

WHEN A CHILD REJECTS A PARENT: TAILORING THE INTERVENTION TO FIT THE PROBLEM

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There has been considerable discussion and debate about the advisability, nature and outcome of interventions with families in which a child expresses reluctance or outright refusal to spend time with a parent, or expresses seemingly unrealistically negative attitudes toward a parent following parental separation (Baker, 2007; Freeman & Freeman, 2003; Garber, 2007; Gardner, 2004; Johnston & Kelly, 2004; Johnston, Walters, & Friedlander, 2001; Kopetski, 2006; Rand & Rand, 2006; Rand, Rand, & Kopetski, 2005; Stoltz & Ney, 2002; Sullivan & Kelly, 2001). Although there have been recent clinical accounts of interventions with such families that appear to be helpful (Baker & Andre, 2008; Everett, 2006; Sullivan, Ward, & Deutsch, 2010; Ward, 2007; Weitzman, 2004; Warshak, 2010), there are no reports of controlled empirical studies of the efficacy of such interventions.

The Multi-Modal Family Intervention (MMFI) first described by Johnston, Walters, and Friedlander (2001) has been applied to many cases in which a child rejects or refuses to spend time with a parent and/or there have been allegations or findings of parental alienation. This article presents some refinements in the MMFI based on the authors' clinical experience¹ which has led both to a better understanding of the nature of resistance or refusal to have contact with a parent as well as to clarification of the factors that complicate its treatment. Preliminary long-term outcome data are also available about families in which the MMFI was used (see Johnston & Goldman, 2010; Johnston, Roseby, & Kuehnle, 2009) that parallel those presented here.

THE MMFI

The MMFI model (Johnston, Walters, & Friedlander, 2001) is a comprehensive, multi-faceted, flexible intervention that has broad goals, stresses the need for inclusion of all family members, customizes the components of the intervention and matches them to the nature of the problem. It employs a wide range of techniques including individual psychotherapy, family therapy, case management, education and coaching, all aimed at modifying feelings and beliefs as well as behaviors. It emphasizes the need for a thorough assessment of the multiple factors that contribute to the child's reluctance or refusal to spend time with a parent in order to determine the most appropriate intervention. 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.²

This family-focused intervention differs from "re-unification counseling," (Markan & Weinstock, 2005), in that the goals are broader than a restoration of the child's relationship with the rejected parent. These broader treatment goals include understanding and address-

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ing how the stress of the parental separation and divorce process have affected the child; teaching the child coping strategies; changing the child's distorted, "good/bad" views and polarized feelings towards both parents into more realistic ones; and restoring appropriate co-parental and parent-child roles in the family.

Further, clinical experience has led to the recognition that because of the limitations of some of the family members involved, a good outcome may best be defined as one that restores or supports a parent-child relationship that matches the relationship capacities of both the parent and the child. In those families in which there had previously been little or no viable relationship between the child and the rejected parent, the goal may be to begin to build a new parent-child relationship.³

The MMFI requires the active involvement of both of the parents and the children.⁴ It requires that the therapist forge a strong and sustained working relationship with all family members. Although many practitioners focus primarily on the rejected parent and child, within the MMFI model, concurrent work with the aligned or preferred parent⁵ is essential. It ensures that the preferred parent is prepared for the child's improving relationship with the rejected parent and, thus, does not create barriers to it as the rejected parent becomes available and able to respond to the child in a positive and engaging manner. Explaining the necessity for all family members to be involved and engaging them in the therapy is a crucial and often difficult part of establishing the treatment frame and has significant implications for the success of the intervention.

In our experience in a private practice setting, few of our interventions have employed all of the various components of the MMFI. In response to clinical considerations and practical realities many of the interventions have had to be more modest variations of the model described. Although the MMFI always includes a thorough evaluation completed by the clinician, the therapy has often proceeded without the support of a court order for treatment and without specification from the court of which family members and which professionals are to be involved in the intervention. As a result, intervention in these cases has not always included the aligned parent, thus limiting the traction and leverage available to work on that parent's often major contribution to the problem. Similarly, the intervention has often been undertaken without formal judicial findings of parental alienation or without the important information provided by a comprehensive child custody evaluation.⁶

In spite of these variations, the MMFI provides a structural model that includes multiple opportunities for promoting change within a family while also accommodating the realities of that family's situation. The model's flexibility also allows the intervention to proceed even when practical realities interfere with the full application of all components of the model. When specific vulnerabilities or limitations in the relationship capacities of one or more family members are encountered, the goals for the family may be reconsidered and reformulated. Indeed, some seemingly disappointing outcomes become far more understandable and less disappointing when viewed from a perspective that is informed by the growing understanding of the complex nature of the problem being addressed.

THE NATURE OF THE PROBLEM

Our experience of applying the MMFI model to families with children who refuse to have contact with a parent has provided increasing clarification of the nature of the problem they face. Even in cases in which there has been no violence or abuse, the notion that children who refuse to spend time with a parent after separation or divorce do so only, or

Table 1**Typology of Cases in which a Child Resists or Refuses Contact With Parent**

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- Alignment (Affinity and Alliance)
 - Alienation
 - Enmeshment
 - *Enmeshment + Alienation*
 - *Enmeshment + Alienation + Estrangement*
 - *Enmeshment + Estrangement*
 - *Alienation + Estrangement*
 - Estrangement
 - Neglect and/or Abuse by Rejected Parent
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Note: "Hybrid" types are in italics.

primarily, because they have been alienated from that parent, often overlooks crucial aspects of the problem. This can be the case even when alienating behavior by the preferred parent has been unequivocally identified to be operative within the family system.

The typology of cases presented in Table 1 is a refinement of the typology first described by Kelly and Johnston (2001) and subsumes the wide range of cases in which a child refuses to spend time with a parent. The typology is organized around understanding the causal factors that contribute to the child's resistance or refusal.

In our sample, uncomplicated or pure cases of alienation in which neither estrangement nor enmeshment were identified as playing a significant role, were relatively infrequent. The vast majority of cases referred, whether from the court or the community, were hybrid cases in which some combination of alienation, estrangement and/or enmeshment was operative.⁷ Understanding the relative role and contribution of these three factors, as well as considering the strengths and vulnerabilities of each parent and child is essential when formulating an intervention for these families and when defining goals for the intervention.

There are a variety of post-divorce family configurations that can pose as instances of "alienation," in which the problem is actually far more complex. An intervention that has been formulated based on a belief that the family configuration is a case of alienation only, no matter how sophisticated the intervention, will inevitably encounter difficulties if applied to a hybrid case. Indeed, this mismatch between the nature of the problem and the specifics of the intervention can create iatrogenic problems, sometimes with serious consequences. The failure to consider these additional factors contributes to the ostensibly disappointing outcomes of interventions that are designed to address alienation alone.

Because it has become clear that highly complex cases most often involve more than alienating factors, it is more accurate to refer to them as families in which a child refuses to spend time with or has rejected a parent, rather than families with an "alienated child." Reference to the child's rejecting behavior is neutral and therefore preferable to the narrower notion of "the alienated child." While continuing to have importance and validity as a starting point in understanding alienation within a family, the term "the alienated child" has contributed to confusion because of the potentially misleading causal implications.

ALIGNMENT (AFFINITY AND ALLIANCE)

A child's proclivity or affinity for a particular parent is a normal developmental phenomenon and can be related to temperament, gender, shared interests, identification with a parent's physical and psychological attributes, the parenting style of a particular parent,

and also attachment security with one parent. This is not a divorce-specific phenomenon as such preferences occur in intact families as well. In cases of divorce, the child rarely, if ever, refuses to spend time with the other parent, but when there is a strong alliance with a parent, the child may resist transitions to the other parent. When that alliance is so strong that the child resists significant time with the other parent, intervention may be appropriate. When there is no inclination to refuse time with or reject the other parent, then this more normative resistance does not require intervention. However, in order to prevent the development of future problems, it may be helpful to explain these normal transitional phenomena to parents and to emphasize the importance of each parent supporting the child's relationship with the other parent.⁸

In these cases the child may prefer to be with one parent but, nevertheless, has a good relationship with the other parent. Although the child may be angry and there may be other problems in the relationship with the nonpreferred parent, the child expresses love for that parent and harbors no developmentally unusual or extreme negative feelings or ideas about him or her.⁹ Indeed, the child may be protective of the nonpreferred parent's feelings and not want their feelings or preference to be known. These children often have a difficult time articulating why they feel more comfortable or more at home with one parent.

ALIENATION

Dynamics

Cases of alienation in which the child's relationship with a parent has been damaged or otherwise undermined by input from the alienating parent, and in which there are no elements of estrangement or enmeshment, typically involve a rejected parent who is a psychologically healthy, at least adequate parent who has enjoyed at least a reasonably good, and sometimes very good relationship with the child prior to the separation. Stated another way, these are cases in which the rejected parent has had little or no contribution to the problem. Although there are exceptions, usually there is considerable underlying psychopathology and/or sociopathy on the part of the alienating parent who consciously engages in alienating behaviors while ignoring the damaging effect on the child. That parent may be unaware of having significant distortions in their perceptions of and thinking about the rejected parent.

Nonhybrid cases of pure alienation, while compelling and dramatic, were not common in our sample. Such cases are also difficult to distinguish from the hybrid cases. Although rejected parents often portray their ex-spouses as "alienating," few parents in our sample of cases intentionally and consistently attempted to "brainwash" the child with the conscious goal of alienating the child from, and destroying their relationship with the rejected parent. Parents who admit the intention of undermining their child's relationship with the other parent usually have a compelling rationale for their behavior that involves a belief, often unfounded, that the rejected parent is dangerous and/or abusive.

Far more frequently, however, clinicians see cases in which alienating behaviors occur at fluctuating levels of the parent's awareness. Although more subtle, these alienating behaviors can still be quite powerful in their impact on the child's relationship with the rejected parent. This distinction may highlight a more meaningful one between instances of alienation that emerge from the alienating parent's severe psychopathology, those that are motivated by anger and vindictiveness, and alienating behavior that is motivated by the alienating parent's immaturity and profound emotional neediness. Examples of the alien-

ating behaviors associated with the latter, often less conscious form of alienation, include subtle but significant modulation in the tone of voice that conveys contempt or a demeaning attitude toward the rejected parent or implies that what that parent has said is untrue or distorted. Facial expressions, such as frowning and eye-rolling, are common nonverbal yet powerful behaviors that convey negative messages to the child. At some point in the process it is not uncommon for the child to begin to share such nonverbal glances and communications with the alienating parent as they participate in mutually reinforcing judgment of the rejected parent.

Underlying these interactions there can be other dynamics that play into the child's need not to contradict the alienating parent. These include the child's need to protect that parent and/or the child's fears of that parent's wrath, rejection and withdrawal of affection if the child shows positive regard for the rejected parent. The result is that the child does not feel free to give and receive love from the rejected parent, to have positive feelings for or even to enjoy their time with that parent.

In some cases both the child and the alienating parent have some awareness of the alienating processes, but there is a powerful disinclination to acknowledge what is transpiring. In these cases it is more often in retrospect that the child can acknowledge and articulate what occurred. In other cases these behaviors and underlying dynamics are just below the threshold of awareness of the alienating parent, and the child also does not consciously process the messages that have been received. Neither the child nor the alienating parent is perceptibly aware that the child's internal image of the rejected parent has been affected. The child typically does not experience that their view of the rejected parent has been influenced or distorted by the alienating parent. It is for these reasons that alienated children can become angry, adamant and often insulted when others suggest that their view of the rejected parent has been influenced or that their opinions are not entirely and exclusively their own. Indeed, suggesting such an idea at the wrong time may paradoxically further entrench the child's position.

The effects of this more subtle form of alienation are insidious and malignant, and appear to be highly resistant to intervention. Indeed, the effects of this sort of alienation are not like a tumor that can be readily excised. Rather, the effects become an intrinsic part of the fabric of the child's psyche. This also helps explain why meaningful intervention in these more subtle alienation cases requires sustained effort, which can result in a slow pace of change. However, adjunctive intervention from the court may facilitate more rapid progress.

Another important perspective gained from ongoing clinical experience is an appreciation of the extent to which the child's alienation, that is, the rejection of a parent constitutes an avoidant response which is, to some extent, adaptive in that it solves a powerful and otherwise anguishing dilemma for the child. The child who has rejected one parent no longer has to navigate the emotional minefield between the two parents and does not have to risk losing the one parent that they have come to believe they need the most, or the parent they feel needs them the most. The avoidant response is adaptive for the child as it achieves security and relative peace, albeit at the high price of losing a relationship with the rejected parent.

From the perspective of learning theory, avoidance is an effective response that is almost immediately and inherently reinforced, and it therefore is highly resistant to extinction. In fact, extinction requires a powerful incentive and strong motivation to confront what is feared and avoided; needless to say, alienated children almost by definition have no inherent incentive and are not motivated to spend time with the rejected parent. This, again, helps explain why these cases are so resistant to intervention and change.

Differential Assessment

Considerable care and caution should be exercised when concluding that alienation is present as it is clear that children who refuse to visit a parent do so for a great variety of reasons (Kelly & Johnston, 2001). Gardner (1998) first outlined the signs for recognizing children who have been alienated, and others (Drozdz & Olesen, 2004; Garber, 2007) have since suggested step-wise processes through which to conclude that alienation is occurring within a family. Once the presence of alienating behavior and its effects have been identified, it is crucial that a determination then be made as to whether there are also elements of enmeshment, estrangement, and/or abuse and neglect.

As noted, clinical observation suggests that there may be differing types of motivation for alienating behavior, including an angry variety and a needy or dependent variety. These are not necessarily mutually exclusive, but one is often more prominent than the other in a particular case. Because these motivationally different forms of alienation require different interventions, the distinction can help in formulating the intervention.

Intervention

Nonhybrid or pure cases of alienation require a combination of interventions. The range of interventions available for treating cases which include a component of alienation are shown in the Appendix, and include Clinical, Case Management, *In Vivo* Clinical¹⁰ and Educational interventions.

Case management is an essential part of the treatment plan when alienation is involved. Breaking behavioral patterns and making room for change must occur early in the process. Case management can be accomplished by a judge, Parenting Coordinator, Minor's Counsel, or *Guardian ad Litem*, either independently or as an integral part of the MMFI. In nonhybrid cases of alienation, or in hybrid cases in which the alienation is open, direct and conscious and, in either case, when there is a satisfactory rejected parent, a change in physical custody may be considered. However, in the hybrid cases, that is, those involving alienation and enmeshment, or alienation, enmeshment and estrangement, careful attention must be paid to elements of enmeshment in order to insure that the intervention does not create a crisis for the child. An educational program, like the Family Bridges workshop (Warshak, 2010) may be used as the change in physical custody is implemented. For some situations the option of intensive, hands-on work with all family members in an *In Vivo* intervention like the Overcoming Barriers Family Camp (Sullivan, Ward, & Deutsch, 2010), or Parent Shadowing¹¹ are other options that may be considered. Following either type of intervention, therapeutic work with the child and parents will support and help maintain the behavioral changes and address the related emotional issues.

In all cases involving alienation, the MMFI includes education, coaching and psychotherapy with the preferred parent. In many cases the preferred parent is relatively unaware of the damaging and alienating consequences of their behavior. A primary focus of the work is on sensitizing the preferred parent to this fact and increasing awareness of the damaging consequences of such behavior. Even in those cases in which the preferred parent has some level of awareness of what they are doing, open discussion and highlighting the problem can contribute to a decrease in the frequency of alienating behaviors. Coaching can contribute to rapid behavioral change that precedes and contributes to change in the emotional underpinnings of the preferred parent's alienating behavior. When the alienating behavior has significant and deep-seated emotional roots, whether it is trauma, neediness,

dependency, and/or anger, psychotherapy is employed to address this component of the problem. This requires some level of motivation, cooperation and active participation on the part of the preferred parent which is encouraged by education and coaching and can be supported by court orders. When these interventions are not sufficient, additional intervention from the court is required.

Clinical work with children highlights that what is labeled as “alienation” refers to at least three separate phenomena. First, it refers to the distorted, internal representations or *ideas* that the child has about the rejected parent. Second, it refers to the aggregate of the child’s *feelings* that are associated with the rejected parent. Finally, it refers to the child’s avoidant *behavior*; that is, the child’s avoidance of the rejected parent. Different interventions lead to change at different levels. A court order that changes custody or that requires the resumption of visitation may change the child’s behavior, but the underlying feelings, ideas and beliefs about that parent may remain unaltered. While such behavioral changes may facilitate changes in feelings and cognitions, genuine and sustained changes in the latter typically occur as a result of meaningful psychotherapy, which often requires a significant period of time.

Finally, it is important to note that rejected parents will often react to their children’s behavior in ways that reinforce the exaggerated or distorted negative image that the child holds of them, thereby giving credence to that negative image and strengthening the child’s tendency to avoid. This situation can be further complicated by the fact that the rejected parent’s ability and authority to parent have been compromised. The rejected parent is in a bind because of having no traction to parent; to say “no” to the child, to discipline the child or to otherwise frustrate the child, all of which are a part of good and responsible parenting. That is, responsible parenting by the rejected parent risks further rejection. The rejected parent’s efforts to parent are thus often frustrated, resulting in some anger and aggression directed toward the child, the preferred parent, or others. This angry behavior serves again to reinforce the child’s negative image, setting up a self-fulfilling prophecy. The intervention strategy of having the child spend time with the rejected parent may thus have the unintended paradoxical effect of reinforcing the child’s avoidant behavior.

The possibility of such unintended negative consequences underscores the critical importance of working closely with the rejected parent psychotherapeutically as well as utilizing strategic coaching. The coaching should include educating the rejected parent about the powerful effects of intermittent reinforcement in strengthening the child’s avoidance. This can deepen the rejected parent’s understanding of the child’s resistance, strengthen their resolve to avoid unintended reinforcement of the child’s negative view of them, and increase their patience regarding the sometimes long course of treatment.

ENMESHMENT

Dynamics

In many cases referred for intervention, an enmeshed relationship between the child and the preferred parent, and not alienation, is the primary problem. The psychological boundaries between the enmeshed parent and child have not been fully and adequately established. The pronoun “we” is often used to describe feelings, opinions or experiences. The lack of psychological boundaries often appears in interviews as close physical contact and the child often sits in the lap of and is entwined with the preferred parent. Frequently the child has had developmentally inappropriate difficulty separating from the parent. For

example, the history may include difficulty attending school or clinginess to the preferred parent which interfered with establishing peer relationships. The child may also have trouble functioning in an age-appropriate, independent manner, for example having sleepovers with peers or attending camp.

Often the child in these cases is highly attuned to the enmeshed parent's neediness and dependence and assumes responsibility for protecting the parent. The child and parent are rarely aware of what is going on and believe that they share an excellent relationship. In the extreme, a dramatic role reversal might be seen in which the child very clearly assumes a caretaking role for the parent.

Differential Assessment

It is essential that judges, attorneys and mental health professionals recognize the role of enmeshment within a distinct subset of families that present as cases of "alienation". Enmeshment can also exist in conjunction with alienation and/or estrangement. Appreciation of the role of enmeshment contributes to an understanding of the powerful resistance to intervention seen in these cases, from the enmeshed parent and especially from the child.

While extreme cases are often recognizable to clinicians, an enmeshed dynamic between a parent and child may be disguised. The enmeshed parent often looks like an exceptional and loving parent, and the child often appears to be doing extremely well. These cases underscore the need for a thorough and in-depth assessment of the child's psychological resources and vulnerabilities. Psychological testing can reveal if the child is in greater jeopardy than may be evident from clinical observation. A fine tuned clinical examination may also expose concerning aspects of the parent-child relationship such as the fact that the child, and sometimes even the young adolescent, is still sleeping with the enmeshed parent.

Thorough assessment of the child will also lead to an understanding of the child's capacity to manage stress and to tolerate separation from a parent with whom he or she has been enmeshed. This information is vital when a change in physical custody is considered, since this kind of intervention may significantly compromise a child's level of functioning, particularly a child with limited resources. The impact could be quite significant both in the short term as well as in the ensuing months as the child is thrust into an internal crisis. If the level of enmeshment is severe, even a change from sole to joint physical custody might precipitate a crisis for a vulnerable, enmeshed child. Thus, in formulating an intervention for a particular family, the child's needs, strengths and vulnerabilities must be considered in relation to those of the parents. The risk of compromise in the child's level of functioning that results from being removed from the enmeshed parent should, of course, be weighed against the risk of compromise that would result from remaining in an unhealthy relationship with the enmeshed parent.

In cases that combine elements of both enmeshment and alienation, the major contributor to the problem is usually the enmeshment, and the alienating factors and resulting alienation are often a symptom of the enmeshment. These are frequently the cases in which the alienating factors are less conscious and are thus much more difficult to remedy.

Intervention

An enmeshed relationship between the child and the parent requires intervention on multiple fronts. In particular, the need for individual therapy for the preferred parent is

highlighted when enmeshment is involved, primarily in order to address the needs and dependencies that underlie the enmeshment, including the parent's fear of losing the child. Because psychotherapeutic work with an enmeshed parent is a significant challenge that can require a considerable amount of time, therapy is often supplemented with a heavy dose of strategic coaching and education, including a redirection of the parent's neediness to appropriate sources other than the child. Behaviorally focused court orders can be employed to accelerate a change in behavior by the enmeshed parent. Thus, meaningful change can begin long before the underlying emotional issues of the enmeshed parent have been worked through in psychotherapy.

The intervention can introduce ways to protect the child and help the child separate emotionally from the enmeshed parent. This is quite different from ordering a change of physical custody without attention to the associated emotional issues so that an enmeshed child is not left to deal with his or her part of the enmeshment without the assistance of a trained child psychotherapist or other appropriate support. The child's individual therapy attends to the emotional needs of the child and attempts to remedy problems with separation as well as with the child's inordinate sensitivity to and sense of responsibility for the enmeshed parent, both of which reinforce the enmeshed relationship. This is supplemented by family therapy which involves concurrent conjoint meetings with the parent and the child in which issues related to their enmeshed relationship are addressed. Such meetings can clarify, for example, that the enmeshed parent does not need the child to need him or her, and the child can begin to disengage from the role of a caretaker for the enmeshed parent. Frequently, the enmeshed parent can learn the importance of giving these messages to the child long before the parent has worked through the underlying emotional issues in his or her own therapy. Court orders (e.g., requiring participation in treatment, specifying behaviors required of the enmeshed parent and, in extreme cases, imposing sanctions for the continuation of problematic behaviors) can enforce behavioral change which can, in turn, accelerate the progress of the related psychotherapies.

Work with rejected parents, including education, coaching and psychotherapy, often focuses on helping them understand the nature of the problem, thereby enhancing their empathy for and responsivity to the child's feelings and needs. It can also reduce the rejected parent's impatience and tendency to prematurely demand a change in the child's behavior.

ESTRANGEMENT

Dynamics

There has been much discussion in the literature of the reasons why children become realistically estranged from and rejecting of a parent.¹² Obvious cases of violence, physical or sexual abuse, or serious neglect, originally included by Kelly and Johnston (2001) as cases of estrangement, may not be appropriate for a clinical intervention such as the MMFI.¹³ Discussion here focuses on the cases where the estrangement is primarily based upon the rejected parent's limitations and deficits. These deficits range from mild insensitivities to outright emotional abuse, and depending upon the specific family dynamics, may have more or less impact on the child-parent relationship. Some rejected parents are rigid, controlling and somewhat harsh, and have a chronically distant parenting style; some are passive; others are immature or narcissistic and have difficulty being attuned to the child's feelings and needs; while still others have problems managing their anger and disappointment. Some are ambivalent and conflicted in their wish for a relationship with the child,

often as a result of being in a new relationship or of the influence of a stepparent. Sometimes the rejected parent's desire to vindicate himself or herself and blame his or her ex-spouse for the problem interferes with re-establishing a relationship with the child.

Whatever the specific issue, the motivations and characteristics of the rejected parent play a contributing role in the impaired relationship with the child. Prior to the divorce these characteristics might not have risen to a significant enough level to damage the relationship with the child or they would not have been exploited or exaggerated by the preferred parent for his or her own gain. However, parenting on one's own postdivorce, in concert with other stressors, including alienating factors, when they also occur, results in more pressure than the relationship can sustain.

Differential Assessment

Identification of estrangement as a significant component of the child's rejection of the parent has profound implications for choosing the appropriate intervention. At first glance the child's rejection of the parent may appear to be primarily caused by alienation as there is no abuse or neglect, and the rejected parent's behavior is not dramatically impaired or disordered. A closer look reveals that the parent's behavior is sufficiently misguided to cause damage to the relationship with the child. It is helpful to examine whether the rejected parent's parenting skills are compromised, whether he or she has not been reliably available, attentive and focused on the child's needs, and/or has a personality style that has led to the child's feeling distrustful, unsafe or insecure within their relationship.

Cases of estrangement are distinguished from cases of alienation in that the child's feelings are a result of *real* experiences with the parent which understandably interfere with the relationship. In cases of estrangement, when alienation is not involved, the preferred parent may support the child's relationship with the other parent and may help the child maintain a benign perspective on the other parent. In cases when alienation is a factor, the preferred parent's interference in and lack of support for the rejected parent's relationship with the child fuels the child's disproportionate and exaggerated response to the rejected parent's problematic, estranging behavior.

Intervention

Cases involving estrangement call for careful work with the rejected parent with an emphasis on coaching, education, and specifically on the teaching and development of parenting skills. An initial period of therapeutic supervision is often helpful, especially in more extreme cases. To insure that the rejected parent does not provide continuing reinforcement of the child's negative images of that parent, the initial focus is on changing aspects of the rejected parent's behavior. Concurrently, and at carefully determined points in the process, the child and rejected parent meet conjointly in family therapy with the therapist providing an opportunity for them to discuss and work through specific experiences that may have become benchmark justifications for the child's decision to refuse time with the parent. The estranged parent must embrace full responsibility for any actions that have contributed to the problem and demonstrate an active and sincere willingness to change. These meetings also offer an opportunity for the child and the estranged parent to spend time together to rebuild their relationship. In those cases in which both estrangement and alienation are involved, these meetings offer an opportunity for the child and rejected

parent to spend time together without reinforcement of the child's distorted internal image of the rejected parent, and thus can add to the corrective experience.

As in cases of alienation, understanding the child's refusal to spend time with a parent as avoidant behavior provides a specific focus for work with the estranged parent. Assisting the parent to understand the basis of the child's avoidance can help the parent prevent additional, unintended contributions to the problem.

HYBRID CASES

Hybrid cases are those in which some combination of alienation, enmeshment, and/or estrangement contributes to a child's reluctance or refusal to spend time with a parent. The differential assessment of hybrid cases entails the identification of elements of alienation, estrangement, and enmeshment, as described above. In addition, pre-separation family dynamics may have included the seeds of alienation, enmeshment and/or estrangement that then emerged more dramatically post-separation. These precursors to the child's rejecting behavior towards one parent may then be obscured if there is a focus on or a search solely for evidence of one parent's postdivorce alienating behavior or the other parent's abusive behavior. Understanding the prevalence of these complex, hybrid cases highlights the importance of obtaining a thorough pre-divorce history of parent/child relationships in order to identify evidence of pre-separation family dynamics of alienation, enmeshment and/or estrangement.

The more common, hybrid cases require more complex interventions. They are likely to require therapeutic work with each family member and to require a case management component. As a result, the successful completion of the intervention may also require more time. The focus on the family and the fundamental flexibility of the MMFI allows the intervention to be tailored to the specific problems faced by a specific family and to incorporate all the necessary components. Clinicians and the court must consider the full range of interventions currently available to best tailor the intervention to fit the specific set of problems presented by the family.

THE IMPORTANCE OF EARLY DETECTION, EARLY INTERVENTION, AND PREVENTION

Cases involving a child's resistance or refusal to spend time with a parent often become more entrenched over time, highlighting the importance of early intervention. Cases of children at risk for alienation and the rejection of a parent, as well as cases in which issues of estrangement, enmeshment and alienation were present in incipient ways but had not yet been activated or had time to affect the child's relationship with the rejected parent, have all been treated with variations of the MMFI. Based on the reports of both the therapist and/or the parents, the results have been good. These outcomes have ranged from an improved relationship with the rejected parent to the maintenance of the *status quo* which, while not without some measure of alienation, estrangement, and/or enmeshment, allowed for a continuing relationship. The outcomes have also included the prevention of further deterioration in the relationship. These clinical observations underscore the importance of attorneys, judges and mental health professionals making referrals as early in the process as possible.

NOTES

1. The authors have treated or consulted on approximately 55 cases which have employed some variation of the Multi-Modal Family Intervention in private practice settings. The children have ranged in age from 2.5 to 18 years. The younger children have been identified as at risk for alienation. Complaints about spending time with a parent appeared in one case as early as 3 years of age, and noteworthy reluctance or refusal to spend time with a parent generally emerged more definitively at 5 or 6 years of age. The majority of cases were hybrid cases (85 percent), including some with significant components of estrangement and/or enmeshment, and a small but noteworthy minority was uncomplicated or pure cases of alienation (15 percent). The authors are in the process of obtaining information about both the short- and long-term outcomes of these cases and plan to present those data at a later time. However, where outcomes already could be determined by feedback and clinical judgment, a significant majority of outcomes were positive (e.g., resumption of a relationship consistent with the capacities of the parent and child and an adjusted time-share reflecting that change). Independent of the specific amount of time spent with the rejected parent, the intervention was judged to have helped to prevent the development of significant alienation in a considerable number of cases. Negative outcomes (e.g., most often the discontinuation of the therapy, but also decreased time, or cessation of all contact with the rejected parent) occurred in only a few cases.

2. For a full discussion of the contract, see the Appendix in Johnston, Walters & Friedlander (2001).

3. In this context, the intervention can be more like the reconnection work described by Freeman (2008) with children and absent parents.

4. The work may also include other individuals who contribute to the problem or may have a role in its solution, such as stepparents, significant others, grandparents and treating therapists.

5. The term “preferred parent” serves as a neutral descriptor prior to the determination of whether there is something more than normative alignment, such as alienation, estrangement or enmeshment, contributing to the child’s behavior.

6. In most instances the intervention involves weekly meetings, but it is not uncommon in certain cases for the frequency to be bimonthly. Many interventions begin with only one therapist, but once the nature of the problem is identified the therapist is able to involve additional professionals to work with the family, and sometimes is able to help the parents see the need for a parent coordinator or a custody evaluation. Other interventions begin with a court order specifying one or more other professionals to work with the family. For example, in one case a court order for therapy to address an adolescent’s refusal to spend time with her father resulted in one therapist who meets every two to three weeks with the father and adolescent and, when possible, also works with both the mother and father. In several cases, both with and without court orders, there is a parent coordinator and individual therapists for the mother, father and child, and in one of these cases, the father has a parenting coach as well. In several other cases, there is no court order but the child has a therapist who works with the parents, conjointly and individually, as needed. Thus, the principles of the model have been applied to a variety of situations.

7. *Estrangement* refers to impairment in the parent-child relationship as a result of realistic problems brought to the relationship by the rejected or resisted parent. Factors leading to estrangement range from intimate partner violence, abuse or neglect, to less dramatic but still significant behaviors such as inadequate parenting or chronic parental insensitivity. *Enmeshment* refers to a relationship in which the psychological boundaries between the parent and child are blurred and their identities are merged. In the extreme, the parent and child may, at times, seem to function psychologically as if they were the same person with the same opinions, tastes and preferences. They tend to prefer remaining in close proximity and there is often distress at being separated. The relationship may exclude the possibility of developing meaningful relationships with others.

8. Both the preferred and non-preferred parent should be informed that protest or resistance about going to the other parent is not necessarily a sign of a problem in the child’s relationship with that parent.

9. For example, adolescence is a time when anger and negative feelings directed at one or both parents is not developmentally unusual and adolescent anger directed at the non-preferred parent should not necessarily be taken as evidence of a problem requiring intervention.

10. These are clinical interventions that also include education and coaching components and address the issues as they occur in spontaneous interactions among family members in settings outside a professional office, such as in the home or in a camp.

11. Parent Shadowing, originally formulated by Karen Horwitz, MFT, involves use of a court-ordered monitor/supervisor/therapist that accompanies the children on visits of several hours duration to the target parent’s home and then debriefs with them back at the aligned parent’s home (Friedlander, Walters, & Horwitz, 2009).

12. These reasons range from traumatic experiences of family violence (Droz & Olesen, 2004) to abuse and neglect, and include chronic emotional abuse of the child or of the other parent. Children also reject parents

because of the parent's characterologically angry behavior, moderate to severe psychiatric disturbance or substance abuse, as well as for milder parental deficiencies. (Kelly & Johnston, 2001).

13. Cases in which a child's refusal to spend time with a parent is rooted in abuse or neglect by the rejected parent should be referred for different interventions prior to considering clinical intervention with the child and parents. Such prior interventions might involve treatment of trauma for the child as well as legal interventions for the abusive parent.

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APPENDIX

INTERVENTIONS WITH CHILDREN WHO RESIST OR REFUSE CONTACT WITH A PARENT

Clinical

1. Child or family psychotherapy for the prevention of alienation
2. Psychotherapy for the allegedly alienated child or child at risk of alienation
3. Psychotherapy for the allegedly alienated child and the rejected parent
 - 3a. Re-unification counseling or therapeutic reunification (Markan & Weinstock, 2005).
4. Psychotherapy for the allegedly alienated child, the rejected parent and the preferred parent
5. Court ordered and supported Multi-Modal Family Intervention (MMFI) for the allegedly alienated child, the rejected parent and the preferred parent (Johnston, Walters & Friedlander, 2001), including psychotherapy, education and coaching.

Case Management

6. Change in custody to the rejected parent
7. Removal of the child from the family (e.g., placement in a residential treatment program or boarding school)
8. Case management by a judge, a Parent Coordinator (Sullivan & Kelly, 2001) or *Guardian ad Litem* that sometimes is used in conjunction with a clinical intervention.

In Vivo Clinical

9. Parent Shadowing (Friedlander, Walters & Horwitz, 2009)
10. Overcoming Barriers Family Camp (Sullivan, Deutsch & Ward, 2010)

Educational

11. Family Bridges (Warshak, 2010)