

## **Sixteen-Session Group Treatment for Children and Adolescents With Parental Alienation and Their Parents**

PAZ TOREN

*Tel-Aviv Brull Community Mental Health Center, Tel Aviv, Israel, and Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel*

BENJAMIN L. BREGMAN

*Yale Child Study Center, Yale University, New Haven, Connecticut, USA*

ELISHEVA ZOHAR-REICH

*Tel-Aviv Brull Community Mental Health Center, Tel Aviv, Israel*

GALIT BEN-AMITAY

*Tel-Aviv Brull Community Mental Health Center, Tel Aviv, Israel, and Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel*

LEO WOLMER

*Tel-Aviv Brull Community Mental Health Center, Tel Aviv, Israel, and Donald J. Cohen and Irving B. Harris Center for Trauma and Disaster Intervention, Tel Aviv, Israel*

NATHANIEL LAOR

*Tel-Aviv Brull Community Mental Health Center, Tel Aviv, Israel, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel, Donald J. Cohen and Irving B. Harris Center for Trauma and Disaster Intervention, Tel Aviv, Israel, and Yale Child Study Center, Yale University, New Haven, Connecticut, USA*

*This study reports the findings of a 16-session parallel group therapy program for 22 children with parental alienation and their parents. The children's level of anxiety and depression decreased significantly following the therapeutic intervention. Families who had participated in the treatment protocol were found to have improved practical parameters of parental collaboration 12 months following the completion of treatment than a control group of families with parental alienation treated with standard community treatment.*

---

Statistical analyses were performed by Paz Toren, M.D., M.H.A, and Leo Wolmer, M.A. No support for the study was received from any grant, funding source, or commercial interest.

Address correspondence to Paz Toren, 7 Geiger Street, 69341 Tel Aviv, Israel. E-mail: ptooren@post.tau.ac.il

*Parental object relation scores were negatively correlated with children's level of anxiety and depression at pretreatment and with the decrease in anxiety and depression level along the treatment.*

## INTRODUCTION

Parental alienation (PA) is a type of peri-divorce familial dysfunction characterized by the preoccupation of children with the denigration and the excessive criticism of one, most often the non-custodial, parent (Gardner, 1987; Wallerstein & Kelly, 1976). First recognized in their seminal study on the children of divorce, Wallerstein and Kelly (1976) identified children who, they theorized, willfully severed any connection with their fathers in response to the needs of their psychologically compromised mothers. They called this presentation "The Medea Complex" in reference to the infanticide committed by Medea as revenge for her husband's disloyalty. Since then, additional case reports of children with frank parental alienation (Fidler, 1988; Jacobs, 1988; Wallerstein, 1984) or other studies reporting high rates of children refusing to visit non-custodial parents (possibly indicating cases of unreported parental alienation) (Kalter, 1989; Oppenheimer, 1990; Racusin, 1994; Thoennes, 1990), demonstrate the commonness of this phenomenon as well as how little child psychiatrists know about its etiology or its impact on children and their families. Bernet, W., Von Boch-Galhau, W., Baker, A., J., L., Morrison, S.L. (2010). Despite its relevance to children's mental health and to child psychiatrists' daily clinical work, there are very few articles addressing parental alienation in the child psychiatric literature over the last decade. Bernet and coworkers (2010) estimate that 1% of children and adolescents in the U.S. experience parental alienation, and suggest that the concept of parental alienation be included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), and the International Classification of Diseases, Eleventh Edition (ICD-11).

Though children possess a great deal of resilience and can successfully recover from the divorce of their parents, research has shown that children who are exposed to the stresses of divorce and prolonged custody conflicts have higher levels of psychological, behavioral, and educational problems (Amato, 2001; Schor, 2003). This includes behavioral disorders (Wallerstein, 1980) and negative attitudes toward future relationships (Laumann-Billings, 2000). Furthermore, the amount of verbal and physical aggression expressed between parents during their separation was predictive of total behavior problems, depression, withdrawn/uncommunicative behavior, somatic complaints, and aggression in their children at two-year follow-up (Johnston, 1987). As such, the psychiatric and pediatric literature stresses the importance of physician intervention (e.g., counseling, couples therapy, behavioral therapy) both with the divorced parent and their children (Schor, 2003).

Even with ample evidence that stressful divorces have detrimental psychological consequences on children's wellbeing, the psychological impact of divorce and custody conflicts on children is frequently underestimated or overlooked in the context of prolonged divorce proceedings (Emery et al., 2001). Additionally, even if appropriate attention were to be paid to the needs of the children, in cases of parental alienation, traditional interventions have not been successful in assisting the child or their families resolve this problem (Dune and Hedrick, 1994; Gardner, 1999; Ellis & Boyan, 2010). Consequently, researchers and clinicians have suggested exploring legal and psychological therapeutic interventions that engage all parties involved in the dysfunctional dynamics (Dune and Hedrick, 1994; Johnston, 2003).

A model of short-term group therapy for children with parental alienation was created and implemented by our group. To the best of the authors' knowledge, this is the first interventional study using a parallel group psychotherapy model in this population published in the literature. The aim of this study is to present the results achieved by this treatment program. In addition, we hypothesized (1) that the quality of parental object relations is inversely correlated with measures of depression and anxiety in children with parental alienation, and (2) that poor parental object relations are directly correlated with increased resistance to treatment.

## METHODS

### Subjects

Thirty-five children and adolescents, resistant to standard community treatment, were referred to our clinic by the court and social welfare authorities to participate in a group therapy program for youth with parental alienation.

Inclusion criteria were the diagnosis of PA in a 6 to 16 year old child. Children were considered to have PA if they had refused to visit the alienated parent for a minimum of 4 months. After interviewing the children and their parents, 13 did not participate in the study for the following reasons: four children did not meet criteria for parental alienation, five families had at least one parent refuse to participate in the parallel group therapy program and four dropped out after completing the questionnaires but before beginning the study because they were unable to attend the therapy sessions due to scheduling conflicts. The remaining participants who became the study group ( $n = 22$ ) consisted of 9 boys and 13 girls and their 38 parents (19 mothers and 19 fathers). One of the fathers refused to complete the questionnaires but participated in the parallel group therapy program. The children were between 6 and 15.5 years of age (mean  $\pm$  SD: 11.02  $\pm$  2.63 years). Five of the children had siblings participating with them (one

group of 2 and one group of 3) while the remaining seventeen children did not have a sibling. Eighteen mothers and one father were the custodial parents. The remaining parents (19) were alienated from their children.

Children and parents were interviewed by all the group therapists (two senior child and adolescent psychiatrists [P.T. and G.B.A.], a psychologist and three social workers). One child was diagnosed with generalized anxiety disorder and one child was diagnosed with nocturnal enuresis.<sup>27</sup> Furthermore, two children had obesity (BMI  $\geq$  95% of age, height and gender matched peers).

The control group (n = 48) consisted of age (mean  $\pm$  SD: 10.03  $\pm$  2.63 years), gender (24 boys and 24 girls) and socio-economic status matched children and adolescents (all p > 0.05) who were treated using standard community treatment. Under the supervision of court-appointed social workers of the state, the control families were receiving family, individual or supportive interventions, including supervised visitations in mediation center facilities. Inclusion criteria were the same for the control group. Because access to the control group was limited and only became available at a later stage of the study, this group was assessed only at T3 with the outcome measure. The study was approved by the Institutional Review Board.

## Assessment Time Points

### FOR THE STUDY GROUP

Pre-treatment (T1): the week prior to the beginning of the treatment protocol.

Post-treatment (T2): the week prior to the last treatment session (end of session 15)

### FOR STUDY AND CONTROL GROUPS

Twelve-month follow-up (T3): community social workers conducted interviews with parents of both groups 12 months after the end of the treatment group.

## Measures

The assessments at T1 and T2 consisted of three questionnaires to assess child wellbeing and parental object relations.

1. The Revised Children's Manifest Anxiety Scale (RCMAS), a 37 item self-report questionnaire applicable for children 6-19 years old. The scale

- includes 28 anxiety questions and 9 false items. The RCMAS is reported to have acceptable reliability and validity (Reynolds and Richmond, 1978).
2. The Children's Depression Inventory (CDI), a 27-item self-report questionnaire, applicable for children 6-17 years old. The CDI inventory has been widely used and is found to be generally reliable and valid as measured by the  $\alpha$ -Cronbach's coefficient. This measure has internal consistency in the range of 0.70–0.86 (Kovacs, 1985).
  3. The Bell Object Relations and Reality Testing Inventory (BORRTI) monitors 4 separate aspects of the quality of object relation, specifically alienation, insecure attachment, egocentricity and social incompetence. The BORRTI has been reported to possess acceptable reliability and validity (Bell, 1989).

At the 12-month follow-up (T3) the parents in both groups were contacted and were evaluated with an "outcome measure" comprised of two domains relating to practical parameters of collaboration: 1) the number of visits with the alienated parent over the previous year; and 2) the level of cooperation between the parents concerning their child. The assessments were endorsed by the social workers on a 1 to 4-point Likert-type scale (4 = no visits or no cooperation between parents and 1 = many visits, or high level of cooperation between parents). These two domains were significantly correlated ( $r = 0.55$ ,  $p < 0.001$ ), and their sum was used as the outcome measure.

### Data Analysis

Chi-squared analyses were used to compare nominal variables, and t-test and analysis of variance (ANOVA) with repeated measures with contrasts were used for comparison of continuous variables. The statistical analysis used an "intent to treat" conservative method, meaning that all subjects completed the questionnaires before and after the treatment, and subjects who completed the intervention yet did not submit their questionnaires were assumed to have not changed their attitudes.

### Treatment Protocol

The program consisted of 16, once-weekly group sessions that lasted for 90 minutes. The results of the present study are of three treatment sets. In each treatment set, the participants were divided into three parallel groups consisting of 6-8 children in the children's group and 12-14 parents in two groups. Each parent group contained equal numbers of alienated and non-alienated parents; ex-couples were not included in the same group. Each group had two therapists.

The intervention was dynamic, coupled with cognitive-behavioral modules and the implementation of some interpersonal skills and coping

techniques. The rationale of the group sessions was to alleviate the intense emotions experienced by parents and children, to increase mentalization and to allow child-parent attitudinal change and normalization of visitation patterns.

The therapists were attentive to identifying a number of themes that arose during parental group meetings and stimulated discussions over these specific topics: understanding the divorce crisis as an on-going multi-step process that includes separation, pain, loss, anger, revenge, acceptance and possibilities for growth; observing and focusing on the losses during the divorce including loss of the fantasy that the relationship will last forever and loss of the idealized parenting; recognizing changes in the parental role that are due to the divorce; understanding the crises which the children are undergoing; differing between the needs of the parent and the needs of the child; taking personal responsibility to changing the attitude and behavior of him/herself with regards to the other parent and the children; preventing cognitive pitfalls (e.g. unrealistic or negative thinking; emotional reasoning, or dichotomous opinions); reframing some experiences and behavior patterns as post-traumatic; observing some of the attitudes as repetitions of attachment schemes; sharing problems and perspectives among members of the group. The children's groups processed the separation of the parents and the divorce, discussed each child's new life story that includes the divorce crisis, discussed the rights of children to divorced parents, encouraged expression of feelings involving the separation and the changes ensuing, including anger and helplessness.

## RESULTS

Twenty-two children and adolescents aged 6 to 15.5 years participated in the treatment groups. The children of the study group were alienating one of their parents for a period of 6 months to 5 years (mean  $\pm$  SD: 32  $\pm$  6.7 months). The children of the control group were alienating one of their parents for a period of 4 months to 4 years (mean  $\pm$  SD: 21  $\pm$  8.1 months) ( $t = 5.55$ ,  $df = 68$ ,  $p < 0.01$ ).

Anxiety level, as measured by the RCMAS, decreased significantly from the pretreatment (7.8  $\pm$  5.5) to the post-treatment (5.8  $\pm$  4.8) assessment [ $F(1,21) = 6.902$ ,  $p < 0.02$ ]. Depression level, as measured by the CDI, decreased significantly from the pretreatment (6.9  $\pm$  6.5) to the post-treatment (5.09  $\pm$  5.2) assessment [ $F(1,20) = 4.84$ ,  $p < 0.05$ ]. There was no interaction with gender ( $p > 0.05$ ). In addition, we compared the "outcome measure" of study and control groups at one year follow up (T3). It was found that outcome measure of the study group was significantly lower (reflecting a better cooperation between parents) than that of the control group (mean  $\pm$  SD: 3.5  $\pm$  1.7 and 7.7  $\pm$  3.1, respectively) [ $t(68) = 5.89$ ,  $p < 0.001$ ].

A significant negative correlation was found between mothers' ( $r = -0.43$ ,  $p < 0.04$ ,  $n = 19$ ) and fathers' ( $r = -0.56$ ,  $p < 0.01$ ,  $n = 18$ ) object relations and the children's level of anxiety at pretreatment, i.e., a lower level of parental object relations was associated with a higher baseline anxiety level. A similar trend, however non-significant, was noted for parental object relations and children's level of depression at pretreatment ( $p > 0.05$ ). Furthermore, a negative correlation was found between fathers' object relations and the decrease in anxiety ( $r = -0.58$ ,  $p < 0.01$ ,  $n = 19$ ) and depression ( $r = -0.44$ ,  $p < 0.05$ ,  $n = 18$ ) level of the children. That is, a lower level of fathers' object relations was associated with a greater decrease of the children's anxiety and depressive symptoms following the treatment. A similar trend, however non-significant, was noted for mothers' object relations ( $p > 0.05$ ).

## DISCUSSION

Parental alienation is a common phenomenon which psychiatrists underdiagnose, and can have detrimental effects on all family members involved, especially the children. Once mental health professionals become aware of this phenomenon, its underlying dynamics and its consequences on mental health, they will be better able to identify the family members' psychopathology, choose proper clinical interventions and reach clinical improvement within a shorter period of time.

This study reports the findings of a 16-session therapeutic intervention for children with parental alienation and their parents. We found that the anxiety and depression levels of children with parental alienation decreased significantly following the short-term (4 months) treatment period. The children in our study are from families who have been in long-term, litigated child custody disputes, resistant to standard community treatment, and have been alienating one of their parents for a period of 6 months to 5 years, significantly longer than the alienation period of the control group.

Furthermore, there was a significant difference in parental cooperation following the intervention at one-year follow-up based on measures of cooperation as compared with an age, gender and SES matched control group of families who were treated using standard community treatment. A better cooperation between parents was detected in the families of the treatment than of the control groups.

These findings support the use of short-term, group therapy in the treatment of parental alienation and in the mitigation of the psychological effects on children (i.e. anxiety and depression) of prolonged custody disputes.

In addition, we report correlations between parental object relations and the children's measures of anxiety and depression before and after treatment. Our results demonstrate that deficits in parental object relations are correlated with a higher child's baseline level of anxiety and depression. These

findings were in agreement with our hypothesis that poor parental object relations had a negative impact on the child's emotional and psychological state. However, contrary to our hypothesis, we found that lower paternal object relation scores correlated with a greater improvement in anxiety and depression following treatment. These same trends, though non-significant, were also found with maternal object relation scores and post-treatment improvement in children's anxiety and depression. In other words, children who were the most affected by their parents poor object relations benefited the most from treatment. It is possible that the interpersonal skills and coping techniques introduced throughout the treatment protocol were new to children from the most psychologically disturbed home environments. Consequently, once the children acquired age-appropriate interpersonal communication skills, they were able to improve more dramatically than children who came from a less psychologically disturbed home ("floor effect"). Alternatively, because several models argue that parental alienation originates in poor parental emotional and psychological functioning, treating parents with the worst object relations scores may have had the greatest effect in helping their children and increasing their cooperation. Consequently, while children of parents with a lower level of object relations are affected more by their problematic family life, the negative influence of parental psychopathology can be ameliorated through a treatment modality that addresses both the deficiencies of the parent and the needs of the children.

The success of the treatment protocol as seen in the improvement in child anxiety and depression scores following treatment as well as in comparison of practical outcome measures of parental cooperation between the study and control groups is a significant step forward in treating children who demonstrate parental alienation. Historically, children with parental alienation have only demonstrated modest improvements to conventional psychological or legal interventions (Dunne and Hedrick, 1994; Gardner, 1999). A combination of factors may have contributed to the success of the protocol. First, it required that all parties involved in the dynamics generated (the alienated parent, the alienating child, and the aligned parent) participate in therapy concurrently. Groups consisted of parallel alienated and aligned parents from different triads. This allowed the participants to avoid direct exposure to the offending person (i.e., their divorced spouse) while still allowing them to respond to situations, attitudes and behaviors common to their terminated marital conflict. It also provided them with a peer group within a skills-training environment that may have helped them acquire parenting skills more efficiently. It is our clinical impression that the meetings helped parents to distance themselves and empathize with the alienated parent through the experience of other alienated parents, realizing that "a coin has two sides". Recent advances in the area of mechanisms of change in mentalization-based treatment may explain some of these changes (Fonagy and Bateman 2006). Fonagy (1989, 1991) describes mentalization as



an individual's capacity to comprehend and use the knowledge of his or her own and others' states of mind. Dysfunctional mentalization reflects an inability to effectively process mental states in an attachment context. This, according to Fonagy, is a defensive reaction to abuse that can ultimately lead to a decoupling of mental processes necessary for thinking about feelings and thoughts in one's self and in others.

It should be noted that it is not the opinion of the authors that visitation arrangements are the ideal in all custody disputes or cases of parental alienation. Indeed, in many cases, there is sufficient cause (i.e., a currently or previously abusive parent, untreated substance abuse, poor or destructive parenting) to limit or outright deny a parent the ability to interact with his or her child. Nonetheless, in situations where both parents are interested in having a positive parent-child relationship, facilitating increased frequency and better quality of parental visitations may create a concurrent improvement in the psychological wellbeing of the child.

The first limitation of this study concerns with its sample size. The inclusion of each new triad in the study required great effort and coordination. However, a larger sample size would have provided greater statistical power allowing for the adoption of more conservative significance levels and reducing overall experimental error. Second, we used a limited number of instruments in order to ensure compliance and reduce resistance. Future studies should include additional parental and child parameters such as coping and attachment styles in order to better understand the interaction of parental interpersonal skills with the development of parental alienation. Finally, our study used a partial control group, comparing only one-year follow-up outcome measure of collaboration between parents treated with our protocol and parents treated with standard community treatment. Future studies should prospectively assess a parallel control group from the community using all appropriate study measures.

## CONCLUSION

A mixed parent and child group intervention with a semi-structured protocol of 16 sessions showed promising results for children and parents with parental alienation. Furthermore, less mature parental object relations seem to play an important role in the psychological effects of parental alienation on children.

## REFERENCES

- Amato, P. R. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, 15*, 355–370.

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR* (4th ed.). Washington, DC: Author.
- Bell, M., Billington, R., & Becker, B. (1986). A scale for assessment of object relations: Reliability, validity, and factorial invariance. *Journal of Clinical Psychology, 42*, 733–741.
- Bernet, W., Von Boch-Galhau, W., Baker, A., & Morrison, S.L. (2010). Parental alienation, DSM-V, and ICD-11. *The American Journal of Family Therapy, 38*, 76–187.
- Dunne J., & Hedrick M. (1994). The parental alienation syndrome: An analysis of 16 selected cases. *Journal of Divorce and Remarriage, 21*, 21–38.
- Ellis, E. M., & Boyan, S. (2010). Intervention strategies for parent coordinators in parental alienation cases. *The American Journal of Family Therapy, 38*, 218–236.
- Emery, R. E., Laumann-Billings, L., Waldron, M. C., Sbarra, D. A. & Dillon, P. J. (2001). Child custody mediation and litigation: Custody, contact, and coparenting 12 years after initial dispute resolution. *Journal of Consulting and Clinical Psychology, 69*, 323–332.
- Fidler, B. J., & Saunders, E. B. (1988). Children's adjustment during custody/access disputes: Relation to custody arrangement, gender and age of child. *The Canadian Journal of Psychiatry, 33*, 517–523.
- Fonagy, P. (1989). On tolerating mental states: Theory of mind in borderline patients. *Bull of the Anna Freud Center, 12*, 91–115.
- Fonagy, P. (1991). Thinking about thinking: Some clinical and theoretical considerations in the treatment of a borderline patient. *International Journal of Psycho-Analysis, 72*, 1–18.
- Fonagy, P., & Bateman, A. W. (2006). Mechanisms of change in mentalization-based treatment of BPD. *Journal of Clinical Psychology, 62*, 411–430.
- Gardner, R. A. (1987). *The parental alienation syndrome and the differentiation between fabricated and genuine sexual abuse*. Cresskill, NJ: Creative Therapeutics.
- Gardner, R. A. (1999). Family therapy of the moderate type of parental alienation syndrome. *The American Journal of Family Therapy, 27*, 195–212.
- Jacobs, J. W. (1988). Euripides' Medea: A psychodynamic model of severe divorce pathology. *American Journal of Psychotherapy, 42*, 308–319.
- Johnston, J. R. (2003). Parental alignments and rejection: An empirical study of alienation in children of divorce. *Journal of the American Academy of Psychiatry and Law, 31*, 158–170.
- Johnston, J. R., Gonzalez, R., & Campbell, L. E. G. (1987). Ongoing post-divorce conflict and child disturbance. *Journal of Abnormal Child Psychology, 15*, 493–509.
- Kalter, N., Kloner, A., Schreier, S., & Okla, K. (1989). Predictors of children's postdivorce adjustment. *American Journal of Orthopsychiatry, 59*, 605–618.
- Kelly, J. B., & Wallerstein, J. S. (1976). The effects of parental divorce: Experiences of the child in early latency. *American Journal of Orthopsychiatry, 46*, 20–32.
- Kovacs, M. (1985). The children's depression inventory. *Psychopharmacology Bulletin, 21*, 995–998.
- Laumann-Billings, L., & Emery, R. E. (2000). Distress among young adults from divorced families. *Journal of Family Psychology, 14*, 671–687.
- Oppenheimer, K., Prinz, R. J., & Bella, B. S. (1990). Determinants of adjustment for children of divorcing parents. *Family Medicine, 22*, 107–111.

- Pearson, J., & Thoennes, N. (1990). Custody after divorce: Demographic and attitudinal patterns. *American Journal of Orthopsychiatry*, *60*, 233–249.
- Racusin, R., Copans, S. A., & Mills, P. (1994). Characteristics of families of children who refuse post divorce visits. *Journal of Clinical Psychology*, *50*, 792–801.
- Reynolds, C. R., & Richmond, B. O. (1987). What I think and feel: A revised measure of children's manifest anxiety. *Journal of Abnormal Child Psychology*, *6*, 271–280.
- Schor, E. L. (2003). American Academy of Pediatrics Task Force on the Family. Family pediatrics: Report of the Task Force on the Family. *Pediatrics*, *111*, 1541–1571.
- Thoennes, N., & Tjaden, P. G. (1990). The extent, nature, and validity of sexual abuse allegations in custody/visitation disputes. *Child Abuse & Neglect*, *14*, 151–163.
- Wallerstein, J. S. (1984). Children of divorce: Preliminary report of a ten-year follow-up of young children. *American Journal of Orthopsychiatry*, *54*, 444–458.
- Wallerstein, J. S., & Kelly, J. B. (1980). Effects of divorce on the visiting father-child relationship. *American Journal of Psychiatry*, *137*, 1534–1539.

Copyright of American Journal of Family Therapy is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.