Risks and Realities of Working with Alienated Children

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Involvement in custody cases that include accusations of parental alienation—whether as an evaluator, expert witness, lawyer, judge, therapist, provider of a specialized intervention, or researcher—incurs both professional and personal risks. Some risks relate to false negative or false positive identifications of parental alienation that can lead to regulatory agency complaints and public condemnation by the parent who feels wronged by the case outcome. Other risks stem from providing services in an emerging area of practice and working with children who overtly oppose repairing the relationship with their rejected parent. These risks include: unfounded accusations of mistreating children; negatively biased commentary and sensationalist attacks in the media and in social media, professional conferences and journals, and in courtroom testimony; harassment, vilification, and invasion of privacy; threats of violence and public humiliation; shunning and rumor spreading by colleagues; and complaints to regulatory agencies. This article examines circumstances, beliefs, and dynamics that give rise to these risks, suggests precautions to reduce the risk of false accusations against professionals, and offers recommendations for dealing with regulatory agencies. Criticisms that a court or service provider has mistreated a child merit careful scrutiny in the context of the case evidence and empirical data. While some interventions for alienated children raise legitimate concerns, others have been maligned by anecdotal complaints that studies show do not represent the experience of most participants.

Practitioner’s Key Points:
- Professional risks in an emerging area of practice can be mitigated by using approaches informed by concepts derived from empirical research, professional knowledge, and professional experience, and by adhering to applicable professional standards and guidelines.
- Biases, superficial understanding of the complexity of parental alienation issues and dynamics, and inexperience can lead to inappropriate generalizations about the nature, roots, and remedies of parent-child relationship problems, and result in false positive and false negative errors regarding parental alienation.
- When faced with accusations of misconduct, practitioners should inform the regulatory agency of case evidence and court findings of prior false accusations and malicious complaints, ask the agency to evaluate whether complaints against the professional reflect similar dynamics to those identified during the litigation, and stress the importance of the rejected parent’s observations of how the professional treated the children.
- Accusations of mistreatment of children who participate in specialized interventions for alienated children should be evaluated in the context of empirical data on the interventions.
- Outcome research on Family Bridges and Overcoming Barriers found high levels of satisfaction among child and adult participants and do not support assertions that these specialized services harm children.

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Falsehood flies, and the Truth comes limping after it.
—Jonathan Swift

“When presenting an innovative approach to helping children caught up in custody disputes, some misunderstanding and resistance to new ideas is to be expected. These problems intensify when the media reports on these issues.” In 2010, one of my articles in Family Court Review led with that
statement. Ten years later, misunderstanding and resistance remain strong, expressed in ways that create risks—sometimes grave—to legal and mental health professionals involved in cases that raise issues of a child’s alienation from a parent. Some risks are endemic to custody litigation, occupational hazards of participating in a process in which at least one stakeholder is likely to suffer crushing disappointment, often rage, at the outcome of the case. This article highlights professional and personal risks of being involved in custody cases that include accusations of parental alienation.

The article begins with a discussion of risks related to opinions expressed by custody evaluators, expert witnesses, child representatives (e.g., amicus attorneys and guardians ad litem), and judges. When the opinions are well grounded, professionals have a strong defense against board and bar complaints. However, when the opinions are unreliable—for instance, an expert witness’ qualifications or methods are insufficient to substantiate the opinions—the professional is vulnerable to disciplinary action from a regulatory board. Unreliable opinions about parental alienation can reflect false negative or false positive errors.

The balance of this article concerns risks related to working with alienated children. Some risks stem from providing services in an emerging area of practice. To manage and reduce such risks, professionals should provide information necessary for courts and parents to make informed decisions. The necessary information includes descriptions of relevant alternative options for cases with alienated children and information about the potential costs, benefits, and likely outcomes of various approaches. Also, service providers should cease providing services when it is reasonably clear that their approach is not producing sufficient results.

Other risks stem from providing services to alienated children who say they do not want to reclaim a relationship with their rejected parent. These risks include: false accusations of mistreating children; negatively biased commentary and sensationalist attacks in print, broadcasts, social media, professional conferences, journals, and in courtroom testimony; harassment, character assassination, and invasion of privacy; threats of violence and public humiliation; shunning and rumor spreading by colleagues; and complaints to regulatory agencies. This article examines circumstances, beliefs, and dynamics that give rise to such risks, including dynamics resembling those that drive false allegations about parents; the article concludes by suggesting precautions to reduce the risk of false accusations, and offers recommendations for dealing with regulatory agencies.

Parents who have lost or defended against the loss of custody, older alienated children, mental health professionals, and journalists criticize professionals involved in family law cases, professionals who provide interventions for alienated children, and those who study and write about these interventions. These critics oppose court decisions that place children in the custody of a parent whom they claim to hate or fear, and oppose interventions that courts and parents require alienated children to attend. The critics argue that it is wrong and harmful for a court to rule against a child’s stated custodial preference to avoid a parent, and that professionals who offer their services to assist the family’s adjustment to the court orders are complicit in the court’s wrongdoing and violate professional ethics. Further, some critics cite anecdotes and theory to argue that interventions designed to help children cooperate with custody arrangements and overcome their alienation instead harm children. This article analyzes such arguments in the context of professional knowledge about two interventions for alienated children that have been the subject of significant research and attention: Family Bridges and Overcoming Barriers. The article concludes that empirical data refute criticisms about some interventions that have been maligned with anecdotes, false accusations, and flawed theoretical speculations, but other interventions raise legitimate concerns.

I. FALSE NEGATIVE AND FALSE POSITIVE ERRORS

Custody evaluators and judges sometimes reach wrong conclusions about whether a child is alienated from a parent and about the genesis of a child’s rejection of a parent.
A. FALSE NEGATIVE ERRORS

A false negative error about parental alienation can take the form of wrongly concluding that a child is not alienated or is only mildly alienated, that a child’s rejection of a parent is warranted by the rejected parent’s behavior and thus is not irrational, or that the child’s favored parent has not contributed significantly to the conflict between the child and the rejected parent. False negative identifications may also result from placing too much emphasis on a rejected parent’s contributions or too little emphasis on an aligned parent’s contributions to a parent–child conflict problem.

Cases that wrongly overlook the presence or severity of a child’s alienation, or of a parent’s alienating behavior, may return to court after previous court decisions failed to anticipate the exacerbation and intractability of the problem. In some cases, the court relied heavily on a custody evaluator’s conclusion that a child was not alienated, or on the evaluator’s prediction that the children’s behavior would improve with the help of a therapist and the passage of time after the litigation was over. In such cases, the court leaves the children primarily in the care of the parent accused of alienating behavior. False negative findings regarding parental alienation presage the further deterioration and entrenchment of children’s mistaken beliefs about the rejected parent, and tragically may end the child–parent relationship for many years, sometimes forever.

B. FALSE POSITIVE ERRORS

False positive errors can take the form of mistaken conclusions the child is alienated from a parent, or that the child’s favored parent is primarily responsible for the child’s negative feelings about the other parent. For instance, the custody evaluator mistakenly concludes that the child irrationally rejects a parent when the child merely prefers to spend time in one parent’s home more than in the other parent’s home, but does not reject the less preferred parent. Or, the child’s behavior superficially resembles parental alienation, but in fact does not characterize a child who is truly alienated. Warshak discussed seven criteria that characterize an irrationally alienated child’s negative behavior toward a parent, and six types of situations in which parental alienation is sometimes alleged but the seven criteria are not met.

In some cases, an evaluator might infer that the preferred parent has engaged in alienating behaviors despite the lack of evidence of such behaviors, and conclude that the preferred parent is primarily responsible for a child’s conflict with the rejected parent without adequately considering reasonable alternative explanations of the problem’s roots. Or, a preferred parent’s angry behavior that is typical and transitory in the period surrounding a separation, and reactions endemic to and exacerbated by family law litigation, are mistakenly viewed as a pattern of severely alienating behavior. In some cases, an evaluator fails to consider extenuating circumstances and differences in intensity, frequency, duration, and motivation for a parent’s negative behavior, all of which can mitigate the impact of the parent’s behavior on the evaluator’s opinions and on court decisions.

No reliable data exist to allow a comparison of the prevalence of false positive versus false negative findings of alienating behavior. Nor are there reliable data on the prevalence of false positive versus false negative findings that the rejected parent is primarily responsible for the child’s estrangement. Nevertheless, courts and custody evaluators are not infallible. Some evaluators, expert witnesses, and courts wrongly conclude that a child is not alienated, that the child’s rejection of a parent is justified, or that a parent has not engaged in alienating behaviors. Also, some evaluators and courts reach false positive conclusions about parental alienation, either wrongly concluding that a child is alienated, or—as feared by opponents of the concept—failing to recognize that a child’s rejection is a justifiable response to a parent’s violence, abuse, or other form of gross mistreatment. Both types of errors can lead to regulatory agency complaints and public condemnation by the parent who feels wronged by the case outcome.
II. BIAS IN PROFESSIONAL OPINIONS REGARDING PARENTAL ALIENATION

Custody evaluators and other expert witnesses are particularly at risk for reaching poorly reasoned conclusions about parental alienation allegations if they gather, examine, and analyze the data through a biased lens.

A. BIAS LEADING TO FALSE POSITIVE ERRORS

Some evaluators and expert witnesses wield the concept of parental alienation like a blunt sword.9 Overt and covert judgment biases, along with a superficial understanding of the complexity of parental alienation issues and dynamics, can influence a professional to bypass a nuanced inquiry, and fail to recognize and disentangle the nature and roots of a parent–child relationship problem. This may lead to erroneously labeling a child as alienated or a parent as engaging in alienating behavior.10

An expert witness may display confirmatory bias11 by seizing on a parent’s behavior that superficially resembles alienating behavior, and interpreting the behavior out of context to support the view that the parent is alienating the child against their other parent. Or, the expert may focus on a child’s angry words or negative behavior towards a parent to support the view that the child is irrationally alienated, dropping the context that the child has a generally good relationship with the alleged rejected parent.12 In such cases, experts fail to consider various factors and situations that support reasonable alternative explanations of a child’s apparent rejection of a parent.13 Instead, such experts search for data that confirm a child’s alienation and a parent’s alienating behavior, overlooking disconfirming data.14

Some experts offer general opinions about parental alienation based on their knowledge of the professional literature, or case-specific opinions based on a review of case facts, without conducting their own evaluations. Educative testimony can help the fact finder better understand evidence related to parental alienation.15 However, some advocates testify about a few studies, often their own, without citing studies that reach different conclusions, and without assisting the court in understanding the limitations of the research. The result is biased testimony that lacks trustworthiness.

Also, simply being familiar with the literature on parental alienation, or having conducted research in the field, does not alone qualify an expert to opine on facts elicited in a custody evaluation. For instance, a psychologist trained as a researcher, and not as a clinician, lacks the training, supervised experience, and credentials necessary to conduct a custody evaluation. The researcher-expert may lack the qualifications to judge the reliability of evaluation procedures and data, thus lacking the competence to opine on the evaluation’s results. Reports and prospective testimony from such a witness that rely on or refer to the custody evaluation may exceed the witness’ expertise and lack a sufficient professional basis.16

B. BIAS LEADING TO FALSE NEGATIVE ERRORS

Evaluators and expert witnesses who do not believe that a parent can influence a child to reject the other parent may prematurely and erroneously conclude that a child’s rejection of a parent is justified by the rejected parent’s behavior, failing to adequately consider reasonable alternative explanations for the child’s behavior. Indeed, opposition to the concept of irrational parental alienation originated from the concern that the concept creates a ready defense for fathers whose children’s rejections resulted from the father’s abuse of the children.17 The concern is that courts will “get it wrong”—that a mother trying to protect her children from further abuse will lose custody and the court will deliver the children into the hands of a father who has physically or sexually abused his children, thus condemning the children to years of additional abuse.
Silberg expressed the view that parental alienation is a ruse to deflect the court’s attention from child abuse, and that asserting alienation allegations are “part of a larger strategy in which abusive parents try to fool the courts, attorneys, child custody evaluators, and mental health professionals into believing their children and ex-spouses are crazy when they raise concerns about safety.” However, a survey of 448 professionals involved in child custody cases found that they placed great weight on the importance of evaluating claims of child abuse, but child abuse was suspected, on average, in only twenty-nine percent of cases with parental alienation allegations.

C. BIAS AGAINST REMEDIES FOR ALIENATED CHILDREN

Evaluators who believe the concept of parental alienation is an excuse for abuse, and deny the validity of the concept of parental alienation, are prone to endorse a child’s preference to avoid a parent. These evaluators believe that when children reject a parent they always have a good reason, and that a parent cannot alienate a child from a parent with whom the child has had a healthy relationship. In this view, because a child’s resistance or refusal to spend time with a parent most likely reflects a reasonable avoidance of a bad parent, the child’s preference deserves respect. Rather than undertake an individualized examination of a child’s circumstances, the evaluator may on principle oppose recommending that a child be placed in the custody of the rejected parent, unless the child changes his or her custodial preference. Meier advocated this presumption: “Forced change of custody is not appropriate, unless the child’s relationship with the estranged parent is sufficiently healed to make the child comfortable with such a prospect.”

Some expert witnesses and advocates, who have little or no experience evaluating and treating severely irrationally alienated children, expressed opinions that relied on anecdotal reports from alienated children and alienating parents. In some instances, expert witnesses have predicted, with no evidence, that if the court required the child to spend blocks of time away from the parent with whom the child was aligned and with the parent whom the child rejected, this would induce a traumatic sense of helplessness because the child could not control which parent they saw and which they avoided. Furthermore, such experts have also testified that the resulting trauma would have lifelong effects on the child, especially undermining the child’s capacity to have rewarding interpersonal relationships.

Stressful life events such as parental separation or changes in residence triggered by separation can profoundly affect children, but are rarely traumatic unless there are exacerbating circumstances. Children may claim to be uncomfortable or upset at the prospect of spending the weekend with a parent who, loved before the separation, has now become an object of derision, contempt, or fear. But discomfort is not trauma. Attaching the term trauma to circumstances far removed from events that we usually think of as traumatic trivializes the term. Other than unsubstantiated anecdotes, experts offer no scientific evidence that supports the prediction that children will be traumatized by enforcing expectations for their contact with a rejected parent.

III. DISTINGUISHING BETWEEN COURT ORDERS AND PROFESSIONAL ACTIVITIES

Criticisms of therapists and providers of specialized interventions often conflate the actions of the professionals with those of the judge, the bailiff, the rejected parent, law enforcement personnel, and professional therapeutic transport teams hired by a parent or ordered by the court to ensure the child’s safe return to the parent and, in some cases, safe travel to the site of an intervention. These criticisms are directed at judges whose orders place children with their rejected parent, and at anyone perceived as supporting or assisting in implementing and enforcing such orders.

Proponents and opponents of the concept of parental alienation argue with passion. Proponents regard some parental alienating behaviors as a form of psychological child abuse and family
violence. In their view, courts should prioritize removing children from such environments if necessary to protect them from further harm, just as courts remove children from homes in which they are being physically or sexually abused. Opponents of the concept of parental alienation believe that court orders overriding a child’s preference are not just wrong, they argue that such orders condone child abuse. As Dallam and Silberg wrote, such a court order “can endanger children by separating them from the parent with whom they are most bonded and attempting to force the child to accept the rejected, and possibly abusive, parent.”

Two separate issues are at stake. The first issue concerns children’s legal rights to self-determination. Whether, and at what age, has a child the right to choose his or her custodial arrangements? Can a custodial parent consent on the child’s behalf to enroll the child in a workshop or in therapy, and hire help to enforce the parent’s authority? Similar questions might apply to a child turned against their parents by a religious leader or a relative, or to a child who resists medical treatment or drug rehabilitation that could improve their health. Under what circumstances, to what extent, and up to what age, should adults encroach on a child’s autonomy?

The second issue raised in parental alienation cases is whether the children involved are likely to suffer net harm when courts grant custody to the parent that the children reject. As previously discussed, some critics believe that in all or most cases, courts err in concluding that the child’s alienation is unjustified, and err in awarding custody to a rejected parent. A professional who does not share these beliefs faces no ethical dilemma when helping alienated children adjust to the custodial arrangements; however, even a professional who believes that the court erred in awarding custody to the rejected parent can ethically offer services to help a child adjust to the circumstances imposed by the court orders, unless the assistance would do more harm than good. An example of how a child in this circumstance might be harmed is if the therapist influenced an abused child to deny the reality of the abuse. If, in the course of providing assistance, a professional learned that the child’s negative feelings about the rejected parent were justified, the professional would be obliged either to stop the intervention or change course.

IV. RISKS RELATED TO PROVIDING SERVICES IN AN EMERGING AREA OF PRACTICE

Compared with traditional psychotherapy for non-forensically related children’s problems, such as depression and anxiety, working with alienated children and their parents is an emerging area of practice. As such, the professional community may lack sufficient knowledge about the procedures and long-term outcomes of these services. This leaves professionals vulnerable to complaints that their services, whether to prevent or alleviate alienation, lack empirical support and general acceptance. The risk of such complaints is mitigated by using approaches that are informed by concepts derived from empirical research, professional knowledge, and professional experience, as well as by adhering to professional guidelines.

A. INTERVENTIONS FOR MILD TO MODERATE ALIENATION

To prevent or reduce a child’s mild to moderate alienation and decrease a parent’s alienating behaviors, some professionals offer structured, time-limited parent counseling, psychotherapy, and psychoeducational interventions. Interventions derived from professional knowledge and experiences include: Family Restructuring Therapy, Multi-Modal Family Intervention, Child-Centered Conjoint Therapy, New Ways for Families, and Overcoming Barriers. As with traditional psychotherapy approaches with parents and alienated children, these interventions lack rigorous studies documenting improvement in more severe cases of alienation. They appear to be better suited to families in which a parent’s alienating behaviors are not intractable and the parents are amenable to education, insight, and judicial direction.
For instance, the Overcoming Barriers family camp reported success with families of less severely alienated children, but the intervention reported that it was unsuccessful with cases that involved repeated violations of court orders, failure of past specialized interventions, alienating behaviors considered to be emotionally abusive or harmful, an inability or unwillingness of the favored parent to modify alienating behavior, parents with severe personality disorders, and risks of child abduction.40 These features typically are present in families with children whose alienation is severe or toward the more severe end of moderate. A survey of forty parents who participated in Overcoming Barriers found that a majority reported improvements in relationship skills,41 but the study did not report on the changes most sought by courts and rejected parents, namely, improvements in the children’s cooperation with court-ordered parenting time plans and alleviation of their rejection of a parent. The one survey item that came closest to assessing these changes was “My ability to work on a parenting plan that works best for my child.” On this item, less than one quarter of the parents reported improvement, half reported no change, and more than one quarter reported that things were worse.42 Perhaps in light of their outcome research findings, Overcoming Barriers now emphasizes that it seeks referrals only of families in which “both parents are able to state their commitment to the children having a relationship with both parents.”43 This criterion excludes most families in which the aligned parent engages in moderate to severe alienating behaviors. As Kelly and Johnston noted in their discussion of common and major organizing beliefs of aligned parents, the aligned parent is “absolutely convinced that [the rejected parent] is at best irrelevant and at worst a pernicious influence on the child,” that “their child does not need the other parent in their lives,” and that “the other parent is not worthy of the child’s attention.”44

One explanation for the difficulty these interventions experience in modifying some moderate and severe cases of alienation is that typically the intervention is offered to families with alienated children who live primarily with the parent with whom they are aligned, and often have little to no contact with their rejected parent.45 The collective weight of the literature, despite limitations such as small sample sizes and lack of random assignment to treatment conditions, suggests that contact with the rejected parent is essential to healing a damaged parent–child relationship. Gold-Bikin reasoned, “Sending a child for what they are calling ‘reconciliation therapy’ for an hour a week is never going to work if the child is then returned to the programmer for the other 167 hours in that week.”46 No evidence supports the efficacy of treating severely alienated children while they remain primarily in the custody of their favored parent and out of touch with their rejected parent.47 Polak and Moran observed, “There is an informal professional consensus that [weekly outpatient counseling] interventions result in little benefit.”48 Not only is such treatment unlikely to succeed, it may further harm the parent–child relationship, and postpones the delivery of services that may alleviate the problem.

Given the literature on the deficiencies of counseling and reunification therapy for a severely alienated child who remains separated from the rejected parent, evaluators who recommend treatment in such circumstances risk being accused of violating professional standards and guidelines regarding the basis for their opinions,50 unless the evaluator acknowledges the known limitations of the recommended course of treatment. The evaluator should explain the rationale for attempting treatment under these circumstances, in spite of the known limitations, and should include: (1) a time frame after which the impact of the treatment will be assessed, (2) the explicit criteria for evaluating progress and success of the treatment, and (3) contingency plans in the event that the treatment is ineffective.51 A contingency plan, such as the judge informing the parties that a failed course of therapy will likely result in increasing the child’s time with the rejected parent or in reversing custody, may help motivate the favored parent and the children to participate meaningfully in treatment.

B. INTERVENTIONS FOR ALIENATED CHILDREN IN THE CUSTODY OF THE REJECTED PARENT

In contrast to interventions that try to alleviate alienation while the child lives apart from the rejected parent, several interventions are designed to help children adjust to court orders that place
them in the custody of their rejected parent. The intervention that has attracted the most attention and served as a prototype for other interventions is Family Bridges, an educational workshop for moderate to severe alienated parent–child relationships. The workshop was developed in 1991, in response to requests from the National Center for Missing and Exploited Children, to assist in reuniting recovered missing children with the parent from whom they had been taken and alienated. To date, fifty-four licensed professionals in eight countries have been trained to provide the Family Bridges workshop.

More recently, other interventions have emulated, to varying degrees, elements of Family Bridges. Examples of such interventions include: Family Reflections, Families Moving Forward, Stable Paths, Turning Points for Families, and Transitioning Families, although some of these interventions no longer operate. Among the elements that originated with Family Bridges and have subsequently been adopted by other interventions are: using educational approaches in contrast to traditional psychotherapy; using educational and entertaining videos to engage children’s attention while teaching them important skills in a child-friendly format; providing the intervention in a leisure setting rather than in a professional office, thus helping to create a sense of ease and providing opportunities for the parent and children to interact in a natural and relaxed manner; and condensing the intervention into a few full days rather than hourly sessions spread over months and years.

Despite the elements shared in common, each specialized intervention for families with alienated children is unique. For instance, Transitioning Families and Stable Paths provide equine-assisted interventions. Nevertheless, the shared elements of these interventions suggest a convergence of thinking in the community of professionals who provide services to families with alienated children about how best to help alienated children for whom traditional therapy approaches have been insufficient. This convergence of thinking may be cited as evidence for general acceptance of these procedures among the relevant professional community.

As with the interventions for mild alienation, research on the outcomes of specialized interventions for more severely alienated children is limited. With the exception of Family Bridges, none of the interventions have peer-reviewed, published outcome studies that demonstrate, with reliable empirical measures and statistical tests, positive outcomes for severely alienated children.

Risk management procedures should take into account the shortage of reliable outcome information about an intervention’s effectiveness. Providers of innovative interventions usually express enthusiasm and optimism about their intervention’s potential benefits. Such positive attitudes may help participants approach the experience with similar attitudes and maximize the intervention’s impact. Nevertheless, it is also important to exercise caution by not overselling an intervention to the court or to parents, particularly in cases with a history of treatment failures that may have left an alienated child with greater resistance to professional help.

C. DISCLOSURE AND INFORMED CONSENT WHEN PROVIDING SERVICES TO FAMILIES WITH ALIENATED CHILDREN

Evaluators who recommend psychotherapy or specialized interventions for alienated children and their parents, experts who testify about these services, and professionals who provide these services, must present the information necessary for courts and parents to make informed decisions. This includes informing courts and parents of the interventions’ limitations as well as the state of knowledge about the likely risks, benefits, and immediate and long-term consequences associated with participation in the intervention. Also, those who recommend, testify, or provide these services should educate stakeholders about relevant alternative interventions and the cost to benefit ratios of the various options.

For most severely alienated children, specialized interventions such as Family Bridges are the last option following previous attempts to heal the parent–child relationship. In contrast, for less severe cases of alienation, and for parents in the early stages of divorce litigation, alternative approaches may be more cost-effective. For instance, Saini’s study of parents’ experiences in the
Overcoming Barriers family camp reported improvements in parents’ understanding and perception of the impact their conflict had on their children.\textsuperscript{66} However, while one quarter of the parents in Overcoming Barriers reported that the level of conflict with the other parent decreased after attending the camp, one quarter reported higher levels of conflict after the camp, and half reported that the conflict remained the same. In rating changes in the quality of the co-parenting relationship, the results were even more disappointing; more than half of the parents (53.6\%) reported a decrease in the quality of the relationship since attending the camp, and the rest reported no change.\textsuperscript{67} Notwithstanding these results, Saini concluded, “The intensive work with the parents seems to provide them with the needed practical and emotional support to encourage healthy coparenting relationships and to address the intractable dynamics between the parents that have contributed to the child’s rejection of a parent.”\textsuperscript{68} Overcoming Barriers now conservatively states that its overall purpose is to “plant seeds of hope and help families on the road to repairing strained relationships rather than to fix strained relationships within the limited time frame of the camp.”\textsuperscript{69}

When custody evaluators and educative experts opine about intensive and expensive interventions, they should include a discussion of the differences in the interventions’ goals, procedures, duration, costs, expected results, and limitations, compared with parent education programs,\textsuperscript{70} and compared with traditional psychotherapy. This information can help the court determine whether the more expensive intervention is likely to produce sufficient benefits to justify the costs.

\textbf{D. KNOWING WHEN TO TERMINATE THERAPY SERVICES}

At the outset of treatment, a therapist does not know how an alienated child, or the child’s parents, will respond to therapy. Even when circumstances are not optimal, such as when a severely alienated child has no contact with the rejected parent outside of a weekly therapy session, the therapist may anticipate some progress toward alleviating the alienation. However, when it becomes reasonably clear that the therapy is not accomplishing its goals and is unlikely to do so, or that the therapy is doing more harm than good, the therapist is obligated to terminate treatment.\textsuperscript{71} Therapists who conduct court-ordered treatment are vulnerable to complaints from rejected parents that the therapist unnecessarily prolonged ineffective treatment, which delayed the children getting relief from their suffering, and may have left the children more resistant to future interventions. This risk is higher when the therapist conducts therapy under circumstances that are known to decrease the likelihood of progress, such as working with a severely alienated child who remains apart from the rejected parent.\textsuperscript{72} To reduce this risk, therapists should attempt to identify a lack of treatment progress as early as possible, and refuse to continue treatment that is not helping and may be making things worse. It is not always easy to make this judgment; the therapist may expect that significant progress will come with additional sessions. Regardless, when it is reasonably clear that the treatment is not helping, and that continuing along the same path is unlikely to improve the parent–child relationship and may contribute to its further deterioration, the therapist should notify the court and the parents.

\textbf{V. RISKS OF PROVIDING SERVICES TO ALIENATED CHILDREN}

Whether providing psychotherapy, counseling, or a specialized intervention for parents and alienated children, service providers face unique risks in working with moderately or severely alienated children. Clinicians generally do not incur such risks when working with a child who has other difficulties and when both parents want their child to receive treatment. The risks stem from providing services to a child and aligned parent who do not support efforts to reintegrate the child with the rejected parent and who want the court to accept the child’s rejection of that parent. The strongest criticisms are directed at providers who offer services to children whom the court has placed in the custody of their rejected parent. The most salient risk is being accused of mistreating the children.
A. ACCUSATIONS OF MISTREATMENT

Irrationally alienated children, and the parent with whom the children align, denounce the rejected parent as being harsh, insensitive, abusive, or neglectful. If the court finds that a child’s rejection of a parent is unreasonable and not in the child’s best interests, the court usually finds that the aligned parent has contributed significantly to the problem. In such cases, any court decision requiring the child to have regular contact with the rejected parent angers the child and the aligned parent. The anger is directed at anyone whom the child and aligned parent view as responsible for the outcome of the case. This includes the judge, attorneys, custody evaluator, therapists and expert witnesses whose testimony is viewed as supporting the court’s decision, and anyone who provides services designed to help the child accept the custody arrangement and heal the relationship with the rejected parent.

Some aligned parents who have lost custody, and some children who do not overcome their alienation, or who become re-alienated after they had repaired their relationship with the rejected parent, channel their anger into denouncing people who are perceived as agents of the court and who were engaged in a process to reunify the children with their rejected parent. In cases of irrational alienation, the court has found that the children’s complaints about their rejected parent lacked merit and were manufactured or exaggerated in the service of resisting the court-ordered custodial arrangements. The same dynamics that lead to false claims about a parent may extend to false claims about professionals who do not unequivocally support the children’s stated preferences.

Some children show little resistance when a court places them in the custody of their rejected parent. Other children protest vehemently, particular those who had been successfully defying court-ordered custody arrangements. Adults who help to enforce a court order that places children with their rejected parent, and those who assist the custodial parent in transporting the children to their custodial home or to the site of an intervention, risk being accused of mistreating the children. Indeed, in some cases the children’s transition from the courthouse to the custodial parent’s home or intervention site, and the coercion of the children necessary to accomplish the transition, brings the strongest risk of accusations that the children were mistreated. Although the professionals who provide an intervention do not deal with the children until the children reach the intervention site, they may become implicated in criticisms lodged against the court’s bailiff, law enforcement personnel, and professional therapeutic transport teams hired by the custodial parents. These criticisms relate to the issue of adults imposing their authority on a child, encroaching on the child’s autonomy, and forcing the child to do things against the child’s will.

B. FALSE ALLEGATIONS OF MISTREATMENT DURING AN INTERVENTION

False allegations that a child was mistreated during an intervention may be made in good faith and reflect false memories, or they may be deliberate and intentional fabrications. Sometimes it is difficult to discern how much the person believes the allegations. Strong emotions color alienated children’s perceptions and memories about their experiences with a therapist or other service provider. Alienated children may be anxious, suspicious, and poised for battle when they begin therapy or a workshop that tries to alleviate their alienation. Often, the aligned parent fuels the children’s negative anticipations about the experience. Children who overcame their alienation with the help of professional intervention no longer express anger at the judge and the professionals involved in the process. However, some children who did not overcome their alienation, or who became re-alienated, complain about how they were treated during these experiences. The aligned parent may support these complaints. In some instances, it is difficult to know to what extent the child’s grievances are an effort to vindicate an alienating parent who opposed the children’s reunification with the other parent.

A few young adults who as children participated in a workshop with their rejected parent and continue to reject that parent, subsequently claimed that they were threatened during the workshop. An example of what the children cite as a threat is that they were told if they could not control their
dangerous behavior (such as running away or violence), the rejected parent would have to consider the option of a facility, such as a residential treatment center, that could protect the children until they regained self-control. While it is understandable a child might view this as threatening, from an adult’s point of view, placing children in the controlled and protective environment of a residential treatment center is analogous to placing drug-addicted teens in a rehab center. It is intended not as a punishment, but as a means of getting children the help they need to alleviate their risky behavior. Most therapists who work with teens with severe conduct problems understand the distinction between threatening a child versus discussing the option of an environment to control acting out behavior.

Some of the alleged threats are more extreme and unlikely. Based on unsubstantiated complaints from young adults about an intervention they attended years earlier, Mercer alleged, “[t]he boys were told that if they did not cooperate their father would be arrested and they would never see him again.” Additionally, “[s]he was told that without a relationship with her father she would become an alcoholic or a drug addict.” Other than uncritically accepting these accounts as accurate, Mercer considered no reasonable alternative explanations. She did not consider the possibility that at the time of the event, with emotions heightened, the children misunderstood or exaggerated what they were told, or the possibility that memories of events that occurred many years ago, again in heightened emotional circumstances, may be distorted, or the possibility that the young adults deliberately fabricated stories to portray themselves as victims of a system that did not implement their custodial preferences, or the possibility that the children told these stories to please an alienating parent who opposed the intervention or to conform to an alienating parent’s mistaken assumptions about an intervention.

Some children attribute their disturbing thoughts and feelings to the helping professional. For instance, a child who develops insight about how her negative attitudes about a parent were influenced by the other parent, may accuse service providers of trying to implant negative thoughts about her alienating parent.

VI. MEDIA COVERAGE AND PROFESSIONALS’ COMMENTARY: EXERCISES IN ANCHORING AND CONFIRMATION BIAS

A few parents who lost custody have sought out reporters to publicize their grievances against the judge, against professionals involved in their case, and against professionals who helped implement the court's decisions and facilitated the children's transition to new custody arrangements. In some cases, the press was invited to capture the children’s histrionic behavior as they resisted the court-ordered transfer from one parent to the other. The resulting images, published without a context to help the public understand the basis for the custody decision, made the judge and the custodial parent look cruel for “ripping the children apart” from the parent that they favor.

Parents who lost custody after the court found them to be alienating their children, and alienated young adults, have used social media to locate each other and to advocate for the prohibition of specialized interventions that work to reunite children with their rejected parent. They have alleged to reporters that these interventions mistreat children. Some reporters have played into the hands of these advocates by allowing the allegations to anchor their investigation and to shape their coverage. The result is a “hit piece” that discredits judicial decisions that invoke parental alienation and supports campaigns to drive these interventions out of existence.

Glaringly absent from some media accounts is any information about the evidence the court considered in determining that the children’s best interests would be served by reuniting with a parent whom the children were rejecting for no good reason. Some decisions document appalling psychological abuse that compelled the judge to protect the children from further exposure to toxic parenting. Also absent from some media accounts are the voices of formerly rejected parents who recovered a healthy and rewarding relationship with their children, and the voices of formerly alienated children who used to avoid, but now embrace, their formerly rejected parent. Professionals
who worked on a case are constrained from discussing the case in public and thus cannot respond to a reporter’s inquiry about specific allegations.

In fairness to reporters, parents who were awarded custody and successfully reunited with their children have little incentive to seek publicity and violate their children’s privacy by encouraging them to speak to the media. Also, asking children to revisit these issues could be counterproductive, and the parent could be criticized in future litigation for involving their children with the media. Nevertheless, in addition to trying to interview family members who are pleased with the court’s decisions, and with the professionals who helped implement those decisions, a diligent reporter could review court records that reveal the evidence and perspectives presented by each side in a case. Furthermore, a diligent reporter should resist anchoring bias. The reporter should place the allegations that first captured the reporter’s attention in the context of studies that shed light on whether such allegations are credible, and whether they are representative of children’s experiences in the interventions under consideration. Instead of efforts to counteract anchoring and confirmation biases, some reporters have written one-sided, sensationalist accounts based on unsubstantiated allegations made by a few alienated children and by parents who lost custody.

Confirmation bias is not limited to media accounts of parental alienation cases. In a journal article, Mercer defended her selection of exclusively negative anecdotes about Family Bridges by claiming, “[n]o reports are available from individuals who felt the intervention had a positive effect.” Mercer was wrong. The top result of a Google search for the term “Family Bridges” is a page that lists at least ten positive comments about the intervention from participants, guardians ad litem, and judges.

VII. SOCIAL MEDIA HARASSMENT, DOXING, AND DEFAMATION

Social media provides a ready outlet for hostility, harassment, and character assassination. Some people use social networking sites to mobilize criticisms, protests, regulatory board complaints, and lawsuits against professionals whom they hold responsible for the outcome of their custody case. Some family law professionals actively solicit clients whom they hope to represent against professionals who conduct interventions for alienated children. Online petitions solicit signatures to remove judges from office.

Parents who have lost custody after the court found them to be engaged in severe alienating behaviors—sometimes psychological abuse of their children—often display behavioral characteristics of people suffering from personality disorders. Their accusations may be far-fetched, reflecting poorly modulated rage, paranoia, deceit, excessive emotionality, or a desire to portray themselves as victims. One website referred to Overcoming Barriers, a benign summer camp intervention founded by three experienced psychologists, which is attended by both parents and their children, as a “kiddie concentration camp.” The website speculated that the camp was located “deep in the woods of Vermont” so that “nobody can hear the screams for help.” Presumably, the screams came from children who “are physically and emotionally tortured until they recant abuse.” Another website accused reunification therapists of brainwashing children using tactics such as electroshock therapy to wipe out memories of abuse. As preposterous as these accusations sound, in a journal article a former nurse practitioner and a psychologist, both executive officers of the Leadership Council on Child Abuse & Interpersonal Violence, vilified “reunification camps” that confine children “in order to force them to adopt a new belief system.” Despite their concern about children being forced to adopt a belief system, Dallam and Silberg expressed no concern about severely alienating parents who compel their children’s allegiance and the rejection of the other parent through threats, punishments, and shaming.

Tweets equated Overcoming Barriers with conversion therapy for gay people and referred to the intervention as “a creep camp” and a “deprogramming-like reunification camp.” Another tweet referred to a psychologist’s equine-assisted intervention as a family reunification concentration camp.
and accused the psychologist of threatening to break a child’s legs to elicit the child’s compliance. Some professionals have been labeled frauds, criminals, pedophiles, or supporters of pedophiles.

Paul Fink, a former president of the American Psychiatric Association and former president of the Leadership Council on Child Abuse and Interpersonal Violence, accused professional colleagues and members of the public of sexually abusing their children, based only on the fact that the people he accused favored official recognition of parental alienation. In response to the ensuing uproar, Fink apologized; he retracted his statement, and reversed his long-held denial of parental alienation by stating: “I do not deny that parental alienation occurs and that a lot of people are hurt when there is an alienator.” Despite Fink’s acceptance of the validity of parental alienation, some commentators continue to cite him as an opponent of the concept.

For her work raising concerns about “false memories,” including children’s reports of parental abuse, Elizabeth Loftus was condemned as harming victims, and aiding murderers and rapists. She has also faced death threats and actual assaults. While there may be little that can be done to avoid such attacks, it is important to exercise appropriate caution. Psychologists and their families have been stalked and had their private information, such as home addresses, posted on the Internet—a practice known as doxing. In some cases, a professional can receive protection in the form of court orders that prohibit online postings about the case and about the professional without the judge’s prior consideration. Such orders raise issues about balancing the value of free speech against the risks to the professional and to the children from public exposure of case details.

Some professionals who work with alienated children, or merely write on the topic, have been targeted for intimidation and overt orchestrated campaigns to sully their reputation. They have been threatened with violence, invasion of privacy, and public humiliation. False information has been sent to colleagues, regulatory boards, and institutions with whom the professional is affiliated. The professional and his or her family are investigated with the hope of finding information that can harm the professional’s reputation. In one case, a woman posing as a journalist visited a university and asked the school to verify that a psychologist received an award that he listed on his CV. After being told that the psychologist did receive the honor, the woman demanded to see a copy of the award. In some cases, an entire organization has been maligned because some of its members provided services to alienated children. Understandably, some professionals have succumbed to harassment, threats, and smears, by deciding to stop working with severely alienated children and, in some cases, with any high conflict co-parenting cases. As a result, fewer options exist for this population.

VIII. SHUNNING AND RUMOR SPREADING BY COLLEAGUES

Shunning by colleagues is an unfortunate risk of working in a controversial area in which one becomes the target of a smear campaign. Colleagues distance themselves either because the smears create enough doubt about the professional’s reputation, or because they fear being tarred with the same brush. Professionals in the field of parental alienation have been shunned by being blacklisted from publishing in a journal or having colleagues conspicuously avoid citing their work in articles that built directly on their ideas and peer-reviewed publications.

In some instances psychologists have spread false information about, and maligned, Family Bridges without first seeking to verify the accuracy of their information. A psychologist derisively dismissed the workshop to a reporter despite having no knowledge of the workshop, and having never talked with a parent who went through the workshop, or with any provider of the workshop. Five months later this psychologist read an article about the workshop, credited the article with helping to “demystify” it, and acknowledged that the intervention holds promise for some families. Naturally, a mystified professional would have done better to educate himself before publicly denigrating an intervention about which he was ignorant. Years prior to the publication of the article that enlightened this mystified critic, the same information was available and circulated among professionals who wanted to opine knowledgably about the workshop.
IX. PRECAUTIONS AGAINST FALSE ACCUSATIONS

Ethics committees and licensing boards are likely to dismiss preposterous accusations of torture and concentration camps, while other complaints may seem more credible, such as complaints about insensitive or verbally harsh treatment or allegations that service providers threatened the children. This is especially true when the accusers are intelligent and articulate older children, when the children’s alienation is an exception to apparent good adjustment in other spheres—such as in school, with peers, in extracurricular activities, and when siblings corroborate each other’s account of mistreatment. The children’s complaints may be voiced so effectively that reviewers of the complaints overlook the fact that the professional has logged many years of unblemished experience working with highly satisfied parents and children both within and outside the context of custody litigation.

The risk of becoming the victim of false accusations is sobering. Although service providers have no foolproof protection against false accusations, they can take precautions that may either reduce the likelihood of false accusations, or provide a stronger basis to respond to inquiries from regulatory agencies. Chief among these precautions is to adhere to applicable professional standards and guidelines.92

In interventions such as the Family Bridges workshop and Overcoming Barriers camp, despite differences in the approach, more than one adult is with children at all times. This eliminates the possibility of clandestine mistreatment by a service provider, although a skeptic might conclude that the adults are covering up for each other’s mistreatment of the children. Nevertheless, in defending against such accusations, it is useful to point out the implausibility of an allegation that a child was mistreated in the presence of a roomful of adult bystanders. For instance, several adults are in attendance at a typical Family Bridges workshop: the rejected parent, two workshop leaders, one or two observer-trainees, occasionally the court-appointed guardian ad litem, and an administrative support person who operates the audio-video equipment, coordinates the distribution of handouts and research questionnaires, and interacts with the workshop site’s management. Overcoming Barriers has a team of clinicians and recreational staff that meet with the children in group sessions.93 Therapists working in their offices, however, will usually find it impractical and perhaps therapeutically contraindicated to include observers during all sessions with children.

In this age of ubiquitous video surveillance, professionals might consider video recording all interactions with children, but this practice, even if feasible, has drawbacks. Recording the proceedings conveys an atmosphere of distrust that is not conducive to effective and collaborative learning or to progress in therapy. Many alienated children have been coached in the past to show no pleasure with the rejected parent in front of a camera for fear that the rejected parent will present photos and videos as evidence in a custody trial. The presence of video cameras may serve as a cue to children to remain guarded and steadfastly resist the intervention. One reason why courts order children to participate in an intervention outside the presence of their favored parent is to relieve the children of pressure and influences they may feel to maintain their alienation.94 The presence of cameras, whose recordings may be seen by the favored parent and introduced into future litigation, indirectly brings the favored parent into the intervention, and defeats the court’s intention of providing a zone where children can escape the need to please one parent by rejecting the other.

There have been cases of parents, who have lost custody, attempting to disrupt their children’s participation in an intervention by telling law enforcement personnel that the children have been kidnapped and are being held against their will. Police officers brought into such a situation, without the history of the family problems and without knowledge of the court’s ruling and rationale, may interfere with the intervention and compromise its effectiveness. One way to reduce this risk is to ask the rejected parent to conceal the location of the intervention from the favored parent if this is consistent with the court orders. It is also important for the intervention providers to have on hand a copy of the court order that explicitly authorizes their services or grants sole authority to the rejected parent to consent to the services on behalf of their children.
X. DEALING WITH REGULATORY AGENCY COMPLAINTS

When faced with formal inquiries into professional misconduct toward alienated children, service providers should make every effort to ensure that investigators and reviewers of the complaints consider the context that led to the children receiving professional services. In particular, the regulatory agency should be informed of the history of the child’s behavior with respect to false accusations and malicious complaints. When a court-appointed evaluator and a judge have determined a child’s statements about the rejected parent were misleading, false, and heavily influenced by the favored parent, reviewers of complaints should consider the likelihood that the child’s complaints against the professional are also false and reflect similar dynamics to those identified during the litigation. The child’s complaints about the professional cannot be adequately evaluated if the reviewer does not consider the plausible explanation that the complaints emanate from an alignment between the complainant child and a parent who was found to have encouraged the child’s irrational rejection of a parent. Relevant to such an evaluation is evidence that the child rejects relatives of the denigrated parent. Such behavior demonstrates the propensity for hostility to spread to those associated with the rejected parent, including professionals who work with the family.95

A risk when working on the cutting edge of an emerging field is that reviewers of complaints might judge the professional’s work with a bias in favor of conventional approaches. The more that innovative procedures vary from traditional and familiar practices, the greater the risk that reviewers will have insufficient knowledge of and rationale for such procedures, and the greater the risk that reviewers will judge the work with suspicion. For instance, Family Bridges was developed as an educational rather than therapy-oriented experience—a paradigm shift from traditional therapy approaches that attempt to remedy these seemingly intractable family-relationship problems. This type of paradigm shift may present a paradox for a licensing board that oversees the provision of mental health services. The board—and the reviewers the board chooses to evaluate a complaint—will likely lack expertise and familiarity with the provision of educational workshops or other interventions for severely alienated children.

Without understanding the complex issues involved in working with severely alienated children and their parents, regulatory agencies might unwittingly become complicit in efforts to eradicate interventions that work with children after the court has placed them in the custody of their rejected parent. Parents who are disappointed with a court’s custody decision may attempt to relitigate the case via complaints about interventions the court or custodial parent authorized. Regulatory bodies should exercise care not to second-guess court decisions that were made on the basis of extensive evidence and the adjudicatory process. Also, ethics committees and licensing boards should not overlook the interests of the rejected parent while protecting the interests of a child and the parent with whom the child is aligned. When a decision about a complaint rests on whether to accept the representations of the child and aligned parent over those of the rejected parent, the agency must exercise care to avoid aligning with the perspective of one parent against the other.

An important context for evaluating attacks on interventions such as Family Bridges and Overcoming Barriers is to compare the allegations with the documented experiences of families served by these interventions. In making such comparisons, does research reveal widespread dissatisfaction with these interventions, or does research indicate that the complaints on the Internet and in print and broadcast media are outlier complaints atypical of participant experiences in these interventions?

XI. OUTCOME RESEARCH OF SPECIALIZED INTERVENTIONS FOR ALIENATED CHILDREN

The two specialized interventions for alienated children that have been most systematically studied are Family Bridges and Overcoming Barriers. Studies of both interventions provide data on participants’ satisfaction with their experience.
A. FAMILY BRIDGES OUTCOMES

A 2019 study reported data on eighty-three children who completed a Family Bridges workshop with their rejected parent after court orders placed them with that parent (thirty-nine percent mothers, sixty-one percent fathers) whom they had rejected for an average of three to four years. Most of the children began the experience with predominantly negative expectations, but eighty-nine percent felt better about the workshop at the end. At the conclusion of the workshop, only four percent indicated that they felt “very negative” about the workshop, eighteen percent “somewhat negative,” and seventy-eight percent positive about the experience. Two-thirds of the children rated the workshop as “good” or “excellent,” twenty-five percent rated it as “fair,” and eight percent rated it as “poor.” Even among the children who did not rate the workshop positively, most rated the workshop leaders positively as treating the children with respect (ninety-five percent) and kindness (ninety-six percent). Previously rejected parents were with their children at all times during the workshop and, without exception, every parent rated the workshop leaders as treating their children with “a lot” of kindness. Based on the reports of the children, the parents, and the workshop leaders, this study does not support allegations that participating in the Family Bridges workshop traumatizes children, or is experienced as coercive and punitive. On the contrary, five different measures affirmed that most of the children had positive feelings about the experience and about the workshop leaders.

The workshop’s primary goals are twofold. One goal is to help children cooperate with court orders that require them to live with a parent whom they have rejected. Family Bridges has fulfilled one aim if the children return home with the rejected parent who has been awarded custody. The second goal of Family Bridges is to improve the quality of the parent–child relationship. This objective seeks to restore a positive parent–child relationship, and teach better communication and conflict management skills. The main criteria for assessing the workshop’s outcomes are the extent to which the workshop accomplished its two primary goals. Family Bridges also teaches children how to think critically; how to maintain balanced, realistic, and compassionate views of both parents; and how to resist outside pressures that can lead them to act against their judgment.

Compared with their behavior before the workshop, by the end, children were perceived as significantly more willing to cooperate with custody orders. Before the workshop, the previously rejected parents reported that only fifteen percent of the children cooperated with the orders “a lot” or “moderately.” By the end of the workshop, the percent of perceived cooperation rose to ninety-four percent as rated by parents, and ninety-six percent as rated by professionals, a statistically significant and large improvement. Concerns about outright defiance are more prevalent with adolescents than with younger children. Thus, it is noteworthy that more than half of the children in this study were older than fourteen years and nearly a fourth were older than sixteen years.

By the end of the workshop the children were significantly less alienated, as indicated in ratings by the parents, children, and professional workshop leaders. The parents and children perceived the workshop as helping to improve their relationship skills and the quality of the parent–child relationship. Parents and professionals most frequently rated the parent–child relationships as “much better” after the workshop, and children most frequently rated the relationships as “somewhat better.” Combining the “much better” and “somewhat better” ratings, parents rated ninety-nine percent of the relationships as improved, professionals rated ninety-four percent of the relationships as improved, and children rated seventy-four percent of the relationships as improved.

Depending on the outcome measure and the source of ratings (children, parents, or workshop professionals), between seventy-four percent and ninety-six percent of the children overcame their alienation by the end of the workshop, again a statistically significant and large improvement. In response to a question about whether the workshop changed their feelings and attitudes about their other parent (the one with whom they had been aligned), a majority of the children checked “not at all,” and only four percent checked “a lot.” These responses are open to multiple interpretations, but in view of the gains that most of the children made by the end of the workshop in the relationship with their formerly rejected parent, overall these responses show that the children were able to
overcome their alienation without thinking, or at least reporting, that the workshop had altered their perception of the other parent. All of the families in this sample had prior failed experiences with therapy, usually multiple experiences as judges struggled to find a suitable remedy. Some of the families had been through other specialized interventions. Most often the custody evaluator, guardian ad litem, and the judge said it was the worst case of parental alienation that they had ever seen.

The outcomes in this sample may not characterize outcomes with other samples, and certainly cannot be generalized to other intensive workshops for alienated children, even those whose descriptions resemble Family Bridges. Also, although the outcome data in this sample revealed a high level of effectiveness, the intervention was not successful with every child. As noted, children who remained alienated or who relapsed after the workshop are prone to complain about the experience and about the court orders that resulted in their participation in Family Bridges. Such complaints should be considered in the context of these data. In addition to the children’s positive ratings, every parent reported that the professionals treated their children benevolently, and no parent perceived any mistreatment of any child. These data suggest that anecdotal allegations of mistreatment are anomalous, likely reflecting a few children’s continued alienation, condemnation of an intervention associated with their rejected parent, and anger with court orders that failed to endorse their custodial preferences.

It is noteworthy that none of the complaints found in media and social media about Family Bridges’ treatment of children have been from a rejected parent who participated in the workshop, even those whose children remained alienated. The only complaints from a parent came from those who did not participate in the workshop with the children—the parent whom the court found, in most cases, to be less capable of providing an environment in the children’s best interests. The complaints from children came from those who either did not overcome their alienation, or who relapsed into a state of alienation after renewing contact—in some cases in violation of court orders—with the parent whom the court found to be engaged in severe alienating behaviors.

B. OVERCOMING BARRIERS OUTCOMES

In addition to the previously discussed 2019 study of parents’ experiences in Overcoming Barriers, a 2015 study reported the results of interviews with eleven children in five families who participated in the family camp. The children were asked what they liked most about the camp and what they would do to improve it. Notably, the researchers reported that the children liked the support they received from counselors and therapists. Although the children made suggestions for improvement and criticized aspects of their experience, none of these criticisms reflected a mistreatment of children, or supported the preposterous accusations that Overcoming Barriers tortures children. A subsequent report expanded the sample to twenty-four children and found similar results. The children’s main gripe about the intervention is that they wanted more breaks from the camp activities to rest and be alone, a not uncommon complaint of children in summer camps. Also, if Overcoming Barriers had been a generally aversive experience for the children, one would expect their parents to express strong dissatisfaction with the experience. Yet, a 2010 study of ten families found the opposite; both aligned and rejected parents, on average, rated their camp experiences very positively.

XII. VALID CONCERNS ABOUT SOME INTERVENTIONS FOR ALIENATED CHILDREN

While some specialized interventions for alienated children have folded their tents, other interventions have cropped up. Most of these interventions have not been studied as systematically as Family Bridges and Overcoming Barriers and thus warrant more scrutiny. As an intervention’s reputation for effectiveness grows, it faces the risk that others will attempt to cash in on the
intervention’s success. This author has reviewed a transcript of courtroom testimony by a provider of interventions for alienated children, in which the witness claimed that this author trained her, worked with her, and referred to her as an expert—none of which were true. In a sworn response to an Interrogatory, this witness claimed to have been trained in Family Bridge’s procedures. Yet, the person who provides such training denies ever having trained this witness. The Interrogatory responses also indicated that this person has no academic degree beyond high school.

A workshop provided by a person with no degree from a recognized and established university, no membership in a regulated profession, and no formal training in working with parents and children, certainly raises legitimate concerns. Professionals are taught and socialized to adhere to a professional code of ethics. A service provider without professional training is likely to be less attentive to certain issues. For instance, he or she may be more likely to overlook the need to maintain appropriate boundaries with the recipient of services. Having professional training and belonging to a professional association is no guarantee of ethical behavior, but these credentials increase the odds that the professional is aware of appropriate ethical codes, standards, and guidelines. Also, without graduate education, training, and supervision, a person cannot obtain a professional license to practice that is issued by a regulatory agency. Thus, the provision of services may lack the oversight that applies to the services of licensed professionals. Critics have suggested that some interventions describe themselves as “educational” rather than as psychotherapy, in order to avoid scrutiny of regulating agencies. While this is conceivably true of interventions offered by unlicensed professionals, it does not apply to Family Bridges and Overcoming Barriers, both of which rely on licensed professional service providers whose work is subject to oversight by their licensing bodies. Interventions offered by people without reputable professional training risk tainting the reputation of all specialized interventions for alienated children unless the court and the public understand the distinctions among the various interventions.

Critics have asserted that specialized interventions for alienated children, and research about these interventions, have focused only on the child’s relationship with the rejected parent and not with the parent with whom the child was aligned. This may be true for some interventions, but clearly is not for others. The aligned parents attended the Overcoming Barriers summer camp along with the children and the rejected parents, and both parents were included in the outcome research. Family Bridges does not include the aligned parent in the workshop at the same time as the children because the workshop focuses on helping the children prepare to live with and overcome their alienation from their rejected parent who now has custody. Nevertheless, Family Bridges does have a detailed protocol for working with alienating parents after their children have participated in a workshop and has reported preliminary results with a sample of twenty-one parents.

XIII. CONCLUSION

Working with cases involving parental alienation—whether as an evaluator, expert witness, lawyer, judge, therapist, provider of a specialized intervention, or researcher—incur both professional and personal risks. Professionals who accept the concept of parental alienation face risks from those who deny the concept’s validity and who believe that requiring children to live with a parent for any period of time and providing services to these children against their will—at least what the children claim is against their will—is unethical, trauma-inducing, and worthy of complaints to regulatory agencies and malpractice suits. These risks can be mitigated by using approaches informed by concepts derived from empirical research, professional knowledge, and professional experience, as well as by adhering to applicable professional standards and guidelines.

Accusations of judicial mistreatment of children and of harmful treatment by service providers merit careful scrutiny. Such complaints should be evaluated in the context of the case evidence and empirical data on specialized interventions for alienated children. Outcome research with two such interventions does not support assertions that children are traumatized by these interventions.
In addition to the risks incurred by individual service providers, regulatory agencies, whose mandate is to protect the public, risk harming the public if the agencies approach their investigation of complaints in a manner that drives professionals away from providing innovative services, discourages professionals from entering the field, and reduces the availability of needed interventions that have helped many families. Those who will suffer the most are alienated children who lose half of their families unnecessarily when their suffering could be alleviated through specialized services provided by well-trained professionals who adhere to appropriate professional standards.

ENDNOTES

3. A variety of services are offered to help alleviate problems between alienated children and their parents, such as different forms of therapy, programs, workshops, and a summer camp. This paper uses the term intervention to connote such services, not to be confused with “an intervention” in the sense of an orchestrated attempt by a group of relatives and friends to confront and persuade an addict to check into a rehabilitation facility.
5. Id. at 59.
6. Id. at 58–60.
7. Id. at 60–64.
8. Id. at 62.
9. See, e.g., id. at 63 (describing errors that lead to false positive identifications and stating: “[C]ourts have found that some experts failed to adequately consider reasonable alternative explanations to the opinion that a child was alienated, or to the opinion that a parent had engaged in alienating behavior.”). Compare Warshak’s comment about “some” mistaken identifications, with Joan S. Meier, A Historical Perspective on Parental Alienation Syndrome and Parental Alienation, 6 J. CHILD CUSTODY 232, 241 (2009) [hereinafter Meier, Historical Perspective] (claiming “Psychologists such as this who specialize in PAS [parental alienation syndrome] seem inclined to find PAS wherever children and their mothers allege child abuse and resist unfettered access by the accused father.” Meier provided no support for this generalization.).
10. See Warshak, supra note 4.
11. For an early discussion of confirmatory bias, see, e.g., FRANCIS BACON, NOVUM ORGANUM, 23 (Joseph Devey ed., P. F. Collier 1902) (1620) (stating: “The human understanding, when any proposition has been once laid down (either from general admission and belief, or from the pleasure it affords), forces everything else to add fresh support and confirmation; and although most cogent and abundant instances may exist to the contrary, yet either does not observe or despises them, or gets rid of and rejects them by some distinction, with violent and injurious prejudice, rather than sacrifice the authority of its first conclusions.”).
12. See, e.g., Warshak, supra note 4.
13. See, e.g., id.
15. See, e.g., CRIMINAL JUSTICE STANDARDS ON MENTAL HEALTH STANDARD 7–3.9 at 24 (Am. B. Ass’n 2016), (describing the role of “scientific experts”: “[E]xpert testimony may involve issues of present scientific or clinical knowledge and may be presented by an expert who has not evaluated the defendant.”).
17. Some commentators claim not only that the concept of parental alienation can be used to defend parents accused of child abuse, but that Gardner proposed the concept specifically for that purpose. See, e.g., Ruth A. Blizard & Morgan Shaw, Lost-in-the-Mall: False Memory or False Defense, 16 J. CHILD CUSTODY 20 (2019). There is no evidence to support this claim. See, Richard A. Gardner, Recent Trends in Divorce and Custody Litigation, 29 ACADEMY FORUM 3 (1985) (stating that alienated children usually justify their rejection of a parent by citing trivial complaints, although some cases involve allegations of parental alienation and of child abuse). See also, Richard A. Gardner, Recommendations for Dealing with Parents Who Induce a Parental Alienation Syndrome in Their Children, 28 J. Div. & REMARRIAGE 1, 3–4 (stating: “[Parental alienation syndrome] is applicable only when the parent has not exhibited anything close to the degree of alienating behavior that might warrant the campaign of denigration exhibited by the child. Rather, in typical cases the parent would be considered by most examiners to have provided normal loving parenting or, at worst, exhibited minimal impairments in parental capacity. It
is the exaggeration of minor weaknesses and deficiencies that are the hallmarks of the parental alienation syndrome. When bona fide abuse does exist, then the child's responding hostility is warranted and the parental alienation syndrome diagnosis is not applicable."). See also, Richard A. Gardner, Differentiating Between Parental Alienation Syndrome and Bona Fide Abuse–Neglect, 27 AM. J. FAM. THERAPY 97, 97 ("When bona fide abuse–neglect is present, then the PAS diagnosis is not applicable.").


21. Meier, Historical Perspective, supra note 9, at 15. But cf. Joan B. Kelly, Commentary on “Family Bridges: Using Insights from Social Science to Reconnect Parents and Alienated Children” (Warshak, 2010), 48 FAM. CT. REV. 81, 82 (2010) (“A few feminists and legal scholars continue to contest the very existence of child alienation; minimize its severity, impact, and duration; and strongly object to any court-ordered educational or therapeutic interventions. However, there is broad consensus among the mental health and family law community that some older children and adolescents do become pathologically alienated from a parent following separation (citation omitted)").

22. See, e.g., Jean Mercer, Are Intensive Parental Alienation Treatments Effective and Safe for Children and Adolescents, 16 J. CHILD CUSTODY 67, 81 (2019). Mercer is a developmental psychologist, not a licensed clinician, who provides expert witness testimony. She founded an advocacy group that opposes therapy practices that the group considers harmful to children. As part of her "data" base, Mercer relied on anecdotal accounts from five young adults who alleged that they were mistreated in a workshop they attended with their custodial parent. Despite reporting no independent verification, Mercer characterized the unsubstantiated, and far-fetched, allegations as factual. Furthermore, Mercer selected exclusively negative anecdotes and failed to report numerous publicly available positive comments from workshop participants and judges.

23. But cf. Yvonne M. Parnell, Jacqueline Vantbellehjem, & Randy Rand, Family Bridges Aftercare Protocol: Outcome Study (Manuscript in preparation, 2020) (reporting data from a Canadian sample of thirty-eight children after they participated in a Family Bridges workshop. Instead of being traumatized by separation from their alienating parent, the children were psychologically stable and thriving in central aspects of their lives such as school and social adjustment, and continued to thrive when studied years later, with the exception of one child who was subsequently abducted by the alienating parent and one child who became re-alienated within one week of returning home.).


26. Stephanie Dallam & Joyanna L. Silberg, Recommended Treatments for “Parental Alienation Syndrome” (PAS) May Cause Children Foreseeable and Lasting Psychological Harm, 12 J. CHILD CUSTODY 134, 139 (2016). Cf. Harman, Kruk, & Hines, supra note 25, at 1291 (disputing Dallam & Silberg and noting: "Empirical support has not been provided to support these claims; indeed, if this problem is accurately understood as a child abuse matter, it would not be in the child's best interest to leave them in the sole or primary custody of the abusive parent.").

27. See, e.g., Randy Frances Kandel, Just Ask the Kid! Towards a Rule of Children’s Choice in Custody Determinations, 49 U. MIAMI L. REV. 299 (1994) (arguing that children as young as seven or eight years of age are mature enough to choose their custodians).


29. Such a situation arose in a Family Bridges workshop. Rather than litigate the issue of whether a child's rejection was justified, the parents agreed that the child would participate with his father in the workshop. The mother trusted the workshop providers to recognize the father’s parenting deficits and to protect her child. She was correct. It became apparent to the workshop providers that the boy’s discomfort with his father was warranted based on the father’s grossly insensitive parenting. Instead of facilitating the reunification of parent and child, the workshop providers explained that they could not serve such a goal. This case underscores the desirability of accepting a case only after a court has determined that the child's best interests would be served by being reunited with the rejected parent.

30. See, e.g., Deborah Smith, 10 Ways Practitioners Can Avoid Frequent Ethical Pitfalls, 34 MONITOR ON PSYCHOL. 50 (2003).

31. E.g., Warshak, supra note 28. See also Kelly, supra note 21, at 83 (describing the Family Bridges workshop lessons and materials as "drawn from universally accepted research in social, cognitive, and child developmental psychology, sociology, and social neuroscience."). See also Reunification Brief and Extended, TRANSITIONING FAMILIES, (May 25, 2019), https://transitioningfamilies.com/Program/reunification-brief-and-extended/ (stating, “The program draws from evidence based interventions in brief and strategic, solution-focused, and cognitive behavioral therapy in the design and implementation of the program.”).
32. E.g., Association of Family and Conciliation Courts Task Force on Court-Involved Therapy, Guidelines for Court-Involved Therapy, 49 Fam. Ct. Rev. 564 (2011) [hereinafter AFCC Court-Involved Therapy Guidelines].

33. A mildly alienated child denigrates and complains about a parent and resists spending time with that parent. However, when the child and parent are together, and apart from the parent with whom the child appears aligned, the child warms up to the rejected parent. The child’s negative thoughts, feelings, and behavior abate until the child returns to the orbit of the aligned parent. A moderately alienated child more strongly resists contact with the other parent and remains for the most part primarily oppositional, withdrawn, or contemptuous when in that parent’s possession, perhaps occasionally treating the parent better. A moderately alienated child usually is on a trajectory to become more severely alienated. A severely alienated child harbors hatred toward—and sometimes intense fear of—the parent. The child either firmly refuses or grudgingly accepts contact with the parent and persistently and intensely acts oppositional or extremely withdrawn toward the rejected parent.


42. Id. at 225 (stating: Parent ratings: “vastly worse” = 22.7%; “somewhat worse” = 4.5%; “remain the same” = 50.0% “somewhat better” = 9.1%; “vastly better” = 13.6%).


47. See Polak & Moran, supra note 39, at 71 (contrasting outpatient interventions with “intensive family reunification interventions” and stating, “Clinical and educational interventions are most suitable for mild and some moderate cases of alienation, realistic estrangement or hybrid cases; severe cases of alienation are unlikely to respond to therapeutic interventions alone.”).

48. Id. at 64.

49. See id. (describing how weekly outpatient counseling results in the child and rejected parent developing further resentment). See generally Lyn R. Greenberg, Jonathan W. Gould, Dianna J. Gould-Saltman & Philip M. Stahl, Is the Child’s Therapist Part of the Problem? What Judges, Attorneys, and Mental Health Professionals Need to Know About Court-Related Treatment for Children, 37 Fam. L.Q. 39, 39 (2003) (stating, “Clinicians who undertake court-related treatment without adequate expertise run the risk of exacerbating, rather than improving, the life situations of these children,” and suggesting professional practice criteria to reduce this risk). See also Pamela S. Ludolph & James N. Bow, Complex Alienation Dynamics and Very Young Children, 9 J. Child Custody 153, 169 (2012) (discussing interventions with young children exposed to alienation dynamics and expressing the concern that “a naïve or poorly educated mental health professional can make trouble here, particularly if that person is seeing one parent a good deal and the other rarely, if ever. Alignment with a particular position before all the facts are in is an unwise way to proceed and almost never is helpful to the child.”).
50. E.g., APA Ethics Code, supra note 16 (Standard 9.01(a). “Bases for Assessments. Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.”); American Psychological Association, Guidelines for Child Custody Evaluations in Family Law Proceedings, 65 AM. PSYCHOL. 863, 866 (2010) (“If psychologists choose to make child custody recommendations, these are derived from sound psychological data and address the psychological best interests of the child. When making recommendations, psychologists seek to avoid relying upon personal biases or unsupported beliefs. Recommendations are based upon articulated assumptions, interpretations, and inferences that are consistent with established professional and scientific standards.”).

51. Warshak, supra note 45, at 243.


53. The eight countries are: Australia, Canada, Israel, Italy, Slovenia, South Africa, Sweden, and the U.S.


55. FAMILIES MOVING FORWARD (December 17, 2018), https://familiesmovingforward.ca.


60. Overcoming Barriers shares these elements, but differs from the interventions listed in this paragraph in several respects, such as working with children who remain in the custody of the parent with whom they are aligned and working with both parents simultaneously. See Sullivan et al., supra note 38.

61. See, e.g., AFCC Court-Involved Therapy Guidelines, supra note 32, at 578 (Guideline 8.5(b) states: “A [court-involved therapist] should use methods or interventions that are generally accepted within the professional communities and literature.”).


64. See AFCC Court-Involved Therapy Guidelines, supra note 32, at 566 (definition of informed consent) and at 573 (setting forth the therapist’s obligation to provide thorough informed consent, including information about the “anticipated course of the therapy, risks and benefits of the therapy.”).

65. E.g., In B. (S. G.) v. L. (S. J.), 2010 ONSC 3717, Justice Mesbur opined, “The [Family Bridges] Workshop is a last resort. Obviously it would have been better had these problems been identified and corrected early on. Unfortunately, they were not. This leaves the Workshop as [the child’s] best last hope.”

66. Saini, supra note 41.

67. Saini, supra note 41, at 224.

68. Id. at 226.


70. E.g., Amanda Sigal, Irwin Sandler, Sharlene Wolchik, & Sanford Braver, Do Parent Education Programs Promote Healthy Postdivorce Parenting? Critical Distinctions and a Review of the Evidence, 49 FAM. CT. REV. 120, 134 (2011) (reviewing evaluations of court-affiliated parent education programs and finding that program participants, compared with comparison groups, increased their knowledge of the effects of divorce on children).

71. See, e.g., APA Ethics Code, supra note 16 (Standard 10.10. “Terminating Therapy: (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.”).

72. See Gold-Biken, supra note 46. See also Polak & Moran, supra note 47 and accompanying text.


75. See Warshak, supra note 28, at 62, (discussing controversies about the custodial parent’s use of therapeutic transport teams).

77. Mercer, supra note 22, at 82.
78. Mercer, supra, at 82.
79. Both the professions of law and psychology emphasize the importance of considering alternative explanations of data. Fed. R. Evid. 702 advisory committee's note (2000 amendment) (stating: “Courts both before and after Daubert have found other factors relevant in determining whether expert testimony is sufficiently reliable to be considered by the trier of fact. Those factors include … (3) whether the expert has adequately accounted for obvious alternative explanations.”). American Psychological Association, Specialty Guidelines for Forensic Psychology, Guideline 9.01 (stating: “[F]orensic practitioners seek to maintain integrity by examining the issue or problem at hand from all reasonable perspectives and seek information that will differentially test plausible rival hypotheses.”).
80. To refrain from propagating rumors and publicizing smears, this paper does not provide cites for the media and social media attacks described herein.
81. Mercer, supra note 22, at 81.
82. Richard A. Warshak, Family Bridges: A Workshop for Troubled and Alienated Parent–Child Relationships, (February 5, 2019), https://www.warshak.com/services/family-bridges.html. As with the negative comments that Mercer reported as facts, positive comments are anecdotes that do not equate with data from an empirical study.
83. See, generally Dallam & Silberg, supra note 26, at 141 (asserting that “diagnosing children with PAS (or following the same principles without using the label) and recommending coercive and untested treatments for child [sic] who refuse contact constitute a form of professional malpractice.”) (Emphasis added).
84. See, e.g., Parnell, Vanbellehem & Rand, supra note 23 (reporting that of twenty-one alienating parents in their Canadian sample: eleven were diagnosed with antisocial personality disorder, five with borderline personality disorder, two with narcissistic personality disorder, and two with paranoid personality disorder). See also Bow et al., supra note 73, at 323–324; Bill Eddy, High Conflict People in Legal Disputes (2009); Michael Friedman, The So-called High-conflict Couple: A Closer Look, 32 AM. J. Fam. THERAPY 101 (2004); Deirdre C. Rand, The Spectrum of Parental Alienation Syndrome (Part I), 15 AM. J. FORENSIC PSYCHOL. 23 (1997); Deirdre C. Rand, The Spectrum of Parental Alienation Syndrome (Part II), 15 AM. J. FORENSIC PSYCHOL. 39 (1997); Deirdre C. Rand, Parental Alienation Critics and the Politics of Science, 39 AM. J. Fam. Therapy 48 (2011).
85. Dallam & Silberg, supra note 26, at 141.
86. Paul J. Fink, Fink! Still at large: The DSM-5 promises to change the practice of psychiatry in a big way—what do you think of the proposal to eliminate Asperger’s disorder and to put it under the heading of autism spectrum disorders?, CLINICAL PSYCHIATRY NEWS, March 2010, at 6 (asserting that the group of people petitioning to have parental alienation disorder included in the DSM-5 were people who “don’t like to be interfered with when they are sexually abusing their children.”).
87. Paul J. Fink, Dr. Fink Replies, CLINICAL PSYCHIATRY NEWS, May 2010, at 10.
89. Moheb Costandi, Corrupted Memory, 500 NATURE 268 (2013).
90. Numerous tweets accused the Association of Family & Conciliation Courts (AFCC) of racketeering, apparently because judges who belong to AFCC have awarded custody of children to a rejected parent, and AFCC members have helped train judges, served as custody evaluators, and provided services to help alienated children heal their relationship with their rejected parent. E.g., (June 16, 2019), https://twitter.com/ReeseCampbell7/status/1137091219438235648.
91. See, e.g., APA Ethics Code, supra note 16, (Standard 5.04) (“Media Presentations: When psychologists provide public advice or comment via print, Internet or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training or experience in accord with appropriate psychological literature and practice.”).
93. Sullivan et al., supra note 38.
96. Warshak, Outcomes of Family Bridges, supra note 63 (describing the study’s design, measures, reliability, results, and limitations). In 2015, Warshak, supra note 94, at 238, reported preliminary results based on a sample that combined the twenty-three children in a 2010 study, Warshak, supra note 28, with an additional sixty-five children, for a total of eighty-eight children. The 2019 study, Warshak, supra note 63, reported the final results of a sample of eighty-eight children that excluded the twenty-three children in the 2010 study and thus the sample was independent of the 2010 study. Note that although the study’s author previously conducted Family Bridges workshops, he ceased conducting the workshops more than eight years ago, has no business or legal affiliation with professionals who conduct Family Bridges workshops, and has no financial interest in any Family Bridges workshops. Contrary to a reporter’s misinformation, a book Warshak wrote and a DVD he coauthored and coproduced, are not required purchases for workshop participants. Also, in one of many errors in
their 2016 article, Dallam & Silberg, supra note 26, at 139, represented that Warshak “runs Family Bridges,” despite the fact that Warshak stopped conducting the workshop nearly five years earlier.

97. See, e.g., Dallam & Silberg, supra note 26.

98. Jean Mercer, Examining Parental Alienation Treatments: Problems of Principles and Practices, 36 Child & Adolescent Soc. Work J. 351 (2019) at 355, (mistakenly claimed that the primary criterion of success in studies of Family Bridges has been the rejected parent’s satisfaction. As is evident from the measures of the primary goals of the workshop, as well as the fact that children’s thoughts and feelings about their workshop experience received as much attention as those of the rejected parent, Mercer’s claim is incorrect).


100. Id. at 12–14.


102. See Saini, supra note 41.


104. Saini & Deutsch, supra note 69, at 277.

105. Sullivan et al., supra note 38, at 128.

106. See, e.g., Dallam & Silberg, supra note 26, at 139 (citing an article that describes Family Bridges and Overcoming Barriers and asserting, “The operators of reunification ’camps’ often emphasize that these are not treatment programs but instead are “educational” in nature, thus avoiding scrutiny of regulating bodies.”).

107. Warshak, Outcomes of Family Bridges, supra note 63, at 15–16, found that eighty-two percent of the children, and all but one parent, regarded the workshop as more like education than therapy and counseling. This suggests that educational accurately describes the program’s procedures. Warshak opined that the educational format may have contributed to the workshop’s positive outcomes with a group of children whose alienation had not abated with traditional forms of treatment.

108. See, e.g., Mercer, supra note 98, at 357 (labeling programs including Family Bridges and Overcoming Barriers as “Parental Alienation Treatments (PATs)” and asserting, “PAT research has examined only the child’s relationship with the non-preferred parent rather than looking at relationships with both parents.”).

109. Saini, supra note 41.

110. Warshak, supra note 63, at 19, (suggesting that having the children attend the workshop without their aligned parent may have contributed to the workshop’s positive outcomes when compared with the lack of success of interventions that include both parents simultaneously with the children).

111. Parnell, Vanbetlehem, & Rand, supra note 23.

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