Learning Objectives

• Recognize the dynamics that contribute to strained parent-child relationships post separation and divorce.

• Consider the state of the evidence for assessing, measuring and intervening in cases that involve allegations of alienation.

• Apply a decision-making process for considering the research on alienation.

Webinar Disclaimer

WARNING
The following content is controversial and might be disturbing for some audiences
Viewer discretion advised!
An Evidence-Informed Approach

“In all social science research and all prediction, it is important that we be as explicit as possible about the degree of uncertainty that accompanies our prediction.”

(King et al., 1994, p. 212).

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Reasons for Resist / Refusal

• There are many reasons why a child may resist or refuse contact with a parent, so it is important to avoid labeling the situation.

• Considering the various reasons why a child may have a strained relationship with a child can help consider the child’s behaviors and feelings.

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Labels Used for Resist / Refusal

• A range of overlapping concepts and terminology used:
  - “Parental Alienation Syndrome” (Burrill, 2006b; Gardner, 1985)
  - the “Alienated Child” (Kelly & Johnston, 2001)
  - “Pathological Alignments” and “Visitation Refusal” (Johnston, 1993; Johnston & Campbell, 1988; Wallenslade & Kelly, 1989)
  - “Parental Alienation” (Baker, 2005; Dunell, 1998; Garry & Baris, 1994)
  - “Visitation Interference” and “Divorce-Related Malicious Mother Syndrome” (Turkat, 1999).
  - “Pathological Alienation” (Warshak, 2003);
  - “Threatened Mother Syndrome” (Klass & Klass, 2005)
  - “Toxic Parent” (Carver, 1993);
  - “Unjustified Restrictive Gatekeeper” (Austin, 2011)
  - “Strained Parent-Child Relationship” (Filler, Bals & Saini, 2012)
Brief History of Resist / Refusal Cases

• In 1949, psychoanalyst Wilhelm Reich
  – parents can defend themselves from narcissist injury by fighting for custody of the child and defaming their former partner in an effort to rob the other parent of the pleasure of the child.

• In 1980, Wallerstein and Kelly (1980)
  – referred to an "unholy alliance between a narcissistically enraged parent.

• In 1989, Wallerstein and Blakeslee (1989)
  – used the term "Medea syndrome" to describe a parent who seeks revenge on a former spouse by destroying the child’s relationship with that parent.

Brief History of Resist / Refusal Cases

• Gardner (1987) proposed Parental Alienation Syndrome (PAS) as a child’s unjustified campaign of denigration against a parent resulting from:
  • programming or brainwashing by one parent
  • the child’s own contributions to the vilification of the parent.

• The rejected parent is innocent victim (Kelly, 2011)

• Recommended vigorous judicial response, including juvenile detention for resistant children.

Brief History of Resist / Refusal Cases

• Kelly and Johnston (2001) defined an alienated child as one who expresses, freely and persistently, unreasonable negative feelings and beliefs towards a parent that are disproportionate to the child’s actual experience with that parent.

• Proposed a multi-factorial model to define the “alienated child”
  • Describes problematic parenting in both parents
  • Dynamic of many factors (both parents, vulnerability of child, siblings, third parties (family, friends, professionals), adversarial system, etc.)
The Polarized Positions

- Heightened controversy in academic literature and popular media on how best to identify, assess and respond to resist / refusal cases.

- Narrow and polarizing gendered narratives mirror the inflexible, “all or none” thinking of families involved in child custody disputes.

  (Fidler, Bala & Saini, 2012)

The Debate

- Some argue that if a child resists/refuses contact with a parent, then alienation is the cause.
The Debate

- Some dismiss all, or most, alienation claims as fabricated by perpetrators of IPV to exert control over the victim.

Making sense of the Debate

- Challenging to properly understand the dynamics of an individual case with allegations of alienation and/or abuse informed by evidence.

- Evidence-informed practice allows for critical appraisal of evidence based on quality, strength, applicability and transferability.

- Helps to move away from binary arguments of the presence/absence of alienation.
Critical Appraisal of Evidence

- Critical appraisal of evidence means making distinctions among “junk science”, “pop science” and “scientific evidence”.

- “Pseudoscience is particularly attractive because pseudoscience by definition promises certainty, whereas science gives us probability and doubt. Pseudoscience is popular because it confirms what we believe; science is unpopular because it makes us question what we believe” (Tavris, 2003)

Quantity is Not Quality

- There is a rapidly growing body of literature on “alienation” within parent-child relationships

- There remains the debate about whether there is sufficient quality and rigor in the current literature to make accurate assertions about the etiology, prevalence, and consequences of alienation for describing strained parent-child relationships (Saini, et al., 2016).

- Most of the current academic and professional literature regarding alienation is based on clinical illustrations and expert opinions and testimonials (“qualitative”).

Alienation

Google Trend Comparison of search terms “Parental Alienation”, “Parental Alienation Syndrome” and “Child Alienation” from 2004 to March 2, 2018)
Theory vs. Empirical Evidence

- Some authors argue that the accumulated body of literature provides some merit of the ideas proposed in the literature about the symptomology and factors relevant to alienation (Bennett, 2012; Turkat, 2002).

- Others argue that these observations alone do not constitute empirical evidence (Johnston & Kelly, 2004).
Empirical Evidence

• Perfection is not the standard to assess the credibility of research results.
  – All research is flawed, so the challenge is to distinguish minor flaws from major ones.

• Need to assess the relative strengths and limitations of research to determine the credibility of the results, potential influences of bias and the applicability of inferences.

Alienation in the Social Sciences

• 58 studies included between 1993 and 2015
  – 45 published papers and 13 doctoral dissertations
• Comprehensive search of electronic databases:
  – 1) Medline; 2) Sociological abstracts; 3) ASSIA; 4) ERIC; 5) Digital Dissertations (Scholars Portal; 6) Social Services Abstracts; 7) Social Sciences Citation Index; 8) Family Studies Abstracts; 9) EMBASE; 10) Violence and Abuse Abstracts; 11) Social Work Abstracts; 12) PsycInfo; 13) LegalTra; 14) Index to Legal Periodicals.
• First screen resulted in 1,344 potential hits.
• All titles were then screened by two independent
• Inclusion criteria for second screen: alienation, separation / divorce and a study
  – 1286 rejected with an inter-agreement of .90.

• Range of methods used: qualitative, cross-sectional, administrative data; within group pre-experimental, longitudinal.

• Among 58 studies located and assessed, none were considered high quality.

• Limits of generalizability across studies as to incidence, causes, and outcomes of alienation.
**In Perspective**

- Based on a critical appraisal of 60,352 articles from 170 journals, McKibbon et al., (2004) found that only 6.8% of published articles were deemed "high quality" studies.

- Published reports can make erroneous claims that may not be based on high quality evidence.

- Contradictions in research findings may have more to do with the quality (or lack of) of the studies.

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**False Causality: The Dangers of Bread**

- More than 98% of convicted felons are bread eaters

- Fully half of all children who grow up in bread-consuming households score below average on standardized tests

- More than 90% of violent crimes are committed within 24 hours of eating bread

- Bread is made from a substance called “dough.” It has been proven that as little as one pound of dough can suffocate a mouse

- Primitive tribal societies that have no bread exhibit a low occurrence of cancer, Alzheimer’s, Parkinson’s disease and osteoporosis

http://www.geoffmetcalf.com/bread.html
Prevalence of Alienation

• In the absence of randomly drawn samples, and lacking common definitions of alienation, to date there are no defensible estimates of the prevalence or incidence of the problem.
  – Among the studies aimed at estimating the extent of alienation, widely varying rates among separated parents have been reported (Baker & Chambers, 2011; Baker & Verrocchio, 2013; Bala, Shad, & Mccarthy, 2010; Johnson, 1993; Johnson, 2003; Copas, 1996; Moné & Biringen, 2006; Racusin, Copas, & Mihl, 1994; Spruyt, Taelmanboom, Hammel, Mihlani & Antonie, 2003).

• Suggestion that the rates of alienation are a sub-group of families involved in more high-conflict separation or divorce.

Conflict Pathways

Court cases where alienation claimed per year
(Canada - Bala et al, 2010)
Gender of Alienating Parent

• Gardner (2002) originally suggested that 85 to 90% involved the mother as the alienating parent, but later modified to mothers and fathers were involved in alienating behaviours approximately equally.

• There is general agreement PA occurs regardless of gender of parent (Hands & Warshak, 2011; Iglesia & Garcia, 2014; Lavadera, et al., 2012) or child (i.e., sons and daughters can become alienated from either their fathers or mothers), and that the phenomenon can occur within intact, separated and divorced or custody-litigating families (Saini et al, 2016).

Parent Alienating Behaviors

• General agreement about behaviors that parents can use to manipulate children’s feelings, behaviors, and beliefs (Saini, et al., 2016):
  – Badmouthing/denigration of rejected parent;
  – Emotional manipulation;
  – Limits and/or monitors contact;
  – Allows child to make adult decisions.

Typical Alienating Behaviors
Measuring Alienation

• Most professionals are either unaware of measures to classify alienation or they do not use measures in their clinical or legal practice.

• Many indicate they rely on their own professional experience, intuition and individual heuristics to evaluate the potential for alienation.

  (Fidler, Bala & Saini, 2012)

Decision Trees

• Ellis (2000)
  – proposed key questions for determining whether alienation is occurring by identifying at least 10 of 15 child behavior indicators of alienation.

• Drozd & Olesen (2004; revised 2011) decision tree
  – provide a decision tree with questions to assess alienating behaviors.

• Fidler, Bala, Birnbaum & Kavassalis (2008)
  – Lists of questions relevant to child and each parent that assessors should consider when examining allegations of alienation.
Measuring Alienation

<table>
<thead>
<tr>
<th>Measure</th>
<th>Source(s)</th>
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<tbody>
<tr>
<td>Parental Alienation Behavior Scale (PABS)</td>
<td>Hands and Wurshak (2011)</td>
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<tr>
<td>Parental Denigration Scale (PDS)</td>
<td>Rowen and Emery (2014)</td>
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<tr>
<td>Baker Strategy Questionnaire (BSQ)</td>
<td>Baker and colleagues (Baker &amp; Ben-Ami, 2011; Baker &amp; Verrucchio, 2013)</td>
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<tr>
<td>Baker Alienation Questionnaire (BAQ)</td>
<td>Baker and colleagues (Baker, Burkhard, &amp; Albertson-Kelly, 2012)</td>
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<tr>
<td>Relationship Distancing Questionnaire</td>
<td>Mone and Birigen (2006)</td>
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Differentiation

- Bernet, Gregory, Reay & Rohner (2017) assessed the usefulness of the Parental Acceptance–Rejection Questionnaire (PARQ) to distinguish alienated children from nonalienated children.
  - Both promising results and limitations noted.
- Further attention is needed to differentiate alienation from other conditions that might share similar features, (realistic estrangement or pathological bonding due to parental neglect, abuse or exposure to intimate partner violence).

Effects of Alienation

- Children who experience alienation tend** to suffer a range of short and long term negative effects, including behavioral problems compared to non-alienated children (Saini, et al., 2016)

**But empirical support for this hypothesis is mixed, with findings of clinical levels of emotional problems according to some ratings (Baker & Ben-Ami, 2011; Lampel, 1996) and null findings on others (Baker & Chambers, 2011; Johnston & Goldman, 2010; Johnston, et al., 2009; Lampel, 1996; Stoner-Moskowitz, 1998).
Effects of Alienation

• A couple of studies have documented profoundly negative effects on the adult’s mental health and capacity to form trusting intimate relationships
  – these studies had no control group and used small samples (ranging from 10 to 38)
  – (Baker, 2005a, 2005b, 2005c, 2006; Carey. 2003; Reay, 2007)

• Spontaneous reunifications (ones initiated by the teenagers or young adults) were reported with varying frequency, for different reasons and with a range of outcomes both positive and negative.

• Two studies (Moné & Biringen, 2006; Rowan & Emery, 2014) found compromised relationships with both parents and a “boomerang effect” of later rejection of the alienating parent.

• Johnston & Goldman (2010) found alienated children were not more disturbed than their non-alienated counterparts in custody-disputed cases.
  – Unfortunately, this was a small sample (n = 22 families) with no control group, so the findings are deemed unreliable.
Treatment for Resist/Refusal Cases

- Saini & Deutsch (2017) found 8 studies evaluating the effectiveness of diverse interventions for straining-parent child relationships, all claiming varying levels of success:
  - Baker, Burkhard & Albertson-Kelly, 2012;
  - Gardner, 2001;
  - Kumar, 2003;
  - Reay, 2015;
  - Rand, Rand, & Kopetski, 2005;
  - Sullivan, Ward, & Deutsch, 2010;
  - Toren, Bregman, Zohar-Reich, Ben-Amitay, Wolmer & Laor, 2013;
Treatment for Resist/Refusal Cases

- Various approaches and selected outcomes across studies makes it impossible to aggregate findings (meta-analysis not applicable)

- Several outcome variables have been considered including:
  - the satisfaction of the children and parents;
  - the rebuilding of strained parent-child relationships
  - the reduction of alienating behaviors;
  - the improved communication between the parents and their level of cooperation;
  - children’s overall anxiety and depression levels;
  - the children’s overall adjustment following these interventions.

Treatment for Resist/Refusal Cases

- Overall weak research design, including:
  - post-test only treatment evaluations of interventions designed by the researchers,
  - small samples
  - a lack of clarity about the inclusion criteria (especially regarding the method for assessing the presence of strained parent-child relationships;)
  - only two studies used a comparison group (Baker, Burkhard and Albertson-Kelly, 2012; Toren et al., 2013)
  - Little systematic controls for many other variables that might have influenced outcomes.

Treatment for Resist/Refusal Cases

- Factors for successful outcomes range from:
  - early intervention;
  - younger age of child;
  - the capacity of parents to communicate;
  - improvements in co-parenting dynamics
  - absence of reactive abuse, neglect, or abandonment by either parent;
  - court orders that protect the child’s right of access to both parents.
Treatment for Resist/Refusal Cases

• Measuring the presence / absence of alienation alone may not be sufficient in measuring changes in strained parent-child relationships.

• New tool in development:
  – Progress in Resolving Resist-refuse Dynamics in Cases With Parent-child Contact Problems (Drozd, Saini, Walters, Fidler, & Deutsch)
  – to assess the potential changes in strained parent-child relationships following the participation in various interventions.

Evidence Informed Decisions

• A comprehensive assessment of the various factors that may impede or facilitate parent-child contact problems, including:
  – interference of a parent
  – the presence of violence
  – maltreatment
  – affinity
  – alignment
  – past relationship problems
  – parenting problems, etc.

• Refrain from being too quick to place blame on one factor until each factor is considered and assessed for its potential contribution to the strained parent-child relationship problem.
Evidence Informed Decisions

- Avoid labels
  - Describe the behaviors that would suggest the presence of a strained parent-child relationship
  - Use specific examples to demonstrate both the behavior and the impact that the behavior has on the child.

Evidence Informed Decisions

- Alienation should be viewed as a family relational problem rather than an individual pathology of one parent or child.

- Assessment should include an ecological systems perspective, which includes an analysis of each family member and the interactions and relationships among these members (Polak & Saini, 2015)

Evidence Informed Decisions

- To consider all potential factors, use a decision tree (e.g. Drozd & Olesen, 2004) for brainstorming the potential presence of factors and the potential relationship among them.

- Using a multiple hypotheses approach (Drozd, & Olesen, Saini, 2012) will help to consider all potential factors and will help to avoid simplified attribution of blame based on a narrow focus of the problem.
Evidence Informed Decisions

• There is a lack of long term data on the consequences of alienating behaviors.

• Important not to overstate the potential negative impact that these behaviors will have on children as they develop.

Recommendation for Treatment

• Recommendations for treatment should thoroughly consider:
  – The expected benefits and the risks of family members participating in the intervention
  – The proposed outcomes that the treatment is intended to ameliorate
  – Outcomes that the treatment may not improve
  – Considerations about the frequency, duration and dosage needed to make the desired changes
  – Discussion about monitoring and reporting back to the court should also be considered.

More and better research

• Well-designed, methodologically sound research into the efficacy of different legal, educational and clinical responses to mild, moderate and severe alienation is needed to know
  – whether these interventions “do no harm,”
  – to be confident that they have positive effects.

• Without a large sample, longitudinal designs and random assignment, we can never be certain that the effects are due to the intervention and not due to other factors.
Key Highlights

• Alienation is not a diagnostic syndrome at this time, but rather a cluster of commonly recognized symptoms.

• There is insufficient empirically validated evidence about etiology, prognosis, and treatment.

• General agreement about strategies that parents can use to manipulate children’s feelings, behaviors, and beliefs.

For Further Information

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