

TODAY'S ESTRANGED CHILD, YESTERDAY'S ALIENATING PARENT? HOW WE'VE GROWN IN OUR UNDERSTANDING OF CAUSE AND TREATMENT

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I remember the color of the book cover – it was bright yellow with stark lettering: *The Parental Alienation Syndrome and the Difference Between Fabricated and Genuine Child Sex Abuse*, by Richard A. Gardner. The jolt of “truth” in 1987 was akin to the jolt I had felt in 1972 holding the first edition of *Ms. Magazine*. Dr. Gardner had just handed me the key to the mysteries of all my high-conflict family law custody cases. Or so I thought in

1987! Ah, the naiveté of simplification and unshaded thinking.

Dr. Gardner’s theory was that a mental health syndrome existed where in a brainwashing parent (usually the mother) created eight (or some combination of these eight) symptoms in her child that included: 1) a campaign of denigration and hatred against the rejected parent; 2) weak, absurd, or frivolous rationalizations for the deprecation and hatred; 3) lack of usual ambivalence about the rejected parent; 4) strong assertions that the decision to reject the parent is theirs alone (the “independent-thinker phenomenon”); 5) reflexive support of the favored parent in the conflict; 6) lack of guilt over the treatment of the alienated parent; 7) use of borrowed scenarios and phrases from the alienating parent; and 8) the denigration not just of the targeted parent, but of the parent’s extended family and friends.

Gardner’s suggested judicial response to such a syndrome was to change custody of the child from the favored parent to the rejected parent and to provide a short-term transition residence (summer camp, boarding school, Aunt Suzie, etc.) between the two custodial arrangements. He further suggested a period of no contact with the favored parent. The transition residence and the no-contact with the favored parent would hypothetically wean the child away from the brainwashing parent. It was not quite like snapping your fingers to wake a subject from hypnosis; but the magic of the theory was intoxicating.

This theory was quickly seized upon by Father’s rights groups and tested with varying success in family courts.

But I had started attending AFCC¹ Conferences, and listened to clinicians talking about the very difficult work of reestablishing parent-child relationships in the face of a child’s resistance to contact with a parent. I chatted with friendly mental health colleagues who explained the problems with Gardner’s untested, not-quite-scientific approach.

I learned that a child may be estranged from a parent, that is, exhibit some or all of those “symptoms,” without the favored parent’s active alienating behaviors. I learned that if one focused on the child’s evident antipathy toward a parent and looked at the factors to which the child was responding, one could actually see many different causes for that estrangement. In simple terms, estrangement is a description of the relationship between the parent and child; alienation is the action taken by a parent toward the other parent, using the child as ammunition.

But the greatest educational shift for me was to actually sit as one of those bench officers who looked at the family objectively and saw that it just wasn’t that simple. Yes, I saw all of those eight characteristics in the estranged children; but, I could not with any clarity say that it was always the favored parent who was the active or only cause of the alienation. And I saw a lot of them. I was astounded that so many (especially teenagers) were estranged from one of their parents.

These, of course, were the high-conflict cases that took up most of my time. The children who had good enough relationships with both parents were the product of parents who were able to work things out between them without a battle in court.

This question of cause/effect came into sharp focus for me in the only case where as a sitting judicial officer I actually decided to change custody from the favored parent to the rejected parent. This teenage girl immediately switched allegiance to the formerly rejected parent and refused to see her formerly favored parent, exhibiting most of Gardner's eight characteristics toward that formerly favored parent. Clearly it was not the result of brainwashing. Clearly it was a protective covering against the immense hostility the parents were each exhibiting toward one another. She chose to align with whom she lived and withdraw from the war by having no contact with the "visiting" parent.

I was extremely lucky to sit in Northern California where amazing clinical psychologists and researchers practiced within the judicial system as evaluators and parent coordinators. Some of those clinicians (Joan Kelly, Janet Johnston, S. Margaret Lee, Nancy Olesen, Matthew Sullivan, Marjorie Gans Walters, and Steven Friedlander) formed a Bay Area study group and task force to try to understand and define the phenomenon of estranged children in all its complex forms. Their presentations and writings resulted in a series of articles in the AFCC Journal: *Family Court Review*, Vol. 39(3) (July 2001).

Joan Kelly and Jan Johnston were the guest editors of that edition who wrote that their hope was to shed light on the "overly simplistic focus on the brainwashing parent as the primary etiological agent and the frequent misapplication of the concept to many diverse phenomena occurring in child custody disputes."² The focus for the task force members was to see the phenomenon from the child's point of view. The focus is on the estranged child, not on the bad-acting parent. What is the child experiencing that requires this set of behaviors? What is the combination of factors that create the estrangement?

In 2004, The AFCC *Family Court Review* published a response from Dr. Richard Gardner to Kelly and Johnston³ in which he defended his use of the term "syndrome" to describe the cluster of symptoms he saw. The opposing argument sees a problem with the use of the word "syndrome." Where there is a syndrome in the medical field, one must be able to point to one etiology – one causative agent – that results in the symptoms. Dr. Gardner's theory is that the "programming parent" is primarily responsible for the creation of the disorder in the child; that without the programming, the disorder would not have arisen. The additional factors of the child's level of susceptibility, his/her anger about the divorce, or adolescent rebellion may be contributory; but, the primary causal agent is a "programming parent who hopes to gain leverage in court by indoctrinating a campaign of denigration into the child against a good, loving parent."

To be fair to Dr. Gardner, he did describe other estranged children with other causative agents (abuse, abandonment, etc.), but he would not call that alienation a "syndrome." The subcategory of estranged children who are so due to a programming parent is the phenomena he called "parental alienation syndrome."

Kelly and Johnston's rejoinder took exception to Gardner's assumption that they agreed with him more than they disagreed. "The fact that a small percentage of children develop strong negative attitudes and reject one of their parents after divorce is agreed upon. What factors motivate their rejection and to what extent their negative feelings and behaviors are in response to their parents' behaviors are in dispute. How to intervene legally and to treat these children in therapy is even more strongly disputed, and whether to call the phenomena a syndrome and grant it status as a DSM diagnostic category is rejected outright."⁴

Kelly & Johnston called for further research on the phenomena, and intervention that uses a "full assessment of all contributing factors to the child's rejection of a parent as the basis for a systemic intervention that includes all relevant family members

and their supporters... , an intervention that is governed by a stipulation between the parties and then ordered by the court... These court orders are usually carefully drawn up by the parents' attorneys and guardian ad litem and prescribe the goals of treatment and roles of any therapist and/or parenting coordinator, their domains of authority, terms of appointment, any decision-making and appeals process, lines of communication, and limits of confidentiality, fees, and grievance process... Treatment or case management contracts like this are not to be confused with court-ordered therapy, changes of custody, and sanctions that come down from the bench without due input from all parties and their advocates."⁵

In January 2010, in response to the call for further research and discussion within the legal and psychological communities, the AFCC Journal⁶ published a collection of 12 articles on the issue of Alienated Children and Divorce and continued the discussion on numerous panels during the Annual Conference that summer.

One of the burning issues was whether the "syndrome" as defined by Dr. Gardner should be included in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*. We now know the outcome of that question: the 2013 Fifth Edition declined to include the "syndrome" as one of its recognized disorders. As a result, expert testimony regarding the "syndrome" should not meet the standards of *Kelly/Frye* and *Daubert* for admissibility.

But the 48th Volume (Issue 1) of the *Review* holds a wealth of information about ongoing research in the area, and experimental intervention programs that have been developed to assist the family in breaking down the barriers raised by the estranged child.

Recently, the researchers and mental health professionals have been using the term "gatekeeping" to describe the actions of a parent in either actively supporting a relationship with the other parent or limiting for appropriate or inappropriate purposes the contact and relationship with the

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other parent. There is positive gatekeeping and appropriate gatekeeping. The gatekeeping that occurs by a parent who wishes to punish the other parent often produces the estranged or alienated child.

In my experience (as well as a simplified summary of the research), there are at least three types of estranged children. The first is the largest group of children who are usually somewhere in the range of 9 to 18 years of age, had a reasonably warm relationship with both parents before the separation, became angry with the parent who is perceived to be at fault for the separation and divorce, and supports the “innocent” parent with whom s/he lives primarily. In this first group, the favored parent is (usually) unconsciously feeding the notion of who is at fault and who is innocent. “If you don’t tell Suzie that you’ve come out as gay, I will.” “She left us for another man.” The child exhibits a mild form of some of the eight characteristics of alienation, but some resistance to contact is always present.

The second group consists of children of all ages who have reasons to reject a parent: before and during the separation, the parent may have been inept, cold, unavailable, or directly abusive to the child and or the favored parent. In this situation, the lack of a reasonably warm connection to the rejected parent before the separation allows the rift to widen more significantly after the separation. In this case, the favored parent may or may not be consciously feeding the child ammunition against the rejected parent. “I’m just telling Johnny the truth about his father.” “I refuse to lie about her adultery/drinking/domestic violence, etc.” But more often the favored parent is sincerely attempting to protect the child from the reality or perception of a danger coming from the rejected parent. The sincerity of a parent who incorrectly perceives a danger in the rejected parent is the most difficult to diagnose and modify. This group-two child exhibits stronger forms of some of the eight characteristics of alienation,

and resistance and denigration are always present.

The third group is the smallest of the three. It consists of some children from the first group and some from the second, who for age, gender, personality or psychological reasons, the favored parent’s conscious efforts to create enmity in the child for the rejected parent are quite successful and most of the eight characteristics of alienation are present in strong form. This group almost always has a perceived or real reason for some resistance to contact; the rejected parent is very rarely a warm and fuzzy perfect parent,⁷ but probably a good enough parent with some help; and the favored parent is often narcissistically wounded and using the child in a battle for custody to injure the rejected parent.⁸ This is the group to which Gardner would affix the term “syndrome,” but which has not met the standards of scientific acceptance.

If the estranged child in group one or two is not protected from the divorce hostilities early on, s/he is vulnerable to becoming a group-three alienated child. Each of those families must have some intervention early on in the case. This assumes, of course, that we all agree it is in the child’s best interests to have a reasonably good relationship with both parents unless one of the parents truly presents a danger to the child.

“Helping an (estranged) child requires judges to recognize they are responsible for managing an interdisciplinary team of helping professionals. It may require evaluating and treating mental health professionals to share information that they might traditionally view as confidential. It may require lawyers for parents to protect their clients’ rights but to recognize that the child’s interests may be destroyed by adversarial warfare. Helping an alienated child may require the child’s court-appointed lawyer to advocate for the child’s best interests in a treatment plan leading to a relationship with the rejected parent even if the child’s vocal preferences are to the contrary.” Andrew Shepard, Editor of *Family Court Review*, *Family Court Review* 39(3) p. 244, *Editorial Notes*.

It is not enough to throw services at the child: individual therapy, parent-child therapy, group therapy, boarding school with therapy, etc. It is a *family* dynamic that requires all members to be fully engaged in the goal of developing a “good enough” parent-child relationship in both directions.⁹

For the estranged or alienated child, I offer descriptions of several programs that are available and that have a growing body of research statistics regarding their success.

“Family Bridges: A Workshop for Troubled and Alienated Parent-Child Relationships” is a four-day program for the alienated child and rejected parent – usually conducted following a court order wherein the custody of the child has been changed from the favored parent to a rejected parent, and where the custody change is premised on a finding of active alienation by the favored parent. The rigorous activities include social science materials to reprogram the effects of brainwashing by the favored parent, education about the impact of high conflict on children and their relationships, and skills training for better parenting. This program was created for the most severe of alienated children by Dr. Richard Warshak, and more details can be found at www.warshak.com/services/family-bridges.html.

“Overcoming Barriers Family Camp”¹⁰ is a five-day, four-overnight family camp program for four to six families designed to deliver intensive treatment to high-conflict families. The program is a combination of psycho-education, clinical intervention, and milieu therapy, delivered to families who present a child who is resisting contact with a parent. Following careful screening for issues of abuse and safety, all members of the family, including significant others, are required by court order to attend the camp. An important component of the program is required after-care – a system set up either before attending camp or while at the camp. While the program avoids using the “alienation” word, it is clear that one of the characteristics of the family that is accepted into the program is the resisting or estranged child. The program was

created by Drs. Peggy Ward, Robin Deutsch, and Matt Sullivan, who are, along with Dr. Barbara Fidler, the four principal clinicians working with the camp families. More details can be found at www.overcomingbarriers.org.

The clinicians who work with the Overcoming Barriers Family Camp also individually provide Intensive Family Weekends where two clinicians and support staff do a long weekend with one family (all members required by court order). The same program materials and principles are used for this individual family as for the camp families. More information about the individual clinicians and their availability can be found at their individual websites.

Another group of clinicians in Northern California have developed an individual family intervention program called "Multi-Modal Family Intervention" (MMFI). The MMFI model is a comprehensive, multi-faceted, flexible intervention that has broad goals, stresses the need for inclusion of all family members, customizes the components of the intervention and matches them to the nature of the problem. It employs a wide range of techniques including individual psychotherapy, family therapy, case management, education and coaching, all aimed at modifying feelings and beliefs as well as behaviors. It emphasizes the need for a thorough assessment of the multiple factors that contribute to the child's reluctance or refusal to spend time with a parent in order to determine the most appropriate intervention. The model is implemented within and protected by case management and treatment contracts between all parties that are agreed to by both parents or are ordered by family court. While a number of clinicians have adopted the principles of MMFI, the authors of the article in the *Family Court Review*¹¹ that initially described this intervention are Drs. Steven Friedlander and Marjorie Gans Walters.

Lessons I have learned about estranged children since I first picked up the yellow Gardner book:

1. Don't use the term Parental Alienation Syndrome;
2. Don't use the term Parental Alienation for every estranged child;

3. Don't assume one causative agency for the estrangement;
4. Don't ask for cookie cutter orders for every estranged child;
5. Do ask for *early* intervention;
6. Do a thorough search for the right experienced clinician who will do a thorough assessment of the whole family;
7. Do ask the judge to enforce the orders, over and over and over, if necessary;
8. Do maintain a membership with AFCC and AFCC-CA in order to benefit from the continuing research and education about the best practices and new findings regarding families in your client files.

Endnotes:

- 1 Association of Family and Conciliation Courts.
- 2 Joan Kelly & Jan Johnston Guest Editorial Notes, *Family Court Review*, Vol. 39(3) p. 246.
- 3 Vol. 42(4), pp. 611-621, published posthumously.
- 4 Vol. 42(4), p. 622.
- 5 All cites to journal sources omitted. The reader is encouraged to go to the original source to read the entire Kelly and Johnston Rejoinder.
- 6 *Family Court Review*, Vol. 48(1).
- 7 Has anyone ever represented a perfect parent?
- 8 I reiterate that this is a very simplified summary of a very complex issue and the reader should study the writings of the clinicians for a greater understanding of that complexity. I suggest starting with Drs. Barbara Fidler and Nicholas Bala's well-balanced article at *Family Court Review*, Vol. 48(1), pp. 10-47, Children Resisting Postseparation Contact with a Parent: Concepts, Controversies, and Conundrums.
- 9 A difficult task given the lack of court services and money to provide the therapy.
- 10 The author is currently the President of the Board of Directors of Overcoming Barriers, a non-profit agency.
- 11 *Family Court Review*, Vol. 48(1), January 2010, pp. 98-111. ■