

# Feedback

JOURNAL OF THE FAMILY THERAPY ASSOCIATION OF IRELAND

## SPECIAL ISSUE: FAMILY CONFLICT AFTER SEPARATION AND DIVORCE

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Wygant, S. A. (2020). Resolving issues of diagnosis when working with alienated children and families. *Feedback: Journal of the Family Therapy Association of Ireland*, Summer 2020, 28-42.

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Printers: Keystrokes Digital, Brunswick Place, Dublin 2

## Resolving issues of diagnosis when working with alienated children and families

SHAWN A. WYGANT

### ABSTRACT

*Despite a growing awareness of the harmful effects of parental alienation (Kruk, 2018), diagnosis and treatment remain a significant challenge (Butz & Evans, 2019). Overcoming this challenge requires an understanding of how to (1) measure and document a child's exposure to alienating behaviors, (2) diagnose symptoms of parental alienation within the family system, and (3) implement effective treatment strategies. The following is a brief guide to help clinicians resolve some of the most common diagnostic issues encountered when working with alienated children and families.*

### Introduction

#### What is Parental Alienation?

Parental alienation involves a concerted effort by a parent to brainwash a child into disliking, hating, or rejecting the other parent for unwarranted reasons (Bernet, 2020). The term has been used by mental health and legal professionals to describe both a complex form of child psychological maltreatment (Baker & Verrocchio, 2015) and a diagnostic label (American Psychiatric Association, 2013; World Health Organization, 2019) for identifying and treating a pathologically enmeshed relationship between an alienating parent and a child victim (Coe, Davies, & Sturge-Apple, 2018). Decades of research into the phenomenon of parental alienation has identified certain family dynamics (Haley, 1973; Minuchin, 1974), primitive defensive mechanisms (Kopetski, 1998), alienating strategies (Baker & Darnall, 2006), and brainwashing techniques (Clawar & Rivlin, 2013) that have been correlated with multiple subtypes of psychological maltreatment such as isolating, corrupting, exploiting, and terrorizing emotional abuse (Garbarino, Guttman, & Seeley, 1986; Hart et al., 2017). Children exposed to these forms



of emotional abuse are at a greater risk for developing serious psychological problems in adulthood (Baker & Verrocchio, 2015).

### **Treating the family as the client**

Since parental alienation most often occurs in the context of the legal dissolution of a family (Bernet, 2020), family courts should take an active role in not only identifying alienating behaviors and putting them into the record, but crafting orders that are informed by the latest scientific understanding of how to manage, assess, and treat these families (Haines, Matthewson, & Turnbull, 2019). Often the target of intervention focuses exclusively on the target parent-child relationship through a series of failed “reunification” therapy court orders (Clawar & Rivlin, 2013, p. 460). This approach ignores the alienating parent-child relationship which prevents important data from informing diagnosis and treatment (Gardner, 1999). As Gardner (1999) points out:

When working with PAS families, it is important that only one therapist be used. This is not a situation in which the mother should have her own therapist, the father his therapist, and the children their own. ... Such fractionalization reduces communication, is likely to set up antagonistic subsystems within the family, and will probably intensify and promulgate the pathological interactions that contribute to PAS. Therapists who treat PAS children individually are likely to be led down the garden path and seduced into believing that their patients have ... been subjected to the humiliations that PAS children are so skilled at describing. The same principle holds for therapists who work individually with the programming parent. The therapist needs input from both parents. The therapist needs input from the victimized parent to learn directly how inappropriate and ludicrous the children’s complaints are, and the therapist needs direct experience with the alienator to observe that parent’s manipulations directly. It is only by treating all family members ... that one can get a full appreciation of a PAS family’s psychodynamics (pp. 195-196).

Thus, whenever an alienating parent is not involved in the reunification process, any existing pathological problems within the alienating parent-child relationship will most likely be occluded from the attention of treatment providers as well as the court (Smith, 2016). Family therapy research has generally recognized that a child’s family relational problems cannot be treated



“apart from the context in which they occur” (Sholevar & Schwoeri, 2003, p. 3). Therefore, alienated children should not be expected to change any unjustified negative attitudes or beliefs about a targeted parent unless the family system changes (Haley, 1962). This means the family should be identified as the client and treatment should involve both parent-child relationships (Minuchin, 1974).

### **Identifying parental alienation dynamics within a family system alienating behaviors**

One of the primary causes of parental alienation is exposure to “alienating strategies” (Baker & Darnall, 2006, p. 97). Alienating strategies are any parental behaviors that are likely to cause serious harm to a child’s love, affection, and other important emotional ties with the target parent (Baker, 2005). Some common strategies include:

- badmouthing the target parent
- limiting contact with the target parent
- threats of withdrawal of love if a child shows affection for the target parent
- forcing a child to choose the favored parent over the target parent
- telling the children that the target parent is dangerous or mentally ill
- forcing the child to reject the target parent
- telling the child that the target parent does not love him or her
- confiding in the child about adult issues in a way that creates a loyalty conflict
- asking the child to spy on the target parent
- interfering with communication between the child and the target parent
- undermining the target parent’s authority (Baker & Fine, 2013).

### **Perverse family drama triangle**

Taken together, these strategies “work to create psychological distance between the child and the targeted parent such that the relationship becomes conflict-ridden” (Baker & Fine, 2013, p. 94). **Alienating parents will often exploit the target parent-child conflicts they helped create by using them as psychological weapons to vilify the target parent through a “perverse” (Haley, 1973, p. 16) or “rigid” triangle (Minuchin, 1974, p. 102).** A perverse triangle involves a

pathological process where one parent forms a coalition with a child against the other parent and when queried, the coalition is denied (Haley, 1973). According to Haley (1973), “the perverse triangle is one in which the separation between generations is breached in a covert way” and when it occurs “as a repetitive pattern, the family system becomes pathological” (p. 17). Minuchin et al. (1978) referred to this as a “stable parent-child coalition” that develops when a child is “openly pressed to ally with one parent against the other” (p. 33) as shown in figure 1.

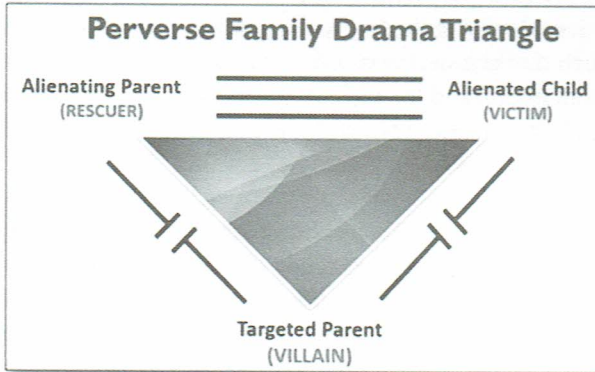


Figure 1 (Adapted from Haley, 1973)

### Pathological enmeshment & pathological alienation

Within a perverse triangle (*figure 1*), the alienating parent acts as both a rescuer and a persecutor by casting the child in the role of victim and the targeted parent in the role of villain. Because alienating parents rely on the use of “primitive defenses,” such as projection and splitting, they tend to become “preoccupied with the short-comings” of the target parent in order to obscure their own short-comings from others (Kopetski, 1998, p. 61). Thus, they will often control the field of drama through the use of fabricated or exaggerated scripts that portray the target parent in the most negative light; not only to the child, but to any professional participants who come into contact with the family (Reay, 2015). Absent early intervention, many children exposed to alienating strategies become pathologically enmeshed (≡) with the alienating parent and psychologically cutoff (—||—) from the target parent (*figure 1*). Enmeshment in this context refers to “an extreme form of proximity and intensity” within the alienating parent-child relationship such that the child has been “enlisted ... against the other [parent] in decision making” (Minuchin et al., 1978, p. 30). The alienating parent puts the child “in such a position that she [or he] cannot express herself [or himself] without siding with one parent against the other”



(Minuchin et al., 1978, p. 33). When this dynamic is present, it creates “a climate that pressures a child to form a pathological alignment with one parent and a pathological alienation from the other” (Warshak, 2003, p. 375).

### **Lack of ambivalence & splitting**

This dynamic of parental alienation frequently leads to a “lack of ambivalence” (splitting) in the child (Bernet, 2020, p. 5). A lack of ambivalence refers to family dynamics where a child develops an extremely polarized view of his or her parents such that one parent is described as “all bad” and the other parent is viewed as “all good” and the polarized view is inconsistent with the actual history of the child’s relationship with the parents (Gardner, 1985, p. 3). The splitting process happens when there is a “conflict” between the “demand by the instinct” in the child to continue to receive love and affection from the target parent and “the prohibition by reality” that by so doing the child may be rejected by the alienating parent (Freud, 1938, p. 275). Bernet et al. (2017) reported that alienated children often feel pressured into being loyal to one parent at the expense of a relationship with the other parent by engaging in “splitting and lack ambivalence with respect to the rejected parent” (p. 1). They describe splitting as follows:

Splitting is a maladaptive mental mechanism by which children protect themselves from the uncomfortable feelings of cognitive dissonance, that is, from anxiety caused by ongoing parental conflict. When there is continual warfare between the mother and father, children often find it difficult to maintain affection for both parents at the same time. They typically resolve the dissonance by the mechanism of splitting, that is, by gravitating to an enmeshed relationship with one parent and strongly rejecting the other parent (Bernet et al., 2017, p. 2).

In the context of parental alienation, it is important to note that the process of splitting starts within the alienating parent which typically grows out of their sense of “narcissistic injury” (Akhtar, 2013, p. 8) and a concomitant impulse for the child to develop the same level of hatred toward the target parent that is felt by the alienating parent (Kopetski, 1998). Kopetski (1998) identified in her study of 600 high conflict child custody cases that alienating parents exhibit a pattern of feeling abandoned, betrayed, and “rageful” towards the target parent and become obsessively “preoccupied” with their shortcomings

(p. 61). When a child is chronically exposed to this dynamic, the alienating parent-child relationship becomes highly motivated to use “weak, frivolous, or absurd rationalizations” for the rejection of the target parent from the family system (Bernet, 2020, p. 7). This dynamic has been described by Clawar and Rivlin (2013) as the “With me or against me” mentality:

...the programming/brainwashing parent sets up a direct or indirect expectation of in-group/out-group. It is a method of obtaining compliance from the child with the parent’s antagonistic views and desired behaviors [*rejecting the target parent*]. It teaches children that they cannot incorporate the life, values, and ideals of both of their parents at the same time. It bifurcates children’s thinking and ultimately their feelings, attitudes, and behaviors (p. 473).

Most of the eight parental alienation symptoms observed in an alienated child, such as a campaign of denigration, frivolous rationalizations, reflexive support for the alienating parent, borrowed scenarios, absence of guilt over mistreatment of the target parent, independent thinker phenomenon, and spread of animosity toward extended target parent family members all flow from the process of splitting and lack of ambivalence. As noted by Bernet et al. (2017), it is “the expressed lack of ambivalence as manifested by the alienated child” that “serves as an observable defining characteristic of the presence of parental alienation” (p. 2 *citing to* Jaffe, Thakkar, & Piron, 2017, p. 1).

### **Resolving common diagnostic issues**

The presence of these parental alienation dynamics in a family raises some common diagnostic issues. One of those issues is how to properly label the problem using the DSM-5 (American Psychiatric Association, 2013) and/or the ICD-10 (World Health Organization, 2019) as well as specifying the severity (Bernet, 2020). Diagnosing parental alienation relies on being able to identify the degree to which a child has been *exposed* to alienating strategies as well as any *impact* exposure has had on the child’s psychological well-being and their relationship with both parents. It is important to take into consideration both factors (exposure and impact) because some mild forms of exposure can result in moderate or severe symptoms. Likewise, some children who are exposed to severe forms of alienating behaviors may only exhibit mild symptoms.



## Specifying severity

There are four basic specifiers used in the diagnosis of parental alienation:

- **Mild** ~ the child has been exposed to alienating behaviors by one parent and there is some negative impact on the target parent-child relationship such that “the child resists contact with the alienated parent, but enjoys his [or her] relationship with that parent once parenting time is underway” (Bernet, 2020, p. 22).
- **Moderate** ~ the child is exposed to alienating behaviors by one parent and there is a moderately severe negative impact on the target parent-child relationship such that “the child strongly resists contact and is persistently oppositional during parenting time with the alienated parent” (Bernet, 2020, p. 22).
- **Severe** ~ the child is exposed to alienating behaviors by one parent and there is a severe negative impact on the target parent-child relationship such that “the child persistently and adamantly refuses contact and may hide or run away to avoid being with the alienated parent” (Bernet, 2020, p. 22).
- **Hybrid** ~ the child is exposed to alienating behaviors by both parents and there is either a mild, moderate, or severe negative impact on the child’s relationship with either or both parents. According to Warshak (2020), “a genuine mixed case, ... includes strong rational and strong irrational components” where “the rejection ... may reflect a mixture of essential contributions from both parents” (pp. 60 & 61).

It is important to note that within each classification there is a spectrum of severity which requires clinical judgment to properly classify and describe. Foreseeability is relevant to this calculus since alienating behaviors are likely to cause serious mental harm regardless if harm results (Kruk, 2018). Thus, if it is known that a child is being chronically exposed to alienating behaviors, it is reasonable to infer that without appropriate intervention that child may eventually develop severe symptoms of parental alienation (Harman, Kruk, & Hines, 2018).

## Using diagnostic labels

Two DSM-5 / ICD-10 diagnostic labels can be used for parental alienation whenever there is documented evidence of exposure to and/or impact from parental alienation strategies.

### *Parent-child relational problem*

The first diagnostic label, “Parent-Child Relational Problem,” can be used whenever a child has been *exposed* to parental alienation strategies that are *likely to cause* “unwarranted feelings of estrangement” in the child towards the target parent (American Psychiatric Association, 2013, p. 715). As noted in the DSM-5, these strategies might include “parental overprotection,” “excessive parental pressure,” “hostility toward” the target parent, “scapegoating” the target parent, or “negative attributions of the target parent’s intentions.” Please note that Parent-Child Relational Problem can also be used when a child’s exposure to parental alienation strategies *has already caused* harm to the child as evidenced by “impaired functioning in behavioral, cognitive, or affective domains.” The clinical focus involves both parent-child relationships: (1) the alienating parent-child relationship and (2) the target parent-child relationship. The diagnostic code used for Parent-Child Relational Problem, V61.20 (Z62.820), is a “billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes” (ICD10 Data, 2020a, para. 1).

### *Child affected by parental relationship distress*

The second diagnostic label, “Child Affected by Parental Relationship Distress (CAPRD),” can be used whenever “the negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement)” are having a negative *impact* on the child (American Psychiatric Association, 2013, p. 716). Bernet and colleagues clarify that when a child is affected by parental relationship distress “the reactions of the child may include the onset or exacerbation of psychological symptoms, somatic complaints, an internal loyalty conflict, and, in the extreme, parental alienation, leading to loss of a parent-child relationship” (2016, pp. 571-572). Please note that DSM-5 diagnostic code used for CAPRD, V61.29 (Z62.898), is a billable/specific ICD-10-CM code that can be used “to indicate a diagnosis for reimbursement purposes” (ICD10 Data, 2020b, para. 1).



### *Child psychological abuse*

Another diagnostic issue is whether the parent-child relational problem between the child and the alienating parent is severe enough to warrant a diagnosis of “child psychological abuse” (American Psychiatric Association, 2013, p. 719). There are several professional organizations that provide standard definitions for child psychological abuse which may be helpful when conceptualizing an appropriate diagnosis. For instance, the American Psychiatric Association defines child psychological abuse as “any nonaccidental verbal or symbolic acts by a child’s parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child” (2013, p. 719). The American Professional Society on the Abuse of Children (APSAC) define psychological maltreatment as “a repeated pattern or extreme incident(s) of caretaker behavior that thwarts the child’s basic psychological needs for safety, ... socialization, and emotional ... support” (Hart et al., 2017, p. 148). And, Ireland’s Department of Child and Youth Affairs (DCYA) defines “Emotional Abuse” as “the systematic emotional or psychological ill-treatment of a child in any of the following ways: conditional parenting in which care, or affection of a child depends on his or her actions or seriously inappropriate expectations of a child” (Department of Children and Youth Affairs, 2017, pp. 8-9). An example of conditional parenting is the alienating strategy of “withdrawal of affection” (Baker & Fine, 2013, p. 95). Likewise, “forcing a child to reject the target parent” is a seriously inappropriate expectation of a child (Baker & Fine, 2013, p. 96).

### *Corrupting/exploiting*

There is a strong argument made in the literature which suggests that “causing parental alienation is a form of child maltreatment” (Bernet, 2020, p. 15; English & LONGSCAN, 1997; Gardner, 1998; Hart et al., 2017). Bernet (2020) argues that when a parent engages in alienating behaviors “in a purposeful, persistent manner” it constitutes a form of “child psychological abuse” (Bernet, 2020, p. 15). Gardner opined that “a parent who inculcates a parental alienation syndrome in a child is indeed perpetrating a form of emotional abuse in that such programming may not only produce lifelong alienation from a loving parent, but lifelong psychiatric disturbance in a child” (1998, p. xxi). Diane English and the Consortium of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) wrote that emotional abuse includes situations where “the caregiver undermines the child’s relationships with other

people significant to the child, e.g., makes frequent derogatory comments about other parents” (1997, p. 28). The fourth edition of APSAC’s *Child Maltreatment* describes corrupting/exploiting emotional abuse as “restricting or interfering with or directly undermining the child’s important relationships (e.g., restricting a child’s communication with his/her other parent and telling the child the lack of communication is due to the other parent’s lack of love for the child)” (Hart et al., 2017, p. 148).

### *Terrorizing*

Besides corrupting/exploiting emotional abuse, two other subtypes of psychological maltreatment are often correlated with alienating behaviors: terrorizing and isolating (Hart et al., 2017). Terrorizing includes “threatening to abandon or abandoning the child; setting rigid or unrealistic expectations with threat of loss, harm, or danger if they are not met; or placing a child in a loyalty conflict by making the child unnecessarily choose to have a relationship with one parent or the other” (Hart et al., 2017, p. 148). This form of psychological maltreatment is correlated with the alienating strategies of “withdrawal of love, forcing the child to choose, and forcing the child to reject the target parent” (Baker & Fine, 2013, pp. 95-97) and the brainwashing technique of “threat of withdrawal of love” (Clawar & Rivlin, 2013, p. 47). Threatening to withdraw love is “a coercive, powerful, and almost universally successful technique utilized by parents who programme” which according to Clawar and Rivlin can result in the children fearing “rejection or loss of love from a parent if they express love or a desire to be with the other parent” (p. 47).

### *Isolating*

Isolating emotional abuse includes caregiver acts that consistently and unreasonably deny the child opportunities to meet needs for interacting and communicating with others such as “placing unreasonable limitations or restrictions on social interactions with family members, peers, or adults in the community” (Hart et al., 2017, p. 149). One of the primary isolating strategies used by alienating parents is “limiting contact” with the target parent (Baker & Fine, 2013, p. 95). Clawar and Rivlin explain that isolating emotional abuse often involves “social/psychological kidnapping” where the alienating parent abducts the child “without physically removing them” (2013, p. 98). In this sense, kidnapping refers to “the exclusionary,



proprietary control of a child's mind (or body) by a [favored] parent" (Clawar & Rivlin, 2013, p. 98).

## Discussion

Measuring and documenting a child's exposure to alienating behaviors/psychological abuse is a critical first step in assessing their risk of developing severe parental alienation symptoms as well as deciding whether the presenting parent-child relational problem should also be labelled as "Child Psychological Abuse" (American Psychiatric Association, 2013, p. 719). Whenever exposure indicates a high risk of developing severe parental alienation symptoms, the DSM-5 diagnostic code 995.51 can be used as long as it is supported by documented evidence of "nonaccidental verbal or symbolic acts" of the alienating parent "that result, or have reasonable potential to result, in significant psychological harm to the child" (American Psychiatric Association, 2013, p. 719). The Children First Act (2015) also provides some helpful guidance indicating that "reporting emotional abuse" of a child is required whenever "a mandated person knows, believes or has reasonable grounds to suspect ... that a child has been harmed, is being harmed, or is at risk of being harmed" (p. 12; *See also* Children First Guidance, 2017, p. 21).

When diagnosing parental alienation with this approach, it is important to keep in mind that "alienating behaviors and a child's alienation from a parent fall on a continuum of severity" (Warshak, 2020, p. 57). According to Warshak (2020), mild alienating behaviors "are those that occur occasionally, such as incidental bad-mouthing and criticisms of the other parent with no consistent attempt to undermine the child's overall positive relationship with the parent who is the target of the criticism" (p. 57). Alienating behaviors that are consider moderate involve "consistent attempts by one parent ... to undermine the child's relationship with the other parent" and "convey very negative themes" about that parent "such as the ideas that the other parent is dangerous, does not really love or want the children, and is worthless as a parent" (Warshak, 2020, p. 57). Severe alienating behaviors "are those that take on the complexion of a hostile campaign against a parent, fueled by recurring harsh unmitigated criticism" (Warshak, 2020, p. 57).

The most extreme severe cases will often involve false allegations of abuse that are specifically aimed at destroying the child's relationship with the target parent (Butz & Evans, 2019; Clawar & Rivlin, 2013). This can result in the murder of the target parent (*In the matter of ECL*, 2009). Such was the case of Eric Lohstroh who was told by his mother, Deb Geisler: "Dad never loved

you. Dad didn't ever want you" (MSNBC, 2009). Geisler made numerous false allegations of sexual abuse which were all investigated and determined to be unfounded. However, that did not stop her from convincing Eric that his dad had sexually abused him and his little brother. One Friday afternoon when the father, Rick Lohstroh, came to pick up Eric and his brother for parenting time, the mother gave Eric a 20 mg dose of Prozac and left a loaded .40 caliber Glock pistol accessible to Eric. When the father arrived to pick up the boys, Eric grabbed his mother's loaded handgun, walked out to the father's car, got into the back seat and shot his dad three times in the back killing him. The younger brother testified that Eric gave his mother the okay sign after killing his father and wrote in his school paper that he "heard his mother tell his brother to shoot his dad" (MSNBC, 2009). When prosecutor Mia Magness was asked why Eric killed his father she said:

The short answer was because he was angry. The simple answer is that he had become so alienated from his dad and he, in his mind, dad was really the source of all his problems and if you eliminated dad you eliminated the problem (MSNBC, 2009, at 23:33).

In response to the question of whether the mother played a role in the shooting, prosecutor Bill Hawkins replied: "There's no question that she created the poisonous environment that led that boy to shoot his father" (MSNBC, 2009, at 24:11).

### **Conclusion**

The unfortunate reality of children being exposed to severe forms of alienating behaviors is they can often reach the point of "no return" (Clawar & Rivlin, 2013, p. 219). These are children who have experienced such "intense, long-lasting inculcation processes that the opportunities for positive change are minimal to nonexistent" (Clawar & Rivlin, 2013, p. 219). One way to help alienated children from reaching the point of no return is early intervention. This involves identifying the degree of exposure to alienating behaviors and the impact it is having on the child's relationship with both parents. Providing an accurate diagnosis not only informs and guides the development of appropriate intervention strategies but also creates a way for the family system to be identified as the client to maximize the opportunity for amelioration of the presenting parent-children relational problem.



**Shawn Wygant** is a forensic psychology associate and Ph.D. clinical psychology candidate. He holds two master of arts degrees in forensic and clinical psychology. He specializes in the diagnosis, assessment, and treatment of parental alienation. He currently works with lawyer and forensic psychologist Demosthenes Lorandos on parental alienation cases throughout the United States helping courts make the best possible decisions concerning the best interest of the child.

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