CONCLUSION

CONCEPTS, CONTROVERSIES AND CONUNDRUMS OF “ALIENATION:” LESSONS LEARNED IN A DECADE AND REFLECTIONS ON CHALLENGES AHEAD

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There have been significant advances in understandings and practice related to parent-child contact problems (PCCPs), with a growing consensus about some issues and continuing controversy about others. It is widely acknowledged that PCCPs cases are best understood and addressed by relying on a multi-factorial perspective, a family-systems approach and coordinated professional services.

Attention to false positives and false negatives for both alienation (unjustified rejection) and realistic estrangement (justified rejection) is necessary. For either of these types of contact problems and for cases involving elements of both, it may be in the child’s best interest to remedy the strained parent-child relationship and for the child to maintain contact with both parents.

Legal and mental health professionals involved in decision making, forensic and clinical assessments, and psycho-educational and clinical interventions face challenges in fact finding and correcting for ubiquitous cognitive biases. Continuing education, intentional exploration of alternative hypotheses, and active dialogue with openness to different perspectives will contribute to effective professional involvement and positive outcomes for families.

Increased parent education and prevention can play an important role, although for the more severe PCCPs cases the family court system will continue to play a critical role in early intervention, case management, decision making and monitoring some cases post judgment.

More research on screening and assessment tools and to differentiate different types of PCCPs and on appropriate interventions is needed. Given the complexity of PCCPs, conclusive research findings are unlikely. Family justice professionals must make decisions and tailor interventions based on an analysis of each family’s circumstances using our present knowledge, while recognizing the limits of legal interventions and resource constraints. Often, families and professionals will face the conundrum of making decisions in the face of uncertainty.

Key Points For The Family Court Community:

- There have been significant advances in understandings and practice related to parent-child contact problems (PCCPs), with a growing consensus about some issues and continuing controversy about others.
- It is widely acknowledged that PCCPs cases are best understood and addressed by relying on a multi-factorial perspective, a family-systems approach and coordinated professional services.
- Attention to false positives and false negatives for both alienation (unjustified rejection) and realistic estrangement (justified rejection) is necessary. For either of these types of contact problems and for cases involving elements of both, it may be in the child’s best interest to remedy the strained parent-child relationship and for the child to maintain contact with both parents.
- Legal and mental health professionals involved in decision making, forensic and clinical assessments, and psycho-educational and clinical interventions face challenges in fact finding and correcting for ubiquitous cognitive biases. Continuing education, intentional exploration of alternative hypotheses, and active dialogue with openness to different perspectives will contribute to effective professional involvement and positive outcomes for families.
- Increased parent education and prevention can play an important role, although for the more severe PCCPs cases the family court system will continue to play a critical role in early intervention, case management, decision making and monitoring some cases post judgment.
- More research on screening and assessment tools and to differentiate different types of PCCPs and on appropriate interventions is needed. Given the complexity of PCCPs, conclusive research findings are unlikely. Family justice professionals must make decisions and tailor interventions based on an analysis of each family’s circumstances using our present knowledge, while recognizing the limits of legal interventions and resource constraints. Often, families and professionals will face the conundrum of making decisions in the face of uncertainty.

Keywords: High Conflict Separation; Parent-Child Contact Problem; Parental Alienation; Resist-Refuse Dynamics.

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I. INTRODUCTION

As noted in our Introduction, this is the third Special Issue of the Family Court Review in the last 20 years on “alienation” and other parent–child contact problems (PCCPs). The return to the topic reflects the challenging nature of the subject, the continuing and often bitter controversy in families, and the media and professional literature about PCCPs. The dynamics of this professional struggle mirror the very high conflict dynamics observed in the families we are attempting to assist. There has been an increase in the reported number of these often hotly contested cases. Professionals, researchers, the courts, and policy makers continue to struggle with how to deal with these complex, high conflict parenting cases in ways that promote the best interests of children. While there has been a very significant increase in writing and research, and some emerging progress in developing better interventions for PCCP cases over the past decade, there is still much that is uncertain or contested. Given the uncertainty in the field in general as well as about the facts of specific cases, those responsible for making decisions often face real conundrums, and many parents and children involved in these cases are still not well served by the family justice system or by the professionals and the available interventions offered by courts and mental health professionals.

In this article, we draw on some of the themes and ideas developed in this Special Issue, and add some of our own insights and reflections. We consider the progress and changes over the past decade, but mainly focus on present knowledge and thoughts about future directions. While the central issues addressed are broadly similar to those we discussed in our overview paper for the 2010 Special Issue, our knowledge has increased and our thinking has evolved. However, we recognize the continued uncertainty and challenges, both for the field and for individual cases.

This article is not intended as a summary of the preceding papers, each of which makes important, complex, and often nuanced arguments. Rather, we identify and discuss some of the developing areas of consensus and some areas of the continuing controversy. We start with a discussion of concepts and frameworks for analysis of these cases, raising concerns about the use of “single cause” explanations for PCCP cases. We then consider early responses and prevention work with parents to promote de-escalation in PCCP cases, and to promote children having good relationships with both parents. Next, we discuss the challenges of fact finding, in particular the issue of ubiquitous cognitive biases and the role these play in custody evaluations, judicial fact finding, the delivery of interventions and professional exchanges and development. We then consider the growing knowledge about interventions and the value of a broader systemic perspective, including a family systems approach, as well as the limits to what is known about interventions. Important developments include the need for interventions to address child and parent trauma responses and chronic stress, and to encourage more systematic approaches to assessment and intervention. We then discuss the role of the courts, and the challenges faced by judges and lawyers, as well the importance of collaboration between mental health and family justice professionals to develop and implement effective interventions tailored to the needs of the specific family. Then we return to the controversy of whether “alienation” is a useful, meaningful construct, especially in the context of the involvement of mental health professionals in family court proceedings. While recognizing both its limitations and its utility, we support continued use of the concept, and urge further dialogue with critics of the concept of alienation, especially those concerned about its effect on intimate partner violence (IPV) and abuse cases. Our last topic is research; we strongly support efforts at more and better research while recognizing that, given the unavoidable challenges of conducting good research in this field, and the limited resources available, there will be limits to what can be learned in the foreseeable future, and decision-makers, practitioners, and families will have to proceed in the face of uncertainty. While each of the topics is considered discretely, they are all interrelated. Like the PCCP cases that are dealt with by the courts and professionals, there are complex, dynamic interrelationships between all of the issues.
II. MULTIPLE CAUSES, CONCEPTS AND DIFFERENTIATION OF PARENT–CHILD CONTACT PROBLEMS

“Everything should be made as simple as possible, but not simpler.” — Albert Einstein.

Writing about children having “poisoned minds” and rejecting a parent in the context of separation dates back more than a century, and gained significant prominence in the 1980’s, with the work of Gardner (1987) and other mental health professionals in that decade. There was an understandable reaction to the focus in the last decades of the twentieth century on alienation of children from fathers as a result of the actions of “malicious mothers” (Turkat, 1999) and the lack of attention to children who were resistant to contact with a father due to his violence, abuse or limited parenting, and some critics dismissed the concept of alienation as “junk science” (Bruch, 2001).

A. MULTI-FACTORIAL MODEL FOR UNDERSTANDING PCCC CASES

In the past decade, there have been significant clinical, educational, and research advances related to families experiencing issues of separation and divorce, and in particular PCCC, with the development of more nuanced understandings and approaches. Although some advocates (usually parents rather than professionals or researchers) seem to focus only on “alienation” while other advocates focus on abuse or partner violence as the reason for a child rejecting a parent, the multi-factorial model initially advanced by Kelly and Johnston in their 2001 article in the Family Court Review is widely accepted. This model has been widely discussed and elaborated (e.g., Drozd, Olesen, & Saini, 2013; Fidler & Bala, 2010; Fidler, Bala, & Saini, 2013; Garber, 2007, 2011; Harman, Kruk, & Hines, 2018; Johnston, Walters, & Olesen, 2005; Polak & Saini, 2015; Saini, Drozd, & Olesen, 2017; Saini, Johnston, Fidler, & Bala, 2012, 2016), and further refined in this Special Issue (Johnston & Sullivan, 2020). There are many reasons why a child may resist contact with a parent. Not all resistance is alienation (an unjustified rejection). All cases of alienation involve high conflict parenting circumstances, yet not all cases of high conflict parenting result in a child resisting or rejecting one parent. Thus, though high conflict parenting is necessary, it is not sufficient in the development and outcome of alienation.

While there are continuing concerns about the lack of understanding by some judges and family justice professionals of the impact of IPV and child abuse and the difficulties that victims face in the family courts (Meier, 2019; Meier & Dickson, 2017; Milchman, Geffner, & Meier, 2020), there is also growing professional education and recognition of the need to screen for abuse and IPV in all cases in the family courts, and practice has been changing. Most advocates for abused women recognize that in addition to issues of failure to properly identify IPV, there are also cases where one parent may influence or pressure a child into believing a parent is bad, wrong or dangerous when they are not, and the child then expressing fear, anger or resistance or rejection of the other parent. Feminist scholars generally recognize that mothers as well as fathers may be unjustifiably rejected, though some reject the use of the label of alienation and its use in the family courts. Most professionals and researchers agree that the great challenge in practice is to distinguish between false positives and false negatives for both alienation (unjustified rejection) and realistic estrangement (justified rejection owing to IPV, or child abuse). There is, however, disagreement about the extent to which family courts may be failing to respond to cases of alienation and IPV, as well as how to weigh the risks of failing to identify them (Silberg & Dallam, 2019). To some extent, these differences may reflect the practitioner’s role and the way they practice, and may also reflect differences in experience or locale with the responsiveness of family court, child protection, or police to issues of IPV, child abuse, and alienation in the context of high conflict parental separation.
Associated with their multi-factorial causal (etiology) model, Kelly and Johnston (2001) developed the now widely accepted model of different types of PCCPs. Children may exhibit an affinity for one parent relating to age, gender, common interests or a prolonged absence from the parent, an alignment (arising from a loyalty conflict) with a parent as a coping mechanism to the parental separation and conflict but without complete rejection of the other parent, a realistic estrangement (justified rejection), or alienation (unjustified rejection). Some have advocated recognition of hybrid variations, where varying degrees and elements of alienation, enmeshment, and realistic estrangement are present in the same case. Others, relying more on a single factor model, however, reject the utility of hybrid models and nuanced differentiation of cases, arguing that this obfuscates the primary source or cause of a child’s rejection of a parent, alienation, or abuse/IPV.

In our view, it is more realistic and case-focused to appreciate there are many possible intersecting predisposing, precipitating and perpetuating factors that can contribute to the development of different types and cases of PCCPs. We concur with the use of “circle diagram,” first used by Kelly and Johnston (2001) and now adapted, to help visualize and understand the many interacting factors that may contribute to and sustain PCCP.

The following dynamic contributing and facilitating factors, now widely recognized, include:

1. child factors (age, cognitive capacity, temperament, vulnerability, special needs and resilience);
2. parent conflict before and after the separation;
3. sibling relationships;
4. favored parent factors (parenting style and capacity, negative beliefs and behaviors, mental health, and personality, including responsiveness and willingness to change);
5. rejected parent factors (parenting style and capacity, negative reactions, beliefs and behaviors, mental health, and personality, including willingness to change);
6. the adversarial process/litigation;
7. third parties such as aligned professionals and extended family; and
8. lack of functional coparenting, and poor or conflictual parental communication.

The many elements and associated behaviors in each factor are seen as predisposing, precipitating, and perpetuating (causal to one extent or another), and provide a useful framework for the assessment and differentiation of PCCPs.

These factors can also be viewed through the opposite lens- as protective or resiliency factors. In other words, these same factors can be identified and harnessed for risk mitigation and the repair of the family dysfunction, including each parent’s contributions and the coparenting efforts. Legal and mental health professionals can become “allies” of one parent and to this extent mirror and exacerbate the problems in the parents’ relationship and the child rejection of one parent. Alternatively, these professionals can be focused on the child and the family system and have a role in helping to repair parent–child relationships and overall family functioning.

Some practitioners who work with families to resolve PCCPs are using the circle diagram or similar tools to help achieve two important and necessary objectives in working with parents, who have varying degrees of reflective capacity into their own behaviors and the effects these may be having on their children. First, to explain the complexity of the resist-refuse dynamics (RRD) (Walters & Friedlander, 2016) in terms of the many interacting contributing factors with the intention of moving parents away from the blame-game. And, second, to punctuate resiliency and a “can do” approach- that these contributing factors are the places in the system where change and repair need to occur, and where interventions must be directed. While we believe that alienation is an important concept, and it can, for example, be used to help parents understand the importance of not engaging in “parental alienating behaviors” (PABs), viewing cases as “alienation or not alienation” is also simplistic, reinforces polarity, and creates obstacles to effecting change.
A simplistic view of the concept of alienation (and “parental alienation syndrome”) is now seen promoted on the internet and in the media, and often used by parents and some professionals in high conflict and PCCP cases, as part of “blame game” and need for retribution. Mental health professionals using the circle diagram or similar tools can help parents, their family members where appropriate, and legal professionals to achieve a paradigm shift, and reframe the conversation away from discord and mutual blame of the alleged and likely elusive single cause of the PCCP, and help to instill hope to promote change in parents, child and the broader system. A single cause perspective almost invariably fortifies polarization when instead each parent and the legal representatives involved need to help effect change going forward and understand what needs to be done for the betterment of the child, the parents and the family’s health. Parents need to understand they only have control over their own behavior, and to the extent they can make changes, they may be able to impact the other parent’s behavior and the attitude and behavior of their children. These changes function to interrupt the dysfunctional sequences of interactions that are maintaining and in some cases exacerbating the PCCP and the associated family dysfunction. Even in cases where one parent may be more responsible than the other, each parent needs to be part of the solution towards achieving their shared goal of healthy child and family adjustment to the parents’ separation and overall functioning, and more specifically, when safe, the child having a good relationship with both parents irrespective of the cause of the contact problem.

Further, while identifying the primary cause or causes is important where possible, the law generally presumes that children benefit from a healthy relationship with both parents. This may also require in at least some cases where the child is resisting a parent owing primarily to abuse, neglect or compromised parenting, that efforts be made to restore the child’s relationship with that parent. This effort at restoring relationships with parents who for varied reasons are limited and have not parented well is most apparent in the child protection context. However, it is also recognized that even when safety risks to the child or parent(s) persist despite efforts to address and rehabilitate, there are cases where that relationship should not be supported. Interestingly, often even in child protection cases children do not reject or resist the parent of concern as in alienation cases, but rather want and seek out contact with the parent of concern.

As recognized in a number of papers in this Special Issue (Campbell, 2020; Marcus, 2020; Polak, Altobelli, & Popielarczyk, 2020), lawyers and courts can be key agents and motivators for parental engagement in a process of positive change. While some parents will be motivated to change their behaviors and attitudes to promote the interests of their children, for many parents in high conflict situations, the threat or imposition of legal sanctions, particularly related to time with their children, and the encouragement of legal professionals, can be important additional motivators for change. While the adversarial nature of the family justice process may result in entrenchment of hostility and PCCP, the legal process can also maximize resilience and work in a more therapeutic way (Wexler & Winick, 2008).

B. DIFFERENTIATION OF PCCP CASES

As recommended by both proponents and critics of the use of the concept of alienation, it is necessary for the family justice process to involve careful screening, assessment, and consideration of the behavior of each parent and the children, taking into account the multiple and interrelated socio-political, familial, partner, and individual contextual factors when attempting to screen and assess for the presence of family violence and abuse and to differentiate different types and levels of severity of PCCPs (Drozd et al., 2013; Drozd & Olesen, 2004; Johnston, 2003; Johnston et al., 2005; Meier, 2010; Milchman, 2015, 2019; Saunders & Faller, 2016). The level of severity of the PCCP will depend on duration, frequency, and intensity of child and parent behaviors, the child’s age, maturity, and vulnerability, and the other factors in the circle diagram.Indices of the type and severity may be found in the child’s behavior, the parent’s behavior, or the outcome of resistance or rejection.
Differentiation of the nature and severity of the PCCP, though often challenging, is vital to identify the most appropriate differentiated intervention (Fidler, et al., 2013). Although considerable efforts and some progress have been made by researchers, there remains a lack of consensus on a precise definition of alienation, etiology, and prevalence, and at this point there are no valid empirical assessment protocols or tools that can reliably measure or establish the presence of alienation as differentiated from other types of PCCPs, including realistic estrangement or justified rejection (Saini et al., 2016).

C. PARENTAL ALIENATING BEHAVIORS (PABS)

Although there are clearly methodological limitations to individual studies (Saini et al., 2012, 2016), there is a growing consensus among those who use the concept of alienation about typical behaviors and perceptions exhibited by an alienated child, favored parent, and rejected parent (Saini et al., 2016). In their review of the 58 studies Saini et al. (2016) also found

“there is remarkable agreement on the behavioral strategies parents can use to potentially manipulate their children’s feelings, attitudes, and beliefs in ways that may interfere with their relationship with the other parent. The cluster of symptoms or behavior indicating the presence of alienation in the child can also be reliably identified.”  

(p. 423)

There is broad agreement as reported by parents, children, young adults, and counselors on the varied and explicit behaviors and strategies a parent can use intentionally and unintentionally having the capacity to impact a child’s feelings, behaviors, and beliefs and distance, damage, or destroy a child’s relationship with the other parent (Saini et al., 2016, p. 418).

Over the last 2 decades many have discussed and catalogued the panoply of these PABs and strategies (e.g., Baker, 2005; Baker & Darnall, 2006; Fidler & Bala, 2010; Kelly & Johnston, 2001; Warshak, 2001, 2015). Writers have also recognized that cases vary in level of severity ranging from mild to very severe, and that cases are dynamic and change over time. In addition to general acceptance of wide-ranging PABs, there are several protocols and decision trees, the first iterations dating back many years (e.g., Drozd & Olesen, 2004; Ellis, 2007; Fidler, Bala, Birnbaum, & Kavassalis, 2008), available to assist when identifying and differentiating PCCPs including realistic estrangement and alienation (Deutsch, Drozd, & Ajoku, 2020; Drozd et al., 2013). While differing in structure and detail, these protocols share similar core elements. Johnston and Sullivan (2020) have defined PAB as, an ongoing pattern of observable negative attitudes, beliefs and behaviors of one parent (or agent) that denigrate, demean, vilify, malign, ridicule, or dismiss the child’s other parent. It includes conveying false beliefs or stories to, and withholding positive information from the child about the other parent together with the relative absence of observable positive attitudes and behaviors (affirming the other parent’s love/concern for the child, and the potential to develop and maintain the child’s safe, supportive and affectionate relationship with the other parent).

As noted previously by many researchers and practitioners (e.g., Fidler & Bala, 2010; Kelly & Johnston, 2001; Warshak, 2001), though separating/divorcing parents often engage in denigrating behaviors of their coparent to their children, and virtually all parents engaged in higher conflict separation do so, often creating loyalty conflicts and alignments, not all children become alienated. Accordingly, while parental denigration is a broad term that may manifest in different ways, it is part of the larger constellation of PABs, beliefs, and attitudes. Parental denigration on its own is not sufficient to cause or account for an alienation. PABs may also include:

1. portraying the other parent as dangerous;
2. exaggerating and exploiting the other parent’s behavior, negative attributes and challenges;
3. undermining;
4. parentifying the child;
5. oversharing legal and other inappropriate information with children;
6. co-opting children as messengers, spies and confidants;
7. conspiring with children to withhold information, keep secrets and mislead the other parent;
8. surreptitiously contacting the children when they are with the other parent;
9. withholding parenting time and being inflexible around scheduling;
10. withholding love and affection from the child if they do not share and act on the parent’s views;
11. disparaging the other parent’s family members;
12. co-opting neighbours, therapists, school personnel and others in an effort to garner support and turn them against the other parent; and
13. believing it is their right, supporting or permitting a child or adolescent to make a life altering decision to never see a parent again.

PABs also include what the parent does not do, such as actively supporting the child’s relationship with the other parent, failing to correct the child’s defiant, aggressive, destructive, and omnipotent behavior, or without admonishment permits the child to change the established practice and refer to and call the other parent by their first name.

Notwithstanding, some have incorrectly asserted that the so called proponents of alienation have maintained that parental denigration is tantamount to alienation (e.g., Rowen & Emery, 2019, p. 198 citing Fidler & Bala, 2010). As denigration alone by one parent was not found to lead the adult child to retrospectively report rejection of the denigrated parent, but rather the parent who was denigrating, these researchers have questioned the validity of the alienation construct and theory, the underlying mechanisms, and the existence of alienated children (Rowen & Emery, 2014, 2018a, 2018b, 2019). Moreover, others have since used these findings arising out of an erroneous premise to support their concerns and skepticism about alienation theory and the underlying mechanisms (Lubit, 2019; Mercer, 2019a; Milchman et al., 2020). However, it is important to appreciate that denigration is only one PAB, and parental behavior is only one factor in determining whether alienation is present (Fidler et al., 2008; Fidler, et al., 2013).

Some parents are intentional in their efforts to interfere with the child’s relationship with the other parent, for example by making unfounded abuse allegations knowing there is no actual risk to the child. Cases involving malicious allegations, however, occur less frequently than those where the parent, though intentional in their restrictive protective gatekeeping, has a genuine belief that the child is at risk despite the findings of child protection investigation or the family courts that abuse has not occurred (Saini, Laajasalo, & Platt, 2020). More generally, in many cases, PAB occurs without the intent to destroy the child’s relationship with the other parent, though these behaviors may contribute to that outcome nonetheless and to that extent pose risk to the child.

Scales, behavioral checklists, and decision trees are important tools in the practitioner’s toolbox and may assist in the assessment and hypothesis testing to better inform appropriate and differentiated legal and clinical responses. Compiled based on a review of the literature, Appendix A includes a useful checklist of typical behaviors, beliefs, and perceptions in alienation cases; generally, if present, the more likely there is alienation, though usually not all are present or there is uncertainty about some of them. As considered in more detail below, and discussed in several articles in this Special Issue, determining an appropriate response to a case of alienation where a favored parent is influencing a child to reject the other parent, will depend, in part, on whether the case is considered mild, moderate, or severe alienation. Although the classification of cases is clearly not a precise undertaking, Appendix B lists indices of severity as exhibited by the child and each parent that can be used to help classify a case.
III. PREVENTION AND EDUCATIONAL PROGRAMS

All parents who are experiencing separation require advice, education, and support to help themselves and their children through the emotional and practical problems they will face. Some will find these supports and assistance from friends and relatives, or use their own initiative to find resources, such as books, websites, and videos while many parents and children will benefit from professional or agency support.

For cases involving higher conflict coparenting, possible child abuse, IPV, or one or both parents having significant mental health or addictions issues, such supports will be especially important. While not all cases having one or more of these features will have a PCCP, many will. If a PCCP develops, it will often worsen over time and frequently trickles down to younger siblings, so prevention and early responses are highly desirable.

In many jurisdictions there are education programs for parents who are experiencing separation, and in an increasing number of jurisdictions attendance is mandatory for parents who are involved in court proceedings. These programs provide information about the effects of separation on children, and tend to emphasize the importance of parental communication and co-operation, while recognizing the need to protect children from parental conflict, violence, and abuse. Most of these programs, however, offer only a few hours of didactic education, and have value only if parental conflict is relatively low and parents are able to focus on the interests of their children (Fackrell, Hawkins, & Kay, 2011).

There are some psychoeducational programs for higher conflict parenting cases that require participation in a number of sessions, and are offered in person and on the internet. These programs involve skill-building exercises and are intended to improve communication, and facilitate coparenting between parents, while also protecting children from parental conflict. These programs may include homework completion, role plays, practicing, problem solving, and taking responsibility. Some have been evaluated to find they can improve parent–child relationships and address incipient or less severe cases of PCCP.2 Although involvement is voluntary in some of these programs, in some jurisdictions courts, parenting coordinators, or arbitrators may order parents to participate. As Marcus (2020) discusses, an ambitious program of education and early prevention is being developed in Israel, including materials intended to help teachers, and others who work with children, to identify situations where alienation may be occurring and to help them avoid becoming unwitting enablers,3 as well as court-ordered involvement of both parents in conflict reduction programs.

IV. COGNITIVE BIAS IN PARENTING PLAN EVALUATIONS, CLINICAL ASSESSMENT AND FACT-FINDING

“Whenever there is a simple error that most laymen fall for, there is always a slightly more sophisticated version of the same problem that experts fall for.” — Amos Tversky (1937–1996).

Though frequently stated, given the potential impact and risks associated with recommendations and decisions family justice professionals may make, the need to be mindful of unavoidable and ubiquitous cognitive biases and tendencies to use heuristics- mental short cuts or rules of thumb- cannot be overstated (Kahneman, 2011). Custody evaluators, mental health professionals conducting clinical assessments, and judges may succumb to, for example, cherry picking, personal biases, implicit bias, confirmatory inclinations and scholar-advocacy bias (Croskerry, Singhal, & Mamede, 2013; Emery et al., 2016; Sandler et al., 2016; Zappala, Reed, Beltrani, Zapf, & Otto, 2018). Lawyers and therapists retained by one parent are also likely subject to retention bias.

Remarkably, even after professionals have been educated about the numerous and prevalent cognitive biases that operate on a daily basis, they continue to be more inclined to recognize cognitive biases in others, though less so in themselves, this being known as the bias blind spot (Neal & Brodsky, 2016; Pronin, Lin, & Ross, 2002). It is apparent that some call out others for various
logical fallacies or biases, seemingly without appreciation for the fact that the manner in which they do so, amounts to that which they are critical of the other for doing— the pot calling the kettle black. And, then there is the Dunning-Kruger Effect- the tendency for people with limited competence to overrate their competence, while those with more competence tend to underestimate their abilities (Kruger & Dunning, 1999), and in effect recognize that the more they know, the more there is to know. There is increasing research on the varying impact of having a growth or fixed mindset on performance and health outcomes (Crum & Zuckerman, 2017; Dweck, 2006). Social scientist Carol Dweck (2012) stated, “there is a long history of research showing that people are overconfident about their abilities. But it turns out that people in general are not overconfident about their abilities; people with a fixed mindset are overconfident.” She notes that the focus or biased attention toward events that confirm one’s superiority and away from events that do not reinforce confidence in one’s abilities, contributes over time to distorted perceptions about one’s own infallibility. Nobel Prize winner Daniel Kahneman, who acknowledged a significant bias in his own work (Kahneman, 2017), said it well in Thinking Fast & Slow (2011), “sustaining doubt is harder worker than sliding into certainty.”

Often, in cases involving PCCPs, the greatest challenge for decision-makers, like judges or arbitrators, or neutral professionals, custody evaluators or guardians ad litem, and for therapists, parenting coordinators and other practitioners who make clinical or best interest recommendations, is determining what in fact is happening in a case, and dealing with uncertainty. For most, this uncertainty conjures up some degree of discomfort and affect, which in turn impacts thinking and analysis. For example, most would agree that a significant factor, listed in Appendix A, in deciding whether there is alienation, is the veracity of the allegations of abuse or IPV advanced by the favored parent and child, and those of alienating parental behavior by the resisted parent. How, though, does one decide if the allegation is unfounded?

In some cases, there will be strong evidence to support particular claims. However, if evidence is strongly related to one parent having been abusive, violent or neglectful, there is likely to have been prior criminal or child protection proceedings or investigations that make a family court trial about alienation less likely. Unduly influencing or pressuring a child— alienation— is much less likely to have been resolved in other proceedings, and often direct evidence in family court, especially about parental alienating behavior or attitudes, is weak or contradictory. In many locales, judges in family cases may lack education or experience about family dynamics, and may be reliant on “independent professionals” like custody evaluators or therapists, who themselves may have limited education or experience in dealing with issues like IPV or alienation, and who may have a range of biases.

Given the high stakes involved for children and parents, it is particularly important to remain open not only to those with whom we disagree, but to the possibility that one’s own beliefs may be fallible; the evidence for one’s beliefs may be flawed and there may be bias in our evaluation of the evidence (Lilienfeld & Bowes, 2018). Having such intellectual humility is easier said than done, though it will mitigate the size of the bias blind spot. In this issue, articles by Benjamin Garber and Aaron Robb provide some guidance for how we can mitigate our brains hard-wired tendencies to reduce complexity with over simplification. Heuer (1999) described a 7-step methodology for the Assessment of Competing Hypotheses (ACH), specifically designed to reduce the impact of cognitive biases on the analytic process. Generally, these steps include being intentional about our practice process and protocols, writing out possible hypotheses, identifying evidence for and against each proposition, narrowing these down to those that are realistic, and considering confirming and disconfirming information. Putting yourself in the other person’s shoes and writing out the opposing perspective is a valuable exercise, and one used frequently in more efficacious conflict resolution, problem solving, and negotiation. In addition, in any role taken, practitioners need to acknowledge professional and systemic restraints, and limitations associated with the information and data they have and rely on. Having doubt and remaining curious about that which disconfirms one’s strongly held hypothesis, while remaining intentional and active in our perspective taking, will mitigate the risks of our ubiquitous biases.
V. EXPANDING AND REFINING INTERVENTIONS

“If you always do what you always did, you will always get what you always got.” - Albert Einstein

There is now a widespread consensus of the need to implement appropriate and differentiated interventions, dependent on the nature and severity of the PCCP. Screening for violence, coercive control, untreated mental illness and personality disorders, and other risk factors, and assessment of factors potentially contributing to a PCCP and level of severity are necessary to identify the most appropriate legal and clinical remedies. Also necessary is consideration of any previous failed legal and clinical interventions as often, our attempted solution becomes part of the problem and exacerbates the PCCP.

In some cases, screening and assessment may occur during a child protection investigation or parenting capacity assessment as part of a child protection process (Fidler, Bala, & Hurwitz, 2013; Morrison, Tisdall, & Callaghan, 2020; Saini et al., 2020). If there has not been a prior criminal, child protection or IPV finding, it may be desirable to have a child custody evaluation by an adequately trained court-appointed mental health professional, including IPV screening (Garber, 2020; Milchman, 2015), before a trial is held in family court.

Developmental research and legal policy in child protection, as well as in custody and access contexts, support children having healthy and safe relationships with both parents; this applies to children who may have been abused and those who may have been alienated. Accordingly, making efforts for a child to develop or repair a relationship with a parent needs to be the goal of interventions, unless there is significant risk where it may be best for the child to be protected from the parent posing the risk factors, including cases of on-going risk of violence or abuse, and also cases of severe alienation, which are also situations where the alienating parent has been emotionally abusive (Harman et al., 2018; Johnston, 2003).

During the last 10 years there has been a proliferation of publications- books, peer and non-peer reviewed journal articles, chapters in edited books- and conference presentations and other trainings, discussing and critiquing various therapeutic models, interventions and educational programs, and to a lesser extent research on intervention outcomes (see for example, Baker & Sauber, 2013; Bailey, Dana, Bailey, & Davis, 2020; Dallam & Silberg, 2016; Drozd, Saini, & Vellucci-Cook, 2019; Fidler, et al. 2013; Polak, 2020; Fidler, Ward, & Deutsch, 2017; Faust, 2018; Greenberg, Schneider, & Jackson, 2019; Judge & Deutsch, 2017; Mercer, 2019a, 2019b; Polak & Moran, 2017; Polak et al., 2020; Saini et al., 2012, 2016; Saini, 2019; Templer, Matthewson, Haines, & Cox, 2017; Walters & Friedlander, 2016; Warshak, 2010, 2015, 2020b).

As noted, clinical and psychoeducational interventions and legal remedies will vary depending on the nature and severity of the PCCP. In mild and moderate cases, irrespective of the nature or cause of the PCCP—alienation, realistic estrangement or with elements of both- it is often in a child’s best interests for the strained parent–child relationship and related family dysfunction to be remedied using a family system-based intervention that is coordinated, supported and encouraged with legal or court involvement. There are a range of broadly similar interventions to address the less severe PCCPs and the associated family dysfunction in cases that do not involve on-going concerns about violence or abuse, such as “multi-modal family therapy” (MMFI), “child-centered conjoint therapy” (CCCT), “family restructuring therapy,” “integrative family therapy” (IFT), “structural family therapy,” “family reintegration therapy” (RT), “family reunification therapy” (FRT), “multi-faceted family therapy” (MFFT), and “reconciliation therapy” (Fidler, et al., 2013; Polak & Moran, 2017; Polak, 2020).

While there are some differences in specific tools and interventions, a common vital feature is that these interventions employ a family systems approach involving all family members, in various combinations, in the therapeutic interventions. These therapies use different specific educational and therapeutic approaches or modalities such as psychoeducation, cognitive-behavioral, systematic desensitization, solution-focused, narrative, motivational interviewing, skills-based education, experiential, recreational, and animal/equine-assisted. In many cases, there may be one therapist providing service to the entire family. Though it may be preferable or necessary to have a therapeutic team including more than one therapist and/or a therapist and a parenting coordinator who can
function in part as a team leader, this is a more expensive model and can pose challenges inherent in providing coordinated services.

In some cases, experienced family lawyers can persuade their clients to undertake a family system response to a PCCP case without judicial involvement. In most PCCP cases, however, the courts need to be involved, and the continued reporting to and monitoring by the court will be necessary to encourage meaningful involvement by all family members, an issue that is elaborated further below. It is essential that agreements for counselling and courts orders for family-based interventions address the limits of confidentiality and recognize the need for information sharing with the courts and other relevant professionals.

It is generally accepted that in most cases, the longer a PCCP lasts the worse it will become and the harder it will be to remedy. However, one of the challenges of these cases is that a full custody evaluation takes time and, unless paid by the government (as occurs in only few jurisdictions), may be beyond the means of the parents. Further, government funded evaluations are often less comprehensive, which may be problematic for the most complex cases. PCCPs usually become more entrenched and difficult to address with the passage of time. With delay, the positions of the children and parents and in some cases their legal representatives, often become cemented during a custody evaluation. These concerns lead some to advocate for family system-based interventions, including reunification therapies to begin before completion of the litigation process (Deutsch et al., 2020; Greenberg et al., 2019; Greenberg & Schnider, 2020). The efforts, including revealing the willingness and capacity of the family members to change, can inform the evaluation process.

There is much potential for such early interventions, though like all interventions, this approach requires an initial screening for safety, child abuse and violence, and other risk factors such as untreated child and parent mental health problems or mental illness, substance use disorders, a pattern of noncompliance with court orders, severe personality disorders, previous failed intervention efforts, and each parent’s readiness or willingness to engage and their responsiveness to change. If a case is found appropriate for the clinical intake and then early intervention, ongoing assessment is necessary to ensure continued safety for the child and victims and for any needed changes to the initial treatment plan (Deutsch et al., 2020; Fidler & Ward, 2017; Greenberg & Schnider, 2020; Marcus, 2020). Screening for violence and assessment of risk factors needs to continue throughout an intervention and be responded to appropriately, in some cases with a recommendation for the therapy to be modified or to end, combined with a report to child protection services or a recommendation for a comprehensive child custody evaluation, or another type of assessment such as that related to impulse control or substance use.

It is imperative to recognize that while individual child therapy or joint therapy for the child and the rejected parent may be necessary, these therapies, even if court mandated, will not be sufficient to resolve the PCCP, in the absence of interventions that also engage the other family members, most notably the favored parent. Favoured and rejected parents may also benefit from individual therapy, but if the parent’s therapist is not skilled and sufficiently informed about the PCCP issues and the family circumstances, not only from their own client’s perspective, individual parent therapy can exacerbate PCCP problems, just as it can occur with individual child or resisted parent–child therapy.

In the most severe cases of PCCPs the interventions and legal remedies summarized above are unlikely to be effective. Cases identified as alienation and those as realistic estrangement will require different interventions. In the most severe cases of alienation, generally, there are only two options. One is for the court to make a finding of alienation, coupled with an order for the rejected parent to have custody of the child and for contact with the favored parent to be suspended, at least on an interim basis. This “custody reversal” may (or may not) be combined with a clinical or educational intervention, like Family Bridges (Warshak, 2015, 2019, 2020b), to assist the rejected parent and child during this transition.

The other option is in effect to abandon any further efforts, at least for the time being, towards restoring the child’s previously positive relationship with the now rejected parent. In some cases it may be the rejected parent who decides to abandon enforcement efforts, often acting with legal
advice, while in other cases it may actually be a judge who decides that enforcement is not feasible. Even when enforcement efforts cease, it is important for the child to be told that the rejected parent is not abandoning the child, but leaving the “door open.” In some cases, alienated children reach out to their previously rejected parent in late adolescence or adulthood, though for others the alienation is life-long. Limited research exists on later reconciliation (Darnall & Steinberg, 2008; Johnston & Goldman, 2010) and more is needed on prevalence, how well or poorly these reunions go and for those that go well, how sustainable they are.

The intervention protocols for the most severe cases of alienation and those for the most severe cases of realistic estrangement that result from abuse or trauma (that may meet the criteria for a DSM-5 diagnosis of PTSD or post traumatic symptoms that may meet the DSM-5 diagnosis for “Other Specified Trauma and Stressor Disorder” or an ICD-11 diagnosis) are very different. They are, however, similar in that each may involve a step-wise sequential delivery of legal, educational and mental health services. In cases of severe realistic estrangement, where abuse or violence are the major concerns, the offending parent and child may each simultaneously receive independent interventions, followed by further assessment, child protection services, and case management by the court as to the appropriateness of any parent–child reunification, or there may be long term suspension of parent–child contact. In cases of severe alienation, where the intervention involves a custody reversal, once the child’s relationship with the rejected parent has been repaired, there may be interventions to help the favored parent discontinue their PABs, and further assessment and monitoring by the court before reunification of the previously favored parent and child can be attempted (Polak et al., 2020).

In both these types of severe cases, any efforts towards reunification will need to be monitored closely by the court and other service providers to ensure the child is protected from further risk associated with abusive parenting exhibited by the previously favored parent in cases primarily involving alienation, or the offending rejected parent in the cases primarily involving realistic estrangement. A period of supervised contact may also need to be part of any reunification plan.

It must be appreciated that in some of the more severe cases of either justified rejection due to abuse or neglect, or due to alienation, the parent whose relationship with the child has been suspended—the favored or the rejected parent—may lack the willingness or capacity to engage in interventions to allow restoration of their relationship with the child. In either case, while this may be the least detrimental option available, this loss of relationship with one parent is not without its consequences to the child’s short and long term adjustment, and in some cases the legacy of subsequent generations.

A. TRAUMA-INFORMED SENSITIVITY AND INTERVENTION ACCOUNTABILITY

In response to valid concerns advanced by both proponents and critics of alienation, there have been two significant developments in the last 10 years in approaches among mental health professionals to PCCP cases. One of these developments is a concerted effort toward developing and implementing trauma-informed sensitivity and protocols for evaluations and interventions. The other is a concerted effort to develop protocols for intervention outcome accountability.

B. TRAUMA-INFORMED APPROACHES

A trauma-informed approach to therapy considers the widespread impact of trauma, adverse childhood experiences and chronic stress on the life experience and relationships, recognizing the role of previous and current trauma on the attitudes, behaviors and emotions of all of the family members. Both critics and proponents of the use of alienation for understanding and responding to PCCP cases have recognized the limitations of the existing research generally, and specifically on intervention outcomes (Saini et al., 2016). Proponents of the use of alienation have become increasingly aware of the complexity and nuance in many PCCP cases, including cases where there may be uncertainty and cases with elements of both realistic estrangement and alienation, that is,
contributions by both parents and the many other factors, to a complex, dynamic situation (Bailey et al., 2020; Deutsch et al., 2020; Drozd et al., 2019; Fidler, Deutsch, & Polak, 2020; Walters & Friedlander, 2016). Associated with this more nuanced analysis is an increased sensitivity to the role of chronic stress, and in some instances an objective event trauma or a long-standing relational trauma, that may have been experienced by the children, as well as by one or both parents historically or more recently. There has been a notable trend in publications, professional training initiatives, conference themes, and practice applications focused on trauma-informed interventions, combined with emphasis on chronic stress, adverse childhood experiences and resiliency (e.g., the Association of Family and Conciliation Courts (AFCC), 2018 annual conference in Washington, DC, Compassionate Family Court Systems: The Role of Trauma-Informed Jurisprudence; day-long institutes and workshops at conferences).

Based on a review of the more recent literature, it would appear that some critics of the use of the concept of alienation have adverted to these developments, or dismiss them without much discussion, or conflate different types of legal remedies and mental health interventions while continuing to repeat the same concerns despite these being actively addressed through these developments (e.g., Mercer, 2019a, 2019b).

C. INTERVENTION OUTCOME: ACCOUNTABILITY

At the root of the greater sensitivity to potential trauma, adversity, chronic stress and trauma-informed and appropriate interventions is a curiosity, an intentional exploration of alternate hypotheses and openness to change, so that we may better meet the needs of children and parents. As noted, we must, however, remain mindful that our attempted solutions may become part of the problem. Important questions have been asked in the past decade: How do we know if what we are doing is working for parents or children? Are our legal and clinical interventions making matters worse for children, at least in some cases? Are there cases where expensive and intensive interventions are having no positive effects on children?

In response to questions and concerns about professional accountability and the welfare of families, there have been greater efforts to undertake program evaluation and outcome research (Saini, 2019; Saini & Deutsch, 2017; Warshak, 2019, 2020b). For example, the Changes in Resist/Refuse Dynamics Checklist (CRDC) (cited in Deutsch et al., 2020) has been developed for use by legal and mental health practitioners to evaluate behavioral, emotional and cognitive indices of change in the child, each parent and in the coparenting in these complex cases involving PCCP. Variations of this tool can be used in outcome research to obtain therapist, parent and child ratings. Further, variations of this tool and others of a similar nature may be used directly with the family members engaged in an intervention, initially to assist each parent and child to consider their current behaviors, and then during the intervention to the recognize changes- or no changes- in their concrete behaviors. Further development of these types of tools will be helpful to therapists and the courts in their ongoing assessment of the extent to which positive changes, consistent with the intervention goals and court orders, are occurring. Has the intervention resulted in better parenting and coparenting, reduced parent conflict, repair of the child’s relationship with the rejected parent, successful implementation of the parenting time ordered by the court, compliance with orders, and most significantly, has there been improved child adjustment?

VI. THE ROLE OF THE COURTS

In some PCCP cases involving lower conflict, less serious issues of alienation or abuse/violence, and where each parent has a lawyer who is aware of the need to be both an advocate for their client and to help the parents to understand the needs of their children, it is possible for parents to negotiate and implement a plan to address the problems without requiring a court order (Bala & Hebert,
However, in most cases involving higher conflict or more serious concerns about alienation, or concerns about on-going violence or abuse, court involvement will be necessary if PCCP problems, and the safety of a child or victim-parent, are to be adequately addressed. If parents are aware there will be legal consequences for violating court orders, possibly a fine or even imprisonment, but even more importantly, the prospect of losing parenting time or parental responsibility (custody), they are more likely to respond to interventions. Judges and lawyers can also have an important role in educating parents about the importance of their children having healthy relationships with both parents, and the value of various interventions to achieve this.

Court orders in high conflict parenting cases— for parenting plans and for interventions— need to be detailed and unambiguous. Some parents in these cases are manipulative or conflict-engagers and look for ambiguities and loop holes. In other cases insufficient detail about parenting time, delivery of the children, and so on, and absent protocols for parent communication and information sharing about the child, promotes unnecessary engagement, thereby fuelling conflict. It is increasingly recognized that in higher conflict cases, there needs to be reporting from mental health professionals to the courts as interventions are being attempted, both to ensure that courts make the best informed decisions and to encourage meaningful engagement by parents.

One of the challenges for courts is to have enough information to make a sound decision and start to help effect change, without delaying resolution unduly. One priority in all cases needs to be risk assessment, and ensuring that the safety of parents and their children is not endangered by the court. However, in many cases, courts can make some orders to start to address the RRD and PCCP issues without necessarily having a full custody evaluation. Polak et al. (2020) propose that the courts retain oversight and defer conclusions of proceedings until mental health interventions are attempted and their results can be assessed. Regardless of the procedural structure, it is essential to have unambiguous, detailed court orders for the interventions and for there to be court monitoring of implementation of orders, and any modifications to parenting plans and interventions.

There is growing recognition of the value of having single judge case management of high conflict cases, especially those involving PCCP (Bala, Birnbaum, & Martinson, 2011; Bala & Slabach, 2019; Polak et al., 2020). Courts orders and judicial engagement with parents can have a critical role in helping therapists provide interventions and to assist the parents to meaningfully participate in mental health interventions while ensuring their children’s involvement. When community-based intervention is attempted, including counselling, one should expect to see some changes consistent with the goals of the intervention within 3 to 6 months. If no significant changes are observed in that time (see CRDC cited in Deutsch et al., 2020), other clinical or legal remedies may need to be explored. Case management and review dates within this time period are beneficial to monitor the extent of progress and the need for any alternative and viable remedies.

Single judge case management can also help the courts to more quickly recognize when further court orders or interventions are unlikely to affect the harmful behavior of parents, or the attitudes of their children, and when there should be a suspension of contact with one parent, or an end to the efforts to enforce contact and therapy. While most parents can be persuaded, educated or pressured into complying with court orders, and engaging with court-mandated mental health interventions, some are not capable of doing this. Although parents must be given a fair opportunity to change, too often court proceedings and efforts at intervention drag on too long, with high financial and emotional costs to children and their parents, as well as resource implications for the courts. The courts must be prepared to make timely, and sometimes difficult decisions; delay and involvement of multiple judges may diffuse responsibility and do not help children. Single judge case management for PCCP cases is both more economically efficient, and can help ensure a more timely, child-focused resolution of cases.

Importantly, while some jurisdictions are moving in the direction of specialized family courts and ensuring that judges in these courts have appropriate knowledge, temperament and skill to deal with family cases involving high conflict, in many courts judges lack adequate training and background to effectively address PCCP cases. This risks causing harm to children, and in some cases endangering the safety and lives of children and parents.
Good family lawyers can usually help parents, even in higher conflict cases, to focus on the needs of their child and engage with court-ordered interventions, if only to help parents in the eyes of the court and avoid the consequences of failing to comply with a court order. However, if there are veridical issues of abuse or violence, strong advocacy to protect victims and their children is essential. Good family lawyers understand the role of mental health professionals, and support their appropriate involvement in PCCP cases. Some lawyers in family cases, however, exacerbate tensions. These lawyers are arsonists rather than firefighters, or at least seem to see their role as one of tossing fuel on the fire that the parents or their agents have started. Of course many parents in alienation cases are self-represented. While lack of resources and the costs of litigation are major factors in lack of legal representation, there are also a disproportionate number of cases that go to trial in family court because litigants with mental health problems or personality disorders rejected the advice of their lawyers about settlement of their cases, often proceeding as self-represented litigants.

As discussed by Cyr, Poitras, and Godbout (2020) and Marcus (2020) in this Special Issue, there are some innovative projects being undertaken and evaluated to improve coordination between the courts and mental health professionals in PCCP cases.

While in many PCCP cases that come before the courts, healthy relationships with both parents can be restored with timely and appropriate support services and mental health interventions, judges and lawyers need to recognize this will not always be the case. In cases of significant risk from abuse, IPV or where there are significant untreated mental health or substance abuse issues, the safety and emotional well-being of children and victimized parents may require termination of a relationship and appropriate legal protections. In some cases of more severe alienation, invariably with an alienating parent with a personality disorder or untreated mental illness, the court may face a “stark dilemma” and reverse custody with at least a temporary suspension of contact with the alienating parent, or abandon efforts to restore a relationship with the alienated parent. While the decision to reverse custody must never be made lightly, these cases should not be allowed to drift through the courts without a judicial resolution. Too often cases last for years without clear judicial direction, imposing great costs on parents, children and society. The law is a blunt social instrument, and parents and professionals need to recognize the “limits of the law” in addressing alienation cases.5

VII. ADDRESSING CONTROVERSY AND IMPROVING PROFESSIONAL COLLABORATION

“Hear the other side.” — Saint Augustine (354–430 AD)

Although most family justice professionals agree about key aspects relating to RRD and PCCP cases, and there is considerable agreement about some issues, there is also considerable controversy among practicing professionals and researchers that, in concert with our ubiquitous cognitive biases, is sometimes manifested in personal and disrespectful ways. What can the professional community do about lack of civility, and ultimately help children and their parents to receive the best available assistance?

All individual professionals, advocacy groups and organizations genuinely want what is best for children and their families, but there are significant disagreements about the concept of “alienation” and its utility. There appears to be agreement that there are different types of PCCP and many dynamic factors contributing to the nature and severity of these different types. There is also agreement that some children resist or fully reject a parent for justifiable reasons, primarily, though not only, in response to violence, abuse, neglect or deficit parenting. There also appears to be consensus that some children resist or fully reject a parent for unjustifiable reasons, primarily, though not only, in response to being unduly influenced by one parent. More often the rejected parent is the father, though it is widely recognized that this is not a strictly gendered issue, and many mothers and their
children are also being victimized by unjustified rejection. Still, the plight of alienated mothers seems to have been underemphasized by some domestic violence and feminist advocates.

Notwithstanding these areas of agreement, some critics deny the utility of the concept of alienation, and in particular argue it should not be used in the legal process. Many of the critics are concerned that the concept of alienation is often used by abusive fathers, as a defense against justified allegations of violence and sexual, physical and emotional abuse made by mothers and children. Some of the critics have labeled the concept of alienation as “junk science” (Bruch, 2001), while others are more nuanced, but also emphasize the lack of rigor of the social science research and argue the concept lacks “scientific validity,” though recognizing it may have some clinical utility in a relatively small number of cases (Meier & Dickson, 2017; Milchman, 2019). A common position of critics is to question whether family courts should receive evidence from assessors or other professionals that makes use of the concept of alienation, as it may not meet the standards for reliability and hence may be inadmissible as “expert evidence” (State of the Court of Appeals, 2019).

A primary concern of critics of alienation is the safety and needs of parents (especially mothers who may have been wrongly accused of alienating) and their children, and the high rate of false positives of alienation compared to what they believe is the very small number of parents who have been unjustifiably rejected. Some of these same critics also emphasize the absolute prominence of the rights of children and adolescents, despite their demonstrable lack of maturity and even if they have been heavily influenced by a parent and the child’s views may be inconsistent with what is in their long-term best interests.

As stated by many professionals and researchers, in some cases abuse and alienation may not be mutually exclusive (Drozd & Ølesen, 2004; Fidler, et al., 2013, Johnston & Sullivan, 2020). There are mothers and there are fathers who are abusive, and there are mothers and fathers who have been alienated. Further, there are abused children and there are alienated children. All of these realities can and do exist. It is our view that it is not necessary or ethical to discount one reality to recognize or advocate for the other. It is not necessary or ethical to give recognition to one injustice or one type of harm while ignoring the other, or to give more import to one child’s needs over another’s. The fact there are false positives – children identified as alienated who are not and who instead have been abused or exposed to violence and have a good reason to reject a parent – does not alter the fact that there are children who are alienated. Similarly, there are false positives where children have been identified as abused and at risk for further abuse, but they are not, and instead have been exposed to PABs and circumstances that have contributed significantly to the alienation from the rejected parent.

Despite the concerns about the use of the concept of alienation, and the challenges in identifying when it is present or not present or to what degree it is present or not present, there is widespread acceptance in most situations absent ongoing neglect or emotional, physical or sexual safety issues, that children are likely to benefit from having a good relationship with both parents. Accordingly, even when the child has good reasons to be fearful or feel stressed, uncomfortable, hurt or angry with a parent, it may still be in the child’s best interests for the apparent conflicts and ruptured relationship with their rejected parent to be addressed and repaired, provided the child is not exposed to ongoing abuse, neglect or other risk resulting from that parent’s behavior or parenting. The same applies to children who have become alienated from a parent – it may be best for their relationship with the rejected parent to be repaired and for any PABs and other parenting limitations that are impacting the child’s relationship with their preferred parent to be ameliorated. Once an initial screening occurs, delays and avoidance to proceeding with action and intervention, which mirror the very dynamics in the family, provide a breeding ground for the intractability and exacerbation of any type of case involving PCCPs.

Johnston and Sullivan (2020) provide their perspectives on the evolution of the polarization and their suggestions for a path forward by the professional community. Basic moral and philosophical commitments divide us and are inevitable (Douthat, 2019). Further, our ability to critically evaluate is impacted by our group membership and affiliations, and we may over-rely on apparent consensus (e.g., the Asche studies). Repeated claims are not the same as verified claims. Studies show that
many believe repeated information more than novel information; this “repetition-induced truth effect” has been used to explain false beliefs (Unkelbach, Koch, Silva, & Marcia-Marques, 2019).

Meaningful communication and collaboration between professionals with different perspectives, beliefs and roles is essential for effective responses for the families whom we are serving. This requires a willingness to engage and to be vulnerable to some extent. It is shared experiences, such as attending conferences, conversing, eating together, socializing, sharing life stories and getting to know one another that can serve, at least in part, to pave the way to breaking down barriers and polarization (Alda, 2019). Placing papers and responses in a single edited publication, as done in this Special Issue, is a constructive step and may provide a stepping stone to subsequent collaborations, such as joint presentations and writing, collaborative think tanks, organizations joining to conduct surveys and research (e.g., the recent AFCC, NCJFCJ and University of Toronto survey of professional attitudes and beliefs), and development of practice guidelines. Shared experiences tend to increase empathy- the ability to put yourself in the other person’s shoes - to appreciate their perspective, concerns and needs. This process will inevitably assist to identify some commonalities between the different groups as well as clarify the differences with a view to a collaborative path forward.

The potential for any degree of reconciliation or increased understanding, though, requires professionals and advocates being in the same “space” to experience events together, hear the different perspectives and fully appreciate the areas of agreement. We concur with the sentiment that often the real challenge is getting people with strongly opposing views together at all (Salem, 2019). Until professionals agree to be in the same “space”- to play in the same sandbox through professional activities and dialogue- we will continue to struggle to bridge the schism and thereby increase risk to child and family outcomes.

VIII. EDUCATION AND STANDARDS FOR PROFESSIONALS

Working with parents engaged in seemingly intractable conflict, who involve their children in that conflict and who are engaged in the adversarial family justice system, is extremely challenging. Meeting this challenge requires practitioners to know a lot about related topics. In some situations, through the process of bias discussed above, it can be difficult to contemplate what we do not know. It is imperative for professionals to stay current on the social science literature and other developments readily available through list-serves, conferences, and other trainings and to critically appraise research and other developments. When writing for publication or otherwise through blogs, newsletters and other social media, adequate systematic searches of the existing literature are necessary.

Further, it can be surprisingly easy for practitioners to become aligned with their client and pitted against other professionals involved with the same family. Cross-disciplinary training programs can provide the scaffolding for having the shared experiences and can help professionals to practice in a coordinated and collaborative way when each takes on a different role with the same family. Think tanks and symposia with professionals and researchers from a range of perspectives can help to bridge gaps and form common approaches, though some are more successful than others (Salem, 2019).

In addition to abiding by our respective professional Standards of Practice and being guided by our respective Ethical Guidelines, practitioners need to become familiar with the various practice guidelines offered by associations and governing bodies of other professionals. These incorporate many lessons learned over many years by seasoned practitioners.

IX. MORE AND BETTER RESEARCH? ABSOLUTELY AND…

Virtually all who write about issues of children resisting contact with a parent recognize the need for more and better research – another point of consensus. During the last 10 years, and in some cases building on previous efforts and research, there has been considerable reporting of research and other publications on alienation. For example, there have been numerous publications on

Though there are many anecdotal reports and small case studies published, there have been only a handful of empirical studies evaluating intervention outcomes (child and parent satisfaction, repair of strained parent–child relationship, reduction of alienating behaviors, parent cooperation and communication, child adjustment, including depression and anxiety). These studies examine different structural-legal, therapeutic approaches, and educational interventions, each with different samples, selected outcome variables, designs and methodologies and samples making it difficult to aggregate and compare findings across studies (for summaries and reviews see Fidler, et al., 2013; Saini et al., 2012, 2016; Saini & Deutsch, 2017; Templer et al., 2017; Saini, 2019).

There is also a growing body of research that systematically analyzes how the courts are responding to these cases (Bala, Hunt, & McCarney, 2010; Lorandos, 2020; Meier, 2019; Meier & Dickson, 2017; Neilson, 2018). A compendium of some publications, including more than cited here, is available at parentalalienationresearch.com, with links to each paper.

Saini et al. (2016) updated their summary from 2012 of the existing empirical research (58 studies) on: prevalence; professional views; diagnosis/assessment; etiology, prognosis, and long-term effects; and evaluation of treatment and intervention. Not unexpectedly, significant methodological limitations were noted in all of the studies (e.g., relating to sample selection, study design, measurement tools and procedures) making it difficult, if not impossible, to compare one study to another and further, to draw definitive conclusions about a single definition of alienation, the etiology, prevalence, reliable methods for diagnosis/assessment (identification, description, measurement), reliable methods for differentiating levels of severity and alienation from justified rejection, prognosis and long-term effects and treatment outcomes. Still, the efforts of those who have done and continue to do this important research are recognized.

Reiterating what we noted 10 years ago, “Given the complexity of the causes and dynamics of resistance to parent contact, conducting such research poses significant fiscal, practical and ethical challenges” (p. 38). We further noted:

“While research is vitally important, legal and mental health practitioners cannot wait for science to catch up to their ongoing cases, as recommendations and decisions need to be made pending the outcome of good research.”

Since all research has limitations, perfection cannot be the standard to assess the utility and reliability of research results, and it is important to distinguish minor from major flaws (Pruett & Drozd, 2019). It is necessary to assess the relative strength and limitations of research to determine the credibility of the research, the potential influences of biases and the applicability of inference. Traps in making sense of social science research specific to alienation are discussed by Robb (2020), Garber (2020), Bernet (2020) and Milchman et al. (2020). The AFCC Guidelines for the Use of Social Science Research in Family Law (AFCC, 2018) provide useful information for family justice practitioners.

In our 2010 recommendations we noted:

“Further, even when more and better designed research is available, decisions for any individual child and family cannot be based on aggregate data. Consequently, using the research available and our experience as legal and mental health practitioners, a careful investigation and risk-benefit analysis of each case is required, as would be the case even if good research were available. Once a case is before the courts, not intervening and leaving the child alienated and in the care of a disturbed parent—that is a decision to take no action—is also a decision that needs to be researched and justified” (p. 38). Importantly, while more and better research must be done into identification,
differentiation and the legal and psychosocial responses to address PCCPs, given the complexity of the issues, conclusive findings are unlikely in our lifetimes. Legislators, judges, arbitrators, evaluators, therapists and other family justice professionals, must make evidence-informed decisions using available, limited knowledge, based on a careful and thorough analysis of each family’s circumstances, including the factors predisposing, precipitating, and perpetuating the problem as well as the protective or strength-building factors in the family and changes, as these have occurred in the family over time.

X. CONCLUSION

“I find the great thing in this world is not so much where we stand, as in what direction we are moving.” – Oliver Wendell Holmes

Since the first special issue of the Family Court Review on parent–child contact problems in 2001, edited by Joan Kelly and Janet Johnston, the discourse, understandings and practice related to cases involving high conflict coparenting and children resisting or rejecting a parent have developed in important and positive ways. Notably, and not without challenges, professional consensus is developing on various aspects of PCCP cases, including concepts, definitions, and differentiation of types and severity of cases, the need for screening for violence and abuse, the importance of evaluation, prevention and early intervention, and the application of differentiated and appropriate legal and mental health responses. Professionals share in their concerns about false positives identifying children as alienated when they are not, and identifying children as abused when they are not (Warshak, 2020a). There continues, however, to be controversy as to the state of our scientific knowledge pertaining to the reliability of alienation behaviors and the extent to which the court should rely on expert opinions.

It bears repeating what we said in 2010 – we know a lot when we know what we do not know. Though it is difficult to know the unknown, remaining curious to the possibility we may have it wrong, being intentional about exploring the alternative hypothesis, recognizing that multiple perspectives about the same set of circumstances may be warranted, and accepting there is a lot we do not know is a good start. Though we have benefit from hindsight, we do not have, nor will we ever have 20/20 vision given the complexity of these cases that tend to morph over time. For the benefit of children and families, legal and mental health professionals need to set the stage and provide a positive model for action steps; practitioners will need to make decisions and provide services notwithstanding varying degrees of uncertainty generally, and at times, about a particular case.

For the majority of families disputing parenting issues, there are not enough experienced legal and mental health professionals available to affordably, and in a timely manner, assist the growing demand for services. Professional risk and the limited, affordable training opportunities impact the availability of professionals. More collaborative programs offered through university programs (not just short private training programs) are necessary to increase access to appropriate interdisciplinary education. Further, for those professionals who remain willing to take the professional risk and provide services, staying current with the literature, continuing education and specialized training are imperative in our ever-changing field.

A community is a body of persons with common interests. We are a professional community. Our common interests are the welfare of children and families; all children, including those who may have been abused by a parent or exposed to intimate partner violence, those who have become alienated from a parent, and those children who may have experienced to varying degrees a combination of both for a complexity of reasons and contributing factors elucidated in the “circle diagram”. The ultimate objective shared by all practitioners in this field is to better serve children who are not maintaining healthy relationships with both parents.
In the 2010 Special Issue we looked forward to the upcoming 47th Annual AFCC Conference in Denver, “Traversing the Trail of Alienation: Rocky Relationships, Mountains of Emotion and Mile High Conflict” and additional endeavors to stimulate further interdisciplinary collaborative learning, open productive dialogue and professional development. This continues to be our hope - that the upcoming 57th Annual AFCC Conference, this year in New Orleans, “When a Child Rejects a Parent: Are We Part of The Problem Or The Solution?” in combination with this Special Issue and other professional engagement and learning opportunities combined with shared experiences and dialogue will assist to stimulate further open and productive interdisciplinary conversations, professional development and advances in our scientific knowledge and best practice approaches for the sake of children and their families.

APPENDIX A

TYPICAL BEHAVIORS, PERCEPTIONS AND BELIEFS OF CHILDREN & PARENTS IN ALIENATION CASES

CHILD

• Inconsistent behavior, including degrees of resistance, in the presence of the favored parent as opposed to when that parent is absent;
• Inconsistency between what is stated or alleged about rejected parent and how child behaves with rejected parent;
• Inconsistent behavior with the rejected parent (e.g., defiant, hostile) while may behave well with other adults;
• Opinion of each parent is rigid, one-sided, all good or all bad; idealizes one parent and devalues the other; refusal or reticence to consider alternate views, explanations;
• Weak, trivial, frivolous, unelaborated, false and irrational reasons to justify dislike, hatred, resistance or rejection of one parent;
• Revision of history to eliminate or diminish any positive memories of experiences with rejected parent; may report negative events with the rejected parent that could not possibly be remembered (before child is 3 or 4 yrs);
• Stories are repetitive and lacking in detail and depth;
• Use of “borrowed scenarios” – descriptions adopted from the favored parent or aligned family members;
• Report mimics that of siblings rather than own actual experience;
• Reactions and perceptions unjustified or disproportionate to rejected parent’s behaviors;
• Talks openly and without prompting about rejected parent’s perceived shortcomings;
• Claim they are fearful, but are aggressive, confrontational, even belligerent;
• Calls rejected parent by their first name;
• Badmouths or extends hatred to rejected parent’s extended family or even pets of rejected parent (hatred by association); may extend to vilification of rejected parent; unrelenting campaign of denigration, hatred;
• Lack of guilt or ambivalence regarding cruelty or unkind behavior towards rejected parent;
• Anger at rejected parent for perceived abandonment, even though rejected parent seeks relationship;
• Speech about rejected parent is brittle, a litany; obsessed; has an artificial quality; affect does not match words; no conviction; uses adult language; has a rehearsed quality;
• Denial of hope for reconciliation; no acknowledgement of desire for reconciliation;
• Reflexive support of favored parent in the parental conflict;
• “Independent thinker phenomena”– child claims these negative views about the rejected parent are their own, and not the favored parent’s beliefs;
• Distorted perceptions and beliefs go unchallenged by favored parent;
• Expresses worry for preferred parent, desire to care for that parent, or, defensive denial child is indeed worried about parent;
• Acts to appease, or avoid rejection or withdrawal of attention or love from favored parent;
• Role corruption or reversal with favored parent, child triangulated (e.g., parentification, adultification, infantilization);
• Internalizing (e.g., anxiety, phobic reactions, depression, low self-esteem behavior problems);
• Externalizing (aggressive to people or objects, or other, acting out, bullying, oppositional behavioral problems);
• May appear to function adequately in other environments than with rejected parent (eg., school, social), but tends to have difficulty interpersonally.
FAVORED PARENT (AND POSSIBLY ALIENATING PARENT)

- Makes statements or demonstrates behavior indicating separation is experienced as humiliating;
- Badmouthing, denigrating of other parent's qualities, parenting, involvement with child;
- Believes or portrays other parent as dangerous (harmful, angry, mean) or sick; convinced of harm or abuse by other parent, despite absence of evidence; especially concerning if there are repeated, unfounded allegations of sexual, physical and/or emotional abuse despite independent investigations;
- Believes or implies other parent never really loved or wanted the child;
- Portrays self as parent who was the only "real" or involved parent;
- Believes other parent is not "worthy" of relationship with the child or has abandoned child;
- Acts fearful and/or suspicious of other parent in front of child; instills fear and rejection of other parent;
- Fosters dependency on and need for protector of child in favored parent;
- Withdrawal of love and approval; love of favored parent is conditional on the child not showing love or positive feelings for other parent;
- Minimizing actual and symbolic contact with other parent (eg., no or removal of photos or other reminders of other parent in the home);
- Insists that the child has the right to make decisions about contact; tells the child: "It's up to you;"
- Refuses to talk directly to parent; refuses to be in same room or close proximity; does not let rejected parent come to door to pick up child;
- Rarely talks about the other parent to the child; uninterested in child's time with other parent after contact; gives a cold shoulder, silent treatment, or is moody after child returns unless child expresses dissatisfaction about the contact;
- Refusal to hear positive comments about rejected parent; quick to discount child's good times as trivial and unimportant;
- Intercepts calls and messages from rejected parent;
- No encouragement of calls by child to other parent between contacts; rationalizes that child does not ask;
- Tells child fun things that were missed during the child's time with other parent;
- Arranges conflicting activities; talks about missed activities;
- Indulges child with material possessions and privileges;
- Sets few limits or is rigid about routines, rules and expectations;
- No concern for missed time with other parent;
- Makes statements and then denies what was said;
- Body language and nonverbal communication reveals lack of interest, disdain and disapproval;
- Engages in inquisition of child after time spent with the other parent;
- Rejected parent is discouraged or refused permission to attend school events and activities;
- Telephone messages, gifts and mail from other parent to child are destroyed, ignored or passed on to the child with disdain;
- Restricts or withholds other parent's access to child related information (about school, activities, health);
- Distorts any comments of child that might justify the accusations about abusive parenting or negative behavior;
- Does not believe child has any need for relationship with other parent;
- Moves away without notice or hides child from other parent.

REJECTED (ALIENATED) PARENT (LISTED BEHAVIORS DO NOT REACH THE LEVEL OF ABUSE OR WARRANT THE CHILD'S DISPROPORTIONATE RESPONSE OR CONTACT REFUSAL. IF BEHAVIORS REACH LEVEL OF ABUSE, THE CORRECT IDENTIFICATION OF THE CONTACT PROBLEM IS JUSTIFIED REJECTION)

- Lax or intermittently rigid or punitive parenting style;
- Outrage at child's challenge to his/her authority;
- Passivity or withdrawal in face of conflict;
- Feelings of helplessness in response to child's dramatically changed behavior;
- Immature, self-centered in relation to child;
- Puts own needs ahead of child;
- Loses temper, angry, demanding, intimidating character traits, but not to level of abuse;
- Counter-rejecting behavior towards child in response to child's rejection;
- Loss of hope that anything or anyone can change the child's new belief system;
- Lacks empathic connection to child;
- Critical or demanding traits, present in marriage, continue and take on new meaning;
- Inept and unempathic pursuit of child, pushes calls and letters, unannounced or embarrassing appearances at school or activities;
- Challenges child's beliefs or attitudes, and tries to convince child otherwise;
- Tells the child they are parroting other parent;
- With child, vents and/or blames other parent for brainwashing child; takes no responsibility for family circumstance;
- Dismissive of child's feelings and negative attitudes;
- Attempts to induce guilt in child;
- May use force to attempt to reassert parental position;
- Mental illness, personality disorder or characteristics but does not manifest to the point of abusive/neglectful parenting.
APPENDIX B

BEHAVIORAL MANIFESTATIONS OF PARENT AND CHILD BEHAVIORS BY LEVEL OF SEVERITY IN ALIENATION CASES

MILD
- Usually, younger children, under 8 or 9 years;
- Some parental alienating behaviors (e.g., contact interference, badmouthing), but limited and not in a consistent pattern; likely unwitting and not an effort to prevent child's relationship with other parent;
- Favored parent values child's relationship with other parent, but occasional displays of misguided or justified protective behaviors
- Parents are usually able to cooperate on major and day to day child-related decisions, and parental conflict is limited and co-parenting communication is usually respectful;
- Child values relationship with both parents but displays discomfort (not extended to extended family), or may be mildly or situationally disillusioned, unhappy or angry with one parent;
- Situational and infrequent parent–child relationship strain;
- Few resisting child behaviors at transitions; once preferred parent departs, child resumes comfort level with other parent;
- Contact is occurring, combined with minor interruptions of parent–child contact (e.g., late, missed visits, short-lived transition difficulties in presence of preferred parent);
- Duration of interruptions in parenting schedule that was previously agreed or ordered has been relatively brief (e.g., not more than 6 months);
- Parents and child(ren) are generally flexible, but show inflexibility at times;
- Parents are generally to separate their own needs and feelings from those of the child's;
- Both parents statements and demonstrated behavior provide indications they are responsive to treatment/education to improve the parent–child relationship and their own parenting; parents can be reassured;
- Parents generally compliant with parenting plan, treatment agreement and court orders.

MODERATE
- Usually older children, commencing around 8 or 9 years (although in some cases children as young as 4 or 5 can show early signs of becoming alienated, which fall in Mild or Moderate category);
- Child may be disillusioned (unhappy about separation, new partner, angry with one parent), not “alienated;”
- Difficulties with transitions with child insisting they do not want to go;
- Child takes longer to settle in after transitions than at mild level; guarded and cautious initially;
- Child ‘s rejection behaviors reemerge in anticipation of returning to favored parent prior to transition back;
- Child displays more resistance than at mild level, although reactions are mixed, confused or inconsistent (e.g., before or during transitions, while with rejected parent);
- Some contact is occurring; may be sporadic, infrequent or delayed; pattern of missed opportunities for parent–child contact evident;
- Parents or child generally more rigid but some instances of flexibility;
- Some remnants/indications of warm/loving relationship with rejected parent;
- Parent’s overprotection undermines (unwittingly or intentionally) the child’s relationship with other parent;
- More frequent episodic (than in mild cases) parental alienating behaviors (contact interference, badmouthing, undermining, exaggeration, distortion); may be intentional to alienate or may be unintentional (protective);
- Parents able, to some extent, to separate own needs/views from those of the child;
- Favored parent can be reassured at times and to some extent;
- Favored parent may be willing to meet with other parent;
- Favored parent willing to attend (or is attending) treatment, but sporadic and/or with minimal success;
- Co-parenting communication may exist for specific informational transactions but is strained or non-existent for major child-related decisions; parent communication is terse and less civil;
- Parent(s) demonstrate periodic lapses but generally compliant with parenting plan, treatment agreements and/or court orders;
- Parent(s) inconsistently responsive to education and direction.
SEVERE

- Intrusive and psychologically controlling parenting by favored parent (see Barber, 2002);
- Favored parent may have severe personality disorders or characteristics (e.g., paranoid, antisocial, borderline, narcissistic); or even mental illness (psychotic or quasi psychotic thinking, profound emotional dysregulation, extreme or bizarre behavior);
- Favored parent identifies actions as protecting (rights of) child, despite repeated investigations or evidence demonstrating the risk of future harm is improbable;
- Favored parent advances allegations of abuse (emotional, physical or sexual) against the other parent, despite independent investigation (child protection, police or medical) finding no support;
- Eight ‘alienated child behaviors’ present and stronger than in mild or moderate cases
- Repeated denigration of one parent
- Lack of ambivalence
- Child claims to be “independent thinker” but clearly influenced by favored parent
- Reflexive support for favored parent
- Absence of guilt about bad feelings of rejected parent
- Descriptions of poor conduct of rejected parent based on favored parent claims
- Animosity towards relatives of rejected parent;
- Child threatens to run away or harm self, rejected parent or others;
- Child runs away or exhibits self harm;
- Child acts out or behaves aggressively (towards rejected parent or others, destruction of property);
- Child guarded and hyper-vigilant to perceived threat of rejected parent, despite absence of confirmed history of abuse;
- No or very infrequent contact between child and rejected parent for significant length of time (e.g., 12–24 months or more); contact problem chronic; if there is contact, child’s resistance does not subside during time with rejected parent;
- Inflexible position taken by child and favored parent; cannot be reassured, no ability to suspend belief to even consider the possibility of another perspective;
- Favored parent or child refusing therapy; not willing participants;
- Previous unsuccessful attempt(s) at therapy for family members;
- Chronic non-compliance with parenting plan, treatment agreement, and/or court orders.

ENDNOTES

1. “The RRD refers to a complex set of interacting factors, family dynamics, personality characteristics and vulnerabilities, conscious and unconscious motivations, and other idiosyncratic factors that combine to contribute to the unjustified rejection of a parent” (Walters & Friedlander, 2016, p. 424).
2. There are some good internet-based programs that involve both parents and can help with the skills building to effectively co-parent, including Children In Between, High Conflict Solutions, an 8-hour web-based parent education program (The Center for Divorce Education) and New Ways for Families online skills building parent education programs for higher conflict parents (8 and 12 hour courses), developed by Bill Eddy and The High Conflict Institute, www.highconflictinstitute.com.
3. The National Association of Alienated Parents (UK) has prepared a video to help school staff understand alienation and respond in an appropriate way when PCCP problems are developing: https://alienatedparents.org.uk/naap-education-dvd-online/
6. This Table relies on previous reviews of the literature (e.g., Baker, 2005; Baker & Darnall, 2006; Cartwright, 2006; Garber, 2007, 2011; Johnston et al., 2005; Kelly & Johnston, 2001). This Table has been adapted from earlier versions, including in Fidler et al., 2008; Fidler, Bala, & Saini, 2013; and Fidler & Ward, 2017.
7. Behaviors listed in this Table are not differentiated by level or severity. While these are typical behaviors, all of them will not be present in every case.
8. Adapted from Fidler and Ward (2017).

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Dr. Fidler is a clinical developmental psychologist in private practice and has worked separating and divorcing families for over 35 years. Her practice includes mediation, arbitration, parenting coordination, clinical consultations, legal-litigation expert services (testimonial and non-testimonial) and therapy with adults, children, couples and families. Dr. Fidler has published articles, books and chapters and provides trainings to judges, lawyers and mental health professionals. She received the FDRIO Crowe Soberman Award of Excellence in 2017, the AFCC Ontario 10 in 10 Award of Excellence in Family Justice in 2018 and the AFCC John E. VanDuzer Distinguished Service Award in 2019.

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