



Treatment Considerations with Children Diagnosed With PAS

By

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Frequently in cases in which Parental Alienation Syndrome (PAS) has been determined, courts become concerned with ordering the appropriate mental health treatment for the children involved. This can present a dilemma because there is an abundance of confusion regarding such solutions. This article will draw upon the available research that addresses this issue and provide suggestions as to treatment interventions. In addition, there appears to be a significant increase in PAS allegations and while this may be the case, there are a number of “other” reasons that the child(ren) may reject a parent. So caution is given for over diagnosing PAS along with the “other” reasons for parental alienation.

PARENTAL ALIENATION SYNDROME

Dr. Richard A. Gardner observed, in the conduct of numerous custody evaluations of children, that divorcing families shared common characteristics which he designated Parental Alienation Syndrome (PAS) (Rand, 1997). PAS was defined as a syndrome where one parent, an alienating parent, alienates the child(ren) from a targeted parent. The alienating parent applies, both consciously and subconsciously, brainwashing and programming techniques in an attempt to alienate the child(ren) away from the other parent. In the process the alienating parent commonly denigrates the other parent to the child(ren), in front of the child(ren) and to other

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significant adults in the targeted parent's life. An important distinction of PAS from the term "parent alienation" is that the child(ren) also contribute to the denigration process of the targeted or hated parent (Cartwright, 1993; Gardner, 1992). The specific symptoms of PAS (Gardner, 1992) are:

- ◆ **Campaign of denigration:** denigration of the targeted parent completely, especially in the presence of the alienating parent. The children express profound hatred for the targeted parent.
- ◆ **Weak, frivolous and absurd rationalizations for the denigration:** The children base their justification for their alienation on rationalizations that are completely irrational, and ludicrous e.g. "he takes me to Disney World too much." These children are unable to provide more compelling reasons for their rejection (Gardner, 1998).
- ◆ **Lack of ambivalence:** Denigrating statements are often made with a complete lack of ambivalence by the children. That is, there are no mixed feelings with these children; the targeted parent is all bad and the alienating parent is all "good".
- ◆ **The "Independent Thinker" phenomenon:** The child(ren) proudly profess that their rejection of the targeted parent is their own doing. They will deny any contributions from the alienating parent, who supports the child in their proclamations. The alienating parent reinforces this contention by making such statements as "I can't force her to see her dad, if she does not want to".

- ◆ **Reflexive support of the alienating parent:** The child(ren) automatically take the position of the alienating parent; even the alienating parent may not present the argument as forcefully as the supporting child.
- ◆ **Absence of guilt:** The PAS child(ren) typically have no guilt or remorse over the cruelty and exploitation of the targeted parent. There is a guiltless disregard for the targeted parent by the child(ren). There is frequently a complete absence of gratitude for gifts, support of any kind or any involvement by the targeted parent in their lives. This lack of guilt cannot be attributed solely to the child's cognitive immaturity but is related to the brainwashing and programming by the alienating parent (Cartwright, 1993; Gardner, 1992).
- ◆ **Presence of borrowed scenarios:** The child(ren)'s presentation carries a rehearsed quality. They use language and expressions that are clearly not their own. Their verbalizations appear to be coached and rehearsed, and the only source of the borrowed scenarios appears to be the alienating parent (Cartwright, 1993; Gardner, 1992).
- ◆ **Spread of the animosity to the extended family of the alienated parent:** The targeted parent's extended family (e.g. aunts, uncles, cousins, grandparents, etc.) is included in the animosity. These individuals are also perceived as having negative qualities or using inappropriate actions since they are associated with the targeted parent. Any attempt by the extended family to counter the denigration of the targeted parent is viewed by the child(ren) as an attack on their beliefs that they must defend (Cartwright, 1993; Gardner, 1992).

Gardner emphasized the psychopathology of the "alienating" parent. In addition this syndrome causes professionals to recognize that the child(ren) has to cope with the intense conflict in divorce situations. Also, the child(ren) will have to deal with the "rejected" parent's parenting skills, which typically are not at their highest level. Whatever the etiology of child(ren)'s divorce-related psychological conditions that require treatment, improvement usually involves both legal and therapeutic intervention.

Gardner made a very important contribution to the field of family law with development of the PAS. First he alerted the legal community that children's statements about rejecting a parent may result from overt or covert manipulation by another parent. He provided specific recommendations about the combination of legal and therapeutic interventions. Of significance was the need for a court order for continued contact between parents and child(ren). The underlying message is that problems between parents and children should be addressed head on, not avoided by terminating any relationships. There may be some exceptions and these will be noted later.

In PAS an alienating parent is unable to tolerate separation from the child, programs the child, and uses the child to meet their own emotional needs. The alienating or loved parent is considered emotionally disturbed, keeping the child(ren) from a relationship with a potentially healthier, targeted, parent. This framework of looking for a disturbed versus healthier parent seems to be in concert with the adversarial court contest over custody. Often there are charges of abuse by one side and countercharges of PAS by the other side, which then must be examined in a social investigation or child custody evaluation. Parents who have suffered the terrible hurt of

having a child grow distant from them seize upon the theory of PAS and feel vindicated if an evaluator can determine that the child has been alienated.

The PAS cases that end up in therapists' offices after a court hearing usually do not have one parent who is much more psychologically healthy than the other. These are usually families that would have ended up in treatment because of children's disturbances, whether or not the parents were divorced. From a "Family Systems" perspective, the blame for PAS lies less with psychopathology of one parent than it does with the usually very high conflict between both parents and their psychopathology. These are not easy families to help, and may very likely return to court, with or without therapeutic interventions.

It maybe helpful for judges, attorneys, and therapists to increase their understanding about these families and perhaps move away from a blame-based formulation realizing that treatment requires commitment over time for substantial results. There are a number of different reasons that a child might reject one parent in a divorced family. Also, there are a number of ways of helping those families. PAS does fit many of these cases. Whether there is PAS or not, it is essential that courts order continued contact with both parents. There are some non-PAS cases, however, in which there are other reasons for estrangement between parent and child(ren) and which need different therapeutic interventions.

POSSIBLE REASONS FOR PARENT REJECTION

Frequently judges in custody cases need "experts" to tell them why children reject a parent. The answer is there are many problems that contribute to parent alienation. The solution will

probably still be some kind of court order for continued contact between parent and child so the problem can be resolved, either through natural interaction or with the help of some therapy. If contact between a parent and child stops, all of the problems listed below can develop into a phobic reaction to an alienated parent.

1. **Normal separation problems.** Preschool children usually go through some separation anxiety when leaving a parent. The extent of the separation issue is a function of the child's temperament and the parents' response to the behavior. Visitation problems with a preschool child are similar to reactions to going to school for the first time and the situation requires similar techniques. The child needs to be reassured, lowering their anxiety while being steadfast that the transition will take place. Court orders enforcing the visitation time along with counseling and therapy focused on reassuring the "primary parent" and reducing their anxiety may go a long way to help. One can see, that interrupting the visitation may only reinforce the anxiety and strengthen the "phobic-effect" to the targeted or alienated parent. Regardless of PAS or no PAS, this recommendation holds for either situation.
2. **Skill Deficits in the noncustodial parent.** Quite often the "non-primary parent" is just beginning to take care of the child(ren) on their own. Frequently, they do not have the understanding of the child(ren)'s needs or the experience in parenting. Advice from one parent to the other is usually not received well, especially after divorce. Generally, parent training will solve some of these problems. Sometimes, it is important to have the "novice" parent and child(ren) in counseling or therapy in order to help them understand

the child(ren)'s feelings and needs. A great book on this topic is How to Talk So Kids Will Listen and How to Listen So Kids Will Talk, (1980, Faber & Mazlish). Sometimes judges need to order a parent to buy things for the child(ren) so they'll have something to do or play with when they're visiting.

3. **Oppositional behavior.** It is common for a child(ren) to go through a stage of rejecting one or both parents, especially during adolescence and preadolescence. In intact families this rejection is not threatening and is developmentally normal. In a divorced or reconfigured family such rejecting behavior may require counseling or therapy in order to help set limits and negotiate a child's independence without ultimately sacrificing the relationship. The therapeutic assistance may become even more urgent as the reconfigured family matures and introduces "steps" into the equation. Here "limit-setting" is essential while easing the child through the rejection stage.

4. **High-conflict divorced families.** In high-conflict divorces the child(ren) may need to escape the conflict by allying with one parent. This is a normal form of adjustment. Unfortunately, on the surface there is an appearance of PAS but it may not be genuine PAS. Both legal and mental health interventions should focus on maintaining contact so the child can mature enough to stand outside of the conflict and form relationships with both parents. Counseling can help parents with what to do and what not to do in their interactions with the child(ren). Probably the best therapeutic issue to focus on is to reduce the conflict between parents, sometimes easier said than done.

5. **Serious non-abuse problems.** There are situations in which there are serious problems in the relationship between the non-custodial parent and the child(ren), which are abusive, although do not always technically constitute reportable abuse. For example, parents who are alcoholic, extremely rigid and controlling, or have severe psychiatric disturbances may be rejected by the child(ren). In such cases, the only way the child(ren) can tolerate being with that parent is in psychotherapy. In therapy a therapist is present who can “mediate” the impact of the parent's emotional problems on the child(ren). However, it is still important that the child have some contact with the parent in order to form a realistic understanding of the parent and develop a workable relationship.

6. **Child abuse.** Physical and sexual child abuse occurs in divorced families just as it does in intact families. The therapeutic steps for such families involve protecting the child from the abusive parent until that parent takes responsibility and has demonstrated change. These cases present the difficulty of knowing when visits can commence, when to begin monitoring visits, the length of visits, the duration of monitoring, etc. However, some form of contact between parent and child is still beneficial for the child after the parent shows readiness for appropriate interactions.

VARIATIONS OF PARENTAL ALIENATION SYNDROME

The presence of PAS is determined mainly by the extent to which a child is consciously or unconsciously being programmed by the alienating parent to reject the targeted parent. Children rejecting a parent, or who appear to be alienated, behave this way as a result of other reasons

beside PAS as suggested above. In genuine PAS cases, the child's feelings about the targeted parent are inconsistent with the problems present in that relationship.

Richard Gardner recommended legal and therapeutic interventions based on the degree of severity of the case. That is, whether it is at the mild, moderate, or severe level of parental alienation. The determination of the level or degree of PAS depends mainly on the evaluation of psychopathology of the alienating parent.

For mild parental alienation cases, Gardner suggested that court ordered visitation is the only intervention necessary. Such orders are intended to reassure the alienating parent as well as the child of the stability of their relationship. That is, their relationship will not be jeopardized or threatened by the targeted parent. The order for visitation will alleviate the child's guilt. After all, the child is now "ordered" to reside with one parent (e.g., the alienating parent) taking away their option of choosing a parent and they "must" visit the targeted parent. Hence, there can be no guilt or fear of leaving one parent for a visit; nor any hesitation to visit the other. This is because the court has taken away their responsibility for the visitation, and decisions surrounding it, from the child and the parties. The court orders also have a side benefit in that they will typically lower the conflict between the parents. In the mild cases the alienating parent is assumed not to have any severe emotional problems.

The vast majority of cases, however, fall in the moderate PAS category. In these cases, it is assumed that the alienating parent gives verbal and nonverbal cues to the child that encourage the child to act out angrily against the targeted parent or to be afraid of that parent. In these

cases, it is recommended that a combination of court orders for visitation as well as counseling or psychotherapy be issued. The therapy in these cases is not designed to increase parents' insight, but rather to structure their behavior around visitation. Therapy also tries to help the targeted parent become more "tough-skinned" or resilient about the child's rejection, reprogramming the child, and confronting the alienation tactics of the alienating parent.

In the severe cases of PAS, which, fortunately, are very rare, Gardner (1989), recommended a change in residence or primary custody. While apparently a drastic recommendation, given the child's professed attachment to the alienating parent and fear of the targeted parent, there are significant justifications to warrant such a change. Typically, in the severe cases, the alienating parent has severe psychopathology, which affects other aspects of parenting. For example, the alienating parent may be chronically suicidal and the child skips school to stay home with that parent. The child stays home partly out of fear that parent will take their life while at school. Staying home is means of protecting the parent from such actions.

Sometimes the alienating parent has rigid, paranoid thinking that severely limits the child's ability to differentiate and mature in other aspects of life. The paranoid thinking leads to such limitations as to who the child may play with and when. The paranoia may be projected onto the targeted parent where they are perceived to be a threat to the alienating parent and ultimately the child. This delusional thinking gets transmitted to the child and hence we witness a shared delusion toward the targeted parent. The ordered change in custody assumes that the targeted parent is more emotionally healthy than the alienating parent.

In the classic PAS scenario, a hated, or targeted, parent and an alienating, or loved parent are involved with each other. Typically, one parent has left a depressed, low-functioning, alienating, parent who over-identifies with their parenting role (mother role/father role). For the child to be susceptible to alienation, the child usually feels abandoned by the departed parent, who may have departed precipitously, or is made to feel abandoned because of the alienating parent's statements, such as "he/she left us." One child told this writer "he divorced us." The child clings to the lower-functioning, alienating, parent and may be caught in, what Gardner called, a "folly a deux" against the departed parent as a way of bolstering the alienating parent so he/she can continue to care for the child. In cases where the alienating parent is the father and the target is the mother, the child, usually a male, identifies with the father who is contemptuous of the mother's weakness. The father, narcissistic and successful, looks down on those not as successful or as righteous as he is. The mother has usually done something abandoning (e.g., pursued a career, left to care for an ailing parent, etc), subjecting the child to emotional stress by feeling overburdened in taking care of her, or has behaved in a way that the child labels as morally wrong (usually with help in labeling by the father).

A SYSTEMS VIEW OF PARENTAL ALIENATION SYNDROME

The vast majority of PAS cases that attempt therapy are categorized at the moderate level. One of the difficulties in these cases is that the targeted parent, being a human being, usually contributes directly to the problems in the parent-child relationship. The targeted parent's shortcomings also contribute to the ongoing parental conflict with the alienating parent. Very often, the targeted parent has, or develops, a distant, rigid style which is seen by the child as

authoritarian. Males, growing up in 21st century America, still are not educated on emotions and feelings and communication skills. So, men fall prey to this scenario quite naturally. The style of the targeted parent contrasts with the indulgent, clinging style of the alienating parent with the child. This combination of parenting styles is often seen in intact families as well as when children have severe emotional problems. Family therapy with these cases in intact families is usually aimed at bringing the father into a closer relationship with the child and increasing their affection. It is also aimed at helping the mother find an identity outside of the parent role and helping her with her parenting. The same therapy techniques apply in PAS cases. Both parents usually need help with their parenting skills.

Conflict between the parents is probably the main contributor to moderate PAS. Johnson and Campbell, in their book, Impasses of Divorce, (1988) note that children around the age of nine usually ally with one parent in high conflict cases. This is a common survival strategy in conflict because it takes great ego strength to remain neutral. Divorced couples usually force friends to choose between them, and even therapists find it difficult to maintain emotional ties to both divorced parents. In family therapy for PAS cases, the neutral family therapist assists the child in keeping contact with both sides. The therapist also does conjoint work with the parents in order to reduce situational conflict. Many times there is also financial conflict such that the father uses money as his power and the mother answers with her power over the children.

Conflict often escalates outside of the immediate family to include the system of attorneys and therapists. Johnson and Campbell write about this phenomenon, in Impasses of Divorce. Therapists, especially individual child therapists, can unwittingly become part of the system

maintaining PAS because very few therapists know about it. As an aside, very few mediators as well are knowledgeable about PAS. The topic is usually glossed over in a matter of minutes during mediation or parenting coordination training. Most therapists are originally trained in individual models of psychotherapy in which understanding and venting of feelings are the main therapeutic techniques. Often therapists only see the child with the loved parent and avoid contact with the other parent because of their own fear of conflict. These therapists take children's statements at face value and do not realize that the children of divorce will say different things depending upon which parent they are with. Even sophisticated therapists who know about PAS can be drawn into the warring systems. When an evaluator believes that a child is alienated and the child's therapist is unwilling to meet with the hated parent, and is unreceptive to feedback about alienation, it may be necessary to discontinue the child's therapy. However, changing the child's therapist should be done only as a last resort if the child is very attached to that therapist.

Because therapists can become part of the warring factions that contribute to PAS, it is important that there be communication and collaboration among therapists in the family. Often parents will try to block communication between therapists as part of the conflict. Court orders allowing communication will facilitate treatment.

INNOVATIONS IN LEGAL AND THERAPEUTIC INTERVENTIONS

What about the role of mediation in PAS? The premise is that help for PAS almost always involves a combination of legal and therapeutic intervention, but the delays caused by the formal

court proceedings may contribute to the problem. Early negotiation or mediation in these cases can be a powerful tool for attorneys in providing a rapid solution to child estrangement that can evolve into total rejection of one parent by a child. Time is of the essence in dealing with problems that may lead to PAS.

If contact is stopped between a parent and a child, a pattern is likely to develop such that it will be difficult to mend the relationship. Even without the assistance and cooperation of an "alienating parent," the child can develop phobic-type symptoms, showing anxiety about contact with a parent. Phobias are strengthened and maintained by avoidance. The solution to, or prevention of, developing a phobia about riding a horse after a fall is to get back on the horse, and the same is true of experiencing trauma in relationships.

Mediation and negotiation between attorneys can be used to keep contact between parents and child(ren); to help select a mutually acceptable therapist who may be able to solve the problems with early intervention; or to select quickly a neutral evaluator who is in the best position to evaluate whether there are substantive reasons for the child(ren)'s rejection of one parent or if the child(ren) is(are) responding to the needs of the other parent to have an ally.

Dr. Gardner, referenced in L. Margolin and M. Lund's (1993) article, has referred to a "case management" (we might refer to this as Parent Coordination (PC)) approach to PAS. Case management follows after the court has made clear orders about custody and visitation based on a prior evaluation of the family. The case manager or PC is in charge of overseeing and coordinating the therapy. Treatment may involve one or more of the following components:

1. **Parent/Child Sessions.** Sessions can be held with the hated parent that are designed to bring the parent and child together in a less emotionally intense and more pleasant way as well as to help the parent learn better parenting skills. Sessions with the loved (alienating) parent are designed to ensure that there is at least overt verbal permission given for the child to have a relationship with the other (targeted or alienated) parent.
2. **Individual Sessions For Parents.** Therapy for the parents is designed to help them recover from the divorce so they can disengage from the conflict and find new or expanded roles for themselves. For the targeted parent, it is important that that parent is aware of his or her contributions to the child's rejection. For the alienating parent, it is important to reinforce the message from the court that it is important to allow and encourage a relationship between the other parent and the child along with clear indications that sabotaging behavior will not be tolerated. It is also usually very important to help find ways of bolstering ego strength in a role outside of parenting in order that this parent may allow the child to separate more easily.
3. **Mediation With The Parents.** Finding a way to lower the overt conflict in these cases, and keep the child from being "triangulated" into those conflicts, is a crucial aspect of therapy. Parents in these cases are usually unable to respond flexibly to changes in schedule or the other inevitable crises that occur with children. In a sense, the mediator becomes the person triangulated instead of the child.
4. **Communication Between Therapists.** Communication between therapists helps the therapists overcome their "advocacy" bias. It is especially important that a therapist for

the child has open communication with the father or the father's therapist, if there is one, so there is some reality testing about the child's complaints.

It is obviously costly if a case manager or Parenting Coordinator oversees and coordinates a multi-therapist approach, because it involves the time of several mental-health professionals. In this regard, it would be a technique that might be reserved for highly conflicted cases that are likely to return repeatedly to court. The cost of the case management or Parenting Coordination technique then must be weighed against the cost of repeated litigation both in financial costs and the emotional consequences to the child.

OUTCOMES OF TREATMENT

There has been very little research on the success of legal and therapeutic interventions for PAS. However, reports from therapists, who are working in the field, suggest that there are few quick and miraculous cures. Success in PAS cases should be defined as the maintenance of some contact between parent and child.

It is often frustrating for parents and therapists when the parents improve in their behavior and the child remains stuck in a rejecting attitude. The analogy would be when the leaders of two warring nations sign a peace treaty but the guerrilla soldiers keep fighting. Sometimes the children who have gone through the wars of divorce must reach a higher level of maturity before they are able to give up their rejecting attitude. The biggest tragedy is that sometimes the rejected parent loses patience and gives up before that change occurs.

On a positive note, in many cases speedy intervention by therapists, attorneys, and the courts, can keep smaller problems from escalating into termination of the relationship between parents and children. The more that judges, attorneys, and therapists understand PAS, and how they may unwittingly contribute to the problems through escalation of conflict, the more damage can be prevented. We are talking about the damage of PAS that can be a life-threatening disorder with dire consequences to children and ultimately our society.

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