Are intensive parental alienation treatments effective and safe for children and adolescents?

Jean Mercer

To cite this article: Jean Mercer (2019): Are intensive parental alienation treatments effective and safe for children and adolescents?, Journal of Child Custody, DOI: 10.1080/15379418.2018.1557578

To link to this article: https://doi.org/10.1080/15379418.2018.1557578

Published online: 21 Jan 2019.

Submit your article to this journal

Article views: 101

View Crossmark data
Are intensive parental alienation treatments effective and safe for children and adolescents?

Jean Mercer

Psychology, Stockton University, Galloway, New Jersey

ABSTRACT
Strong claims have been made for the possibility of diagnostic discrimination between children who refuse contact with a nonpreferred divorced parent due to parental alienation (PA) created by the preferred parent and those who refuse for other reasons such as abuse. PA proponents have also argued that interventions, which include custody changes, can alter the alienated children’s attitudes and create positive behavior toward the nonpreferred parent. This article examines the plausibility of PA diagnostic and treatment claims and relevant empirical evidence. It is concluded that PA advocates have failed to provide empirical support for the safety and effectiveness of their methods and that custody proceedings should take these facts into consideration. Future research directions based on established understanding of child development are suggested.

Over the last 20 years, psychologists have increasingly concerned themselves with two considerations regarding treatments for mental health problems: the effectiveness and the safety of each treatment. The effectiveness or predictable beneficial outcomes of therapies have been associated with the idea of evidence-based treatment (EBT) or empirically supported therapy (EST) (Chambless & Hollon, 1998), that is, treatment whose helpfulness is demonstrated by well-designed, well-implemented systematic research. Awkwardly, although EBT/EST as initially defined was associated with high levels of evidence using randomized controlled trials (RCTs) or at least clinical controlled trials (CCTs), there has over the years been “definition drift” such that the term “evidence-based” is used by some authors for almost any kind of evidence except anecdotes. In addition, the term evidence-based practice (EBP) has introduced evidentiary support for a method with factors of practice wisdom and client preference. As a result of these changes, the idea of EBT/EST continues as a focus for psychologists but opens the door for disagreements about the effectiveness of a treatment.
A second consideration, the safety of a treatment, has arisen more recently (Lilienfeld, 2007; Linden, 2013; Mercer, 2017). Psychological treatment that frequently does obvious serious harm, especially to children, can be quickly recognized; therefore, the concern is with infrequent harms, subtle harms such as opportunity costs of an ineffective treatment, and the identification of potential for harm before harms have been reported. Unnecessary discomfort, the “emotional burden” (Linden, 2013) of some treatments, is also of interest as we try to understand the effects of treatments. Psychologists have only recently encountered the idea of searching for and reporting adverse events during or after treatment, and if practicing a treatment with no intention of systematic investigation, may see no need to consider a treatment’s potential for harm (Jarrett, 2008). As a result of these uncertainties, there are continuing disagreements about measuring the safety of treatments as well as their effectiveness.

Effectiveness and safety remain important ways to evaluate the acceptability of treatments, in spite of the caveats just presented. In addition, it has been suggested that examining the plausibility of a treatment may provide insight into its potential harmfulness even before evidence of safety and effectiveness is available (Mercer, 2017; discussed further in a later section). The present article will use these three factors in an examination of some treatments used for children who are seen as displaying parental alienation (PA).

What is parental alienation?

PA is a term used to describe situations in which a child or adolescent in a high-conflict divorce declares a strong preference for one parent and resists or refuses contact with the other parent, and in which other factors are also present or absent. Avoidance of one parent, in and of itself, without additional factors at work, is called visitation resistance or refusal (VRR). PA is said to be present only when a child can give no “rational” explanation, such as physical abuse, for avoidance of the nonpreferred parent, and when it is thought that the preferred parent has persuaded the child to avoid contact by expressing negative beliefs about the nonpreferred parent. (If allegations of abuse have been substantiated, refusal of contact is not seen as PA.) In a recent poll of adults, 13.4% reported that at least one of their children avoided contact with them, with larger numbers among African-Americans, Native Americans, and those with no more than high school education (Harman, Leder-Elder, & Biringen, 2016).

In PA terms, a preferred parent who has persuaded the child to avoid the other parent is called the “alienator” or “pathogenic parent,” the non-preferred parent is called the “targeted parent,” and the process of
persuading the child to avoid the other parent is called “alienation” or “brainwashing.” However, the present article will use the more objective terms “preferred parent,” “nonpreferred parent,” and, when such a term is needed, “gatekeeping” (Austin, Pruett, Kirkpatrick, Flens, & Gould, 2013). Refusal or resistance to contact with the nonpreferred parent may be termed visitation resistance or refusal (VRR) rather than PA, with VRR as a broader category than PA and a preferable one in the absence of additional information. As well as these terms, PA proponents sometimes refer to parental alienation syndrome (PAS), a group of cognitive and emotional symptoms said to be displayed by children who resist or refuse contact with a nonpreferred parent.

A general term for interventions designed to treat and resolve VRR is “reunification therapy.” Most reunification therapies involve weekly office visits for the child, child and a parent, or child and both parents, and do not immediately include custody change, but may involve forced contact with the nonpreferred parent. However, some treatments used to address VRR (defined as PA/PAS) may be termed intensive parental alienation treatments (PATs); these treatments are advised by PA proponents both because of the impact of PA on parents’ rights and because of their prediction that children considered to have PAS will experience distorted trajectories of emotional development culminating in narcissistic tendencies in adulthood (Summers & Summers, 2006) and problems associated with lack of critical thinking (Warshak, 2010a). PATs, the topic of the present article, are different from the more gradual reunification therapy methods (Kleinman, 2017). They are “intensive” in that they place children in treatment for several days or more, outside their accustomed homes, and include prohibition of contact with the preferred parent as well as extended contact with the nonpreferred parent. PATs with these characteristics are somewhat commercialized, with some using trademarks, and have been described in a British podcast supported by the Child and Family Court Advisory and Support Service as “business models” rather than treatments (“Community Care Inform…”, 2018).

**History of the parental alienation concept**

Some present-day thinking about children’s avoidance of a divorced parent uses appropriate multifactorial approaches to understanding such attitudes and behaviors (Saini, Drozd, & Olesen, 2017). However, there continues to be a single-factor approach to PA that is associated with potentially problematic treatments, and for this reason a brief history of PA is in order as background to current theories and practices.
**Gardner’s theory.** Following reports of difficulties in parent–child relationships after divorce (Wallerstein & Kelly, 1979), the psychiatrist Richard Gardner introduced the terms PA and PAS on the basis of clinical observations (Gardner, 1999). Wilhelm Reich, the proponent of orgone therapy, has been referenced as a predecessor of Gardner’s views (Baldwin, 2008).

According to Gardner (2002), children who reject (are alienated from) a parent have been programed or “brainwashed” by the other parent in an effort to strengthen the position of the preferred parent in a court of law. Gardner proposed the term PAS and listed symptoms that indicated the presence of this syndrome:

1. A campaign of denigration
2. Weak, absurd, or frivolous rationalizations for the deprecation
3. Lack of ambivalence
4. The “independent-thinker” phenomenon
5. Reflexive support of the alienating parent in the parental conflict
6. Absence of guilt over cruelty to and/or exploitation of the alienated parent
7. The presence of borrowed scenarios
8. Spread of the animosity to the friends and/or extended family of the alienated parent (Gardner, 2002, p. 97).

Subsequent theoretical developments in the area of PA have all derived from Gardner’s (2002) views of persuasion by the preferred parent, a lack of objective justification for the child’s avoidance of the nonpreferred parent, the child’s unambivalent position, the child's assertion that he or she is not influenced by the preferred parent, the child’s strong support for the preferred parent, and the child's failure to feel guilt for the harm experienced by the nonpreferred parent.

Gardner (2002) also contributed the idea that PA is a form of child abuse and that where PAS is seen, “courts would do well to consider its presence a manifestation of emotional abuse by the programming parent [or “alienator”]” (p. 99). This position opens the door for custody changes and court-ordered treatments for children who refuse or resist contact with the nonpreferred parent, particularly in light of the claim that children displaying PA behavior will experience long-term personality problems.

**Other theories**

Johnston and Kelly (2004) countered Gardner’s (2002) theoretical positions by proposing multiple factors at work in system fashion to produce various intensities of rejection of a parent, including the child’s age, developmental
level, and vulnerability; both parents’ behavior and personalities; sibling and stepparent matters; and the inherent adversarial effects of child custody litigation. Warshak (2000) similarly considered the role of remarriage, as it may provoke or intensify rejection of a parent and noted that both biological parents, the stepparent(s), and the child may all contribute to this process. Other authors have recently contributed much more sophisticated multifactorial models including discussion of both adaptive and maladaptive behaviors and attitudes of divorced parents (Saini, Drozd, & Olesen, 2017).

In spite of the existence of these more complex theoretical models, some PA proponents have tended to maintain Gardner’s simple view of rejection of a nonpreferred parent as caused by the preferred parent’s manipulation and persuasion of the child. Some aspects of PA theory have focused on other characteristics of the preferred parent as they may influence relationships and child attitudes. For example, Garber (2011) suggested that enmeshment of the immature preferred parent with the child led to “role corruption,” in the forms of promotion of the child into an alliance with the preferred parent, induction of the child as the preferred parent’s caregiver, or infantilization of the child by a parent who needs to be needed and finds that a child’s delayed development is gratifying in this way. Gordon, Stoffey, and Bottinelli (2008) proposed that preferred parents (“alienators”) showed primitive psychological defenses such as splitting and projective identification. Klass and Klass (2005), however, countered these proposals about the nature of the preferred parent by suggesting what they called Threatened Mother Syndrome (TMS), highly emotional behavior in response to threatened separation from a child that does not in fact indicate any pathology, but may be interpreted as an indication of enmeshment or of primitive emotional defenses. Campbell (2005) suggested that parents with high anxiety and difficulty discriminating between their roles as parents and as spouses may stereotype each other in “split” and “alienating” ways. Some work on characteristics of preferred parents stressed specific behaviors such as the campaigns of denigration of the nonpreferred parent originally mentioned by Gardner (1999).

**Historical context**

Milchman (2017a, 2017b) provided a more detailed overview of the history of PA-related theories and practices and placed this in a broad social context. As Milchman pointed out, PA has been unusual among psychological concepts in its relevance to gender issues. Both feminist and “masculinist” or “Father’s Rights” critics have made strong claims for or against PA positions and their application in family courts. Milchman discussed the role of
an institutionalized misogyny in the form of culturally-approved assumptions that have influenced decision-making related to PA.

**Purpose of this article**

The problematic historical background discussed in the preceding section is predictive of current contention about the use of PATs. Such contention is much exacerbated by family courts’ orders for use of PATs when children resist contact with a parent and the related decisions about prohibition of contact with the other parent. The difficulties experienced by parents, though very real, should come second to the impact of PATs on children, which is the focus of the present article. The present article examines published material, as well as some unpublished statements, in order to evaluate whether PATs can be described as plausible, effective and safe for children and adolescents. The review considers theoretical approaches behind PA (as these, if implausible, can suggest potential for harm; Mercer, 2017), diagnostic issues, the nature of PATs, and empirical work relevant to PAT effectiveness. A concluding section discusses the evidence for and against the safety and effectiveness of the PA approach and proposes some possibly useful analogies drawn from the study of child development and applicable to the problem of children’s resistance to contact with a parent.

**Method**

A search of the term “parental alienation” on Academic Search Complete and on Google Scholar yielded 294 documents. A hand search based on bibliographical material yielded 12 more. Because of the history of the PA concept, which will be discussed in a later section of this article, publications from before the year 2000 were removed. When those publications, copies, non-English-language documents, handbooks, and popular books of advice were removed, 181 documents remained; all but one of which were published in professional journals. The one exception to these criteria was a book published by a small local press (Childress, 2015) whose author has been very active in promulgating his view of PA but has never published his work in peer-reviewed form; this author’s elaborate attachment-based theory of PA seemed important to consider in light of the current popularity of the attachment construct. As not all PATs have been clearly described in published form, some Internet descriptions in the form of blogs or websites were also examined.

Of the 181 published documents considered, 39 contained reports of systematic empirical findings of any sort, not including clinical reports. These documents were used to evaluate the effectiveness of PATs and the plausibility of PA diagnosis and related constructs.
In addition to the published documents, the present author had available five statements by young adults who as minors had experienced PATs. These, as well as some of the published materials, were used in evaluation of the safety of PATs and their potential for harm to children and adolescents.

**Parental alienation treatments**

Although effective psychotherapies share a number of general factors, treatments designed for specific purposes (e.g., to decrease anxiety) are chosen on the basis of specific diagnoses. For this reason, an examination of the effectiveness and safety of PATs needs to begin with the issue of diagnosis of PA.

**Diagnosis**

Unless PA can be accurately discriminated from other forms of VRR, and from anxiety disorders or other mental health problems that may affect parent-child relationships, the potential harm of inappropriately-done PATs may at the least have opportunity costs for families. In addition, unless children with PA can be accurately identified as one group within the VRR population, and PATs done only with the PA group, it becomes impossible to evaluate the effectiveness of PATs. As Emery (2005) pointed out, the burden of proof for diagnosis and treatment of PA is on PA advocates. Walker and Shapiro (2010) noted that such proof in the form of data did not exist and questioned whether it would be appropriate to label children as having a mental illness when such a diagnosis may create shame over a normal reaction of anger to the upheavals of divorce.

It is notable that although PA identification should presumably begin with evidence of VRR, this is not always the case in practice. In one case known to the present author, a father has alleged PA even though the child seeks contact with him, claiming that if he allows visitation he will be accused of sexual abuse. In another case, a girl who had for many years alternated weeks at father’s and mother’s homes proposed to spend more time at her mother’s house in order to “have a home”; she did not refuse contact with her father, but he alleged PA. Such allegations become part of family court discussion and potentially lead to PAT orders even though the cases do not appear to meet PA criteria.

A group of PA proponents campaigned unsuccessfully to have PA included as a diagnostic category in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013). PA is also absent from the International Classification
of Diseases (World Health Organization, 1992), but, as noted by a PA parental support organization (Central Ohio Parental Alienation, n.d.), the forthcoming ICD-11, taking effect in 2022, will index the term “parental alienation” and link this term to the diagnosis of caregiver–child relationship problem. Arguments in favor of the PA concept as a legitimate diagnosis began early in this century, with Gardner (2003) asserting that attorneys were reluctant to use PA terminology and wanted DSM categories to be employed. Gardner (1999) supplied a model for differential diagnosis of PAS in which he focused on different levels of PAS intensity rather than on discrimination of PAS from other VRR situations, included among his criteria the assumed behavior of the preferred parent as well as of the child, and used references to “bonding” without clear definition. At the same time, Rueda (2004), a supporter of the PA concept, began to study the inter-rater reliability of Gardner’s differential diagnosis chart (Gardner, 1999) and reported that therapists familiar with PA showed significant concordance in their evaluations of PA. Baker and Darnall (2007) surveyed adults who self-reported rejection by their children and found that they generally agreed with the eight criteria earlier suggested by Gardner (2002). Jaffe, Thakkar, and Piron (2017) emphasized the importance of the criterion “lack of ambivalence.”

Bernet (2008) argued that the then-developing DSM-5 should include a category of Parental Alienation Disorder (PAD). Bernet suggested that separation anxiety disorder and oppositional defiant disorder might both contain components of the proposed PAD and stated that research “indicates that PAD is a valid and reliable construct” (2008, p. 351). As evidence of validity, Bernet cited agreement among PA proponents and referenced Warshak’s (2006) argument that children can be given false memories and be influenced by suggestions from interviewers. Bernet et al. (2010) continued to press the PAD diagnosis in a book that noted the need for differential diagnosis to exclude cases with a number of alternative explanations for VRR. As Bernet did, Baker and Andre (2008) supported the use of Gardner’s (2002) eight criteria for PA, while noting the need for excluding alternative explanations. However, DSM-5 did not include PAD, although it did cite a condition “child affected by parental relationship distress” (CAPRD) including psychological and somatic symptoms, internal loyalty conflict, and at the extreme alienation from and rejection of a parent. Bernet, Wamboldt, and Narrow (2016) proposed that the CAPRD definition should be expanded to include behavioral, cognitive, and affective symptoms, and noted that related relational problems could cause or exacerbate mental health problems. Interestingly, Bernet, von Boch-Galhau, Baker, and Morrison (2010) suggested that PA could exist in the absence of an alienating parent, a position that would seem to introduce increased
complexity into the diagnosis and to argue against PATs that prohibit contact with the preferred parent.

**Diagnostic criteria**

The concept of PAD as a diagnostic category has continued to be rejected by critics of Bernet’s stance, with particular concerns about Bernet’s claims of validity and reliability (Pepiton, Alvis, Allen, & Logid, 2012). O’Donohue, Benuto, and Bennett (2016) offered a critique of PAD and the PAS concept that touched on a series of important points: the PAS construct is vague on important details such as the nature of “brainwashing”; the validity as well as the reliability of the construct are inadequately developed; PAS has never been scientifically tested; boundary conditions (such as situations where a parent has attempted alienation unsuccessfully) are not specified; there is no consensus in mental health circles; prevalence rates are not known; there are no quantifiable data allowing the calculation of error rates (see, also, Stahly, 2008); it is developmentally and culturally insensitive and assumes the same behavior from children of all ages and cultural backgrounds; and these points are critical because an incorrect diagnosis has the potential to cause harm.

Given that evaluation of PA on the basis of Gardner’s (2002) criteria has not received support, it is appropriate to turn to other efforts that have been made to diagnose reasons for VRR. Ellis (2008) suggested a “stepwise” approach to evaluation of child displayed VRR, beginning with questions about the child’s explanation: whether there seem to be good reasons for refusing contact, whether the reasons alleged by the child appear to be false or exaggerated, and whether the child is severely rejecting of the nonpreferred parent. Ellis proposed that these questions needed to be followed by interview material on the following points: the child’s incorrect belief of being persecuted by the rejected parent, who is seen in entirely negative terms; the child’s “splitting” and seeing the preferred parent as all good and the nonpreferred parent as all bad; the child’s behaving toward the nonpreferred parent differently (more positively) when they are alone than when another is present; the child’s denial of any positive feelings for the nonpreferred parent; the child’s distorted or bizarre reports about the nonpreferred parent; the child’s impossible reports of personal memories about the nonpreferred parent; the child’s alteration of a narrative to make it internally consistent; the child’s “litany” of hatred toward the nonpreferred parent; the child’s reaction of extreme anxiety, vomiting, wailing, and so forth, when confronted with the nonpreferred parent; the child’s dependent and enmeshed relationship with the preferred parent; the child’s compliance and cooperation with all adults other than the nonpreferred parent;
the child’s view of the preferred parent as a victim of the nonpreferred parent; the child’s lack of compassion for the nonpreferred parent and view of him or her as someone to be exploited (e.g., for money); the child’s minimization of the importance of the nonpreferred parent in the child’s life; and the child’s rigid and resistant belief system about the nonpreferred parent. Ellis proposed that the presence of 10 of these 15 criteria was an indication of PAS. Ellis stated that interviews with the preferred parent were not essential to identifying PAS. As Neustein and Lesher (2009) pointed out, Ellis did not provide data to support the use of this approach.

Childress (2015) proposed three indicators of PA, which he considers “attachment-based.” The first is described as “the complete suppression of the child’s attachment bonding motivations toward a normal-range and affectionally available parent” (Childress, 2015, p. 292); this phenomenon is presumably indicated by the child’s refusal of contact with the nonpreferred parent, which appears to be a proxy measure for the other indicators as well. Childress’s second indicator is the presence of traits of narcissistic personality disorder traits in the child, specifically grandiosity, entitlement, absence of empathy, a haughty and arrogant attitude, and “splitting” or polarization of attitudes; alternatively, the child may display extreme fear of the nonpreferred parent. Third, the child has a fixed delusional belief system to the effect that the nonpreferred parent is or will be emotionally and psychologically abusive and therefore deserves to be rejected. Childress emphasizes that the nonpreferred parent’s behavior must be and have been within a vaguely-specified normal range, including the “legitimate exercise of parental prerogatives … in the exercise of normal-range parental authority, leadership, and discipline within the parent-child relationship” (p. 294). Given those characteristics of the nonpreferred parent, Childress attributes the child’s attitudes and behavior to actions of a narcissistic or borderline preferred parent. Childress has not published data on the reliability or validity of the indicators he suggests. He has also published a Relationship Rating Scale (Childress, 2018) for use before, during, and after intervention. Children are rated on their hostile to pleasant attitude toward the nonpreferred parent, on their behavior from defiance to cooperation, and on their sociability from withdrawal to pleasant engagement; the nonpreferred parent is rated on a scale of behavior from lax and permissive to “highly structured, rule oriented, expectations for compliance and firm discipline” (Childress, 2018, p. 27). No data have been published on the reliability or validity of this scale.

As Huff (2015) pointed out in a doctoral dissertation, assessment of PA based on Gardner’s categories has confounded measures of the child’s rejecting behavior and the preferred parent’s posited efforts toward
alienation of the child from the nonpreferred parent. Huff developed a Contact Refusal Scale based on information from adults who had experienced parental separation during childhood and who responded on a Likert scale to items describing their behavior toward their parents. This scale following factor analysis included these items: told others they did not like a parent, avoided the extended family of a parent, refused to spend time with a parent, refused to go to the parent’s house, complained about time spent with a parent, ignored contacts from a parent, gave no answer or a trivial answer to a parent’s questions, told a parent the child did not want to spend time with the parent, gave an excuse not to do something with the parent, found reasons to be away rather than see the parent, avoided being with one parent, and wished not to see one parent. These specific items provide a focus on child behavior, but are based on recollections in adulthood of behavior that may have occurred ten or more years earlier, rather than on observations of day-to-day behavior of children and adolescents with respect to their nonpreferred parents. Like Baker’s Strategies Questionnaire (Baker & Chambers, 2011), Huff’s Contact Refusal Scale is useful for assessment of differences between young adults who have different memories of their childhood experiences and behavior with nonpreferred parents, but does not give a measure of behavior during the period when evaluation of PA might be wanted.

**Parent characteristics**

At the present time, although a number of authors have cited circumstances that might initiate or exacerbate a child’s VRR, such as remarriage (Warshak, 2000), there has been a minimal amount of attention to measurement of the multiple factors that may be involved. Certainly, there does not appear to have been work that uses such factors in diagnosis of PAS. Even those who claim that the preferred parent has a narcissistic or borderline personality disorder appear in many cases to make that claim without assessing that parent. Behaviors and characteristics of preferred parents have been listed, with most of the behaviors involving campaigns of denigration against the nonpreferred parent; personality traits have included personality disorders, histrionic behavior, suicidality, and substance abuse, with a lack of resilience with respect to separation and loss (Fidler & Bala, 2010). It has been suggested that women who have left violent partners are especially likely to be accused of PA behavior (Lapierre & Cote; Saunders & Oglesby, 2016), perhaps in response to their complaints of domestic violence.
A small amount of attention has gone to characteristics of the nonpreferred parent. According to Fidler and Bala (2010), such parents may be relatively passive and withdrawn with respect to the original marital conflict and to a child’s rejection. Fidler and Bala describe some rejected parents as lacking appropriate degrees of empathy... counter-rejecting, punitive and angry with their child, much like a knee-jerk reaction to being treated very poorly and disrespectfully by their child. The rejected parent may be easily offended and ironically react like their alienated child, with aggressive and disrespectful behavior... Rejected parents may act in self-centered and immature ways, with little or no insight into how their own behavior is contributing and affecting the child. (p. 20)

Similarly, Walters and Friedlander (2010) describe “intractable” rejected parents as unable to ally and collaborate with the therapist/coach or other professionals... [when they explain] that modifying their parenting or other behavior is necessary to alleviate their child’s rejection, their very rigidity prevents them from modifying their ideas and behavior to avoid further damage to the parent-child relationship... the rejected parent’s behavior, while not technically reaching the level of abuse, may be truly unpleasant, further polarizing, and unreasonable, which together make it very difficult for the child to manage. (p. 424–445)

Johnston (2003) also suggested that the nonpreferred parent could be the architect of the child’s rejection. In spite of these comments regarding characteristics of some nonpreferred parents, however, diagnostic measures for PA have not yet incorporated such information.

Although family systems principles would require that the behavior just described be taken into account in evaluating the family situation, proposed assessments of PA have not taken characteristics of the nonpreferred parent into consideration (cf. Bernet et al., 2010; Childress, 2015; “Criteria for the diagnosis...,” 2014). Neither have characteristics of other family members or new partners of the parents been investigated systematically as factors to be included in PA evaluations. Finally, it should be noted that efforts at PA diagnosis have not included assessment of the possibility of false allegations of parental alienation, as described by Turkat (2005), which may trigger acting out by children that could be interpreted as evidence for PA. None of the diagnostic efforts have considered the suggestion of Garber (2014) that some children are “chameleons,” responding differently to the social environments as provided by each parent, out of the child’s need to adapt, and thus inadvertently escalating conflict when parents misinterpret the child’s contextualized words and behavior. There has been no actual measurement of the child’s posited problems of critical thinking (Warshak, 2010), which if present would add new factors to the family system.
Commercial and Internet issues

In the discussion of PAT characteristics earlier in this article, it was noted that some of these treatments were commercialized. Scholarly efforts to understand and treat children’s reluctance to be with one parent have differed from those of the more commercialized treatments. Similarly, commercialized presentations of diagnostic approaches have differed from those discussed in an earlier section. For example, the website of a law firm one of whose members has been active in arguing PA allegations in family courts lists “Criteria for the diagnosis of parental alienation” (2014). This document states that the diagnosis is based on the behavior of the child, not the symptom level of the “alienator” (preferred parent). The child denigrates the nonpreferred parent, complains, and denies ever having experienced good times with that parent, and bases the complaints on “frivolous rationalizations.” In addition, the child is said to show two or more of a list of behaviors drawn from Gardner’s (2002) criteria. The website proposes that legal representation needs to be sought by nonpreferred parents who feel these symptoms are present in their children.

Treatment

Some characteristics of diagnostic approaches to PA suggest a potential of PATs for harm to children and, thus, demand investigation of empirical evidence supporting the treatments some children and adolescents receive when diagnosed with PAS. First, however, the natures of and variations among PATs need to be described. An important shared feature among PATs is that most, if not all, of the children who undergo them are court-ordered to do so (Kleinman, 2017; Smith, 2016). The VRR that brings most children into court to begin with is a clear indication that they do not want contact with the nonpreferred parent (or at least not as much contact as that parent wants), and they presumably do not want to receive treatment that will change their attitudes toward that parent; they perceive their attitudes as reasonable and indicative of their own autonomy, which they do not want to lose. Because the children are resistant in these ways, their presence at some PAT programs is enforced by youth transport service workers who in some cases use handcuffs as they take children from their homes, their schools, or courtrooms. The involvement of courts in many PA cases also alters the expectations of confidentiality that normal hold for psychological interventions. Although program descriptions do not usually mention these issues, PATs cannot be understood without reference to the possible use of force and other differences from conventional treatment.
Treatment models

In many cases, children showing VRR, and their parents, are ordered into some form of reunification therapy. Treatments under this heading are “talk therapies” of various kinds and may involve children attending sessions alone or with one or the other of the parents, who may also be seen alone; these methods are comparable to treatments used for reunification of children with parents after separation because of neglect or abuse. Walters and Friedlander (2010) have described the use of the multimodal family intervention model with families who are “stuck” in dealing with a child's VRR. Walters and Friedlander discussed in detail the ways in which attorneys and the court itself play roles in this kind of treatment. Similarly, Smith (2016) described family therapy for VRR as involving all family members and requiring the setting of treatment goals for each family member, including changes in the child’s thinking about the nonpreferred parent. Group treatments have also been used (Toren et al., 2013). Garber (2015) proposed gradual desensitization along the lines of cognitive behavioral interventions.

Unlike reunification therapies that work with families while leaving children and adolescents in their original living situations, PATs share the assumption that PA can be treated successfully only if a child is removed from the custody of the preferred parent for some period of time (Kleinman, 2017; cf. Fidler & Bala, 2010). Such removal depends on the order of a family court judge. As a result, these treatments involve a list of factors that can impact the child directly or indirectly: separation from the preferred parent and therefore from familiar living conditions, friends, neighbors, and extended family members; enforced contact with the nonpreferred parent and associated unfamiliar living conditions and social contacts; and possible experiences with youth transport services staff during and after travel. Intervention factors alone do not make the sum of the child’s experiences in PATs and cannot be assumed to be the cause of any outcomes observed.

The present article will describe five PATs as they are presented by their proponents: Family Bridges, High Roads, Overcoming Barriers, Family Reflections, Transitioning Families, and Stable Paths. In addition to the program descriptions, statements by young adults who have described their earlier experiences of PATs will be quoted.

Family Bridges TM

According to Warshak (2010), Family Bridges was originally developed by the psychologist Randy Rand in response to a request from the National Center for Missing and Exploited Children, who wanted a program to help
recovered abducted children who felt fear and hatred for the parent who had recovered them and to “provide rapid relief to these children during a stressful transition while helping their parents safely and sensitively manage the children’s feelings and behavior” (p. 55). Warshak has argued that the Family Bridges workshop is not psychotherapy or counseling but uses an educational model; the term “psychoeducation” has been used to describe the program, although this word is most commonly used to describe programs that teach families facts about a family member’s physical or mental health problems. Instead of discussing psychological conflicts or similar issues, the program employs intensive instruction on cognitive and social science research, such as material about the Milgram study of influences causing disturbing behavior. Children are taught new vocabulary for discussing family conflicts and decisions, and instruction follows evidence-based teaching methods.

According to Warshak (2010), youth transport service workers may bring children to treatment facilities in California or elsewhere, which may be a considerable distance from their homes. The workers also have the task of confiscating the children’s cellphones, but their jobs are done once the workshop begins. The workshop which appears to last four or five days, starts with a minimum of discussion and the watching of videos on perceptual and cognitive biases by the nonpreferred parent and the child. (The preferred parent does not participate in this workshop, nor is the child permitted to contact him or her.) Communication practice and role-playing are also employed. Children are told they may leave the program if they want to, but there are serious practical barriers to this choice for children who live more than a short distance away. Goals of the workshop are primarily for the child and include strengthening the child’s critical thinking skills, protecting the child from unreasonably rejecting the parent in future, and helping the child take a balanced perspective and be realistic about the parent and themselves. A goal for the parent is to strengthen “skills in nurturing their children by setting and enforcing appropriate limits and avoiding psychologically intrusive interactions” (Warshak, 2010, p. 58). The cost of the program has been reported as around $20,000 by a preferred parent whose court order required that he/she pay this and other fees or be found in contempt—an amount congruent with the fee structure cited by Warshak.

Interviews with young adults who as adolescents had attended Family Bridges provide additional information regarding the experiences of children in the workshop; although, it must be stated that no reports are available from individuals who felt the program had a positive effect. One young woman who at age 17 was court-ordered to go with her younger sister to California for the workshop reported being taken in handcuffs from
the courtroom by youth transport services workers. She stated that she was threatened with transfer from Family Bridges to a wilderness facility or to a residential treatment center where she would not be able to contact anyone on the outside, if she did not cooperate with her mother and the mother’s partner. She was also told that her father, her preferred parent, would go to prison if she did not cooperate or if he did not pay the required fees. (This girl petitioned for and received emancipation shortly after the workshop.) An 18-year-old Saskatchewan man reported that at age 15 he was taken to a courthouse by his father and stepmother and informed that he and his brother were now in their mother’s custody and if necessary the police would enforce the order. The boy and his brother were taken to the airport in separate vehicles and their phones were taken before they were flown to British Columbia for a Family Bridges workshop. The boys were told that if they did not cooperate their father would be arrested and they would never see him again. (This boy reports no current contact with his mother, the nonpreferred parent.) A young Canadian woman reported that when she was sent to a Family Bridges workshop at age 15, videos were shown that featured mothers doing wrong and fathers doing right. A printed list of words was provided and each was to be responded to by a positive statement of how it was associated with the father and stepmother. She was told that without a relationship with their father she would become an alcoholic or a drug addict. An investigative journalist’s report told similar stories (Tabachnik, 2017).

**High Road to family reunification**

High Road is a program that Childress (2015) has described as an “intensive psychoeducational intervention that seeks to resolve the child’s symptoms through nontherapy approaches that systematically realign the child’s distorted functioning into a normal-range relationship with the targeted parent [i.e., in the terms used in the present article, the nonpreferred parent—JM]” (p. 315). Childress attributed the High Road program to Dorcy Pruter, a life coach without licensure in psychology, social work, counseling, or any other mental health field. High Road is a program that requires court-ordered separation of the child from the preferred parent for 60 or 90 days, but according to Childress, Pruter states that the child’s symptoms can be resolved “within days,” and the actual High Road protocol takes four days. However, High Road requires an additional period of “protective separation” from the preferred parent, as re-exposing the child to the preferred parent is thought to reverse the gains the child has made. Nine months of separation may be required. Like Family Bridges, High
Road requires transport of the child to a treatment facility, apparently in California.

The High Road program is described as employing a series of “catalytic steps,” which “move the brain state through a series of structured steps to achieve the desired end state” (Childress, 2015, p. 317). Childress gives the Alcoholics Anonymous 12-steps program as an example of a “catalytic intervention” but stresses that Pruter’s protocol is not a 12-step program.

In a blog post, Childress (2016) described the High Road protocol as

a structured psycho-educational intervention of watching videos of family stories, much like one would see on Saturday morning television, integrated with a series of structured communication and problem-solving activities. Once the normal-range functioning of the child’s attachment system is recovered through this structured series of family activities, Dorcy turns over the follow-up recovery stabilization care to the mental health professional.

This description resembles descriptions of the Family Bridges protocol (Warshak, 2010).

Childress also proposed that during the days of a child’s “protective separation,” being positive toward the nonpreferred parent can eventually be rewarded with phone or Skype calls twice a week to the preferred parent. The child can thus shorten the treatment by desired behavior or lengthen it by continuing to reject the nonpreferred parent.

**Overcoming Barriers**

Overcoming Barriers Family Camp (OBFC; Sullivan, Ward, & Deutsch, 2010) was described as a 5-day, 4-night treatment for cases of VRR that uses psychoeducation, clinical intervention, and milieu therapy. All family members—both parents, new partners, and children—attend, usually under court order. Preferred and nonpreferred parents are separated for psychoeducational events but meet in a co-parenting group that helps create and agree on parenting plans. Reconnection between the nonpreferred parent and the child is facilitated by having the parent watch the child in an activity, share an activity, or participate in a family meeting together.

The co-parenting group is of particular interest because of its focus on both preferred and nonpreferred parents.

The psychologists used other parents in the group to challenge each other about their problematic attitudes and conduct. For example, a father who was threatening to push the court to send his estranged daughter to boarding school was told by several group members that this was unreasonable and would further estrange him. Similarly, a father’s raucous behavior the night before was observed by group members as off-putting, if not scary, for his children. A mother’s keeping her children solely at her side during the camp activities was challenged by other mothers. A favored father’s “overprotection” of his daughter was examined by the
group, and feedback that his behavior was too extreme was provided by members. Fellow group members also provided comfort, support, and reassurance. The two mothers in the rejected parents’ group were repeatedly reassured that they were thoughtful, compassionate, and good parents, despite their rejection by their own children. The impact of hearing feedback from other parents rather than the psychologist had a significant therapeutic effect in the morning group process (Sullivan et al., 2010, p. 122).

The co-parenting group used by OBFC is a notably different approach from either Family Bridges or High Road. Interestingly, Sullivan et al. (2010) state that with “several families, the threat of referral to OBFC has been an unintended court intervention that has resolved the custody disputes in the case!” (p. 120).

**Family Reflections**

Family Reflections Reunification Program (FRRP; Reay, 2015) is a treatment for “severely alienated” children, who, according to Reay, will not respond to conventional treatment. FRRP is based on elements of Family Bridges and of OBFC, using the camp structure of the latter. Children attending FRRP are initially in the program with their siblings but without a parent. They participate in a psychoeducational program to prepare for the encounter with the nonpreferred parent; work on improving critical thinking is mentioned as a goal of the program, and this may be the period when such work occurs. The nonpreferred parent arrives and works with a psychologist in preparation for contact with the child; subsequently, the parent and child engage in

various psycho-educational and outdoor experiential programs separately and then together after they have successfully reconnected with each other. Prior to exiting the program, the child and parent share the same large living quarters and enjoy a special celebration chosen by the child (Reay, 2015, p. 202).

The nonpreferred parent is later to continue in counseling with a FRRP-trained practitioner. The preferred parent is to seek similar counseling.

**Transitioning families**

The Transitioning Families Therapeutic Reunification Model (TFTRM; Judge et al., 2016) was originally designed for helping family recovery from nonfamilial abductions, as was the case with Family Bridges (Warshak, 2010). Judge et al. have used the same model with PA cases, but as of the present writing have not described how TFTRM is used for reunification with a nonpreferred parent. However, Isicoff (2015) described the use of this model in a program called Stable Paths:
The goal of workshops such as those provided by Stable Paths is to provide parents and children with the tools they need to positively reconnect with one another in a tranquil and private yet beautiful setting. By engaging in experiential activities such as horse exercises, swimming with dolphins, recreational sports and games, and cooking meals together, families create new memories and reestablish existing bonds and attachments. In doing so, families develop deeper compassion and the communication skills necessary to facilitate the discovery of a common ground to therapeutically reunify and rediscover joy after they have experienced a devastating separation. (Isicoff, 2015)

Stable Paths and TFTRM apparently share some basic PA assumptions about the behavior of the preferred parent and its impact on the child’s attitudes and behavior, as Isicoff (2015) points to participation in the program as removing the child from the harmful influence of the preferred parent:

While participating in a reunification workshop, children are spared the trauma of the continuous prompting and programing of the favored parent. The child does not have the chore of reporting to the favored parent the details relating to their interaction with the target parent, especially in situations of no-contact or supervised contact. Participation in a reunification workshop also limits the favored parent’s access to obstruct the process of reunification. Allowing the program to supervise contact between the favored parent and the child may also provide the program with an opportunity to help the child build the skillset required to cope with alienating behavior in the future…. Reunification workshops are most effective when combined with periods of no-contact or suspended contact, “no-maligning” orders, orders that specifically prohibit any interference with the workshop, and orders that build in sanctions.

**Empirical work on PATs**

Considerations of space preclude examination of empirical research on PA that has focused on recollections of adults about their childhood experiences of marital conflict and denigration (e.g., Baker & Andre, 2008; Baker & Ben Ami, 2011); although, it is of interest that a survey of young adults showed that those who recalled denigration of one parent by the other tended to feel negatively about both parents (Rowen & Emery, 2014, 2018). Johnston (2003) came to similar conclusions. One study examined small numbers of families grouped according to levels of alienation and concluded that early custody changes were helpful but did not specify treatment used (Rand, Rand, & Kopetski, 2005). The focus of the present section will be on reported evidence for specific PATs.

Templer, Matthewson, Haines, and Cox (2017) did a systematic review of publications reporting empirical evidence about the effects of PATs. Templer et al. noted the extreme weakness of designs and implementation of the studies reported, noting especially the absence of control groups.
All but one study (Toren et al., 2013) included in the review were case series. In all case series there were no clear or defined outcome measures, no cases were matched with a control group and they were based on nonrandom samples, retrospective data analyses, and used only descriptive statistics. Toren et al. was a quasi-experimental study. This study included a treatment group and a partial control group; however, treatment allocation was not described. The sample size was small and there were some withdrawals prior to treatment commencing (p. 115).

In spite of the research weaknesses, however, Templer et al. (2017) made recommendations based on the conclusions of the studies.

However implausible or potentially harmful a treatment might appear, an established evidentiary foundation allows the treatment to be assessed in terms of its actual history of risks and benefits to children and families. Unfortunately, although decades have passed since the discussion of evidence bases for therapies by Chambless and Hollon (1998), it is still not completely clear what is meant by a satisfactory evidentiary foundation or an empirically supported treatment (EST). Whether or not a treatment is regarded as an EST depends on the level of evidence (“How is the research support defined?,” 2017) that supports it. The two highest levels of evidence, randomized controlled trials (RCTs) and controlled clinical trials (CCTs), are accepted if they also meet other criteria (e.g., assurance of intervention fidelity; see, also, Des Jarlais, Lyles, Crepaz, and the TREND Group [2004] for transparent reporting of nonrandomized designs). Evidence derived from lower levels of evidence, such as pre- and post-test studies like most of those evaluated by Templer et al. (2017), may allow a treatment to be categorized as “promising” or in similar terms, but not as an EST. The essence of RCTs and CCTs is that they involve some comparison (“control”) information, ensuring that explanations of outcomes do not confound treatment factors with other factors such as maturation, reduction of anxiety with familiarity, or (in the case of PATs) the impact of court orders and transport experiences.

Websites such as the California Evidence Based Clearinghouse for Child Welfare (www.cebc4cw.org), the National Registry of Evidence-based Programs and Practices (https://www.samhsa.gov.nrepp; currently under revision), and Effective Child Therapy (www.effectivechildtherapy.org) review and list treatments for children that qualify as ESTs. None of the PATs discussed in this article are listed on any of these sites, although it is possible that they remain unlisted because their proponents have not requested review and listing. An examination of the evidence for each of the PATs is thus in order.

**Family Bridges evaluation**

Warshak (2010) discussed evaluation of Family Bridges and stated at that time that “no controlled studies with quantitative measures have assessed
the outcome of the workshop or the specific factors in the program that contribute to its success” (p. 66). Warshak reported that of 23 children who attended Family Bridges, all “severely alienated” at the beginning, 22 were rated as having restored a positive relationship with the nonpreferred parent, the exception being a girl within days of her eighteenth birthday. For 19 of the children, two to four years of follow-up information were available. Four of the 22 children “regressed” to negative attitudes toward the nonpreferred parent after the court allowed renewed contact with the preferred parent. This evaluation, with its pre- and post-test design, allows no comparison to children displaying VRR who have not experienced the program, and cannot be used to rate Family Bridges at higher than a “promising” level.

Warshak and Otis (2010) noted that the instructional methods used in Family Bridges were evidence-based, and this is no doubt correct, but is not relevant to the actual effectiveness of the program.

**High Road evaluation**

Childress (2015) does not seem to have attempted any systematic evaluation of High Road in his dense and unindexed book. In a recent television interview (https://www.abc10.com/mobile/article/news/local/parents-are-demanding-accountability-in-family-court/103-548696968), Childress conceded that there was not as yet an evidence basis for High Road. However, Childress (2018) reported a statement by Pruter that she had 100% success with the High Road protocol in 70 families with over 100 children. A presentation by Childress and Pruter to a meeting of the Association of Family and Conciliation Courts (AFCC), which had been scheduled as earning continuing education credits from the American Psychological Association (APA), had its credits revoked and was replaced by an on line webinar that did not support the High Road approach; AFCC was instructed not to allow these presenters to participate in continuing education programing in future (personal communication, Kristen Knight-Griffin, April 11, 2018).

**Overcoming Barriers evaluation**

Sullivan et al. (2010) reported positive ratings of parents for the Overcoming Barriers camp. Ten families had participated in OBFC at the time of that writing and, although details are difficult to extract from the 2010 article, it appears that about half of the families had improved contact between children and nonpreferred parents. The small N and lack of comparison group means that this treatment could not be rated higher than a “promising” level of evidence.
**Family Reflections Reunification Program evaluation**

Reay (2015) evaluated the outcomes of Family Reflections Reunification Program on the basis of pre- and post-treatment observations of 22 children from 12 families. She reported that 21 of the 22 children reestablished relationships with the nonpreferred parent between the second and third day of the program. Positive relationships were said to be maintained over the next 12 months, but no specifics were reported. As was the case for other PATs, this evidence cannot be rated at higher than a "promising" level, as indeed the title of Reay’s article indicates.

**Other treatment evaluation issues**

There are no published reports of systematic investigation of outcomes of Transitioning Families or Stable Paths.

None of the outcome reports touched on whether there were changes in the treated children with respect to any of the claimed symptoms of PAS—critical thinking problems, grandiosity, and so on—or on any issue except attitude and behavior toward the nonpreferred parent. There appears to have been no tracking of other concerns such as PTSD symptoms or school performance.

A point that should be considered regarding outcome studies of PATs has to do with the commercialization and trademarking of some of these treatments, as mentioned earlier in this article. Rosen and Davison (2003), speaking generally about evidentiary foundations of psychological treatments, argued that trademarked therapies or other treatment “packages” should not be considered as empirically supported. Commercial considerations include caution about trade secrets and can make assessment by independent researchers impossible. When PATs are trademarked, conflicts of interest are almost inevitable, and professional journals or societies should consider this issue in accepting articles or presentations.

**Legal considerations regarding evidence for PATs**

In addition to discussing the actual evidence basis for PA and PATs, it is important to consider to what extent courts have assumed that PA has an acceptable evidentiary foundation. Meier (2014) reviewed some of the history of judicial attitudes toward PA (citations have been removed for space reasons):

While some advocates have sought to challenge on appeal courts’ misuses of parental alienation theory to deny, minimize or penalize mothers’ abuse allegations in custody litigation, these challenges have yet to be successful….Ironically, in nonfamily criminal and civil cases, PAS has been ruled inadmissible and unscientific … but the
admissibility of ‘PA’ has never been adjudicated, although its scientific basis, especially as applied to abuse allegations, has been questioned…. One reason PA is difficult to challenge in court is that family courts are widely recognized as using less stringent legal standards for admissibility of evidence…. Another is that parental alienation is treated by courts as though it is fact-based and gender-neutral, and, since it is typically propounded by a purportedly “neutral expert,” such as a psychologist or a guardian ad litem (child’s representative) appointed by the court, it appears to be objective and scientific. Without a principled objective or scientific basis for rejecting the concept, advocates, scholars and lawyers have found it difficult to persuade evaluators or courts that parental alienation is being misused to deny valid abuse claims (p. 6).

Meier and Dixon (2017) reemphasized this position.

**Standards of admissibility**

Other authors have commented in a variety of ways on the role of PA in the family court. In 2005, testimony about PAS was allowed under the Frye test by the Illinois Supreme Court (“PAS testimony allowed…,” 2005). Hoult (2006) argued that PA should not be admitted under Daubert standards. The increasing use of PA claims in Canadian courts was noted by Bala, Hunt, and McCarney (2010). In 2010, the Brazilian Supreme Court ratified a law that defines and punishes PA (Salles, Paulo, & De Matos, 2012). Bow, Gould, and Flens (2009) reported on an Internet survey in which respondents were conservative and cautious in their view of PA and felt that PAS did not meet admissibility standards. Beverly (2013) agreed with the Brazilian Supreme Court that PA existed and should be punished and proposed that “alienation” of a child by the preferred parent should be considered tortious.

Clemente and Padilla-Racero (2016) called PAS “unscientific, and an affront to children, women who hold the custody of children of separated couples, science, human rights, and the justice system itself” (p. 126), arguing that PA concepts are based on ideology rather than systematic scientific evidence; Milchman (2017a, 2017b; discussed in earlier section of this article) presented a similar argument about the role of misogyny in application of the PA argument in family courts. Nichols (2014) also rejected PAS as failing to meet standards for evidentiary admissibility and proposed the appointment of guardians ad litem to carry out fact-specific investigations. In a report on the use of PA concepts in Canadian courts, Neilson (2018) pointed out that when courts begin to cite and rely on parental alienation assertions of long term child harm and suggested responses recited by other courts, judicial scrutiny of reliability prior to admission of expert evidence is avoided. When this happens, social science theories without adequate research support can become legal concepts with the potential to cause grave injustice to children and their families (p. 28).
Kleinman (2017) saw such applications of PA assumptions as violations of ethical standards.

**PA and due process**

Due process considerations are generally problematic in child custody trials, as conflicting interests of parents (and of children), as well as case-to-case differences, make it difficult to establish fair decision-making processes. Authors such as Milchman (2017a, 2017b) and Selfridge (2007) have noted the challenges to due process offered by cultural assumptions about gender and parental roles. Parents whose custody rights are challenged may have no counsel and no opportunity to cross-examine guardians ad litem or others who testify (Gleiss, 2010); this problem may be exacerbated in PA cases when the accused preferred parent has few resources and may already have been ordered to pay PAT fees or risks such an order. The problem of PA diagnosis, discussed earlier in this paper, has considerable relevance to the due process issue, as such a diagnosis is argued by PA proponents to mean that the preferred parent is mentally ill, is causing the child to become mentally ill and, therefore, is guilty of child abuse and unfit to have custody. This claim is difficult to counter if a court accepts the PA argument and assumes that an opposing parent evaluator simply has no expertise in PA. The consequences for an accused parent can be severe, comprising not only loss of contact with the child, but the financial, social, and professional impacts of being declared an unfit parent. In addition, it is far from clear that even serious mental illnesses like schizophrenia make effective parenting impossible; Van Brunt, Zedginidze, and Light (2016) have argued that a far more nuanced assessment of mental state is needed before a mentally ill parent is declared to be unfit on this ground. Due process in custody changes based on the PA claim of preferred parents’ mental illness should thus include careful evaluation of all aspects of parenting.

**Legal issues for practitioners**

A little-discussed legal issue has to do with claims of PAT proponents that their work is psychoeducation rather than psychotherapy (see Reay, 2015) and that, therefore, practitioners need not be licensed mental health professionals. This definition is contrary to the customary use of “psychoeducation” to mean efforts in addition to treatment to provide information to a patient or family about the patient’s problems, how the mind works, and how the treatment works (Bush & Auchincloss, 2018). Psychoeducation is not a freestanding process, but supports treatment efforts, so the idea that PATs can consist of psychoeducation alone is
misconceived. From a legal perspective, this claim has the advantage for PAT practitioners of protecting them from charges of unlicensed practice or of practice outside their expertise.

**Safety of PATs**

Dallam and Silberg (2016; also Silberg, Dallam, & Samson, 2013) have discussed the potential for harm to children when PA practitioners discount child reports of abuse, blaming them on “alienation” efforts by the preferred parent, and recommend custody be given to a nonpreferred parent who is in fact abusive. Silberg et al. looked at 27 cases where this had happened and the custody decision was eventually reversed because of abuse. The children in these cases suffered from anxiety, depression, PTSD, self-harm, and suicidality, and some repeatedly ran away, thus exposing themselves to the further harm of homelessness and sexual trafficking.

**Trauma issues**

Children and adolescents in high-conflict families may already be showing the impact of trauma as a result of their predivorce experiences or of events at the time of the separation such as domestic violence, police involvement, the need to hide from terrifying events, and general disruptions of their lives. Renewed contact with a parent the child associates with trauma may exacerbate trauma symptoms like depression, irritability, separation anxiety, and sleep problems—any or all of which might be construed as part of a PA pattern of symptoms by PA proponents who privilege this diagnosis. (Normal parental responses to child trauma may also be framed as attempts at aligning the child with the preferred parent.) PATs and PA-related court orders prohibiting contact with the preferred parent, and forcing contact with the nonpreferred parent, are likely to intensify trauma symptoms, which need assessment and treatment by clinicians trained in working with trauma issues (Cohen, Mannarino, & Deblinger, 2017). If the nonpreferred parent has been and continues to be abusive, the probability of increased trauma symptoms is high.

**Concerns beyond past trauma and abuse**

The potential for harm in cases where PA concerns lead to changes of custody from a nonabusive to an abusive parent is very real, but a much broader consideration of PATs as potentially harmful treatments for children (PHTCs; Mercer, 2017) is needed. Do PATs have potential for harm in and of themselves, even when the nonpreferred parent is not abusive?
Because PA proponents have used the term “attachment disruption” when speaking of a child’s VRR (Childress, 2015), we may begin with a consideration of attachment issues. Suffice it to say that separation from an attachment figure at the age of eight or more is not likely to have a deleterious effect on mental health or personality development, however uncomfortable it may be for the child, unless the child has developmental delays or conditions such as ASD that make the presence of a familiar caregiver particularly salient. Older children and adolescents have already developed fairly sophisticated internal working models of social relationships and have begun to expand these to focus on peers, adults outside the family, and potential romantic partners. Unless the preferred and nonpreferred parents live in the same neighborhood, abrupt and complete changes of custody can remove children from valued peer relationships, known school and church situations, and possibly from boyfriends or girlfriends whose company and affection are important to adolescents. These losses create non-normative challenges that may interfere with children’s senses of autonomy, initiative, and identity, with predictable impacts on educational and social development.

In addition, PATs, as experienced by the child, may contain elements of psychological abuse. Garbarino (1998) listed five types of psychological abuse: rejecting, isolating, ignoring, terrorizing, and corrupting the child. PATs involve rejecting the child, in the sense that the child’s stated needs and wishes are labeled harmful and wrong and are attributed not to the child herself but to the work of the preferred parent. Children in PATs are isolated by being taken to an unfamiliar place and having their cellphones taken away. Children in PATs are ignored when they ask for contact with the preferred parent. When youth transport services are used, especially when a child is handcuffed and taken away by strangers, children are terrorized. It takes only a small stretch of the imagination to guess that children subjected to PATs may be corrupted by being shown that power and authority are more important than negotiation and compromise.

Linden (2013) proposed that an adverse effect of some therapies is the “emotional burden” experienced by the client. He argued that a treatment that causes distress and tears should be avoided unless there is clear evidence that the treatment is uniquely effective. According to statements of young people who have been through PATs, these treatments are frightening and distressing.

**Indirect harms**

These direct harms of PATs are accompanied by the indirect harm of opportunity costs. The expense of PATs and the legal expenses associated
with PA lawsuits can easily amount to sums that would pay for a year or more of private school or of college. The disruption caused by PATs and by abrupt, complete changes of custody has its indirect costs in depletion of the child’s emotional resources as he or she responds to strong, continuing pressures to adapt to and accept an unwanted situation. The child’s resources are diverted from the normative developmental tasks of late childhood and early adolescence, particularly from the development of autonomy and preparation for independent life.

Psychologists and other mental health professionals are trained to be cautious about anecdotal information declaring the benefits of a treatment, and should thus be equally cautious about anecdotal statements of negative experiences, like the ones quoted in an earlier section from accounts of young adults who had experienced PATs. However, as Dimidjian and Hollon (2010) have noted, anecdotes are the first line of defense against harms caused by treatments and thus deserve careful attention, although not unquestioning acceptance. When a treatment by its nature carries a risk of trauma to children and adolescents, who cannot choose to escape from or avoid the treatment, attention is all the more necessary.

It is reasonable to conclude that even in the absence of abusive treatment by the nonpreferred parent, PATs have the potential for direct and indirect harm to children. Evidence of potential for harm is shown in the reports given earlier in this article about children’s experiences in PATs. Connections between the potential for harm of PATs and PA-related custody decisions can also be made with respect to the implausibility of much PA thinking, as will be noted in the next section of this article.

**PA arguments that harms are prevented by PATs**

However, it should be noted that PAT proponents argue that failing to treat VRR with their methods is harmful to children who are avoiding contact with a parent. Theoretical concerns about access to power by children are cited by authors who argue against attention to children’s preferences for living with one or the other parent, on the grounds that this attention is harmful to the child. In a Canadian symposium, Croezen, Ander, and Jones (2018) warned against the following undesirable consequences of allowing children’s preferences to be considered: that children are in the crossfire of conflict—caught in the agenda; that they are improperly empowered; that there is loss of leadership by adults, loss of hierarchy, loss of stability, loss of security; that children are doing the job of an adult, have increased anxiety and feeling of responsibility; that there is parentification and adultification of children, role confusion, attachment
disruptions, and lack of resolution; and that children develop black and white thinking. Summers and Summers (2006) similarly warned that children influenced by a narcissistic alienating parent might also become narcissistic. Warshak (2015) opined that practices such as allowing a child to call a parent by their first name were harmful and alienating.

**Plausibility of PATs**

Descriptions of treatment methods and their outcomes are essential for establishing the effectiveness and safety of a therapy. In addition, the theories on which diagnosis and treatment are based can give insights into the potential of a treatment for harm to children and adolescents. One approach to identifying potentially harmful treatments for children emphasizes the plausibility of a treatment—the logic of its theory and its congruence with established information about child development (Mercer, 2017). For example, a treatment would be considered implausible if it is based on errors of logic such as circular reasoning, the post hoc error, or affirming the consequent by assuming that if A is followed by B, where B exists, it will be preceded by A. Other authors have suggested that both theory and presentation of evidence may be examined for clues to the trustworthiness of claims about causes of outcomes (Grimes & Bishop, 2018).

Treatments for children may also be considered implausible if they are at odds with empirically-established information regarding child development: for example, if they conflate characteristics of early attachment behavior with social relationships in older children and adolescents, or if they fail to take account of differing developmental tasks of children at different periods of their lives (e.g., by assuming that adolescents should have primary emotional connections with parents rather than peers; cf. Havighurst, 1972).

Cases of serious harm to children through mistaken treatments have occurred because practitioners were guided by implausible assumptions; for example, in the famous Candace Newmaker case, involving asphyxiation of a child during an intervention, the therapists believed that harm would be done if they did not force the child to comply with commands (Mercer, Sarner, & Rosa, 2003). It has been suggested that implausibility is one of several factors to use in identifying potentially harmful treatments for children (PHTCs; Mercer, 2017). The plausibility of various components of PA theory is therefore of interest.

**Plausibility of basic concepts of PA**

It is clear that a proportion of children of divorced families show VRR to greater or lesser extents. Because parents as a group do work to persuade
their children of the appropriateness of beliefs, attitudes, and behaviors, and make efforts to make the children comply with parental beliefs and attitudes, it is plausible that some unspecified proportion of divorced parents employ persuasion to influence child attitudes toward the ex-spouse. Because ex-spouses commonly have negative attitudes toward each other, it is also plausible that one parent (or both) may try to persuade a child to have negative attitudes toward the other parent (or each other).

However, it is less plausible that parents’ influences and children’s attitudes can be clearly divided into PA and non-PA groups on the basis of the children’s VRR, as has been suggested by Baker, Burkhard, and Albertson-Kelly (2012) with respect to their study of young adults. A known task of parenting is buffering (Gunnar et al., 2015), the work of supporting children’s interactions with the social and physical environment in ways that allow a child to function at an optimum level of mastery and success. Buffering can occur at levels that range from making sure a nursing baby has a clear air supply, to tying the first loops of a shoelace but having the child pull them tight, to suggesting solutions to disagreements on the Little League team, to listening to a child’s concerns of grief or anger about divorce. A parent’s buffering of a child’s conflicts, concerns, and practical decisions regarding the other parent is a task that has been described as “gatekeeping” (Austin, Pruett, Kirkpatrick, Flens, & Gould, 2013). Just as all parents buffer to some extent, all divorced parents who have contact with their child do some gatekeeping. Unlike the categorical discrimination of parental and child behavior into PA and non-PA cases, gatekeeping is seen as on a continuum from facilitative to restrictive, with restrictive gatekeeping associated with higher conflict between ex-spouses. As Austin et al. point out, restrictive gatekeeping involves negative behaviors; it is very possible for a parent to have negative attitudes without showing such behaviors.

PA proponents have been guilty of circular reasoning since Gardner’s day (cf. Huff, 2015) in that they have omitted the collection of data about one parent’s persuasive efforts but have nevertheless assumed that VRR (without “justified” causes like physical abuse) is in itself evidence that the preferred parent has carried out a campaign of denigration against the non-preferred parent. Warshak’s (2015) suggestions that using first names for parents is a form of denigration were not based on any evidence that children who use parents’ first names have less positive relationships with those parents, and indeed this criterion would seem to be culturally determined and easily misinterpreted (just as cultural differences in child-adult eye contact lead to confusion about autism and attachment). The findings of Rowen and Emery (2014, 2018), that college students who recall
campaigns of denigration feel distant from both parents, indicate that the basic theory of PA formulated by Gardner (2002) lacks plausibility.

A general lack of supportive evidence renders some of the basic ideas of PA theory implausible. An advantage of the alternative approach using the concept of gatekeeping rather than alienation is its demand for data to support child custody evaluations (CCEs). As Austin et al. (2013) have noted, the “gatekeeping concept encourages the presentation of specific behavioral data on each parent’s valuing or devaluing of the other parent’s contributions and the extent to which each parent promotes the other parent’s involvement with the child” (p. 487; italics sic). The gatekeeping approach, with its stress on data about specific behaviors, also supports the understanding that parental behaviors may be either adaptive or maladaptive under different circumstances, including developmental changes as children get older. Such data have not been demanded as part of the PA approach.

**Plausibility of a single-factor theory of VRR**

PA theory sees VRR as largely caused by a single factor, the attitudes and behavior of one parent (although the effects of substantiated abuse are admitted). This position is implausible in light of studies of child development and of family dynamics that emphasize the effects of multiple factors and of interactions among those factors. This multifactor emphasis has increased with the growing influence of dynamic systems theory (DST; see Aslin, 1993), an approach concerned with the ability of any system to organize and re-organize itself along unique lines. DST posits the existence of dynamic equilibria in systems or groups, resulting in individual variations within an expectable range even when the environment (e.g., the behavior or attitudes of a parent) does not change. DST proposes that a system may show little change in response to a large change in the environment, large changes in response to a small change, or any other combination in a nonlinear fashion. This view would imply that under certain circumstances a child’s attitude toward the nonpreferred parent may not change at all as a result of even an intense campaign of denigration by the preferred parent, whereas under other circumstances a single incident or inadvertent remark may bring about a considerable change. The moderating circumstances at work would include the child’s age or developmental stage as well as the actions of siblings, stepparents, grandparents, and, indeed, the nonpreferred parent him- or herself.

**Characteristics of preferred parents and plausibility**

The fact that preferred parents whose children avoid the nonpreferred parent might have identifiable personal characteristics is perfectly plausible,
but the sole theoretical emphasis on the preferred parent is implausible, particularly in that the focus has been entirely on pathological factors. A more complex system needs to be considered. Father, mother, and child do not exist in a vacuum. Characteristics of the nonpreferred parent that may be seen as “unjustified,” such as bad manners, poor parenting skills, or an awkward living situation, may impact the child strongly and cause avoidance. Child characteristics such as special needs or high anxiety levels may contribute to avoidance, as may reluctance of the child or adolescent to be separated from friends or from half-siblings who will stay with the preferred parent. The occurrence of developmental changes, particularly puberty, may alter adolescent preferences, as girls may be concerned with menstrual hygiene and boys with masturbation as they are handled in one household rather than the other. As Austin et al. (2013) have pointed out, mothers may be more restrictive gatekeepers when their children are very young, showing the bidirectional parent-child effect often observed in child development research (e.g., Shaffer, Lindhiem, Kolko, & Trentacosta, 2013).

Smith (2016) has noted that parent actions may have particular effects in highly-conflicted families following divorce, as when a parent is less sensitive and empathic than is needed by a child coping with family conflict and disruption (but, presumably, not less sensitive than might be tolerable in a well-functioning family). The authoritarian positions of one parent may cause child rejection, while the anxiety of one parent about separations from the child may exacerbate the child’s own anxiety and discomfort.

Although Warshak (2000) has considered remarriage as a trigger for rejection of a nonpreferred parent, most PA theory ignores the existence of step-parents, other romantic partners, and grandparents as factors in avoidance of one parent, despite many years of assertion by family systems authors that all members of the group play roles (Minuchin & Nichols, 1998). In one case known to the present author, a 9-year-old girl was reluctant to go to her father’s house because she felt that the grandfather, who owned the house, was angry and yelled at her. In another case, after several years of co-parenting, a father alleged PA after he had remarried to a woman who did not have contact with her own children. It is thoroughly implausible that such circumstances have no effect on a child’s attitude toward a parent and that that attitude is entirely determined by characteristics of the preferred parent, as suggested by Gardner and his followers (2002), and even by authors like Childress (2015) who claim to oppose Gardnerian thinking.

**Plausibility of decision-making as harmful to the child**

The position of some PA theorists that attention to a child’s wishes will harm the child in various ways is implausible except within a highly
authoritarian framework (cf. Adorno, Frenkel-Bruswik, Davidson, & Sanford, 1951/1993). An authoritarian view privileges family hierarchy with its rules about the positions determined by individuals’ ages and genders. Nonauthoritarian, authoritative or permissive, views of the family are concerned to some extent with discipline and child obedience, but welcome and foster increasing responsibility and decision-making, particularly in adolescence, when these abilities are seen as preparations for young adult life. Altering the family hierarchy and reducing age discrimination are goals of nonauthoritarian child-rearing. Within those frameworks, which are common in American life, it would not be considered harmful for a child to participate in decisions about present and future life circumstances.

Assertions that allowing a child to participate in custody decisions is harmful are implausible in that they go far beyond available data about development. Characteristics like “black and white thinking,” claimed as results of allowing a child or adolescent to make decisions, are typical of children and of many adolescents, particularly under complex and stressful circumstances (Daniel, 2016). To show that this theoretical positon is plausible, PA proponents would need to demonstrate empirically that children seen as showing PA have more of these characteristics than children of matched age and divorce status who do not avoid one parent. Similarly, the occasional claim that children displaying VRR are possibly of “diminished capacity” (Rosen, 2013) requires empirical support.

**Lack of ambivalence and the “Independent-thinker” Phenomenon**

Basing his views on clinical experience with children who avoided one parent, Gardner (2002) claimed that children in PA situations were unusual in that they unambivalently saw one parent as good and the other as bad, and in that they insisted that they had made up their own minds and were not influenced by the preferred parent’s persuasion. PA theorists have continued these assumptions. Such assumptions are implausible without empirical demonstration that there are cognitive differences of this kind between children “with PA” and a matched group without. A lack of ambivalence is characteristic of late school age children and young teenagers, especially under stressful conditions where maximum maturity of thought is unlikely. Genuine ambivalence regarding conclusions and attempts to balance a range of information are not clearly evident until young adolescents enter the formal operational stage of cognitive development (Kuhn, 2008) and may not emerge until the college years (cf. Perry, 1970). In formal operational thinking, some but not all adolescents can “think about thinking,” check and edit their thoughts, create and test hypotheses about what might be correct, and engage in combinatorial reasoning by considering how
several factors work together. Adolescents who can imagine hypothetical situations often demonstrate idealism, in which they unambivalently reject any possibility that does not meet the highest standards they can think of, whether it is a social plan, a family event, or the behavior of a divorced parent. The positions about ambivalence taken by PA proponents are thus implausible.

It is also implausible to attribute claims of “independent thinking” to PA. Older children and adolescents typically feel strong concern about their autonomy and are disturbed by the idea that they are being controlled (Erikson, 1950; Marusak, Thomason, Salah-Hamrick, Crespo, & Rabinak, 2018). As noted earlier, adolescents are also often involved in “thinking about thinking” and are fascinated by their own capacity for logic and problem-solving, as well as often minimizing the capacities of adults. These tendencies combined with idealism are likely to give adolescents pride in their independent thinking and to create resentment when this is questioned.

**Plausibility of attachment issues**

The use of attachment concepts by some PA proponents (e.g., Childress, 2015) is implausible. First, attachment emotions and behaviors like seeking proximity to familiar caregivers when distressed, or using familiar caregivers as secure bases for exploration, are typical of and normative for toddlers and young preschoolers, and may well be associated with attitudes toward a noncustodial parent in children of that age (Garber, 2012). They are not typical or normative for children and adolescents of the ages usually associated with VRR, that is, from late middle childhood through the middle teens (Reay, 2015 discusses treatment for children from 8 to 18). Children and adolescents of these ages are likely to prefer the care of a familiar adult when quite sick, injured, or very frightened, but usually do not seek such care when in mild distress. They explore freely in everyday situations (unlike toddlers), are undisturbed by the approach of strangers or by quite lengthy separations from familiar people under normative circumstances, and have developed excellent abilities for self-regulation except in situations that would also challenge adults. Their important social relationships are increasingly with peers, as they prepare for adult emotional bonds of friendship and romantic partnership. Older children and adolescents show the impact on their social relationships of the internal working model developed during their early attachment experiences, but it is a mistake to think of them as having the same attachment needs, behavior, or emotions as toddlers do. Thus, the general idea of applying the attachment
model to this age group is implausible and incongruent with decades of work on attachment.

A second concern about the use of attachment concepts to explain PA is that the intense anxiety of toddlers about separation from familiar caregivers is less and less apparent with only a few years’ increase in age. By late school age, and certainly by the teens, children are alarmed and distressed by separation only in unusual circumstances (for example, when the separation from a parent is caused by the parent’s arrest, severe illness, or death, all circumstances with associated threats other than separation alone). Abrupt separation or “disrupted attachment” causes at least short-term distress and depression in toddlers (although this is mitigated by sensitive, responsive care by other adults; see Robertson & Robertson, 1971), but this is not the case for older children and teens, especially those who remain in a familiar environment and social setting. It may be that the use of the “disrupted attachment” concept as an explanation for VRR is derived from the typical mild anger and rejection displayed briefly by toddlers and preschoolers after a few hours of separation from a parent (e.g., at day care), but this negative behavior passes quickly, and it is not seen even in school-age children after a normative separation, much less in adolescents, who often seek separation from parents for their own purposes. As a Canadian report on PA in the courts pointed out,

Experts who are not involved in the parental-alienation theory movement point out that adolescent resistance to shared parenting and to orders that require appreciable alternating parenting time with non resident parents commonly reflect adolescent views that are independent of either parent and/or reflect normal child development patterns in that social life begins to revolve around peers rather than around parents and parenting. Thus it is not surprising that adolescents begin to object to orders requiring them to be parented alternating blocks of time by each parent and seek instead to make their own decisions to reside where their friends are most comfortable. In any event, more than one half of the ‘children’ in the parental alienation claim cases, whose ages could be determined from the case reports, were 13 years of age or older. (Neilson, 2018, p. 20)

A third issue about the use of attachment concepts (e.g., by Childress) is that early attachment phenomena are measurable only during early life. Although there have been methods proposed for evaluating attachment in preschoolers and children of early school age (Cassidy, Marvin, & the MacArthur Consortium on Attachment in the Preschool Years, 1992; Crittenden, Kozlowska, & Landini, 2010), and although there are methods of assessing attachment in older teens and adults (Allen & Miga, 2010; Hesse, 2008), there are presently no such methods for older children and young adolescents. Unless attachment had been measured by some established technique such as the Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978/2015) when the children were toddlers, there would be no
way to know what their quality of attachment to one or both parents might have been. Attachment status can change with continued experience (Sroufe, 2005); therefore, even if attachment measurements at later ages were possible, they would not provide a retrospective measurement of early attachment; to claim so is to use the fallacious reasoning called “affirming the consequent.” Thus, there cannot be grounds for the claim that a child displaying VRR is doing so because of disrupted or “suppressed” attachment: it cannot be known at that point whether or not a child had ever show any attachment behavior toward the nonpreferred parent. Similarly claims that children showing VRR have “disorganized attachment” are implausible, as disorganized attachment is the term for a toddler behavior under specific circumstances of separation and reunion (Granqvist et al., 2017) and could not be known unless it had been recorded during the toddler period. Such behavior would be extraordinarily concerning and atypical in an older child or adolescent and is not reported in the PA literature in any case.

**Plausibility of brainwashing**

Although obviously human beings can be persuaded, bribed, or threatened into altering their beliefs and attitudes or related behaviors, the concept of “brainwashing” or “mind control” is implausible. This idea was introduced in the 1950s for ideological purposes and presented as

>a method of altering a person’s basic beliefs and personality… [including] successful manipulation of individuals so that they would join groups or commit acts that they would otherwise not countenance… that an individual’s free will can be stripped and new belief patterns imposed (Reichert, Richardson, & Thomas, 2015, p. 5).

Use of the term “brainwashing” resonates with various moral panics related to Chinese communism and to cults or New Religious Movements and suggests the need to rescue and “deprogram” individuals who have been subjected to such treatment, including children and adolescents who are said to have been brainwashed into PA by their preferred parent. Despite the strong historical support of authors such as Margaret Singer for the existence of brainwashing in cults, and despite the acceptance of “brainwashing” claims in courts, it remains scientifically questionable whether this unfalsifiable concept has any basis in reality. The use of the concept as a foundation of thinking about PA is therefore implausible.

The weakness of the brainwashing concept causes problems for another argument by PA proponents, that successful efforts to “brainwash” or “alienate” a child, as inferred from the child’s VRR, cause mental disturbances or injuries in the child and are therefore by definition abusive (Reay, 2015). The poor empirical support for the idea of brainwashing
suggests that such a causal relationship cannot logically be drawn; in addition to this problem, the inference involves the logical error of affirming the consequent, because there has been no independent measure of the preferred parent’s persuasive efforts, if any.

**Conclusion**

If there was clear evidence supporting the claims of PA proponents that PA can be diagnosed by looking at child symptoms, that children’s symptoms are precursors of mental illness or personality disorders, and that empirical evidence shows that PATs are effective treatments that prevent later problems, a certain level of potential for harm might be acceptable. Present discomfort and losses for children might be seen as acceptable in a risk-benefit analysis, if the evidence indicated that PATs could prevent difficulties the children would experience when they reach adulthood. However, at present the potential for harm inherent in PA principles and practices, as well as the implications of implausible assumptions associated with PA, outweigh the limited evidence for benefits of PATs, and suggest that family courts have been mistaken in accepting PA views and ordering PATs. Under other circumstances, proponents of a treatment would be asked to provide well-designed empirical support for claims of effectiveness, but PATs’ potential for harm to children would not lead institutional review boards to approve such work, and, therefore, it may never be available. Family courts should thus not order PATs, nor should testimony based on ideas associated with PATs be admitted unless the weaknesses of these principles and practices are also considered. This conclusion applies particularly to commercialized versions of PATs; indeed, it has been suggested that trademarked therapies should never be regarded as evidence-based because of conflicts of interest between commercial and scientific goals (Rosen & Davison, 2003).

**Research directions for the future**

Given that families and individual parents continue to have concerns about children’s VRR and that children themselves may be negatively affected by the impacts of their choices to avoid a parent, it is important to consider how future research may yield helpful information to shape safe and effective interventions for these family problems. Sophisticated efforts to understand the multiple causes at work in VRR, such that of Saini, Drozd, and Olesen (2017), provide an important direction. In addition, ideas drawn from the study of child and adolescent development may help place the VRR phenomenon in a broader developmental context and thus offer more fruitful approaches than have thus far emerged from a forensic emphasis.
For example, courts may assume without evidence that estrangement from one parent has long-term ill effects, although empirical evidence shows that in some cases children’s development is more positive in the absence of contact with one of the parents (Jaffee, Moffitt, Caspi, & Taylor, 2003).

**Longitudinal and developmental studies**

Johnston (2003) proposed that longitudinal studies were needed for understanding of the role of VRR in children’s development. Such studies are the foundation of our understanding of child development. Using repeated measures of a group of individuals over the course of development, longitudinal studies control for individual differences and allow the charting of developmental pathways. As we have established information about developmental trajectories for factors such as cognitive responses to ambiguity, relationships with peers and parents, and views of the self and others. Longitudinal studies of these factors in children who have shown VRR (which have not been done) could then be compared to similar studies of individuals with more normative experiences and behaviors, showing to what extent there are long-term effects of childhood or adolescent VRR on development.

Developmental studies could also show whether VRR and related attitudes and behaviors are distributed over the child and adolescent period or whether they peak during a narrower age period and are causally connected with the developmental tasks of that period. A comparison of boys and girls showing VRR at different ages would be of interest because of girls’ “fast track” to puberty, putting them developmentally about two years ahead of boys in early adolescence. A sex difference of this type, if demonstrated, could also give insights into developmental issues that affect attitudes toward the preferred and nonpreferred parents.

**Other forms of refusal**

When we examine psychological and behavioral issues that are not well-understood, one useful strategy can be to find some analogous events that are easier to study. Given that there are so many factors that can help to explain a child’s avoidance of a parent, it seems to be a good idea to find some parallel situation that may give insights into this kind of avoidance. Are there other things children avoid with intense emotion and resistance? Yes, and one of them is not uncommon: school refusal. About 35% of children sometimes refuse to go to school without a “rational” explanation—some do this infrequently, while others may manage to avoid school most days for long periods of time. Children who refuse school not infrequently
fight against going to school each morning, plead stomachaches, even vomit, scream and have tantrums. The great majority of their parents do not like this, want the child to go to school, fear the consequences for their own work responsibilities, and are disturbed about the social and educational outcomes for the child. The parents do not know what to do to get the child to go to school, and it is noticeable that they are rarely if ever accused of alienating the child from school.

Pina, Zerr, Gonzales, and Ortiz (2009) discussed children’s motivations for refusing school. In each case a possible parallel with refusal to visit a parent may be drawn (by the present author; Pina et al., 2009, did not discuss this issue):

1. A child who avoids school may wish to avoid school-based stimulation such as bullying that provokes negative emotions such as anxiety and depression. [A child avoiding a parent may also be distressed about parental behavior that is anxiety- or depression-triggering, such as criticism of the child or the other parent, demands for more time or attention, poor parenting skills, insufficient attention paid to the child when he or she is present, or issues that have to do with the parent’s home, friends, or partners and their children.]

2. A child who avoids school may wish to escape aversive social or evaluative situations such as difficulty in making friends or public exposure for lack of school achievement. [A child avoiding a parent may find it difficult or awkward to have social interaction with that parent, especially a parent who lacks social or parenting skills, or may feel exposed to criticism for failures to perform scholastically or athletically to the parent’s expectations.]

3. A child who avoids school may wish to get attention from significant others such as parents and concerned teachers. [A child avoiding a parent may find his or her behavior rewarded by the attention of one or both parents who have been distracted, perhaps for several years, by their own marital situation.]

4. A child who avoids school may wish to pursue reinforcing events outside school, such as playing or shopping. [The child avoiding a parent may enjoy his or her own devices, toys, and books and “own room,” as well as familiar foods and routines, a parent who is easier to be with, and the availability of siblings and friends.]

In addition to this list of motivations for avoiding school (with their possible parallels in avoidance of a parent), Pina et al. (2009) noted characteristics of children who refuse school, such as poor social skills, social isolation, high levels of family conflict, and a poor sense of self-efficacy in
stressful situations. The fact that some parallel characteristics may be seen in children displaying VRR further suggests that the analogy between the two sorts of refusal may provide a useful direction for research.

**Parenting style and treatment style**

A second potentially useful analogy between child development research and the investigation of PA and PATs involves the idea of parenting styles and the possibility that these may be generalized to examination of treatment styles. The best-known approach to parenting styles remains that of Baumrind (1971), who used the categories of authoritarian, authoritative, and laissez-faire styles, categories that could also be applied to treatment methods used for children and adolescents. Baumrind reported the best developmental outcomes for children who experienced authoritative parenting with strong parental guidance but without harsh rules or demands for obedience. Descriptions of PATs by their practitioners and by young people who have reported their experiences suggest that PATs could be categorized as employing an authoritarian style instead of the authoritative style considered most desirable by Baumrind. It is possible that the demands of nonpreferred parents alleging PA should also be placed in the authoritarian category, but this would of course require empirical verification.

The concept of intrusive parenting through psychological control (Barber, 1996; Bradford & Barber, 2005; Barber et al., 2012) provides a potentially fruitful analogy for examination of VRR cases and of PATs used to treat them. Intrusive parenting involves attempts to gain psychological control of adolescents’ thoughts, feelings, and emotional expression, through methods that include love withdrawal, guilt induction, and manipulative tactics. In VRR cases, either or both of the parents may have been intrusive in these ways; empirical work would be necessary to establish this. In a study of sixth- to eighth-grade children of nondivorced parents, Weymouth and Buehler (2016) found that increased parental intrusiveness was associated with increased parent–child hostility. Weymouth and Buehler concluded that

> parental control…may undermine developmentally normative increases in adolescent differentiation from parents….Higher parental intrusion may constitute boundary violations in the parent-adolescent relationship for adolescents…and adolescents likely attempt to restore balance by establishing less permeable emotional boundaries between themselves and their parents (p. 716).

This conclusion suggests that parents’ demands for more affection from resistant children are likely to create greater resistance.

Descriptions of PATs by practitioners and by young people who have experienced the treatments suggest a high level of psychological
intrusiveness and pressure to change thinking and feelings about the nonpreferred parent, as such changes are the goal of the treatment. Manipulative tactics were described in one case known to the present author, in which an adolescent was threatened with wilderness therapy or some isolating form of residential treatment if she did not cooperate. A deposition in another case revealed that a PAT practitioner had accused children of cruelty to their nonpreferred parent and attempted to induce guilt about the children’s position on contact with that parent. By analogy with the work of Weymouth and Buehler (2016), these treatment approaches may also increase adolescents’ hostility, although the children may make pragmatic choices to behave in ways demanded by powerful parents and practitioners, especially when the real power of family court orders is behind the demands. Empirical work is needed to confirm or disconfirm this speculation about the role of intrusive parenting and psychological control in VRR and PATs.

**Author note**

Jean Mercer is Professor Emerita of Psychology at Stockton University.

**References**


Dimidjian, S., and Hollon, S. (2010). How would we know if psychotherapy were harmful? The American Psychologist, 65(1), 21–33.


