RIFT - Reportable Intensive Family Therapy- A four-day single therapist model for complex family matters

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A single practitioner model of intensive family therapy over four days for complex family dynamics including situations where children are resistant to relationships with one parent. This is a practical workshop that will involve the how to's of getting resistant children together with rejected parents, keeping both parents involved in children's lives; rejection of the either/or parent model of dealing with alienation and discussions of why reportable therapy must be the only model for these types of family problems. Case studies will be discussed in terms of mapping strategies on the highly idiosyncratic needs of each specific family and ongoing case management to ensure support and crisis management for the most successful outcomes.

Introduction

This model of family therapy was constructed in the context of long experience with the most difficult cases and on a foundation of knowledge of other models of family therapy for matters when children are resistant to a relationship with one of their parents.

This therapy grew from two simultaneous forces. One force was my increasing discontent with being involved in cases that had reached a point in the legal proceeding of the dilemma of children having relationships with one parent or the other.

It also emerged at a time when I was asked to provide therapy to interstate families and I found that spending a few days with a family in their home environment in circumstances that could include extended family members and when sessions could be adapted to the idiosyncratic factors of each family, some significantly successful outcomes could be achieved. When this model showed vastly improved outcomes in most cases, ethically I was then required to abandon clinic-based work.

Those therapists who use clinic-based work with high conflict parents and complex cases will be familiar with the challenges of these cases and the immensely frustrating lack of progress when families, parents and children, in these situations find it so difficult to move and change their beliefs and behaviour.

Terminology

The first point to make is about terminology and questions about whether the term alienation is acceptable or appropriate. This term is often too politically and emotionally loaded for both family members and practitioners. The word 'alienation' tends to invoke lay interpretations along gender lines where social media groups have hijacked the term and used it to argue either that mothers alienate children from fathers or fathers use the term against mothers for legal leverage. When in practice, gender is an insignificant factor and many mothers and fathers have difficulty in their relationships with their children resulting in estrangement from them. Mothers and fathers often approach therapists to assist when their children appear to be irrationally rejecting their relationship with them and argue that these relationships have been disrupted by the other parent.

The term 'alienation' is generally too simplistic, and it does not cover the complexity of the family dynamics in these cases.

While other terms have been used such as 'gatekeeping', I would argue that they have limited utility and are sometimes euphemistic without adding anything to the therapeutic context.

In Australia, I would also argue that using the term has professional risks. For example, in 2008, The Queensland Psychology Board decided against a psychologist William Wrigley for using the term Parental Alienation Syndrome in a family report and in a surprisingly unscientific interpretation suggested the condition does not exist. Why certainly one could not disagree that Richard Gardner's conceptualisation of the problem has some deficiencies, it is undeniable that these set of dynamics and circumstances in family law where children appear to be irrationally resisting a relationship with one of their formally loved parents is continuing.

Another more recent decision (25 May 2016 Eastman v Psychology Board of Australia at the ACT Civil and Administrative Tribunal) also suggests that using the term may be professionally risky. In this matter a psychologist diagnosed the partner of his client as alienating and quite rightly was sanctioned for making diagnoses and drawing conclusions about people he had not seen. However, some of the evidence in this matter centred on the opinion of a consultative 'expert' who use the tired argument that Parental Alienation Syndrome is not included in the Diagnostic and Statistical Manual of Mental Disorders (the 'DSM'). Such arguments are unsophisticated and do not consider both the political history and context of the DSM and that the body of knowledge about mental health disorders and conditions is continuously growing and changing. Furthermore, there are many psychological concepts that are used and incorporated into psychological practice without criticism or emotional arguments, such as 'helicopter parenting' or ****. These concepts are not in the DSM and their use contributes to psychological knowledge of human behaviour. The argument that Parental alienation Syndrome is not in the DSM and therefore does not exist or should not be used appears to be a specious one.

It is also interesting to note that while there were clearly many faults in the way the psychologist in the Eastman and the Psychology Board of Australia managed their client, only the Parental Alienation Syndrome reference was taken up by the media.

Nevertheless, more sophisticated terms to use are 'preferred or favoured parent' and 'rejected parent' as argued by Bala, Fidler and Saini (2012) in their seminal text. When describing children in this situation, it is also more appropriate to use narrative terms around being caught in extremely difficult situations rather than 'alienated child'.

Interventions with promise

There are however some interventions with promise. The January 2010 special edition of Family Court Review (Family Court Review – Special Issue on 'Alienated Children and Divorce' January 2010) was devoted to this topic and various practitioners and researchers came forward to describe their models. Attached in appendix A is a critique of the various models presented at the AFCC 47th annual conference in Denver of that year.

One model is 'Overcoming Barriers' where Dr Matt Sullivan, Dr Robin Deutsch and Ms Peggie Ward described how they used a summer camp model to gather several families for a four-day period for various therapeutic sessions. They reported using a variety of therapists and allied staff to run the camp and how group dynamics assisted families. One of the issues raised in their presentation was that despite improvements at camp, sometimes problems returned when families went back into their home environment.

Another model is the 'Family Bridges' program developed by Dr Richard Warshak where he described the usefulness of this program in cases that are colloquially described as 'change of residence' matters and when children have been moved from their preferred parent's care to that of the rejected parent in circumstances where it has been felt that children have been influenced by one parent to reject their other parent. Dr Warshak's model appears to have a focus on cognitive and social psychology and particularly around educating and assisting children to understand that some of their beliefs may be formed. In my work with children, I have come to the opinion that this is one of the hardest and most difficult factors to deal with and I have never had any success in trying to directly persuade children that their beliefs may be misguided. Indeed, the idea that children have been 'brainwashed' is one that is generally known by the children involved and firmly resisted. Psychological knowledge about the difficulty in changing beliefs certainly underpins my experience, and singular lack of success, about convincing children that their thoughts and beliefs about their rejected parent are not valid.

Another model presented at the conference in Denver was the 'Multi-Modal Family Intervention' (MMFI) by Dr Steven Friedlander and Ms Marjorie Gans Walters. This model is very much based on categorising factors in the family and is very useful in describing the differences between, estrangement, aligning and alienation. The idea of hybrid models also emerged. Some of the difficulties with the MMFI model is that it is clinic based and after identifying these factors in a family, without denying the usefulness of this model, what is lacking is how clinicians might deal with them in a practical way.

Another model is the 'Family Transitions' which I understand is based on group therapy techniques, camp based residential therapy model and animal assisted therapy (Bailey, Behrman-Lippert, and Psaila, 2013). This is an intensive style of therapy with multiple therapists and allied staff to support families.

RIFT- Reportable Intensive Family Therapy (Neoh)

RIFT is four days of therapy with case management follow-up. The final day of the therapy usually ends in parent sessions with parents deciding on future arrangements based on what has been learned over the prior four days.

RIFT comprises different sessions and configurations that may include extended family members or other important figures that have contributed to the problems in the family.

RIFT allows the therapist to address idiosyncratic circumstances of each family.

RIFT takes place in the family's home environment and community.

RIFT allows spontaneous moments of therapy and building new memories that can reignite or commence relationships OR get passed trauma/ parents with changed behaviour.

Why reportable

The usual arguments for why therapy needs to be confidential often centre on claims that parents will be guarded, that there will be difficulties gaining therapeutic alliance and therefore the outcomes will be limited.

There are however strong arguments for why therapeutic models with high conflict separated families should be reportable and some of these include that these families are in a high state of constant crisis and have difficulty seeing the way out. There is usually little difficulty obtaining a therapeutic alliance and a sense of trust when you can present a positive way forward and provide advice and support about how to move from this crisis laden situation.

Sometimes the issue of whether it is reportable or not becomes irrelevant. If the therapy is successful and parents learn how to resolve problems, the issue of it being reportable is irrelevant and no report required as the family moves into a more beneficial state that probably involves some form of cooperative parenting.

However, if therapy gets to an impasse and one or both parents cannot move or change, the Court needs to know in order to examine more structural remedies for the family such as changing residence or bringing the family law proceedings to an end.

If the therapy is confidential, the most difficult cases tend to go through a pattern of an endless round of referrals to different therapists, with arguments to change therapists based on one or other of the parent's difficulties accepting advice and complaints that the particular therapist is not right for them. I call this the 'we just got a bad psychologist' argument. This raises questions about systems abuse and families being caught up in an endless round of different and ineffectual therapeutic interventions.

There is an increased chance of successful intervention if the therapy is reportable although it is noted that frequently at least one parent is a reluctant participant at the commencement of the reportable therapy and this sometimes changes over the therapy as family members are tested about their commitment to being reasonable. While RIFT is about teaching, assisting and supporting change, sometimes family members are not motivated to change, or obstacles emerge

that clearly expose the problematic dynamics in the family. When this occurs, it is usually something that has happened in the therapy rather than based on historical complaints and allegations that might typically come before the court for determination. It is a powerful piece of evidence for the court to understand the family dynamics when you can explain how difficult it is for some parents to behave reasonably.

The importance of moving towards successful outcomes is that despite previous assessments therapists remain open-minded to all hypotheses and all outcomes. Expect surprising results because an assessment is cross-sectional an intervention puts all hypotheses to the test.

The potential outcomes of RIFT

The potential outcomes of the therapy when children are resistant to relationships with one of their parents might be that the child rediscovers the parent and the ostensible reasons for their rejection disappear, or at least the reasons for rejection are agreed to be put aside. I call this the 'let's draw a line in the sand' outcome where parents and children decide that historical events or allegations can be put aside, and new beginnings explored towards a future relationship. This can be a most successful outcome as new potentials in relationships are explored and children can rediscover extended family members and obtain all the resources that might be available from one side of their family.

Another outcome of the therapy might be that the child continues to resist a relationship with their rejected parent. This sometimes occurs because underlying issues emerge between the parent and the child that were not at first obvious or the preferred parent sabotages the therapy when they become discontent with the improvements in the child or potentials for successful outcomes.

An example of how underlying issues may emerge is exemplified in a brief case study.

Taylor was 12 years old when I first met her and highly resistant to spending any time with her father. She had not seen him for 12 months. She was highly anxious and my first meeting with her entailed seeing sitting on her mother's knee in my waiting area and giving me explanations that her relationship with her father was irreparable because he had financially abused her and her mother. Taylor, like most children in these circumstances, did not display fear but was strident in her rejection of her father. After she got through her initial anxiety about seeing him, Taylor and her father were encouraged to have sensible and calm discussions about the problems between them and Taylor gave a poignant account of being very frightened when her father suffered a depressive episode with psychotic features and she had been in his care alone. She tearfully described being chased by her father through the house as he sought to wrestle a telephone from her hand. She articulately spoke of a beloved parent turning into a monster who was chasing her. Unfortunately, her father's response to this story was denial and rejection of her experience. At the end of the therapy, Taylor was sad but had lost all her over-empowered behaviour and could explain in simple terms that her father had frightened and disappointed her. She explained that she felt her previously good relationship with her father had been a fantasy and that his denial of her experience showed flaws in his capacity to understand her. Her father withdrew from the therapy in adamant denial that this had occurred, although conceded that he had suffered psychotic symptoms at the time and a blurred memory for this period in his life.

RIFT goals

The goals of a RIFT intervention are for children to have the best (possible) relationship with both parents, that is, happy children with a high degree of emotional satisfaction. The corollary is that the best outcome of therapy is for parents to have the relationship with their children that they deserve, in other words, that children are realistic and clear thinking about the positive and negative aspects of their relationship with each parent.

Having a clear goal of happier children also contains the inherent assumption that parents will also be happier and usually the focus of the parent's allegations is cloaked in narratives around concern for their children. If this concern is genuine then the rational approach would indicate that parents should also be happier at seeing their children improved. Unfortunately, this is not always the case and some parents became distinctly less cooperative and less satisfied the more their children became happier and more rational in their explanations. I explain this phenomenon as that all parents love their children, but some parents hate the other parent more. Such dynamic typically expose the motivations of some parents.

Happily, most parents are well satisfied with improvement in the emotional stability of their children and their anxieties about the other parent dissipate providing a platform for trust to begin to grow between parents.

The complexity of the family situation

This type of therapy is not for the fainted hearted and there is often a multitude of factors contributing to the problems. The complexity of the situation is so aptly described by Kelly and Johnson's (2001) model exemplifying the convergence factors that come together to

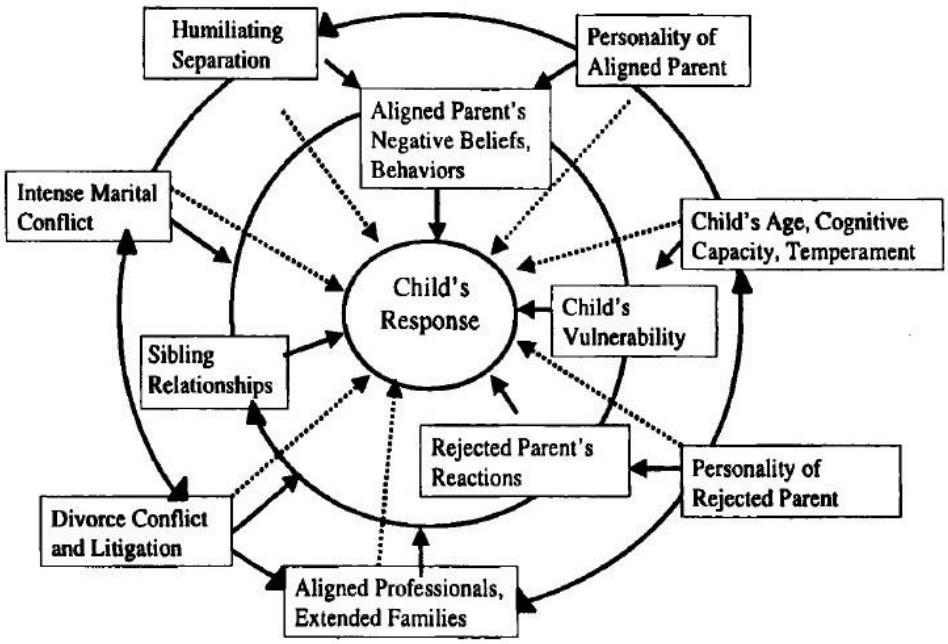

Figure 2. ***Background factors, intervening variables, and the child's response.***

Kelly & Johnson (2001)

This model was further extrapolated in the seminal book 'Children who resist post separation parental contact: A differential approach for legal and mental health professional' by Bala, Fidler and Saini in 2013.

Bala et al. considered that factors contributing to this dynamic in the favoured parent included; exposing the child to denigration, mental illness/personality disorders or traits, the separation was experienced as humiliating, interfering in arrangements for the child to see the rejected parent, interfering in arrangements to see the rejected parent's extended family, setting up a choice between parents- manipulation, verbal pressure, threat of abandonment- sometimes aggression, abusive behaviours by the favoured parent, such as knowingly making false allegations of physical, sexual or emotional abuse, punishing a child or discouraging from making positive comments about the other parent, involving the child in delusional statements or exaggerations or distortions about the other parent, having boundary problems such as when a child is parentified and having an enmeshed relationship with the child.

Bala et al. considered that some of the factors contributing to these dynamics and the rejected parent included changed behaviour after the separation or to the child is changed behaviour around rejecting their relationship with them such as reacting to the rejecting behaviour in the child with anger, withdrawal harsh or rigid parenting. Bala et al. suggested that poor parenting

skills and the rejected parent may be exposed or emphasised by the separation when they must deal with the child alone, passivity or withdrawal in the face of conflict with the child or that harsh or rigid parenting styles may be exposed or emphasised by the separation.

Bala et al. indicated that child factors also increased the risk of children irrationally rejecting a relationship with one parent and that these included a history of a high conflict parental relationship and the child's triangulation in the dispute. They identified that having two parents with intractable positions also contributed. They considered that, a high level of mistrust between the parents provided a breeding ground for allegations of abuse. They further identified that historical attachment behaviour such as children having a natural affinity with one parent or temperamental vulnerabilities such as a poor capacity for dealing with changes and/or behavioural or emotional problems in the child might also raise the risk of this occurring. They noted that sometimes present were multi-generational patterns of alienating behaviour that was exposed when taking family histories. They noted that children around the ages of three or early adolescence were more likely to reject a parent.

However, it is important to note that not all children who experience high conflict separation present in this way. Taking into account individual differences, children's reactions and responses to their parents' separation might be understood by the discussion in a recent article (Neoh, 2018).

> *"When children are faced with a highly conflictual parental relationship they have to deal with the cognitive and emotional sequelae of trying to resolve the differences between each parent's position. Typically, when children have reasonable relationships with each parent prior to their parents' separation and parents provide disparate arguments, beliefs and positions after they separate, children show some emotional and/or cognitive disturbance. This occurs because children have poor critical thinking skills as a general rule and come from a position of trust that what their parents tell them is the truth. When parents provide disparate 'truths' children then have to decide, consciously or unconsciously, how to deal with the overtly irresolvable dilemma facing them.*
>
> *Some children are unable to resolve this dilemma and show behavioural cognitive and emotional disturbance that is commonly reported in the divorce literature about the developmental implications for children in high conflict families.*
>
> *Other children resolve this dilemma by choosing one parental 'truth' over the other parents 'truth'. Sometimes this internal resolution causes children to behave one way with one parent and then in a completely different way with the other parent. A common observation in family law assessments is children who state firm opinions and express preferences for one parent, but then behave in a way with their other parent that completely contradicts their expressed opinions. This is why behavioural observations are such an important component of family law assessments. Children in these circumstances typically deny the contradictions in their behaviour but show a disturbance when their two*

worlds collide and they are unable to maintain their internal 'split' and the inconsistencies in their words and behaviour

At the most disturbing level are the children that determinedly support the truth of one parent over the other parent. Sometimes this group of children can be confused with those who justifiably decide to reject a relationship with one parent for a variety of reasons, such as their past negative experiences with them. However, there are significant differences between children who have rational and well considered or even highly emotional reasons for rejecting a relationship with one parent, and those whose presentation represents an irrational rejection of one parental relationship because they cannot deal with the conflict between their parents and feel they must choose one over the other."

Components in RIFT

RIFT involves an initial four days of intensive work with the family in various configurations of family members in their home environment. There are variable sessions depending on individual family circumstances but always with contact between child/ren and rejected parent and typically moving as quickly as possible to con joint parent sessions. Too often in high conflict families parents pathologize children or focus on children symptoms when a better approach is to take away the conflict and see what is left, that is whether children need psychological support. Frequently this is not necessary and disturbance in the child is caused by the conflict or at least the conflict exacerbates problems for the child. RIFT is aimed at moving as quickly as possible to parent sessions where the problems usually lie.

The second component of RIFT is case management of the family after the initial four days. This is typically parent work and frequently managed through email, telephone and text. Sometimes, there is a need for further clinic-based sessions and on some occasions a report.

A report to the Court becomes necessary when it becomes clear when the obstacles to improvement are exposed by the preferred parent sabotaging the therapy as children improve/ lose anxiety and show optimism, the rejected parents' deficits become obvious or the rigidity of both parents (or a parents' situation, such as intrusive and difficult step parents) and means that no progress can be made.

However, the report is generally focused on information obtained over the therapy- not historical allegations (i.e. she kicked me three years ago, he was always angry, he wanted me killed before I was born)- and every party understands what the reasons are that the therapy cannot continue because it has become obvious during the therapy.

The theoretical underpinnings of RIFT

This is not an insight model for parents. The theoretical model for working with parents might seem cognitive but is better conceptualised as almost purely behavioural where the reward for parents is happier children. Understanding the advice is not necessary and the advice is not

difficult as it is aimed at parents behaving like a reasonable parent. Often parents caught up in these dynamics are so constrained that both parents and sometimes extended family members have forgotten how to be a reasonable parent. Working separately and asking each parent to leave the other parent's behaviour to the therapist, it is best to simply request that they be reasonable, stop reacting to the other parent and make decisions that they would if they were working with a reasonable parent on the other side.

Of course, some parents sabotage this as described above, but the standard against which parents might be measured is that how far their actions are from being a reasonable parent.

Insight is a bonus, but not expected or sought. The basic theoretical approach is changed behaviour and parent rewards in the shape of happier, more satisfied children.

The therapeutic approach for children is very much cognitive behavioural but subtler than any conventional CBT therapy for clinical disorders and based on children becoming critical thinkers and allowing them to work it [the parental relationship and their relationship with each parent] out for themselves. This is often easily done when the standard for parents is behaving like a reasonable parent and often paradoxical strategies work well such as when a child is over empowered and being rude to the rejected parent the use of praise of the preferred parent for raising them well and that the preferred parent would not like to see them being rude. Such expressions assist the children to make cognitive comparisons such as knowledge that the preferred parent would like them to be rude causes cognitive dissonance because children can then work out for themselves that this is not 'good parenting' and, in some cases, for the first time begin to look critically at the preferred parent.

My critique of the 'Building Bridges' program comes very much from clinical experience with children and my own difficulties moving children away from rigid beliefs.

RIFT parent sessions

Another aspect of RIFT that verges away from conventional therapy and the idea that insight is required is the structured nature of parental sessions. They should not be brought together ad hoc or for parents to discuss 'their disputes'. This might work for insight therapies, but the goal is changed behaviour.

Parental sessions should be well planned and orchestrated so each parent hears what they need to hear and for the first time they experience a positive interaction with the other parent.

Monitoring parental communication can be a vital tool in building a trusting relationship between the parents for the first time.

A case study can be illustrative.

After a four-day intensive therapy period for some isolated rural clients with a young boy who was highly anxious and constricted due to the conflict between his two intractable parents. The stress of their conflict had caused him to shut down and he then refused to see his father for some months. Arranging for him to see his father was a relatively easy task in these circumstances and the therapy moved quickly into parent work. Some of the parent work for this family included

having the son present during highly structured parent sessions that included the boy's two step parents who were highly supportive of their spouse and contributed to the competitive parental relationship and the combative atmosphere in the family. Case management of the family included monitoring all their email communications and often editing one parent's email request to the other before it was sent, dealing with the emotional response of the other parent and assisting them to compose and edit a reasonable response, that is editing and composing both sides of the parental communication to both educate and model reasonable parenting.

Dealing with the preferred parent can be the most complex component of the therapy because the therapeutic alliance is always difficult, and they are typically the most reluctant participant. By the time they agree to RIFT, they have usually experienced the Court as punitive and they feel blamed and criticised. They have low expectations of the therapy and often have strong feelings of fear, anxiety or anger about meeting the rejected parent.

As an important aside, RIFT is very much about empowering parents and those who have alleged histories of family violence are encouraged to participate in con joint parent sessions in circumstances where the rejected parent or perpetrator of violence is most compliant and motivated to please and cooperate and the preferred parent or victim of family violence has an opportunity to be supported, assertive and begin to manage that relationship with a sense of purpose and power, often for the first time.

The outcomes of the therapy with the preferred parent can depend on the preferred parent's motivations and commitment to the healthy outcome of the children and may be complicated by mental health conditions and comorbid personality disorders. It is important to remember however that the preferred parent obviously has the most influence on the child or children and a failure to factor this into the therapy by perhaps focusing on the child/ rejected parent dyad is a significant obstacle to changing the family dynamic.

The RIFT Therapy with the rejected parent tends to centre on coaching and support, with a child focus. It can involve psycho education about changes in their child's development and catching up in lost time, such as in cases where parents have not seen children for some years. The therapy is focused on providing support and facilitation of 'moments' where parent and child can connect. The outcomes of therapy with the rejected parent can depend on that parent's capacity to commit to and follow through on advice and problems with their sensitivity to the child.

The therapy with the rejected parent can sometimes be complicated by mental health conditions and comorbid personality disorders.

It is also important to note that the rejected parent has the least power in the family and that following advice or recommendations about mode, action or trajectory of the therapy from them can lead to disappointment. The history of the matter tends to show that the rejected parent rarely has the perspective or the skills to effectively deal with the problems in the family. When therapists begin to follow the instructions of the rejected parent this typically leads to an end to the therapy. I call this the blind leading the blind approach.

RIFT child sessions

RIFT therapy with children tends to have very simple elements including:

- Lead children to the conclusions and allow them to make the cognitive leap
- Let them watch a parent session so they see a good outcome between their parents
- Let them experience the contradictions in the preferred parent

Some important practical aspects of the child therapy include:

- Get the child and rejected parent together ASAP
- Focus firstly on the 'ostensible issues'
- Build new memories with the rejected parent. This is called in lay terms, having fun. Fun is the glue in relationships. A shared joke or interest are the building blocks of affection and connection.

Of course, some elements of child therapy are harder than others and some elements need more work in different families depending on the family circumstances.

Alienation or realistic estrangement – does it matter?

There are some important differences between children who are unreasonably resisting a relationship with one parent and a child that has genuinely suffered some trauma and is resistant to that relationship for some very good reasons, usually called realistic estrangement.

The table below sets out some of the differences in a simplistic way about these two groups of children.

Child suffering trauma	Child who is unreasonably resisting a relationship
Symptoms of anxiety	**Symptoms of anxiety**
Avoidance behaviours	**Avoidance behaviours**
Needs support from trusted caregivers	**Enmeshment with caregiver**
Rational discussion of feelings and experiences	**Irrational reasons for rejection of one parent**
Sensory detail and first-person accounts	**Third person accounts e.g. something that occurred before the child was born**
Overwhelmed	**Over-empowered behaviour**
Rejection of extended family for individual reasons	**Rejection of extended family and even pets**

Clinical practice has demonstrated that it is an unnatural distinction and does not really matter. Children who have very genuine reasons for resisting a relationship with one parent also benefit from moving beyond their feelings of anxiety and powerlessness in dealing that parent. Indeed, the same principles apply as articulated above the children need to be clear about their parents and then make decisions based on rational and thoughtful consideration is of the cost and benefits of a relationship with their rejected parent.

The child's anxiety, whether reasonable or unreasonable, ***is*** the motivation for change and explanations about Exposure and Response Prevention (ERP) therapy work well with children whose developmental growth maybe stunted by symptoms and fear through suffering some traumatic experience ***and*** also when their reaction to their other parent is unreasonable, or at first appears unreasonable.

When Suspending or Discontinuing the relationship with the rejected parent is an acceptable outcome

It is sometimes time to suspend or discontinue the relationship with the rejected parent when RIFT reveals that it is not simply avoidance behaviours, but realistic estrangement and it emerges that there are significant obstacles to beginning or reforming a relationship between a parent or a child.

Sometimes it is time to suspend or discontinue when it is seen that the preferred parent cannot change, when the preferred parent exerts so much pressure and the rejected parent is not a viable

alternative to live with or when the court proceedings are so drawn out and extensive that all family members need a break.

The most important time to suspend or discontinue the relationship with the rejected parent when the child has a healthy view of the rejected parent but provides healthy balanced views and opinions.

Some things to think about . . .

Vital issues for therapy and how to evaluate any potential therapist

If a therapist knows that the children are the client and they can articulate the hierarchy of responsibilities to the various family members. They should use language in a way that shows they understand the complexities of this type of therapy such as not using terms such as 'reunification' and 'targeted parent'. They should understand that preferred parents are a vital part of the solution and should not be left out of attempts at family therapy. Therapists who present themselves as able to deal with these complex families should have a clear understanding of the reportable nature of the therapy and responsibilities this entails. And finally, due to the high degree of anxiety exhibited by children and difficulties shifting robustly maintained avoidance strategies, that a meeting between child/ren and rejected parent must happen immediately.

Groups of siblings are harder

Groups of siblings provide particular challenges because there is another layer of complex (and often unmeasurable) power relationships involved.

One of the most common aspects of sibling relationships is that siblings can sometimes police their other siblings and particularly when one child might soften towards the rejected parent. Siblings are usually aware that changes in their behaviour are likely to be reported by their siblings to their preferred parent.

Sabotaging Therapy

The rejected parent is not usually motivated to sabotage.

The preferred parent usually has many motivations to be less than committed to any therapeutic response because they may have strong beliefs that the relationship between children and rejected parent is irretrievable. It is also common for a preferred parent to be suspicious that the rejected parent has fooled the therapist. Sometimes it is very difficult, if not impossible, to move the preferred parent from unyielding beliefs.

Sabotaging behaviour might include such examples as

- Cancelling appointments
- Not paying accounts
- Complain about travel and time for therapy
- Arrange other events at appointment times
- Ensure children are tired

- Get children upset before therapeutic sessions- running down the street refusing to get out of the car etc
- Not giving the proper equipment- no sunscreen/ hat / orthotics/ medication/ food

When is a change of residence appropriate

A change of residence appropriate when there is a viable other parent and a continued high risk of emotional abuse by the preferred parent.

However, a change of residence should be considered when therapy, not a cross-sectional assessment, has shown that there is a healthy relationship with the rejected parent and the preferred parent continues to refuse to recognise the child's need, such as knowingly choosing a harmful action harmful to their child in order to punish the other parent.

Running Away from home

The thought of children running away from home tends to be one of the underlying or overt concerns of judicial officers and professionals involved when considering structural approaches to this problem such as making Orders for children to see their rejected parent against their overt preferences or as sometimes occurs after multiple opportunities for interventions and change, orders are made for children to move to live with their rejected parent. In actual fact, running away from the rejected parent tends to be less common than a reality and more likely to happen when the preferred parent has set up mechanisms for running away and encouraged a child to do so. Running away is not as common as might be thought because children in this situation are much more ambiguous in their feelings towards their rejected parent than might be overtly expected.

Children's feelings of ambiguity towards their rejected parent, particularly positive feelings that are often obscured by their strident presentation and absolute denial of any good memories or feelings towards their rejected parent, can be activated by providing a neutral platform where fun and connections are supported. This sometimes occurs to the welcome relief, happiness, surprise, disappointment or chagrin of their preferred parent. The range of reactions captures the motivation of the preferred parent.

Moratoriums?

When Orders are made for children to move to live with their rejected parent against their overt preferences, sometimes the concept of a moratorium and not seeing their preferred parent is put in place with arguments that their preferred parent is likely to (continue to) sabotage that relationship and that exposure of the child to the preferred parent has caused the problems in the family. The idea is that time away from the preferred parent can be beneficial as it allows a child freedom from the preferred parent's influence and time for the relationship with the rejected parent to improve. It is rationalised as that it allows the child to settle into a new environment with the rejected parent and to have a period away from alienating influences.

Clinical practice suggests that sometimes a moratorium for seeing their preferred parent is appropriate. This most often occurs when the above influences are in place however sometimes a

moratorium can be counterproductive- particularly with younger children when time is a flexible concept and a month or months feels like an eternity or when there are younger siblings whose relationships may be very important to the child. It is sometimes best to have some leeway in the Orders for the therapist to use seeing the children as a motivator for preferred parent to begin to behave reasonably. It would be hoped that some of the concepts from RIFT are implemented well before a change of residence is considered.

Special cautions problems with talking with children who reject one of their parents

There are some special problems to be considered in families where children are resistant to one of their parents. These problems are especially pertinent for Independent Children's Lawyers who may be required to meet with the children.

There are special cautions because children's statements, complaints and overtly expressed opinions are often strident but do not represent or capture the underlying ambiguity, distress, anxiety, uncertainty or confusion that is usually present in these children.

There is also a risk of further emotional abuse in having children repeat their 'overt' feelings and preferences and the potential to solidify cognitive and emotional processes by restating complaints/allegations against rejected parent that do not represent their genuine feelings.

Conclusion and take-home message

Some important conclusions about these types of cases is that all the cases LOOK similar at assessment stage and only with INTERVENTION do the subtle factors and nuances emerge.

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Appendix A

Comparisons and Evaluations of Therapy Programs for Alienation presented at AFCC 47th annual Conference 'Traversing the Trail of Alienation: Rocky Relationships, Mountains of Emotion, Mile High Conflict' Denver Colorado 3-5 June 2010

Dr Jennifer Neoh 6 June 2010

Program Name: Family Bridges

Main researcher: Richard Warshak

Area: Texas

Program participants: Rejected parent/ children and specifically children who have been removed from the care of favoured parent (does not include favoured parent). No coercement of favoured parents- Parent with parental authority means the alienated parent has the authority to agree to treatment.

Size: one family?

Location: in their home?

Time: intensive 3 to 4 days rather than 30 weeks

Therapists: therapist teams

Therapy: focused on perceptual distortions and desensitisation, with emphasis on psychoeducation about social psychology concepts, i.e. creation of false memories, selective attention, conformity. Lots of interactive media, such as a CD of therapy and video clips and exercises

Goals as identified by the researcher: Goals – restoring parent relationship, repair children's relationship with both parents (not sure how when one parent not included), avoids child being in middle, teaches critical thinking skills, protection from future alienating processes. Teaches compassion for family members, communication skills, parenting skills, particularly for parents not be psychological intrusive.

Sometime moratorium on discussion of past, child's disappointment- until later- psychoeducation- social psychology principles. Psychoeducation – about cognitive distortion see if child wants to include that knowledge in their own thinking- educational aspect. - perceptive distortions – trying to show two sides when they have had to see only one

Based on an alienated child having feelings of unhappiness/ ambivalence in relation to alienated parent.

Evaluation:

Great program of good materials providing psychoeducation on perceptual and cognitive distortions

Narrow focus on children who are in a specific situation and on distorted beliefs.

Main criticism is that doesn't account for other processes in alienations such as fear of abandonment by preferred parent.

Children caught in unhappy situation (being removed from preferred parent) allows them to understand the processes beyond their beliefs, but very harsh system and parallels in psychological research such as flooding to extinguish phobias has been strongly discouraged as unethical

The emphasis on intensive versus drawn out-means that the child is less likely to miss out on lots of experiences with alienated parent.

Program Name: Overcoming barriers -Two programs – **camp**

Main researchers: Robin Deutsch and Matthew Sullivan

Area: Vermont

Program participants: Rejected parent, preferred parent, children and significant others – sometimes no contact 12 months or some years. COURT ORDERED- children always resistant

Size: group work several families

Location: summer camp location Vermont

Time: 4-day camp

Therapists: therapist teams, lots of support staff- e.g. camp supervisors cooks etc

Therapy: family systems theory, appears to be heavily based on Kelly and Johnson's 2001 factors. Claims to take a holistic approach.

Three separate groups- favoured parent, rejected parent, children and shared activities and normal camp activities.

Systematic desensitization combined with group experience where other kids get different perspective, builds new memories and new perspective. Changes distorted perceptions. Uses the power of the group. They use the favoured parent to bring child on board

They screen out untreated mental illness and child abuse.

Evaluation:

Only limited programs completed – one or two summer camps and one weekend. They tend to get great results but take people out of their life so that the external factors affecting the 'alienation' have to be faced on their return to normal life. The researcher's mention that one family who showed dramatic positive changes were reversed after returning to normal life.

Program Name: Overcoming barriers -Two programs – weekend

Main researcher: Robin Deutsch and Matthew Sullivan

Area: Vermont

Program participants: Rejected parent, preferred parent, children and significant others

Size: one or two families

Location: Hotel / Vermont

Time: a weekend

Therapists: therapist teams, support staff to sleep with children at the hotel. Parents stay separately children sleep together at hotel

Therapy: family systems theory, appears to be heavily based on Kelly and Johnson's 2001 factors. Takes a holistic approach.

Evaluation:

Only limited programs completed –one weekend. As with the camp, they tend to get great results but take people out of their life so that the external factors affecting the 'alienation' have to be faced on their return to normal life. Therapy appears a bit loosely based and not so sure of their actual methods

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Program Name: Multi-Modal Family Intervention (MMFI)

Main researcher: Steven Friedlander

Area:

Program participants: all combinations of Rejected parent, preferred parent, children. Referred before court- usually through lawyers- child can be living with either parent

Size: individual and family therapy. Can be therapeutic team or single therapist

Location: The psychologist's office

Time: as normal therapy- over time, individual work- years? The model is implemented within and protected by case management and treatment contracts between all parties that are agreed to by both parents or are ordered by family court.

Therapy: Psycho analytical based and involves accurate identification of the processes involved in each family and then specific individual treatment. The three processes - estrangement/ alignment/ enmeshment and hybrid cases involving two or more of these processes.

Identify factors first – strengths and weakness- tailor interventions. Look at the specifics of case-complexity. Friedlander emphases not a typology but a rough definition of alienating processes.

Estrangement- can be good reason by child such as being disappointed by their rejected parent

Enmeshment – Minuchin's theories – over involved, impaired autonomy, blurred boundaries, collective nouns 'we', complete each other's sentences, physical entwined, parentification. Enmeshment continua of normal parent behaviour - A closed good relationship can look enmeshed and enmeshment can look like great parenting

Alignment – Dynamic usually evident in preseparation relationships.

Hybrid cases- combined factors.

Based on idea that more than one factor causing the alienation.

Other factors -sometimes rejected parent reacting to outrageous behaviour by child and rejected parents contribute to alienation

Also, ideas of explicit alienation versus more or less conscious. Alienated parents – often not conscious of what they are doing. Depends on their motivations. Conscious versus unconscious motivations, obviously different way of managing therapy- but with conscious alienation- only way is too point out the damage to their children and then depends on their capacity to gain insight

Goals of therapy as identified by researcher: Holistic entire family picture- enhanced family function. Modification of feelings, thoughts and behaviours. **Realistic** perspective of what can be achieved. Build internal resources. Develop strategies other than avoidance. Learn that all parents flawed so not judging rejected parent too harshly.

Evaluation: Excellent use of categorization of processes to understand different types of Alienation and the processes involved in different families – such as realistic estrangement as one type of alienation. This means that not all families with alienation are treated the same and each process can be focused on.

No real answers for how to treat complex hybrid cases.

Based on idea that family is labelled and the child as alienated? Need that first. How do children feel about that? Particularly when have been persistently called brainwashed by rejected parents. No child likes to accept that label and this is what usually causes therapy to fail- the child feels autonomous and the alienating parent usually adopts that idea – e.g. tells the child how wonderful,

individual and autonomous they are and then tells them what they are feeling. It is that extension of the language of 'motherese' where parents give verbal information to children to be able to interpret their world. Alienation is when they go too far and tell them how they feel.

Other points

- Lots of different names – rejected parent/ alienated parent, in/ out parent, preferred/ non preferred parent, alienator/ alienated
- That sometimes other mental health professionals make same mistake – consolidate and intensify processes
- Period of separation from favoured parent? Period of separation from alienated parent? If too many different attempts and too much failed therapy?
- the idea that many other examples of forced therapy- truancy/ lots of other rules for children so why not something that is good for them
- Rejected parent- Sometimes therapy is focused on helping them let go.

Conclusions

- Good ideas to come out are as always, a combination of all the therapies- moratorium on discussing the 'issues', psychoeducation about perceptual distortions and all the lessons of social psychology, that group work is another way of giving different perspectives, understanding why alienation is not just one process, but can be combinations of different processes to have the same result.