

What Is Parental Alienation?

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None of the above have any conflicts of interest to report.

Note: This will be discussed as a form of family violence and child abuse. As such, the content of this presentation will involve discussion of child abuse and its consequences. Please speak to someone if you become distressed during or after this presentation.

In this episode of the podcast, we interview Alyse Price-Tobler, who is a practicing clinical psychotherapist (MCAP) and also in her final year of her PhD., and Dr. Mandy Matthewson on the topic of parental alienation.

Alyse Price-Tobler

In her private practice, Alyse works with adolescent and adult survivors of parental alienation and targeted parents exposed to parental alienating behaviors. She sees clients locally in her native Australia as well as all across the world. She has worked in the mental health and disability sector for 34 years. As an adult survivor of severe parental alienation (SPA) herself, she brings in a lived-experience perspective to her research and professional work.

Mandy Matthewson

Dr. Matthewson is a professor and senior lecturer in psychology. She is the lead researcher in the Family and Interpersonal Relationships Lab at the University of Tasmania. Mandy is a clinical psychologist in private practice and on the board of directors of Parental Alienation Australia and the Parental Alienation Study Group. Her primary area of research and clinical practice is with individuals and families exposed to parental alienating behaviors.

Topics included in this resource are:

Children and Parents:

- What is parental alienation?
- What are parental alienating behaviors?
- Who is involved in the alienation?
- Personality disorders in alienating parents
- Historical and current content of PA
- Interventions and preventions
- Practical advice and getting support

Adult Survivors of Severe Parental Alienation:

- What are the long-term adverse effects of exposure to parental alienating behaviors on adult survivors of severe parental alienation (SPA)?
- Related Traumas that may have been experienced/still being experienced by adult survivors of SPA
- Rationale and significance of Alyse's PhD thesis on adult survivors of SPA

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Children and Parents

What is parental alienation?

Parental alienation can be defined as the outcome of a process where one parent (the alienating parent) uses parental alienating behaviors to damage the relationship between their child (alienated child) and the child's other parent (targeted parent). Consequently, the alienated child rejects the targeted parent for no justifiable reason (Haines, Matthewson, & Turnbull, 2020). One framework for identifying parental alienation is the Five-Factor Model of Parental Alienation.

Parental alienation is said to be present when:

1. The child actively avoids, resists, or refuses a relationship with the targeted parent.
2. There is evidence of a prior positive relationship between the child and the targeted parent.
3. The targeted parent has at least adequate parenting capacity.
4. There is evidence of alienating behaviors on the part of the alienating parent.
5. There is evidence of behavioral manifestations of parental alienation in the child (Bernet & Greenhill, 2022).

Often this shows up amidst and following divorces, but can also be seen in in-tact families as parental gatekeeping. Tracking the history of the family, it is often possible to trace the alienation back to before the family breakdown occurred. It can be intergenerational, as well, as parents pass on the traumatizing behaviors to their children who then repeat the patterns or experience intergenerational consequences, such as lack of relationship with a grandparent.

When parental alienation is present, a child moves out of the "kid" role and begins to give the stabilization to the family unit and the alienating parents, known as adultification. This process stabilizes the parent at the cost of the child, but it is the child's attempt at self-preservation within a chaotic system. The parent uses the child as a weapon and a regulatory object to meet their psychological needs instead of the other way around.

These experiences create attachment trauma, with or without the presence of life or death encounters (physical abuse, serious neglect) or threats. Coercive control from the parent puts the child in a dissociative state and they then go on to have a variety of trauma presentations. The child must dissociate their desire for connection from one of their parents, as well as, in order to meet the needs of the alienating parent, must dissociate from themselves and their own needs, primarily focusing on meeting the alienating parent's needs. Sense-of-self and autonomy is not fully

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developed in these children.

Parental alienation has been present in society for centuries, and its effects have been written off with the ever-present statement, “Children are resilient.” Modern society and care providers need to recognize and help correct these narratives so the child does not end up aligning with the alienating parent, as the child’s sense of reality is corrupted by the alienating parent.

A key distinction of parental alienation is that the proposed threat of the alienated parent is not legitimate. There are times when children need to be protected from an abusive parent, but in the case of parental alienation specifically, these allegations are unfounded.

Additionally, children who are victims of abuse describe wanting to see their abuser again, being able to excuse the behavior in some way or citing they were excellent parents in other ways. This is the opposite of children who experience parental alienation, who consistently express not wanting to see the targeted parent again.

Parental Alienating Behaviors (PABs)

Parental alienating behaviors include, but are not limited to, the following (Haines et al., 2020):

- A. Denigration of the targeted parent to the child and in front of the child. This tactic is designed to alter the child’s perception of the targeted parent.
- B. Vilification of the targeted parent so that the child forms the belief that the targeted parent is dangerous and poses a risk of harm to the child when in fact they pose no threat.
- C. Interference with time spent with the targeted parent so the child forms the view that they are not wanted by the targeted parent.
- D. Eradication of the targeted parent from the child’s life.
- E. Preventing the targeted parent from receiving information about their child and preventing the targeted parent from giving information to others, including intercepting cards, gifts letters from the targeted parent to the child.
- F. Interrogation of the alienated child when the child does spend time with the targeted parent. This is typically done in a manner where the child is coerced into believing their interaction with the targeted parent was in some way dangerous.
- G. Damage to the loving connection between the targeted parent and child.
- H. Inappropriate disclosure about the targeted parent.
- I. Encouraging the child to be defiant around the targeted parent so any interaction between the two is negative.
- J. Forcing the child to be loyal to only the alienating parent.
- K. Encouraging an enmeshed relationship between the alienating parent and child.
- L. Using emotional manipulation to control the child.

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- M. Utilizing third parties such as child protective services to achieve the goal of severing the relationship between the child and the targeted parent.

Parental alienating behaviors are a form of family violence and child abuse because at the heart of these behaviors is coercive control, about which Harman and Matthewson (2020) provide a comprehensive review. Further, studies have shown that alienated children experience emotional, physical, and sexual abuse, as well as serious neglect perpetrated by the alienating parent in addition to parental alienating behaviors (Baker 2007; Bentley & Matthewson, 2020; Clawar & Rivlin, 2013; Verhaar, Matthewson, & Bentley, 2022).

The severity levels of parental alienation are mild, moderate, and severe:

- **Mild parental alienation** occurs when a child is exposed to parental alienating behaviors but they are still able to maintain regular contact with the targeted parent (Baker 2007).
- **Moderate parental alienation** occurs when the child struggles to maintain contact with the targeted parent because of exposure to parental alienating behaviors. The child may protest against contact with the targeted parent but is fine when the contact is made (Baker 2007).
- **Severe parental alienation** occurs when children exposed to parental alienating behaviors are adamant in their hatred of the targeted parent, often refusing visits with them and threatening to abscond if a visit is proposed (Baker 2007). There is no contact between the child and the severed parent and the child closely aligns with the alienating parent, even forming trauma bonds.

Who is involved in the alienation?

Targeted Parents

The targeted parent is the parent who is the target of parental alienating behaviors and rejection from their child. This parent is sometimes referred to as the alienated parent when the parent-child relationship has been completely severed because of severe parental alienation. Targeted parents can be mothers and fathers (Lee-Maturana, Matthewson, & Dwann, 2021), as well as other gender identities such as nonbinary and trans men and women .

Parents who find themselves the target of parental alienation should find a counselor knowledgeable on these topics who can support them through the process.

Therapists and practitioners can best help their parental alienation patients by first becoming well-versed with the topic, then providing these patients a safe space to tell their story while feeling

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supported and believed. The targeted parent often fears not being believed and instead being viewed as the perpetrator. Having a practitioner in their corner can make a big difference.

Targeted parents may find themselves in a place of communication with their child, but viewed through a critical lens which prevents further relationship. To have the best chance of reunification, the targeted parent should first do their own work to become as healthy as they can be, working through the trauma and grief they have experienced through the process of alienation. Doing this work allows them to be present with their child during a process of reunification and not be stuck trying to get their own needs met from the child. The process of reunification really must be initiated by the child and the targeted parent must be in a healthy place in order to withstand the inevitable cycle of pursuit and withdrawal from the traumatized child.

Children of alienated parents are not taught breach and repair, have had no autonomy, and are not used to having a safe place to express their own needs and feelings. So the very best thing a targeted parent can do for their alienated child is to provide what Carl Rogers terms “unconditional positive regard,” never challenging or arguing with the child, instead steadfastly weathering the anger and confusion from the child as they walk through the process of stabilization. More important than setting the record straight from their side is bringing their values, essence, and empathy to the relationship.

Alienating Parents

The alienating parent is a parent who, consciously or unconsciously, uses parental alienating behaviors to damage the relationship between the child and the targeted parent. Darnall(1998) proposes that alienating parents fall into three categories:

1. **Naïve alienators** acknowledge the value of the children's relationship with their other parent but will occasionally engage in parental alienating behaviors. Naïve alienators typically respond well to psychoeducation about the negative impact of alienating behaviors.
2. **Active alienators** strategically use parental alienating behaviors when they feel hurt. Active alienators tend to express remorse once they are fully aware of the damage their behavior causes.
3. **Obsessed alienators** use parental alienating behaviors to hurt the other parent for the pain family separation has caused them. These parents typically have little self-control and insight into their behavior. They may present with problematic personality traits.

A severely alienating parent will erase the targeted parent, and any family member who supports the targeted parent, from the child's life. This may include the child's grandparents, aunts, uncles, cousins, friends and sometimes even the animals that the child was close to (Baker 2007; Harman, Matthewson, & Baker, 2021).

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Personality Disorders in Alienating Parents

Research suggests that alienating parents may present with personality disorders (e.g., borderline, histrionic, narcissistic, psychopathy), which can be indicative of a complex trauma presentation on the alienating parent's end (abandonment-type wound, potentially having experienced parental alienation from their own parents). They can present with a "paranoid orientation to interactions with others" and "severe cognitive distortions," such as holding an unwavering belief that the targeted parent is dangerous in the absence of real threat (Harman & Matthewson, 2020) (5), and an unhealthy, enmeshed relationship with their family of origin (Haines, et al., 2020).. In addition, exposure to parental lack of impulse control, parental mental illness, life stressors, and poor parenting skills are also risk factors for other types of abuse (Baker 2007).

Alienated Children

Parental alienation starts with the alienating parent corrupting the child's sense of reality. This parent coerces the child into believing the targeted parent does not want them, love them, and poses a threat to them. The alienating parent emotionally manipulates the child into rejecting and hating the targeted parent. The child then loses their relationship with a parent who is at least good enough and at best the safer parent of the two (Harman et al., 2021). Alienating parents will adultify, parentify and infantilize their children as it suits them.

Adultification occurs when a parent treats their child as an adult, exposing them to adult information and expecting the child to assume adult roles, such as taking on the parental role of younger siblings.

Parentification occurs when a parent expects a child to assume a parent role and requires the child to comfort them when they are distressed.

Infantilization occurs when a parent treats the child as an infant (Haines et al., 2020).

The alienating parent will treat their child accordingly to suit their own needs, prioritizing their needs over and above the needs of the child. As such, the child is unable to develop their own identity because it becomes enmeshed or infused with the identity and needs of the alienating parent (Harman et al., 2021; Verhaar et al., 2022).

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Because of parental alienating behaviors, the child will lose their relationship with extended family members. They can lose connection to once familiar communities (e.g., school, church, neighborhood), particularly when the alienating parent makes a unilateral decision to move geographical location to further alienate the child from the targeted parent (Harman et al., 2021). When children are stuck in the midst of parental alienation, they will unjustifiably denigrate the targeted parent and show no guilt or remorse for doing so. They are steadfast in their view that the targeted parent is deficient and/or dangerous and will not change their view even when they are presented with information that contradicts their belief. Alienated children will parrot the words and stories of the alienating parent. They will insist they have firsthand knowledge of the negative reports they provide about the targeted parent even when it is not possible for them to have such firsthand experience (Haines et al., 2020). It is the alienated child's lack of ambivalence towards the targeted parent that distinguishes them from children exposed to other form of child abuse Bernet, Gregory, Rohner, & Raey (2020).

The impact of parental alienation on children can last for years and even a lifetime (Baker, 2007). Children subjected to parental alienating behaviors experience the same trauma reactions as those who have suffered other forms of abuse (Verhaar et al., 2022).

Historical and Current Context of Parental Alienation

- The parental alienation literature is a maturing field of science. Almost 40% of the parental alienation literature has been published since 2016 (Harman, Warshak, Lorandos, & Florian, 2022).
- Over the decades, the parental alienation literature has shifted its focus from trying to conceptualise parental alienation as a mental disorder diagnosed in children to understanding parental alienating behaviors as family violence and child abuse.
- In 2004, it was estimated that 20 million children in the United States were alienated from a parent due to exposure to parental alienating behaviors (Opperman 2004).
- In 2019, it was estimated that approximately 22 million parents in the United States were targeted parents (Harman, Leder-Elder, & Biringen, 2019).
- Of these 22 million parents, it is reported that 6.7% were experiencing moderate to severe alienation, which is 1.3% of the U.S. population.
- Parental alienation is a significant social and psychological issue in Australia; however, it has not been measured. Consequently, we only have approximate statistics based on U.S. data.
- Anecdotally, approximately 334,220 children in Australia in 2020 were experiencing moderate to severe parental alienation.

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Interventions and Preventions

There are four broad styles of parenting after family separation (Haines et al., 2020). These are summarized below.

Cooperative parenting: These parents have low levels of conflict between them and can co-parent for the benefit of their children despite their differences. This parenting style is associated with good long-term psychosocial outcomes for children, as it prioritizes the needs of the child over and above the parents' grief reactions after family separation.

Parallel parenting: These parents create parallel homes for their children to move between. Both parents have limited contact with each other and as a result have low or no conflict with each other. Children can generally cope well moving between two homes. It is exposure to conflict between parents and inconsistency in rules within one home that children tend to struggle with.

Mixed Parenting: This style occurs when parents have little to do with each other, but when they do they argue in front of the children, leaving children feeling uncertain.

Parental Alienating Parenting: The parental alienating parenting style is associated with the worst psychosocial outcomes for children.

Prevention, Practical Advice, and Getting Support (Children and Parents)

During a divorce, couples heading towards parental alienation are usually easy to spot. These behaviors should be identified and intervention provided. The alienating parent will often try to get the counselor or therapist in an alliance with them. If they do not align with them they will stop therapy. This can become even trickier if both parents are alienating parents.

Preventing parental alienation can include psychoeducation and targeted interventions at the first sign of parental alienation. One such early intervention program for mild to moderate cases of parental alienation is [Resetting the Family](#). This program is effective when alienating parents are naïve or active types. However, preliminary research suggests the program may not be effective in preventing progression to severe parental alienation when the alienating parent is the obsessive type and has underlying psychopathology.

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Severe cases of parental alienation need to be treated as a child protection matter. Changing custody to the targeted parent along with interventions to improve family relationships and functioning can be effective (Templer, Matthewson, Haines, & Cox, 2016). Such interventions for severe parental alienation should include:

- Psychoeducation about parental alienation and its sequelae
- Protecting the child from harm caused by the alienation
- Using therapeutic intervention to reduce the child's distress and improve psychological well-being
- Using techniques that challenge the child's distorted thinking
- Interventions to improve the targeted parent-child relationship
- Preparing the alienating parent for an improvement in the quality of the targeted parent-child relationship and challenging their distorted thinking
- Strategies to achieve an effective co-parenting relationship if it is safe to do so
- Establishing healthy boundaries and communication within the family

Collaboration between mental health therapists and the judiciary is vital for these programs to be effective. This is because a therapeutic program provides the environment for behavior change and court orders can offer sanctions for non-compliance when the goals of intervention are counter to the wishes of the alienating parent (Templer et al., 2016). One such evidence-based program is [Building Family Bridges Program](#).

Sometimes parents need support in achieving the goal of co-parenting. Here is a list of organizations who can help:

Eeny Meeny Miney Mo Foundation: www.emmm.org.au

The International Support Network of Alienated Families: <https://isnaf.info>

Parental Alienation Study Group: <https://pasg.info>

Adults

Alyse's PhD Research

Alyse is currently designing a treatment protocol for mental health practitioners who work with adult survivors of severe parental alienation.

Alyse's PhD research consists of two concurrent studies summarized below.

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Part One

Adult survivors of severe parental alienation have been interviewed to explore their experience of accessing mental health support during their recovery journey. The researcher examined the perspectives of what was helpful and unhelpful in therapy. How mental health services can be improved to better support adult survivors of severe parental alienation is also being investigated.

Part Two

The perspectives of mental health practitioners who work directly with adult survivors of severe parental alienation have been explored. The researcher examined which therapeutic frameworks are being utilized by practitioners when working with adult survivors and how they believe their training and professional development could best be developed to assist their work with adult survivors of SPA.

The results of this study are currently being analyzed.

What are the long-term adverse effects of exposure to parental alienating behaviors on adult survivors of SPA?

Child maltreatment and abuse can lead to self-destructive behavior and complex trauma presentations such as substance abuse, delinquent behavior, separation anxiety, suicidal ideation, suicide attempts, educational difficulties, and fears and phobias (Sher 2017). Some of the psychological issues adults who were exposed to parental alienating behaviors during childhood can experience include complex post-traumatic stress reactions, substance use problems, self-harm behaviors, eating disorders, depression, anxiety, and suicidality (Baker, 2007; Verhaar et al., 2022)

"Child abuse is a major public health concern and a strong predictor of adult psychopathology" (Saini, Hoffman, Pantelis, Everall, & Bousman, 2019, p.107).

What are the long-term extensive adverse effects on adult survivors of SPA?

- Some traumatic events in childhood that Perry, 2003 reports include an increased risk for a host of social problems, (e.g., teenage pregnancy, adolescent drug abuse, school failure, victimization, anti-social behavior), also neuropsychiatric problems (e.g., posttraumatic stress disorder, dissociative disorders, conduct disorders) and physical health problems (e.g., heart disease, asthma).

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- Adults of SPA may also have been exposed to sexual abuse, emotional abuse, physical abuse, poor impulse control, alcoholism, and personality disorders (Baker 2007).
- Adverse psychological effects can include anxiety disorders, depression, low self-esteem, guilt, lack of trust (Baker 2007), cognitive dissonance, and false memories (Haines, Matthewson, & Turnbull, 2020).
- Adult survivors may also experience suicidality, resentment, and bitterness over time lost with their alienated parent (Sher 2017).
- Adult survivors may also avoid rejection from their own children and potential feelings of a lack of belonging by choosing not to have their own children (Sher 2017).

As an insider researcher, it has been Alyse's experience that many of the mental health practitioners are working without appropriate treatment protocols. To date, there have been no clinical research trials performed regarding treatment recommendations for adult survivors of SPA.

Because this area is so under researched, very little published literature has reported on SPA directly. Therefore, Alyse has drawn upon related divorce and SPA literature to showcase what adult survivors of divorce may have been exposed to.

Related traumas that may have been experienced or are still being experienced by survivors of SPA include:

- Intergenerational cycles of trauma and violence (Baker 2007).
- Child abduction and child kidnapping (Hickey & Nedim, 2020, p. 1). Baker (2007) reports that stories of beatings, plans of being aborted, thrown in a river, not caring for them properly or being kidnapped may all be a normalized version of reality for the adult survivor of SPA. In addition, adult survivors may have come into contact with organizations specializing in the abduction and kidnapping of children involved in high conflict divorce. There are child abduction rings operating in Queensland and one was offering disgruntled parents to hire them for \$1,500 to abduct their child to stop the other parent from having a visitation or gaining access to the child (Hickey & Nedim, 2020).
- Adult survivors may have been subjected to child filicide (seeing the killing a child or been targets themselves), or familicide (seeing family members die by murder-suicide)
- Factitious Disorder Imposed on Another (FDIA previous Munchausen's by proxy) (Cording & Carter, 2021)
- Trauma bonding (previously known as Stockholm Syndrome) (Berkowitz, no year)
- Child sexual abuse (CSA) (Baker 2007)
- Adult survivors may also be exposed to child sex trafficking and child exploitation (Gozdziak & Bump, 2008).
- Unlawful adoption, assault from new stepparents and their children and associated extended family or being farmed out to relatives or foster care (Gozdziak & Bump, 2008)
- Adult survivors may have been shot at or have seen family members shot or tortured (University of the Health Sciences, 2021).

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- Adult victims of child abuse are also at an increased risk for stalking and having a family friend die by suicide or be murdered (Widom, Czaja, & Dutton, 2008).
- Adult survivors may also experience Intimate Partner Violence (IPV) (Zerubavel, Messman-Moore, DiLillo, & Gratz, 2016).
- This list is not exhaustive and adult survivors may present with experiences that fall outside the ones described when in session with practitioners. Many more specific experiences have been captured by Alyse's research.

Rationale and significance of further research of adult survivors of SPA

Gaps identified from the results of the peer reviewed and gray literature reviews included:

- Information on the long-term physical and mental health challenges and prospects that adult survivors of SPA face.
- That mental health practitioners are not receiving the complex trauma training that they need. For example, the American Psychological Association (APA) who sampled practicing generalist psychologists noted that trauma psychology is not part of the standard curriculum within graduate-level education (Cook, Dinnen, Rehman, Bufka, & Courtois, 2011). However, generalist level psychologists who have not had specialized training for dealing with trauma survivors treated this cohort at an average of 16.9 hours per month. (Cook, Dinnen, Rehman, Bufka, & Courtois, 2011).
- Practitioners who work with adult survivors of trauma need to have in-depth knowledge of the effects and symptoms of maltreatment, including the neurobiological impact, the cycles of violence and trauma, and the different pathways to disorganized attachment (Alexander 2015).
- This gap also identifies that generalized complex trauma training may need to include a new framework for the adult survivors of PA and all its forms.
- The literature review also identified a large gap regarding the underrepresentation of survivor voices in professional practice, conferences, and academic literature.
- Data on adult survivors and their practitioners regarding perspectives on SPA has been collected, compared and analyzed for the first time. Results will be published for PA researchers, mental health practitioners, and mental health professionals to gain a deeper understanding of what an adult survivor and their practitioner both require to work together to find improved mental health solutions and a greater therapeutic alliance.
- The study also addresses the literature gap regarding treatment protocols for practitioners who work with adult survivors.
- The study data results will be used as the basis of clinical trials, which will lead to a treatment protocol for mental health practitioners who work with adult survivors of SPA.

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