A Team Approach to Parental Alienation (PA) and Parental Alienation Syndrome (PAS)

By Bob Finlay, MA, RCC, RFT., July 2012

A 12 year old girl begins to withdraw from having contact with her father 6 months after her parents separate. A 14 year old boy moves with his father and step-mother to Vancouver Island from Vancouver. He begins to make excuses why he can't see his mother even when she offers to travel to his new home. In the first case, the rejected parent and the child enjoyed a close relationship prior to the separation. In the second case, the previously positive relationship with the mother changed after the father re-married. How do we as clinicians begin to understand the causes of the change in the parent-child relationship and then how can we effectively assist these families? The answers are not clear, and yet we are faced with these cases in our practice. This article is intended to describe some of the lessons I have learned in treating high conflict families with PA and PAS symptoms. The article also describes a Team approach being currently utilized with a particular case that has been identified by a Court appointed Section 15 Psychologist as having elements of PAS.

The field of Separation and Divorce is undergoing profound changes. In March, 2013, the new Family Law Act will replace the Family Relations Act. The spirit of the new legislation is to discourage litigation and encourage collaborative approaches to the settlement of family disputes. As is often the case, legislation tends to follow trends that have already been in existence for a number of years. Mediation, Parenting Coordination, 4 way meetings with Lawyers, Collaborative Law and Self-Help options have emerged as ways to minimize the damage to families and empower them as they transition to a new family structure. This has not always been the case. For example, prior to World War II, Courts assumed that young children were better off in the care of their mothers as per the Tender Years Presumption. Upon separation, fathers tended to leave the family home and if the mother did not facilitate access, they lost contact with their children. After World War II, women became more independent and entered the work force in large numbers. With the passing of No Fault Divorce Laws, the Tender Years Presumption was replaced with the Best Interests of the Child Presumption. Fathers became more vocal about their parental rights and they began to advocate for equal parenting time. The stage was set for potential conflict over the care taking roles and responsibilities of mothers and fathers.

Richard Gardner, a Psychiatrist, first identified Parental Alienation Syndrome in the 1980's when he noticed that some mothers were reluctant to share parenting time and responsibilities with fathers. He noticed that some of these mothers resorted to alienation tactics such as making false accusations of child abuse by the father, and brainwashing the child to reject the father. Dr. Gardner identified 8 symptoms of PAS which have been outlined in his publications.(#1) He recommended in severe cases, that custody be reversed such that the child was placed in the care of the "target parent". His model still has great influence in the field, however other models are also emerging such as has been articulated by Joan Kelly and Janet Johnston. (#2) They assert that Gardner's model is too narrow, that PAS exists on a continuum and that there are many variables which influence the emergence of PAS besides the alienating behavior of a hostile parent. They have advocated for a systems approach to assessment and

treatment. The clinical literature appears to support a Family Therapy/Systems approach to the treatment of PAS.

It is now recognized that a child may reject a parent for reasons other than PAS. For example, a child who has been abused or a child who feels caught in the middle of a high conflict separation may align with one parent in order to cope with the parental conflict. This is referred to as Parental Alienation or PA which is to be distinguished from PAS which involves systematic and deliberate programming of the child by one parent against the other parent. Canadian and US experts in PA and PAS are now developing diagnostic criteria and Psychological Testing that can reliably identify PA and PAS. It is hoped that the DSM V will include PAS as a Disorder. Dr. Abe Worenklein in Montreal and Dr. Kathleen Reay in Penticton are two of our Canadian experts working on this project.

High conflict families account for about 10 to 20% of separated households and yet they tend to require 90% of the Court's resources in managing their frequent and damaging disputes. It is the children who suffer the most particularly where PA and PAS dynamics begin to unfold. Dr. Amy Baker has written about the deleterious effects on the development of children and how adult children of PA and PAS families carry the scars of PAS into adulthood.(#3) There are few specialized treatment programs in Canada or the US and few professionals who are trained to treat PA and PAS. Professionals, such as untrained Therapists, Mediators, Parenting Coordinators, Lawyers, Mental Health and Addictions Counsellors and Child Protection Social Workers are at risk of getting entangled in the conflict, becoming triangulated and aligning with one parent or the other. A PAS child can be very convincing, especially if seen alone or with the alienating parent. The Professional can be drawn into a belief that it is in the child's best interests not to have contact with the rejected parent.

The case which I'm about to describe has been changed to protect the confidentiality of the family. A 12 year old boy has refused to see his father for a year and a half. He expresses hostility through rude and disrespectful behavior, sometimes becoming violent with his father. This is in contrast to their pre-separation relationship. He is aligned with his mother and believes he needs to protect her. The parents can be classified as high- conflict, they are unable to communicate effectively. Initially, they agree to engage the services of a Child Therapist, however this produces little change in the child. The Child Therapist suggests that a Team approach be implemented with a Team Leader, a Divorce Coach/Therapist for each parent and a Child Therapist for the child and his siblings. The parents agree to engage in this process after receiving an orientation on Team approaches. Objectives, Team member roles, scheduling, expectations of the parents and funding/retainers are negotiated with the assistance of the parent's Counsel and drafted into a written binding agreement. The parents are in the middle of a trial over custody, however with the assistance of Counsel and the Team Leader, we are able to negotiate a clear treatment process that is separate from the litigation process. A Team Leader is appointed who recruits Team Members in consultation with the parents. The Team Members are Bob Finlay, RCC, Team Leader; Ellen Shapiro, RCC, Coach/Therapist; Yuval Berger, RSW, Coach/Therapist and Nancy Devries, RCC, Child Therapist. The parents are expected to engage in individual therapy in order to examine their part in the emergence of PAS symptoms, to attend all Team meetings and ensure that the children receive therapy with the Child Therapist.

I am happy to report that after three months, there are signs of progress in a number of areas. The father and his son are engaging in counselling together, the mother is taking responsibility for past alienating behaviors and the parents are making beginning steps in communicating effectively in the presence of the Team.

Why use a Team approach?

Lesson number one: "Don't go solo."

High Conflict PAS family systems are powerful, they can overwhelm any single treating professional. Team interventions displace and break up entrenched, symptomatic family patterns as the parents give the Team the power and the authority through a written contract to provide individual and family therapy, education on PAS , practical advice on the parenting plan and if necessary, arbitrated decisions can be made by a Parenting Coordinator or Team Leader. The Team has the power to both support and challenge the high conflict PAS family in order to establish healthy patterns of parent to parent interaction and reunify the child and the rejected parent. Examples include the use of the Team recommendation and the flexible adoption of temporary roles. The Team recommendation is used when the parents are at an impasse. The Team leaves the room for a few minutes promising to return with a recommendation. The recommendation is designed to interrupt blame and defensiveness and focus the parents on problem solving and the children's needs. The Team Leader delivers the recommendation on behalf of the Team and encourages discussion. The second example is the flexible use of Team Members in the interruption of the parent's unhealthy interactions. For example, a Team Member may temporarily play the role of "devil's advocate" while another member aligns with one of the parents in order to power balance. Team Members have this creative freedom because the Team provides support for each other and there is protection from the unhealthy dynamics of the parents. As Team chemistry develops, Team Members are able to spontaneously "play off of each other" similar to improvisation in acting.

Lesson number two: "Contract with the parents in order to have clear objectives, clear expectations of the parents, and clearly articulated Team roles."

The contracting process is extremely important as this sets the stage for working together. Parents are encouraged to ask questions, express their doubts and fears, review information on the Team approach and seek legal advice. They also have the opportunity to meet with each Team Member and make choices as to "fit and comfort." If the treatment is Court ordered and Court involved, they are still encouraged to make choices within the parameters set by the Court. Managing expectations is key to building trust and a therapeutic alliance. A written detailed contract protects all of the participants and allows for clarification on various terms prior to signing. The signing of the contract serves as a

metaphor for commitment to change.

Lesson number three: "Consult, consult, consult, think Team, think Systems."

The Team views the family as a system that can be influenced to change. We help each other to both join with the family and to step back and observe the family system. We ask ourselves, “Why is this behavior appearing now?” Team Members are expected to consult with each other between sessions in order to maintain a flow of communication as circumstances change. We meet together before each joint session and provide each other with regular up- dates on the individual adult and child therapy. We have learned to value each other’s perspective, working together is stimulating and satisfying.

Lesson number four: "Eliminate unhealthy triangles and alignments by insisting on open non-privileged communication."

High conflict PAS families tend to operate with closed systems of communication due to high levels of mistrust and fear. Parents withhold critical information from each other, children are expected to carry messages back and forth between the homes, and the alienating parent distorts the previous family narrative and communicates a new fear based narrative to the PAS child. Secrets abound as family members internalize the new narrative and gossip negatively about each other often in the presence of the PAS child. The Team blocks these unhealthy communication patterns by insisting on a rule of no confidentiality and open communication. Email and text message communication between the parents and the children and the parents are cc’d to Team members. The only confidential communication that is allowed is between a parent and their individual Coach/Therapist. The Child Therapist is not allowed to meet individually with either parent and only reports on the children’s progress in Team meetings with both parents present.

Lesson number five: "Ensure that there is a Team Leader or Parenting Coordinator and that this person is present at each Team meeting with the parents."

High conflict PAS families intentionally and unintentionally sabotage progress. The Team approach holds everyone accountable for carrying out the treatment plan. Parents are required to report on homework assignments, their communication is monitored and specific behavioral expectations are recorded after each meeting. If the treatment is Court ordered, the Team Leader or Parenting Coordinator acts as the liaison with the Court and Counsel ensuring that the terms of the Order are being complied with by the parents. Team members are held accountable to the parents through the written contract and to the Team Leader or Parenting Coordinator for their performance in carrying out their role within the Team. It is important that the Team Leader or Parenting Coordinator be present at each joint session as this person monitors the process and can intervene with systems observations. In addition, if the Team Leader is a trained mediator or Parenting Coordinator, then written mediation agreements can be drafted immediately resulting in a written and binding record of terms of a parenting plan. The Team Leader provides a written summary of the main points of discussion after each joint session.

Challenges:

There are some challenges with a Team approach such as cost, availability of trained professionals and Team chemistry. In the case mentioned in this article, Team meetings with the parents cost $700 per hour when all 4 Team members are present. This is equivalent to the hourly rate for two lawyers in a 4 way meeting. In addition, there are other costs, such as travel, individual meetings between Team sessions and disbursements. This particular family is fortunate to have the financial resources to fund such a project. In the absence of funding, RCC'S may need to be creative in utilizing existing funded positions such as mental health and addictions counsellors and school counsellors.

The availability of trained professionals is an ongoing challenge. However, in your community there may be professionals who have experience and training in the treatment of PAS. Approaching them for consultation may be a viable option.

Team chemistry refers to how well Team members are able to integrate and yet honor their individual diverse backgrounds, values and clinical philosophy. A collaborative and yet strong Team leader is necessary to assist the Team to create Team chemistry by facilitating and encouraging dialogue between Team Members on the Team's internal process.

About the Author, Bob Finlay:

Bob Finlay is a Registered Clinical Counsellor and Registered Marriage and Family Therapist with 40 years experience. He is a qualified Family Mediator with Mediate BC, a Child Protection Mediator with Family Justice Services, a Parenting Coordinator with the BC Parenting Coordinator Roster Society and a Divorce Coach. He authors Views of the Child Reports and is an inaugural member of the BC Hear the Voice of the Child Roster. As well, he authors Section 15 Custody and Access Reports. Bob has been assessing and treating PA and PAS cases for the last 5 years. His office is in New Westminster and he is a member of the Westminster Law Group.

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