

LEGAL AND PSYCHOLOGICAL MANAGEMENT OF CASES WITH AN ALIENATED CHILD

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Cases entering the family court with an alienated child require intensive and coordinated case management to intervene effectively. It is critical to link the authority of the court with the delivery of mental health services to address the complex systemic factors that may entrench a child's unwarranted rejection of a parent. This article provides principles of legal and psychological case management for families with an alienated child, followed by various structural interventions, including sample court orders, for managing these cases as they progress through the family court process. Finally, criteria for making custody recommendations in the most severe cases of child alienation are provided.

When cases enter the court system with allegations of child alienation, special legal and clinical management is critical. Starting with initial intake into the family court, throughout the custody evaluation phase, and after the final court decision, the use of certain principles and interventions designed to deal with these difficult cases will enable the legal system and family to function more effectively. These interventions must proceed in the face of some uncertainty about allegations of parental misconduct and whether the child's rejection of a parent is based on the behaviors of a parent that alienate a child¹ from the other parent or on the behaviors of the rejected parent that realistically estrange a child from that same parent. As described elsewhere (Kelly & Johnston, 2001 [this issue]), the child's rejection of a parent is often the result of many factors, including the behaviors of each parent; high conflict between the parents; and the influence of the adversarial process, attorneys, and therapists that envelop and affect the family in the postseparation context.

This article provides principles for conceptualizing and implementing interventions in these cases, followed by interventions specific to early and interim management, evaluation, and postdecree court-ordered management and treatment.

PRINCIPLES THAT GUIDE INTERVENTIONS IN CHILD ALIENATION CASES

CONTINUITY IN CASE MANAGEMENT

The interpersonal alignments and polarized negative views that are present in these cases are powerful forces that may lead to the termination not only of parent-child relationships but also of relationships among extended family, therapists, attorneys, and family court personnel. Individuals often become aligned with one of the parents and are quickly rejected by the parent who perceives them as disagreeing with their views. Thus, it is essential in these high-conflict cases that the legal and mental health professionals have their roles delineated and protected as part of an explicit court appointment, ensuring the continuity so essential to effective interventions.

Judicial officers. One judge should be assigned to these cases as they enter the court process (direct calendaring). This ensures continuity in decision making about early intervention, assessment, and later interventions, including treatment. As information emerges that clarifies what factors are contributing to the child's alienation, the benefits of having the same judicial officer manage the case are enormous. After the case completes the normal family court process—including, if necessary, trial—the judicial case management function can be delegated to a mediator or arbitrator, if sufficient resources are available (Baris et al., 2001; Lee, 1995; Sullivan, 1998).

Custody evaluators. Evaluators can help to ensure continuity of the professionals who will be working with the family. They can do this by recommending the specific types of interventions that are needed, protocols for selecting professionals, and the conditions under which professionals can be terminated from the case. To ensure a smooth transition between evaluation and treatment phases, the evaluator needs to communicate his or her findings directly to the professionals who will be intervening with the family. He or she needs to make specific recommendations for how treating professionals should consult and coordinate with one another on an ongoing basis. Without such precautions, it is likely that the alienation processes will undermine the work of the professionals as interventions proceed.

CONTINUITY OF CONTACT BETWEEN THE CHILD AND THE REJECTED PARENT, AND TIMELY DECISION MAKING

There should be a presumption that parent-child contact will continue (or be initiated) if alienation of a child is suspected. When there is no access between the child and rejected parent, the child's resistance to visit often becomes more entrenched. Delays in court hearings and deferred judicial decisions contribute greatly to the problem. Aligned parents often intensify their efforts to obstruct and undermine contact with the rejected parent as the case enters family court. It is also common that the alienated child will more vociferously voice their hatred and opposition to any visitation while the case is under investigation. This heightened resistance should not determine the decision about whether contact should occur. In many cases, despite initial vehement opposition to visiting, the child then has a benign or positive experience of visiting with the rejected parent.

Besides the benefit of protecting the relationship, however precarious, between a rejected parent and child, such visits, even if monitored, provide useful data about many factors: (a) the aligned parent's attitudes and behaviors, for example, Do they encourage and support the visits, or do they use a variety of tactics to obstruct or undermine access, including being late or failing to show up for scheduled visits or bringing the child tired or hungry?; (b) the child's response to the visits, for example, Do they protest? Do they become more comfortable as the visit proceeds? Do they negatively distort the experience of the visit?; and (c) the behaviors of the rejected parent, for example, What are their parenting sensitivities and behaviors? How do they handle the child's rejection?

BOTH PARENTS ARE RESPONSIBLE FOR THE RESOLUTION OF CHILD ALIENATION

When a child is alienated, the focus, and burden for progress, most often is placed on the rejected parent or on the relationship between the rejected parent and the child. The negative impact of such well-meaning interventions can be overt, for example, subjecting alienated

parents to the humiliation of having restricted visits with their child in a supervised visitation setting, or it may be subtle, for example, mandating or allowing rejected parents to pay all the costs of supervised visitation or reunification therapy. Aligned parents' roles in the problem and their need to have equal responsibility for active support of a resolution to the problem most often is ignored. A clear mandate for support, with a threat of court sanctions if alienating behavior persists, is essential to the intervention process. These sanctions may include financial payments or enforcement of an order that the aligned parent's primary legal or physical custody is conditional on supporting therapy and facilitating reasonable access.

Similarly, extended family and professionals may support and consolidate the alienation. For example, it is not unusual that children's therapists fuel the alienation through involvement with only the aligned parent, through inappropriate advocacy to the court, or by reinforcing negative distortions in the child (Lund, 1995). The custody evaluator should address the effectiveness and appropriateness of all therapists' work in the custody recommendations and interventions.

CLEAR, DETAILED, AND ENFORCEABLE ORDERS

The contact between a rejected parent and child must be court ordered, with very clear parameters specifying how, when, and where visits occur. Ambiguous orders with insufficient detail provide fertile ground for conflict and acting out, thereby undermining and sabotaging well-intentioned interventions. The alienated child and the aligned parent should not have discretion about whether visits occur. The goal, however, is to set up a feasible arrangement, one that the child can tolerate. The child can be invited to share what activities would make the contact more acceptable, with the underlying premise that the visit will occur. Once the contact is clearly determined, more proactive management of visits can occur, anticipating that there will be undermining of them and challenge and opposition to them.

Regardless of the temporary physical custody structure, both parents should have the legal authority to share important decisions in their child's life. In alienation cases, rejected parents not only have often had their physical contact obstructed, but they have effectively lost their legal custody rights as well. Early court orders can be provided that mandate information sharing and shared decision making. An appropriate burden can be placed on aligned parents to inform rejected parents of important education, health, and social domains. Specific orders should prohibit aligned parents from making any unilateral decisions regarding children's health care (especially therapy), education, travel, and formally scheduled extracurricular activities (sports, music, scouting, etc.) that would interfere with the other parent's scheduled times with the child.

MANAGE, MINIMIZE, AND AVOID CONFLICT

Interparental conflict polarizes parental positions and strengthens children's solidarity with the aligned parent (Johnston & Campbell, 1988). Children commonly interpret conflict as caused by the rejected parent and as abusive and victimizing of the aligned parent (and by extension, the child). This distortion occurs despite the reality of the dynamics of the conflict. Conflict can be best managed initially through structures in the court order that disengage the parents. Such orders can include transitions that do not involve face-to-face contact, automatic default arrangements such as which parent selects the first vacation period each year, how holidays alternate, alternating attendance at child activities, and so on, and by hav-

ing a mediation or arbitration process established to resolve disputes in an efficient and timely manner as soon as they arise.

MONITOR COURT ORDERS CLOSELY TO ASSURE COMPLIANCE AND TO ADDRESS VIOLATIONS IMMEDIATELY

The authority of the court and court-ordered professionals will be weakened in the eyes of the child and aligned parent if visits and other mandates of the court are ignored or sabotaged. It is important to anticipate a variety of tactics employed to undermine orders, ranging from exploiting the ambiguity and gray areas in court orders to flagrant violation of orders to prevent visitation or therapy designed to promote contact. It is crucial that enforceable orders and monitoring systems be linked to the authority of the court so that violations are quickly and effectively addressed.

PHASES OF CASE MANAGEMENT IN ALIENATION CASES

INITIAL AND PREVENTIVE INTERVENTIONS

The court can promote safe parent-child contact with a rejected parent while an evaluative process is undertaken through effective early and potentially preventive interventions. Sometimes, these firm but less intrusive initial interventions actually resolve the impasses that led the child to reject the parent. In any case, the outcome of these interventions provides useful information to evaluators and decision makers as the case proceeds. Considerable discretion to try a number of approaches to solve the immediate problems and remove concrete barriers to child access can be given on an interim basis to a family court service counselor or private therapist well versed in handling these cases.

The court can mandate therapeutically expedited contact sessions that initiate or maintain access between the rejected parent and the child in a safe, observant framework. This concept of facilitated contact is preferred to that of supervised visits in order not to stigmatize the rejected parent. Labels such as *supervisor* or *visit monitor* reinforce the allegations of dangerousness made against the rejected parent, unlike more neutral terms such as *access facilitator*. The framing of this work must achieve a delicate holding of the family members such that all are reassured that they will be protected: the rejected parent from false allegations, the alienating parent from dismissal of legitimate concerns, and the child from any harm. Ideally, these interventions begin by establishing contact in a facilitated session between rejected parent and child, and negotiate a step-wise expansion of visits as appropriate until the visits are independent of the sessions.

Two or three sessions with the family can address several common issues in milder cases of child alienation that may quickly lead to appropriate child access. Providing a safe, neutral place with a supportive, experienced person to facilitate the child's transition between parents can regulate access, monitor the behavior of parents and child alike, and provide ways to make visits less stressful and more manageable for the child and parents alike.

Early court orders can address another common problem, that of repeated intrusion into rejected parents' visits by custodial parents that block any change in the parent-child relationship and create anxiety in the child. As a rule, there should be no telephone contact with the aligned parent during brief visits and limited contact during longer visits. With younger

children, this can be mandated and effective; older children may initiate calls, despite prohibitions, and if so, this should be discussed in the therapeutic contact sessions.

Initially, these facilitated visits can be quite challenging for rejected parents if children engage in provocative behaviors, including sullen opposition to any engagement or angry attacks on the rejected parent and strident opposition to the visit. Some coaching and psychoeducation about handling difficult behaviors can assist rejected parents and children to move beyond this testing phase (see Johnston, Walters, & Friedlander, 2001 [this issue]). Similarly, these early sessions can be used to discuss any critical incidents involving perceived or real problematic conduct on the part of the rejected parent that are given as reason for refusal to visit.

The access facilitator should be appointed by the court and expected to provide documentation and feedback to the court (or evaluator, if the case is proceeding to a custody evaluation). Although the nonconfidentiality of this structure has some negative aspects, the accountability for both parents that occurs when they know that their conduct will be reported to the court directly (or indirectly, through an evaluator) provides significant strategic leverage. In addition, the observations of access facilitators as they attempt to intervene in the family system are invaluable to the evaluator in making recommendations about child custody issues for the court.

Another role of initial interventions by a judge, family court counselor, or private therapist is a triage function. When child alienation cases are processed as more routine custody disputes, with little active intervention as they enter the family court process, the risk of serious harm to the child is considerable. If allegations of child abuse that reach the threshold of mandatory reportability are presented, the case should be referred to Child Protective Services for immediate assessment of the validity of those allegations. If they are considered unfounded, alienation may be occurring. Another objective of this initial triaging is to assess what types of professional assistance the family needs, what resources are available in the community, and whether the family or court has sufficient economic resources available for such help. Recommendations for assistance that are not cognizant of economic realities do not serve families' interests, unless family court staff are knowledgeable and available to intervene and/or low-fee community resources with knowledgeable staff are available. When there are sufficient resources, aligned parents are often resistant to devoting any resources to assist the relationship between their children and the rejected parents.

If professional interventions are recommended, a court-ordered role such as parenting coordinator, special master, or facilitated access therapist can be effective if put in place early. For example, the family might stipulate to a time-limited special master while an evaluation is going on, with limited powers to expedite contact and coordinate among individuals, including professionals. It is not helpful to have too many professionals involved before a comprehensive evaluation has been completed. Without a unifying formulation for professionals to coordinate their interventions, the risk of polarization is substantial. Finally, a child should *never* be taken to a therapist on the request of only one parent. An initial order should specify that both parents must stipulate or obtain a court order to initiate contact between a child and therapist.

Sample court order: Neither parent will unilaterally initiate or terminate any mental health evaluation or treatment for the children. The parents shall have the special master assist in the selection of any mental health professional who works with the children. Any information regarding the children from that treatment shall be made available to both parents. Both parents will respect

the confidentiality of child therapy and will contact the other parent to transport the children to their appointments in the event that they are unable to. The parents will optimize insurance benefits and share the uninsured cost of any treatment.

Based on the case management principles articulated above and the initial and preventive interventions described, the child's alienation may be resolved or ameliorated. They are the most cost-effective interventions to implement in both time and expense on a short- and long-term basis. But even if there is no resultant change in the family system, these interventions are essential for further interim case management in all cases as the case proceeds through evaluation and court processes.

CASE MANAGEMENT OF THE EVALUATION PROCESS

Case management during an evaluation process should normally be provided by the judicial officer or his or her designee to assure timeliness, comprehensive scope, and appropriate carryover on interventions that follow evaluation (Lee & Olesen, 2001 [this issue]). The following guidelines for case management address these issues.

First, assessments or evaluations should only be done by a court-ordered neutral evaluator, who has clear authority and directives from the court. Two experts, hired by each parent, normally further polarize the case.

Second, timeliness is critical when a child is alienated. The appointment of the evaluator should include specific timelines for completion. Evaluations that take longer than 6 to 8 weeks and court procedures that delay processing the evaluation once the report is complete allow for further entrenchment of a child's alienation.

Third, case management should assure continuity in the transition from evaluation to any further intervention. Court processes that follow evaluation (settlement conferences, further litigation, and trial) often reduce or change the evaluator's recommendations and therefore the effectiveness of the interventions that follow. At a minimum, the full report should be read by all professionals who will be involved in interventions. Ideally, the evaluator should be directly involved in selecting and initially consulting with any legal or mental health professionals or intervention teams, and court orders can increase the likelihood of this occurring.

Sample court order: The (family member) shall engage in therapy with a licensed therapist to be selected with the approval of the evaluator. The mother or father will provide a list of names covered under existing insurance as soon as possible to the evaluator. The evaluator will review this list and provide three names (not necessarily names on the father's or mother's list) to the parent, who will select and engage in therapy within 2 weeks of notification of these potential therapists. If the father or mother terminates therapy without consent of the therapist, that therapist will provide notice of the termination immediately to family court.

Sample court order: The parents shall be involved in coparenting counseling twice monthly or as necessary to help with information flow, decision making, and the practical and logistical issues of sharing custody. They will contact and rank their three preferences for a coparenting counselor and send their list to the evaluator, who will use both rankings to select this counselor. Upon notification of the selection, they will arrange an initial appointment within 2 weeks.

Sample court order: The parents agree to the following conditions for these therapeutic interventions: (a) that the evaluator will consult with each therapist to orient them to the case and the goals of treatment, prior to the onset of treatment, and (b) that the (named therapists) will form a treatment team, consulting with each other and the evaluator and coordinating their efforts; the

parents agree to sign any releases and pay fees necessary for face-to-face or telephone consultation between the parent's therapists and the coparent counselor.

Fourth, these cases benefit from periodic brief reevaluations to determine if changes in custody and access arrangements are warranted and to evaluate the progress and work of the professionals involved. The parent who is most disappointed by the initial evaluation will predictably object to the same evaluator providing reevaluation, so court orders at the initiation of the case are helpful to assure that the involvement of the same evaluator is safeguarded. If this is not possible, the first evaluator's work should be fully available to the next evaluator.

CASE MANAGEMENT AFTER EVALUATION AND JUDICIAL DECISION MAKING

Judicial decision making and court orders at the completion of evaluation are rarely the end of the family court involvement in alienation cases (Baris et al., 2001; Garrity & Barris, 1994; Johnston & Roseby, 1997). Both structural interventions (orders about timeshare, transitions, communication, other coparenting structures, and enforcement) and therapeutic interventions (appropriate individual and conjoint modalities) are usually needed, and court review may be necessary to ensure implementation.

Access Arrangements and Transitions

Orders that clearly define access arrangements remove some of the precariousness and unpredictability of the custody situation that enables aligned parents to undermine rejected parents' relationships with their children. Fear of loss of custody and associated economic anxieties can be addressed by a clear order about the timeshare and be quite reassuring to the aligned parent. For rejected parents, clearly specifying the expected time with their children establishes and legitimizes their parental rights. Noncustodial parents who are being rejected need to understand that custody decisions cannot be used to punish the aligned parent for his/her behavior. Instead, the goal is to structure, support, and enforce a custody and access arrangement that will best meet the child's developmental needs. Parents should not have any discretion to change the access arrangement.

Special guidelines for access include the following: First, gradually increase the amount of time with rejected parents if the timeshare has been quite limited. These expansions should not be determined by therapists working with family members, as this dual role may undermine their work. Using evaluators' recommendations or judicial decisions, the court should structure these increases. Expectations about a more permanent access schedule should be provided, as well as a specific plan for when the increases take place. Such court orders are quite helpful to family members and professionals alike, as they focus on implementing the parenting plan, rather than determining whether or when the access will increase.

Second, provide longer blocks of time with the rejected parent, sometimes more than what is normally recommended for children of that age. Single days or weekend visits often do not provide sufficient time for rejected parents and children to have a productive experience free of the influence of aligned parents. Children most often arrive emotionally shut down and suspicious and generally become more guarded and hostile as they anticipate going back to aligned parents at the end of the visit. Making use of extended times in the sum-

mer or holidays can provide the necessary duration of time to repair and build a relationship free of destructive influence.

Plan for establishing alternate weekend visitation. The child will immediately (provide date) begin visiting the parent on alternate Sundays from 10 a.m. to 6 p.m. This schedule will increase to weekly Saturday and Sunday visits from 10:00 a.m. to 6:00 p.m., beginning on the fourth 2-week cycle. A Saturday overnight will be added following two additional weekly visits, to increase visits from 10:00 a.m. Saturday to 6:00 p.m. Sunday. Alternate weekends will commence after the 2nd Saturday overnight. They will begin on Fridays at 6:00 p.m. or upon pick-up from school or after school activities and end on Monday morning with drop off at school or day care.

Blocking intrusions from the aligned parent. A common behavior of aligned parents is to contact their children frequently (sometimes a dozen or more times a day) or to instruct their children to call them regularly during their visit. The impact of this contact is severely undermining of rejected parents' attempts to restore a normal relationship with their children. Court orders may contain explicit regulation of such contact, and the perceived need for the frequent calls and the negative impact on treatment goals should be a focus of the therapeutic work. For example, the court order might begin with a strict limitation on, and specification of, time and length of calls, with progressive elimination of contact. During brief visits, phone calls may be prohibited from the start.

Blocking aligned parents' ability to unreasonably obstruct scheduled visits. Orders can require physician documentation of a child's illness that would interfere with scheduled visits. Other requests to change a visit due to a special circumstance can be made contingent on immediate make-up provisions. In addition to providing rejected parents with explicit permission in the court order to be involved in the child's extracurricular activities, injunctions can also prevent the aligned parent from scheduling alternative activities such that children must choose between a favored activity and visits with the rejected, noncustodial parent.

Avoid face-to-face transitions between parents. The use of neutral, conflict-free settings, such as school or day care, are ideal as they include a buffer of several hours when a child has not seen either parent. Extended family, friends, or caregivers who are more neutral and have a good relationship with the child can also be used. Aside from the benefits to children, these contexts provide more neutral adult observation of the transition and provide useful data about the conduct of parents and children. Unsubstantiated charges of lateness, abuse, or hostility thus do not have fertile ground to fuel more conflict. Sometimes, a therapeutic setting is necessary for the transition between parents until the child's resistance decreases.

If transitions must occur at either parent's residence, specific behavioral protocols to assure disengagement and facilitate enforcement, if violations occur, can build a predictable, nonstressful transition in many cases.

Sample court order: Transitions at the parent's residence. Transitions shall take place curbside, with the following guidelines: The parent will arrive no earlier and no later than 15 minutes of the specified time. The receiving parent shall ring the doorbell (or call on a cell phone) on arrival and then move back to the curbside. The other parent shall have the child ready and say good-bye inside the house, sending her alone to the curbside. There shall be no interaction between the parents or with any other individuals present. The transition, from the receiving parent's announcement of arrival shall take no longer than 2 minutes.

A common tactic used by aligned parents is to request that law enforcement be present for transitions, alleging that there is some potential harm if a residential exchange is necessary. The use of law enforcement officers in these cases is strongly discouraged, and other means to appropriately handle legitimate concerns about violence can be used. Police presence exacerbates children's anxieties during transitions, alienating them further from rejected parents who are viewed as the reason for such precautions.

Information exchange and decision making. It is important to establish protocols for joint involvement in decision making to reinforce rejected parents' rights as equal legal custodians, whether or not visits are occurring. Besides legitimizing the role of rejected parents, the following sample orders address aligned parents' attempts to undermine and exclude rejected parents from meaningful involvement in their children's lives. The unwillingness of an aligned parent to share information and decision making may be grounds for the court to take these rights away. Conversely, the inability of rejected parents to responsibly participate in these parental domains, even with structure and support, may validate some concerns of the residential parent. In this case, rejected parents' legal custody rights may need to be restricted as well.

Sample court order: Whenever a parent has received information regarding the children—for example, academic progress reports, announcements of parent-teacher conferences, notices regarding extracurricular or sports activities, medical and dental reports, and so on—that parent shall provide a copy of the material to the other parent. It should be sent in a timely manner, particularly if it is time sensitive. If a parent receives an invitation for a child's party, that parent shall immediately inform the other parent of this if the child will be in the other parent's care and ask that parent to follow up with acknowledging and ensuring the child's attendance at the party.

Sample court order: Unless otherwise agreed in advance, neither parent shall arrange for activities with or for the children when such activities would occur during the other parent's custodial period or necessitate any involvement of that parent. Any activities mutually agreed on shall be equally shared in involvement and cost.

Sample court order: The child's legal name (specify) shall be used in all purposes and settings, including school, health, and other legal situations.

Communication between parents. Protocols that encourage safe, written interparental communication and provide for parental disengagement (the parents do not see or talk to each other) as well as accountability (i.e., a written document is part of every communication) are very important.

Sample court order: The parents shall use a logbook to communicate child-related information between them that will transition with the child between households. Notes from the parents should be child-focused and businesslike, with no personal attacks or editorial comments, and should be prefaced with "FYI: for your information, no response needed" or "response requested." If a response is requested, the receiving parent should respond in a timely manner, even if it is to say they need more time. If there is no response in 7 days of receipt of the note or by the timeframe requested, the parent requesting a reply can make the decision or take the action they desire. Types of information that should be shared include health information (status of illness, medications given), school and extracurricular activity information (changes in schedule, upcoming events), and documents sent (reports from school or others should be listed in the logbook). Incidents that happened to the children should be noted to help the other parent process such occurrences with the child. Please use the logbook in the spirit of having a functional channel of communication between both of you.

Sample court order: Communication between parents. The parents shall use e-mail or fax when communicating with each other. Communication shall be only with regard to the children and shall not include personal comments or criticism. The communication shall carry essential information about school, health care, and activities in a businesslike manner. Any coparenting issues shall be reserved for the coparenting sessions with Dr. Smith. Time-sensitive or emergency matters can be communicated by telephone. The children should not be used to communicate between the parents.

Relationships with third parties. Teachers, school administrators, clergy, child care providers, health care professionals, and others often become used and embroiled in parental conflict. Some become strongly aligned with particular parents and increase children's alienation from the other parent. Court orders can prevent or diminish these problems.

Sample court order: Neither parent shall schedule nonemergency health care without the knowledge and consent of the other parent. The parent who takes the child to routine health care appointments or care of illnesses should inform the other parent immediately after such contact. The parents should share their involvement in the child's health care, alternating appointments, whenever possible. In case of emergencies, either parent can seek emergency care but will contact the other parent as soon as reasonably possible to inform them of such care.

Support of therapeutic interventions. Protocols that provide expectations for the establishment and working relationship with professionals involved with the family are essential to encourage and monitor compliance with these interventions.

Sample court order: Counseling for a minor child. The parents will initiate counseling for the child as soon as possible by following this procedure: (a) Mother will check her insurance for reimbursement and possible preferred provider and will inform Dr. Smith of these providers for his referral suggestions; (b) Dr. Smith will provide a list of three providers for the parents to review and investigate independently; they will rank order the list and provide it to Dr. Smith and may veto one name on the list; and (c) once assigned by Dr. Smith, both parents agree to be involved in the counseling in an appropriate, shared manner, alternating taking the child to appointments and following the directives of the counselor. They will share equally the uninsured costs of that therapy. They will sign a release of information for Dr. Smith and the therapist to consult as needed.

Sanctions and enforcement of court orders. Detailed, complete, written guidelines, dealing with all of the business that coparenting needs to accomplish, together with a coparenting mediation and/or arbitration, can greatly reduce the destructive effects of chronically high levels of conflict and preempt the need for sanctions. Initially, the parents must be disengaged from each other to diminish conflict. Vague, limited, and ambiguous orders quickly become exploited by parents to create conflict or mishaps. These can be interpreted to the child by the aligned parent as another example of the ineptness or dangerousness of the rejected parent. Work toward more functional engagement can proceed slowly, assisted by coparenting counseling with the parents.

Despite the court's efforts to provide considerable structure for children's custody and access arrangements and guidelines about coparenting issues, it is often the case that one or both parents violate the court orders. Permitting violations to occur are quite problematic as they tend to embolden the aligned parent to further obstruct and undermine efforts to help the alienated child and also promote retaliation from the rejected parent who may be adhering to the orders. Most important, violations tend to undermine the authority of the court and who-

ever is attempting to manage the case. There are problematic downsides to the use of sanctions, which should be considered in determining how to deal with infractions. Administering sanctions tends to promote parents tattling on each other to even the score, turning the case manager into a referee. Sanctions often can take too long to levy and be too punitive and heavy handed. Sanctions can further alienate a child by making a martyr out of the alienating parent and damaging the relationships with the sanctioner who is viewed as taking sides. Most important, sanctions that involve the child or custody (sometimes as extreme as hospitalization or incarceration) are rarely based on the best interests of the child.

Sanctions are more effective when proactive, with specific consequences for violations written into the order. This strategy helps depersonalize the role of the sanctioner, who is simply upholding the agreements or orders that govern the parent's custody arrangement. This helps the case manager maintain the working alliance with both parents so essential to long-term effectiveness. Consequences that are proportionate to the violation are also important. Examples such as having to transport the child more than the agreement dictates for violations involving transitions; providing additional make-up time for obstructing the scheduled visitation; levying financial sanctions, including paying the cost of investigating and ruling on the violation; or paying more than a parent's fair share for therapeutic interventions may be effective.

The following suggestions can be incorporated into court orders: First, provide up-front written sanctions for violations of specific orders. One can usually obtain parental agreement for how violations of orders or agreements they make shall be handled. These sanctions can simply be the last clause in a particular provision of the order, for example, "Failure to . . . will result in. . ."

Second, provide language for consequences of arriving late to exchange a child. Parents will often agree to adding the following type of consequences: "If a parent fails to comply with the provisions of the order, they shall be responsible for the child's transportation for the next four round trips." This type of provision requires a monitoring process to rule on any alleged violation and impose the sanction as stipulated to by the parents.

Third, use professionals with particular expertise in child-related areas to resolve hotly disputed issues between parents in those domains. Protocols can be developed for how the issue is referred to that professional, what data are needed and presented, and how findings are provided. Examples of such experts are educational experts (for school placement issues) and health professionals (for medical, dental, orthodontic, or mental health issues).

THERAPEUTIC INTERVENTIONS

Therapeutic interventions must be backed by court authority, either through the family court judicial officer or a designated, court-appointed professional. Any professional serving in a quasi-judicial role must have sufficient training to develop a comprehensive understanding of the case dynamics (in consultation with the evaluator), the time and availability for intensive case management, and the authority to monitor and enforce compliance with the intervention plan and make adjustments to the residential access arrangement as appropriate. These three components—understanding, availability, and authority—are essential to supporting any therapeutic intervention. They can be combined into one role or, when economically feasible if sufficient professional assistance is available, can be provided by a collaborative team. Any therapist working with the child or family members, however, should not be expected or empowered to make recommendations or binding decisions for the family.

GENERAL PRINCIPLES OF COLLABORATIVE TEAM FUNCTIONING

When a child alienation case has more than one professional involved in therapeutic interventions, attention to the team's structure and functioning is especially important, because the polarities, distortions, and attempts to divide these professionals are quite strong. The following important considerations for effective team functioning should be addressed in each case.

Confidentiality. Confidentiality in therapeutic relationships with family members creates partial perspectives, which makes the therapy more susceptible to the distortions, splitting, and polarization noted above. Furthermore, a closed therapeutic process with an aligned or rejected parent can serve to validate and reinforce destructive distortions. Informed consent contracts that begin the treatment by waiving aspects of confidentiality are essential to treatment progressing. Opening up specific information from the therapeutic process relevant to parenting and coparenting issues is a powerful mechanism that increases the productive collaboration of a professional team. Such limited confidentiality agreements may come under scrutiny in litigation, and their adherence to professional ethical codes have not been tested.

Sample court order: Both parents will be engaged in individual therapy for the next 12 months and shall sign any release of confidentiality forms to permit the special master and the parents' therapists to consult about those aspects of therapy relevant to parenting and coparenting issues. The therapists and special master shall work as a team and, with notice to the parents, shall meet together when necessary to assist parents in decreasing their conflict and to develop effective parenting and coparenting behaviors. The parents agree to share the cost of meetings or telephone conferences between therapists that are considered necessary to address the needs of the family.

Hierarchy and roles. Each team member needs to understand and conduct themselves according to their agreed-on role in the family intervention, including their relationship to other team members, their client(s), and the legal process. The designated team leader generally helps to resolve disputes among team members and to communicate with the court. To protect their therapeutic alliance with a family member, therapists should not take on the responsibility for decision making about parenting schedules or other coparenting issues. However, their input and views can be communicated, preferably confidentially, to the decision maker, who takes responsibility for decisions and works diligently to protect therapeutic relationships.

The following court order defines the relationship of a special master, coparent counselor, attorneys, and other professionals involved in postadjudication interventions.

Sample court order: Child custody issues shall be handled in the following manner: (a) The parents will initially meet twice monthly with the coparent counselor to discuss issues that have come up. They will attempt to resolve disputed issues in this setting, strongly considering the consultation of the counselor. If issues are resolved, the counselor will document the details to the parents in a follow-up letter and will forward the approved letter to the special master or judge. Any remaining disputed issues will be referred to the special master (arbitrator), who will schedule a telephone conference or meeting to resolve each issue. (b) Child-related disputes will not be formalized by attorneys in letters or filed motions until the parents have followed the above protocol. Parents can use their attorney for consultation at any time. If decisions made by the special master are objected to, the parents can then involve their attorneys in a more formal manner. (c) Professionals involved with the children (teachers, physicians, coaches, dentists or orthodon-

tists, and therapists) shall not be engaged in disputes by the parents. Letters shall not be requested of them, nor shall requests be made that they take a position on disputed issues. If one or both parents want the special master to consult with existing professionals or enlist the consultation of a new professional to help resolve a dispute, this will be done collaboratively.

Communication. A clear understanding about how team members will communicate consistent with court orders and confidentiality agreements is necessary. Questions to be addressed are whether professionals can communicate with each other over the phone, whether they can meet periodically in case conferences, the extent of documentation, and the responsibility for payment, and whether family members contact their team professionals by telephone, contact them exclusively in writing with a copy to others, or raise issues only in scheduled sessions.

Keeping on track. Effective team functioning in child alienation cases requires defining, updating, and reaching consensus in clinical goals; having periodic case conferences; documenting each professional's continuing role; and ensuring that treatment is as cost-effective as possible. Differences in positions regarding the case conceptualization, clinical goals, or specific roles must be resolved through case conferences and ultimately by the judicial decision maker. This may include not allowing a parent to fire a therapist or terminate a team professional if they are fueling the dynamics that support the child's alienation. If the professional has a strong working alignment with a parent or child in the family, a better course is to help them reformulate their distorted perceptions so that their work with the team may continue. This change in the direction of a therapist's work can have a profound impact on their clients, whereas the fallout from firing a therapist can be a significant setback to the overall therapeutic intervention.

Linkage to the authority of the court. Either through direct channels to the judicial officer or delegation to a team leader (special master or coparenting arbitrator), the ability to codify decisions and agreements as court orders is essential. Although the goal is to move the family outside of the legal system, it may be necessary at times to have the case return to the judicial officer for review and decision making if the case is not progressing. This can be done more informally if the family court has case management processes available.

BUILDING A COLLABORATIVE TEAM

The members of a team needed to address relevant family issues can be specified by the evaluator, in consultation with the parents or attorneys. This should include a consideration of what economic resources and skilled professionals are available. Because economic resources often preclude providing the necessary interventions to treat the child's alienation, other approaches may be necessary, such as appointing a publicly funded attorney or guardian *ad litem* for the child. In cases in which the family's needs far exceed the available professional and economic resources, it may be necessary to state at the outset that the situation may not be adequately addressed, nevertheless indicating the priorities for interventions in terms of orders and professional(s) needed.

It is important to assess the effectiveness of professionals who are currently involved in the case. It should be a serious concern to the court if a child therapist, having never seen a rejected parent (because the child has been brought to therapy by one parent), is advocating for no contact or offering diagnoses of the (unseen) rejected parent. It would be generally

impossible for them to establish a working relationship with a rejected parent after having assumed such a biased advocacy stance. Aside from ethical violations probable with this behavior, these therapists may be unwittingly reinforcing the alienation of a child, and their involvement as therapists often needs to be terminated.

The potential roles of collaborative team members are briefly presented in the appendix. Resources may dictate that these multiple roles be filled by a single professional. However, working in this manner creates serious dilemmas that may undermine the work of even the most skilled mental health professional.

SPECIAL ISSUES IN CHILD ALIENATION

In some extreme cases, children's alienation from a parent is so chronic, internalized, and entrenched that any intervention is likely to fail (Gardner, 1992; Garrity & Barris, 1994; Johnston & Roseby, 1997). In general, the children are older adolescents, and the cases involve multigenerational family issues, significant personality pathology in the parent(s), and long-standing reinforcement of the alienation in the surrounding family and professional system. The choices in these cases may be limited to structural interventions that effectively designate the custody to one of the parents or neither. They include changing custody to rejected parents temporarily or permanently, working with rejected parents to let go of pursuing contact with the child at least on a temporary basis (see Johnston et al., 2001), and placing the child outside the custody of either parent, for example, in a boarding school. The latter choice is less common but may provide the least detrimental alternative for the adolescent in the long term. There are specific issues to be considered in recommending these alternatives in chronic and severe alienation cases.

Changing custody to rejected parents. Changes in custody should not be based solely on the child's alienation but, rather, by those customary factors that would lead to recommending removal from or supervision of contact with residential parents, including the child's alienation. Such parent factors include severe clinical pathology in the residential parent (*Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. [DSM-IV] Axis I or II), Munchausen's by proxy (Klajner-Diamond, Wehrspann, & Steinhauer, 1987), and parental neglect and/or abuse. In child alienation cases, this also includes making repeated and unsubstantiated allegations of abuse about the rejected parent, and child abduction. As stated earlier, a pattern of refusal to comply with clearly specified court orders for contact, therapy, and communication with the rejected parent would also constitute a basis for changing custody. For children, factors would include severe psychological dysfunction (DSM-IV Axis I disorders), antisocial development, and evidence of emotional trauma due to neglect and/or abuse. In such cases, changing custody and recommending supervised contact with the custodial parent should be strongly considered. In cases in which children are functioning reasonably well in most domains of their life, including school, peer relationships, and their relationships with the aligned parent, a change in custody is not generally recommended. The pathology of these children is circumscribed to their alienation from the rejected parent and may be serving as an adaptive defense for an untenable loyalty conflict.

The psychosocial functioning of the rejected parent often is neglected in a recommendation to change custody. If severe alienation on the part of a custodial parent has been substantiated, it is necessary to consider whether the rejected parent has an adequate capacity to parent. In some cases, changing custody has resulted in an adverse outcome for children because

the new custodial parent had very limited abilities to parent. Some parents also encourage the child to reject the former custodial parent in retaliation for what was done to them.

Changing custody cannot be considered the ultimate solution, as there is still a mandate to work with the alienating parent, whose behaviors may sabotage the custody transfer. Furthermore, some children experience a change of custody as an abrupt and wrenching separation from the parent with whom the child had a primary relationship, and work must be focused on the potentially traumatic nature of this situation (Johnston & Roseby, 1997). Where the child has an unhealthy primary attachment to the aligned parent, an interim step of instituting shared physical custody may be necessary in making the transition to custody of the rejected, healthier parent. Also, a change of custody does not resolve the intense anger and acting out (for example, running away or self-destructive acts, including suicide attempts) that the new, still-vilified custodial parent must deal with.

Helping rejected parents let go of their active pursuit of a relationship. In chronic and very severe alienation, it is sometimes impossible to help rejected parents restore a viable relationship with their children, despite repeated well-conceived interventions to address the alienation. Some older children simply refuse all contact and all treatment efforts. In such instances, interventions that “punish” the child (and aligned parent) by placing them in criminal facilities are clearly not in their best interest. Even placement of children in mental health facilities is not warranted solely by the existence of alienation. In some of the most entrenched cases, forcing reunification is not indicated and, indeed, is not possible. Alternatively, after exhausting all avenues, including years of litigation, one approach is a carefully crafted therapeutic session with the rejected parent and the child. In this strategic intervention, the rejected parent tells the child that they will no longer fight through legal channels to try to restore the relationship, that they love the child and wish they could be together again but see that currently that is not possible for the child. The rejected parent expresses sadness, invites the child to call or write anytime in the future when the child would like to have contact, and withdraws. It is advantageous for the parent to give the child the same message in writing as well as in person.

Placing the child in a residential setting. In some extremely entrenched cases, the least detrimental alternative for older children and adolescents may be to find a placement outside the custody of either parent. Criteria for this are as follows: (a) the child, usually an adolescent, is functioning quite poorly; (b) alienation is occurring, either unilaterally by the aligned parent or by both parents in a more shared physical custody; (c) there is intense, chronic conflict between the parents that is damaging the child; (d) the placement option, usually a boarding school, can provide a positive, conflict-free environment, ideally with some regular therapeutic component; and (e) the array of interventions recommended in this article have been attempted and failed or are not available.

Contrary to what is often asserted by child custody experts and parental alienation advocacy groups (Rand, 1997), there is little empirical research evidence to support any one specific intervention, such as changing custody, in the severe, chronic cases (Ellis, 2000). Furthermore, there is no empirical data that indicates whether entrenched alienation and total permanent rejection of a biological parent has long-term deleterious effects on children's psychological development. Although one can speculate that this aberrant development would adversely affect the child, research is needed to determine the type and extent of impact. Similarly, there is clinical support but no empirical research demonstrating that by

letting go of the relationship, the rejected parent and child will at some later time reconcile and restore the relationship. Research investigating the effectiveness of the many interventions and court orders recommended in this article is critical if we are to advance our understanding and refine our work with these families with an alienated child.

Appendix Potential Roles on Collaborative Teams

The Judicial officer. As indicated earlier, the continuity of a family court judge providing legal case management and readily accessible decision making is essential to the success of the case. Having a judge who understands the legal history and complexities of an alienation case often prevents a disgruntled parent from initiating endless relitigation.

The special master or coparenting arbitrator. This court-appointed role, filled by either an experienced mental health or legal professional, is best suited for team leadership. If authorized by the court, the special master can take on numerous functions, including child-specific decision making, case management, further assessment as needed, structural interventions that are legally binding, and immediate conflict resolution through mediation, negotiation, and other settlement strategies.

The child therapist. This mental health professional establishes a confidential relationship with the child, focused on the dynamics of the child's alienation. They may see the child individually or, in addition, may do conjoint coparenting counseling with the parents in their treatment (see Johnston et al., 2001).

The parents' therapists. If parents have therapists, they must be part of the collaborative team. Although this necessitates some modification of traditional confidentiality (see earlier discussion), having parents' therapists participate in a team conference can be the most potent family intervention in the case. Not surprisingly, the dynamics at the professional level often parallel and reinforce the dynamics at the family level, and until these are explored and resolved (with the team leader acting as systems therapist to the professionals), progress will be limited.

The coparent counselor. This professional does not have formal child-related decision-making authority but should document agreements that the parents make in their sessions. The coparent counselor provides a structured forum to begin more constructive parental engagement (see Johnston et al., 2001). The focus with parents includes psychoeducation to build empathy for the child and each other's position, sorting out concerns and addressing legitimate ones, building communication skills and more functional problem solving, and assisting in parental decision making. The counselor can work both conjointly and separately with the parents separately and must be well informed by the existing court orders in the case. It is quite helpful to have mediation training and experience to take on this role.

The parents' attorneys. The parents' attorneys, by virtue of their advocacy stance and limited perspectives, may exacerbate alienation processes (see Kelly & Johnston, 2001). Their support of and involvement with the team, through their relationship with the team leader, may be essential to progress. Attorneys often have a strong alliance with their clients that can be a benefit or a liability to clinical goals in alienation cases. Their understanding and involvement with the clinical team is often instrumental in keeping the case from moving repeatedly back into the adversarial system.

The child's attorney or Guardian ad litem. If the child's attorney or Guardian ad litem has a reasonable understanding of the alienation dynamics and therefore represents the best interests of the child, rather than the expressed wishes of the child, they can be a valuable asset to the team, particularly in representing older children. Their liaison function to the court and the parents' attorneys are particularly advantageous.

NOTE

1. An *alienated child* is defined as "one who expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are significantly disproportionate to the child's actual experience with that parent" (Kelly & Johnston, 2001, p. 251). It should be understood that *child* can mean *children*. The dynamics of the sibling subsystem as it relates to alienation is important but is beyond the scope of this article.

REFERENCES

- Baris, M. A., Coates, C. A., Duvall, B. B., Garrity, C. B., Johnson, E. T., & Lacrose, E. R. (2001). *Working with high-conflict families of divorce* (pp. 197-226). Northvale, NJ: Jason Aronson.
- Ellis, E. M., (2000). *Divorce wars: Interventions with families in conflict*. Washington, DC: American Psychological Association.
- Gardner, R. (1992). *Parental alienation syndrome*. Cresskill, NJ: Creative Therapeutics.
- Garrity, C., & Barris, M. (1994). *Caught in the middle*. New York: Lexington.
- Johnston, J. R. (1993). Children of divorce who refuse visitation. In C. E. Depner & J. H. Bray (Eds.), *Nonresidential parenting: New vistas in family living* (pp. 109-135). Newbury Park, CA: Sage.
- Johnston, J., & Campbell, L. (1988). *Impasses of divorce: The dynamics and resolution of family conflict*. New York: Free Press.
- Johnston, J. R., & Roseby, V. (1997). *In the name of the child: A developmental approach to understanding and helping children of conflicted and violent divorce*. New York: Free Press.
- Johnston, J. R., Walters, M. G., & Friedlander, S. (2001). Therapeutic work with alienated children and their families. *Family Court Review*, 39(3), 316-333.
- Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review*, 39(3), 249-266.
- Klajner-Diamond, H., Wehrspann, W., & Steinhauer, P. (1987). Assessing the credibility of young children's allegation of sexual abuse: Clinical issues. *Canadian Journal of Psychiatry*, 32, 610-614.
- Lee, S. M. (1995). Special masters in custody cases. *Association of Family and Conciliation Courts Newsletter*, 14(2), 5.
- Lee, S. M., & Olesen, N. (2001). Assessing for alienation in child custody/access evaluations. *Family Court Review*, 39(3), 282-298.
- Lund, M. (1995). A therapist's view of parental alienation syndrome. *Family and Conciliation Courts Review*, 33, 308-316.
- Rand, D. C. (1997). The spectrum of parent alienation. Part 2. *American Journal of Forensic Psychology*, 15, 39-92.
- Sullivan, M. J. (1998). Have a problem? Hire a special master as decision-maker. *Family Advocate*, 21, 41-44.

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