection and what is not, especially when we consider the perspective of a child (Friedlander & Walters, 2010; Kelly & Johnston, 2001)

One might argue that from the child's perspective the perceived misdeeds of the targeted parent are significant irrespective of the impressions of the court or findings from CPS. The results of this study shed some preliminary light on these ideas. Indeed in this sample there was 1 child sent for RT whose parent had nevertheless been indicated for neglect due to the child witnessing domestic violence. This child scored as alienated on the BAQ and was behaviorally noncompliant. However, there were 5 other children with indicated CPS cases who were subjected to physical abuse or physical endangerment. In several of these cases the abuse was severe. Yet, none of these children presented as alienated on the questionnaire or as behaviorally noncompliant with treatment. Obviously, further research is needed to understand the factors that promote acceptance of the abusive or neglectful parent in the therapeutic environment and those that lead to rejection.

Clearly, the small sample size limits the generalizability of these findings, which need to be replicated in a larger study and across different treatment settings, especially the ROC analysis (Fletcher & Fletcher, 2005). Should comparable high levels of sensitivity and specificity be replicated in other settings, the findings suggest that the BAQ might be a useful component of a comprehensive assessment aimed at identifying alienated children.

The measure appears to be particularly good at confirming alienation (18 of 19 children sent to RT had scores of 7 or above on the BAQ)—assuming that the children sent for RT were alienated. If the questionnaire in fact identifies children who are unreasonably rejecting of a once-accepted parent, the results suggest that good decisions as to which families should receive RT are being made in some courts. The lack of substantiated abuse combined with the presence of the child's behavioral manifestations of alienation point to a family dynamic that is likely to require RT to preserve the relationship with the rejected parent.

The measure did reveal 19% false positives (again, assuming that the original decisions by the courts were accurate), respondents who scored at 7 or above on the BAQ but were not in the RT group. Two possible explanations are suggested, both of which need to be explored in future research. First, it is possible that some children respond to the BAQ with a defiant and rigid approach that is characterological rather than specific to the relationship dynamic. That is, they perceive that they are expected to be positive toward the rejected parent and simply refuse to comply with that perceived demand. Second, it is possible that these children are actually alienated (i.e., not justifiably estranged). These children could be further identified by observing the favored parent's response to visitation or reunification as they progress through treatment.

Additional limitations bear mentioning as well. The demand characteristics of the setting might "pull" for certain behaviors and attitudes on the part of the children that are unique to the setting and not reflective of their true feelings. Thus, it is possible that the children sent to RT feel misunderstood

and angry and hence report more strident feelings and attitudes than they might otherwise actually hold. This, of course, could apply to the other children as well, all of whom were likewise mandated to receive services at the same agency. Perhaps having the children write their names on the page altered the veracity or reliability of their responses. The children did not seem inhibited when completing the form, but future replications could systematically examine this methodological consideration.

If future efforts validate the measure, its importance as a tool is significant in this climate of protracted postdivorce custody disputes, in which claims and counterclaims of parental alienation abound (Fidler & Bala, 2010; Johnston, 2003). Having a valid instrument with which to help differentiate these seemingly similar cases from each other could aid custody evaluators and family court judges in making decisions about what course of action to recommend (RT or some other option). The resolution of these cases from the standpoint of the court can be better facilitated if the court is able to determine an appropriate disposition. In meeting the treatment needs of these children, it is imperative that the genesis of the relationship problem be determined. Unsuitable disposition of these cases, for example, ordering supervised visitation for a child who has been alienated from a parent by the preferred parent, might reinforce the delusional system, which essentially created the conflict. Likewise, the court would seek to avoid mandating reunification between a child and an abusive or extremely incompetent parent. One approach that might prove helpful is to consider the following 4-point assessment process:

1. Is there evidence of a positive relationship between the child and the now rejected parent prior to the divorce?
2. Is there lack of a substantiated finding of abuse or other credible information about the abuse or neglectful behaviors of the now rejected parent?
3. Is there evidence that the favored parent employed many of the 17 primary parental alienation strategies as identified in Baker and Fine (2008)?
4. Does the child exhibit behavioral characteristics or report ideas and feelings characteristic of alienation (e.g., a score of 7 or above on the BAQ)?

If the answer is affirmative to all four questions, we believe that alienation rather than realistic estrangement is the most likely family dynamic causing the child's disaffiliation with his or her parent.

Once validated, the BAQ can be used in additional research studies to answer some important questions for the field regarding prevalence and incidence of alienation in various subpopulations, the effectiveness of

different treatment interventions, and identifying individual and family-level characteristics that are associated with alienation. Future research should also compare alienated children to those who are realistically estranged (i.e., those who were abused by the rejected parent, those who witnessed domestic violence, and those who resist contact for other reasons). As Kelly and Johnston (2001) pointed out, children resist visitation for many reasons and children who maintain contact with both parents might exhibit different degrees of alignment or affinity with each parent. Further, hybrid cases in which elements of alienation, estrangement, and abuse are all present should be examined in future research. It is possible that our lone case of a child who witnessed domestic violence and behaved in an alienated fashion is a hybrid case. Differentiating pure alienation from hybrid cases would make a significant contribution to the field of child custody evaluation, as significant concern exists regarding the difficulty of identifying and treating these cases (Fidler & Bala, 2010).

Also of interest will be pre–post studies in which it can be better determined whether—once exhibiting alienating patterns of thoughts—children can revert to a more balanced view of their parents, as reflected on the BAQ or in observations with the once rejected parent. Pre–post assessments could be implemented following clinical interventions such as the Family Bridges program (Warshak, 2010) or a school-based intervention such as the I Don't Want to Choose program for middle school children (Andre & Baker, 2008). It is the observation of the second and third authors that even children with extreme responses on the BAQ can very quickly warm up to the rejected parent once within the confines of the therapeutic setting and outside the viewing range of the favored parent. It remains an empirical question, however, whether and how quickly their verbalizations (i.e., stated positions about each parent) catch up with the newly established positive relationship with the once rejected parent. It appears that for some children there remains an apparent discrepancy between what they say and how they behave. Once the BAQ is validated in larger studies in other settings, these and other important questions in the field of postdivorce custody disputes can begin to be addressed.

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APPENDIX The Baker Alienation Questionnaire

Item re: Mother or Father	Response Options	Characteristic
1. and 16. Do you think your ___ is a good ___ to you?	Not At All, A Little Bit, Somewhat, Mostly, Completely	Polarization, lack of ambivalence
2. and 17. How many good memories do you have of being with your ___?	None, A Few, Some, Many, Very Many	Polarization
3. and 18. What is one good memory you have about your ___?	Open-ended	Denigration/idealization
4. and 19. How much do you think your ___ could be a better ___?	Not At All, A Little Bit, Somewhat, Much, Very Much	Denigration/idealization, lack of ambivalence
5. and 20. Do you enjoy spending time with your ___?	Not At All, A Little Bit, Somewhat, Much, Very Much	Denigration/idealization, lack of ambivalence
6. If you had your way, how much time would you want to spend with your _____?	No Time with Mom, Fifty-Fifty with Mom and Dad, Full-Time with Mom	Polarization, lack of ambivalence
7. and 21. Tell me some nice things about your _____.	Open-ended	Denigration/idealization, lack of ambivalence
8. and 22. What are your favorite things to do with your ___?	Open-ended	Denigration/idealization, lack of ambivalence
9. and 23. What are some things you don't like about your ___?	Open-ended	Denigration/idealization, lack of ambivalence
10 and 24. How angry or unhappy are you with your _____ right now?	Not at all, A Little Bit, Somewhat, Much, Very Much	Denigration/idealization, lack of ambivalence
11 and 25. What are the main reasons you feel this way?	Open-ended	Borrowed scenarios
12 and 26. Do you think you have done anything to hurt your _____?	At all, A Little Bit, Somewhat, Much, Very Much	Lack of guilt
13. If your mother and father do not agree about something about you, who is usually right?	Always Mom, Sometimes Mom and Sometimes Dad, Always Dad	Automatic support for the favored parent
14 and 27. The feelings you have about your ___ come from . . .	Only You, Partly You and Partly What Other People Say to You About Your ___, Only From Other People	Independent thinking
15 and 28. How do you feel about your _____'s family, your grandparents, aunts, uncles and cousins on ___ side of the family?	I Used to Like Them But Now I Don't, I Never Liked Them, I Used to Like Them and I Still Do	Spread of animosity