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Honorable ——

Courthouse

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City, State

Dear Judge:

Attached please find a twenty-seven (27) page signed copy of my Amicus Brief documenting the clinical literature and scientific research affirming that ***it is a form of child psychological abuse for a parent/parental figure to alienate a child from a fit parent.*** There is virtually no dispute among professionals in child welfare that *a parent or parental figure who engages in behaviors that sabotage, interfere with, and/or fail to actively* ***require*** *the relationship between the other parent and their child— absent a* ***bona fide*** *protective reason[[1]](#footnote-1)—meet the standard definition of caretaker abusive behaviors.* The harmful effects to the child from alienating behaviors—or whatever label is attached to these behaviors—are the same harmful effects that are cited in virtually every definition of child psychological abuse by *governments at all levels, in all western democracies, and in the definitions of professional child abuse prevention agencies and organizations.*

The language on the books in virtually all governmental agencies that intervene in child welfare across the United States use terminology in some form that expresses the expectation for separating/divorcing parents to support and facilitate the child’s relationship with the other parent and to convey to the child the importance of having the other parent meaningfully in the child’s life—even if that requires a parent to subordinate negative feelings for the other parent to the best interests of the child. To reiterate, there is the presumption that the other parent is fit.

Parental alienation is an exceedingly dysfunctional family dynamic that has gone by many labels over time and has been referenced for more than 200 years in numerous law journals and legal documents. In the field of mental health, however, this family dynamic was not widely recognized or publicized about until the child psychiatrists who founded the Family Therapy Movement in the 1950s had observed it on child psychiatric wards during their child patients’ visits with their families. These Founding Fathers and Mothers of the Family Therapy Movement labeled this dynamic “triangulation” and determined that it had been the cause of their child-patients’ psychosis. (Minuchin, 1974, 1978, 1981, 1993, 1996, 2007; Bowen, 1971, 1978; Satir, 1964, 1972, 1988; Ackerman, 1958, 1961, 1965, 1965, 1966.)

The harm to children from the family dynamic that is now commonly labeled “parental alienation” results in both short-and long-term detrimental consequences to the child—some irreversible—across the child’s emotional, cognitive, behavioral, and interpersonal domains. Furthermore, we have been informed by well-respected, peer-reviewed research studies regarding the profound harm to children from Adverse Childhood Experiences (ACEs.) Several of the dynamics occurring in alienation qualify as an ACE—such as the mental illness of a parent, psychological abuse, and being exposed to and triangled into parent conflicts. The adverse effects on children from ACEs include, but are not limited to, irreversible brain damage (Felitti & Anda, et.al., (2006); premature death in adulthood from medical conditions such as cancer, heart disease, etc., (Felitti, et. al., 1998); psychological risks greater than the harm from physical abuse and some incidents of sexual abuse (Spinazzola, et.al., 2014); and risk for development of one or more personality disorder s; engaging in antisocial behaviors (Judge & Deutsch, 2017; Miller, 2013; Gottlieb, 2013; Kelly & Johnston, 2001, et. al.)

Child psychiatrist William Bernet, professor emeritus at Vanderbilt University (2020), opines the following about alienation being a profound form of psychological child abuse:

Causing PA *[parental alienation]* is a form of child maltreatment… Specifically, engaging in AB’s *[alienating behaviors]* in a purposeful, persistent manner constitutes child psychological abuse. (p. 15)

The reader should note that no expert or professional group has stated the reverse, i.e., that causing severe PA is *not* a form of child maltreatment. Since PA constitutes significant psychological harm to the child, causing severe PA should be classified as a form of child psychological abuse. Accordingly, child protection personnel and courts should consider removing—at least temporarily—children who manifest severe PA from the home of the favored, alienating parent. In that regard, this form of child psychological abuse should be addressed in the same way as physical abuse and sexual abuse is handled. (P. 17)

I will be referencing in this Amicus Brief the clinical literature and research that affirm that an *uninfluenced* child will rarely—if ever—reject a parent—not even an abusive parent (Baker, Miller, Bernet, 2019; Baker and Schneiderman, 2015.) Indeed, the research discussed herein will show that even severely physically abused children do not reject—and instead actually seek—attachment enhancing behaviors to their abusive parents and resist avoidant behaviors. I have been informed by the same findings in my professional work with 3000 abused and neglected foster children. Although this desire for attachment and resistance to avoidance is counterintuitive,[[2]](#footnote-2) the sizeable 2019 peer-reviewed study of more than an estimated 17,500 moderately to severely physically abused children confirmed these behaviors. These findings should be of no surprise to Experts in child development: because of our long dependency period—and among other psychological reasons—the instinct for a parent is part of the instinct for survival. It is therefore anti-instinctual to reject even an abusive parent—let alone a loving parent with whom the child had had a positive relationship prior to the onset of the rejection.

In this Amicus Brief, I will therefore be opining that, when confronted with the clinical condition of “child rejection of a parent,” the burden should be to prove that alienation is ***not*** the cause rather than it is the cause. I will further opine that an alienation case should ***not*** be treated as an ordinary custody case—in which it is assumed that both parents have contributed more or less equally to the family dysfunction. An alienation case is, instead, a child abuse case in which the alienating parent is not a mentally fit parent or person and a case in which the alienated parent is attempting to manage one horrific family crisis after another in order to protect the child.

Being a child abuse case, an alienation case therefore requires immediate Court intervention according to the standard of “Time is of the Essence” in order to protect the child. As Dr. Bernet opined, remedy should be removal from an incorrigible offending parent. And, as in any other case of child abuse, contact should be restored between the child and offending parent when and *if* the offending parent relinquishes the abusive alienating behaviors. These recommendations are *entirely* consistent with the research confirming the profound harm to children from alienation—to repeat, harm that may include, but is not limited to, the development of one or more intractable personality disorders, irreversible brain damage, premature death from physical/medical causes, and antisocial behaviors which are difficult to relinquish.

My expertise in educating the Court with this Amicus Brief is based upon fifty-two (52) years of professional education, training, and experience in assessing and treating approximately 5000 children and their families in a variety of settings and in my numerous professional roles. My expertise has been further enhanced from my having specialized, since 2003, in working with children of high parental conflict and adversarial custody proceedings; having since 2014 developed and provided a peer-reviewed, safe and effective specialized treatment for severe alienation; having received since 1994 numerous referrals from several New York Family Courts to help parents settle their custody disputes; having providing continuing legal, medical, and mental health education credits to judges, lawyers, psychiatrists, psychologists, other mental health professionals, and to the array of professionals who intervene in child welfare, on the topic of diagnosis and treatment of parental alienation; having provided supervision on alienation cases to professionals across the country.

Should at the time of the hearing, the Court wishes to directly contact me for any clarification or confirmation about any Expert opinions set forth in this Amicus Brief, my office phone number is (347) 454-8840, and I shall be more than happy to opine telephonically or by video conference means, under Oath, about questions Your Honor would inquire of me.

I confirm that, at the time of my signing this Amicus Brief, I have not been requested to testify—either case specifically or generically—on behalf of either party. I do not know any specifics in this matter, and I am therefore not opining about the specific family dynamics in this case or whether alienation is or is not present. I am merely attempting to educate the trier of the facts regarding an issue or issues in question in the hope that the information provided enables the Court to render decisions in the best interest of the child for children in the case. I further declare that I have not been paid to sign this Amicus Brief.

I do not, however, preclude the possibility that, at some future date, I could become a n expert witness if so requested by one of the Parties upon having independently determined that the Party is acting in compliance with the standard of The Best Interests of the Child.

Respectfully signed and submitted for the case of ***\_\_\_\_\_\_\_\_\_\_\_\_\_-v \_\_\_\_\_\_\_\_\_***

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Linda J. Gottlieb, LMFT, LCSW-R

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Member of American Association for Marriage and Family Therapy (AAMFT)

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Member of Parental Alienation Study Group, Inc. (PASG)

Member of American Professional Society on the Abuse of Children (APSAC)

**Case NO:**

Case Name

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Honorable ——

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City, State

Dear Judge:

 **Declaration of Linda J. Gottlieb, LMFT, LCSW-R**

My name is Linda J. Gottlieb, LMFT, LCSW-R, and I am writing this Amicus Brief to educate the Court about a pernicious—yet preventable—form of child psychological maltreatment: namely, that of a parent/parental figure (commonly known as the favored or alienating parent) interfering with, sabotaging, and/or actively failing to require the relationship between the other parent and their child—in the absence of a *bona fide* protective reason. Typically, the mission of the alienating parent is to sever the relationship between the other parent and their child and to exclude the other parent from meaningful participation in decisions for the child. The effect of the alienating behaviors is to influence and manipulate the child to reject the other parent.

Alienating behaviors negatively impact the child across the psychological, cognitive, behavioral, and interpersonal domains. Adverse Childhood Experience Studies (ACE) further identify irreversible psychological and physical/medical harm that may impact to the child well into adulthood from behaviors that commonly occur in alienation cases. My judgment herein is that alienating behaviors meet all professional and governmental definitions of child psychological abuse. My opinion is predicated on the condition that the rejected parent is a fit parent—meaning that there are no *bona fide* child protective concerns regarding the rejected parent and that the rejected parent has not been assessed to be socially deviant or mentally impaired such that parenting or childrearing activities fail to meet the child protective standard of at least “minimum degree of care.”

In opining that alienation is child psychological abuse, I have been informed by the clinical literature and research as well as by my 52-year professional work with 5000 children and their families in a variety of settings. My initial twenty-four (24) years of professional work began as a caseworker and concluded as an administrator in New York's foster care system. Working with 3000 children in the foster care system. Subsequently, and through the present time, my involvement with children and their families was, and is, as a family therapist in private practice—currently focused on children who are being subjected to some degree of alienation.

In my work with 3000 foster children, I was informed about how abused and/or neglected children perceive and interact with their parents, seeking attachment enhancing behaviors. As a family therapist in private practice, I have treated more than 750 children who had been subjected to some degree of alienation, and I have reviewed and examined[[3]](#footnote-3) another 300 children based upon their records. I have also worked with more than 1000 children whose parents had undergone a separation and/or divorce but who did not experience alienation. I am therefore in a position to distinguish an alienated child from a child of divorce who is not alienated. I am also able to determine if a child’s rejection of a parent is the result of something that the rejected parent had done or is, instead, the result of a brainwashing and manipulation by the other parent.

 “Parental Alienation” is an observable family dynamic in which one parent/parental figure engages in behaviors to manipulate a child to align with that parent to denigrate, marginalize, reject and/or resist the other parent—absent a bona fide protective reason. Although alienating behaviors may initiate on an unconscious level, by the time these cases evolve into a contentious custody proceeding before the Court, the alienating parent’s behaviors are invariably conscious and are utterly deliberate. The dynamic of alienation goes by numerous other names—such as “restrictive gatekeeping,” “parental interference,” “hostile parenting,” “selfish parenting” or “engaging with the child in the pathological triangle. It is, in essence, the dynamic occurring in triangulation—which spawned the birth of the family therapy movement in the 1950’s as observed by child psychiatrists who observed it during their psychotic child patients’ visits with their family. Ultimately, a rose by any other name is still a rose.

I would like to elaborate on the origination of the term “pathological triangle” and how it relates to the family dynamic of alienation.

In the 1950's, the child psychiatrists and the other mental health clinicians who later founded the various schools of family systems therapy initially identified a cross-generational coalition between a parent and child to the marginalization of the other parent (Minuchin, 1974, 1978, 1981, 1993, 1996, 2007; Bowen, 1971, 1978; Satir, 1964, 1972, 1988; Ackerman, 1958, 1961, 1965, 1965, 1966.) These psychiatrists and other clinicians observed this dynamic on the psychiatric wards when their psychotic child patients were visiting with their families. One of these founding child psychiatrists was Murray Bowen, and he labeled this family dynamic as the “pathological triangle.” Indeed, Dr. Bowen (1978, 1971) became so convinced that triangulation had been the cause of his patients’ psychotic symptoms, that when he hospitalized the child, he also hospitalized the entire nuclear family! What these founders of the family therapy movement noted in their observations of their child patients during visits with their families was the request by one of the parents for the child’s alignment with him or her in that parent’s dispute with the other parent. This request created a double-bind situation for the child because the child could not resolve the triangulating parent’s “seduction” by maintaining a relationship with each parent: either the child joined in the alignment with the triangulating parent to marginalize and denigrate the other parent, or else the triangulating parent would reject the child for the child’s failure to align. The reason this double-bind situation for the child frequently resulted in the child’s psychosis is because the child’s inevitable choice was between two bad options. The triangulating parent’s request thereby created a *crazy making* situation for the child—better labeled as a “no-win,” “catch-22” situation.

Intervention to remedy the triangulation became the goal for the various schools of family systems therapy—to include the school of structural family therapy founded by my mentor, child psychiatrist, Salvador Minuchin, and all of his colleagues in the family therapy movement.

**Pathological Enmeshment**

The cross-generational alignment between the parent and child in cases of *severe* parental alienation is referred to as “pathological enmeshment.” Salvador Mnuchin (1981) initially coined the label “enmeshment” to describe severe boundary violations between one or more people. Dr. Minuchin did not precede enmeshment with “pathological” as he assessed all cases of enmeshment to be pathological. Bowen (1978, 1971) labeled this dynamic “undifferentiated ego mass.”

Pathological enmeshment in alienation is an extreme boundary violation by the alienating parent of the child’s functioning that literally engulfs the child across all domains—cognitive, psychological, interpersonal, and behavioral. Metaphorically, the alienating parent “hijacks” the child mind, body, and soul so that the child adopts the alienating parent’s beliefs, feelings, and thoughts. The child loses a separate sense of identity and autonomy, suffers severely compromised critical reasoning skills, becomes “alienated” from his or her own feelings, and often acts out the alienating parent’s wishes to maltreat the alienated parent. Pathological enmeshment creates both pathological splitting—perceiving the world in black and white extremes—along with pathological dependency—a severe psychiatric condition that hampers the child’s ability to developmentally separate/individuate from the alienating parent.

There are three forms through which pathological enmeshment is expressed: adultification, parentification, and infantilization. They are defined as follows:

 Adultification occurs when a parent shares parental issues and conflicts with the

 child; shares information about the legal, financial, and court proceedings; makes a

 child a “partner” in the litigation even to the point of asking the child to spy on the

 other parent during contact; etc.;

 Parentification occurs when the parent manipulates the child to feel sorry for the

 parent by expressing having been victimized by the other parent; confides emotional

 problems in the child; manipulates the child to meet that parent’s emotional needs;

 inflicts on the child parental responsibilities which are not commensurate with the

 child’s age or reasonable for the child to assume;

 Infantilization occurs when the parent treats the child as if much younger thereby

 conveying to the child that the child is not competent. This parental behavior

 keeps the child dependent so that the child will not feel confident to

 separate/individuate age-appropriately.

**Affirmation by experts that Parental Alienation is a form of child psychological maltreatment**

A mere fraction of those in the scientific community who recognize alienation to be a form of child psychological abuse include, but are not limited to: Baker, Bone, & Ludmer, 2014; Judge & Deutsch, 2017; Baker, Ludmer, & Sauber, 2013; Warshak, 2010, 2010a, 2015; 2018; Lorandos & Bernet, 2020; Gardner, 1991; Gottlieb, 2012, 2013; Miller, 2013; Reay, 2015; Clawar & Rivlin, 2013; Darnall, 2010; etc.)

I quote a mere fraction of the clinical literature as follows:

Stanley Clawar, PhD, and Brynne Rivlin, LCSW, followed 1000 children of high parental conflict for more than 30 years. They discussed the findings of their research in a 2013 book published by the **American Bar Association** entitled, *Children Held Hostage, Presenting a case, and Crafting Solutions*. Clawar and Rivlin define alienation along with its harmful effects on children as follows:

 The phenomenon goes by many names, but all are basically referring to parents

 who intentionally or unintentionally act in a way that:

 Defames, damages, or interferes with a child’s ability to love, model, or be with the target *[alienated]* parent.

 This ultimately damages the relationship with the target parent. Is not amenable to change.

Views the child in proprietary terms. (P. xxviii)

Our research continues to confirm that, even when under court order, traditional therapies are of little, if any, benefit in regards to treating this ***form of child abuse*** (p. xxvii). *[bold and italics print mine]*

We continue to find that this form ***of social-psychological child abuse*** is likely to be as damaging as physical abuse. (p. xxvii) *[bold and italics print mine]*

Clawar and Rivlin (1991) opined the following:

 “The effects of losing not only the intact family, but also a parent, hang heavily over children, touching them in ways that can wreak havoc in many realms of life both in the present and future. As adults, many victims of bitter custody battles who had been permanently removed from a targeted parent—still long still long to be united with the lost parent. The loss cannot be undone. Childhood cannot be recaptured. Gone forever is that sense of history, intimacy, lost input of values and morals, self-awareness, knowing one's beginnings, love, contact with extended family, and much more. Virtually no child possesses the ability to protect him or herself against such an undignified and total loss.” (P. 105.)

Jayne Major, Ph.D. (2006) expressed the following:

“Because PAS [*alienation*] is the most severe kind of abuse of a child's emotions, there will be scars and lost opportunities for normal development. The child is at risk of growing up and being an alienator also, because the alienating parent has been the primary role model.” (P. 285.)

Glenn Cartwright, Ph.D., (2006) affirmed:

“The awful outcome of PAS [*alienation*] is the complete separation of the child or children from a parent. Even more dreadful is that it is deliberately caused, maliciously done, and entirely preventable. This terrible form of child abuse has long lasting effects for all concerned.” (P. 286.)

Craig Everett, Ph.D. (2006) described the alienation family dynamic as follows:

“A destructive family pathology because it attributes a quality of ‘evil,’ without cause or foundation and, to a parent who once nurtured and protected the same child that has now turned against him or her.” (P. 228.)

**The DSM-5 and Parental Alienation**

Although the DSM-5 does not specifically use the label of “parental alienation,” in its section entitled “other conditions that may be the focus of clinical attention,” it defines three family “relational problems” that are indicative of some of the the dysfunctional family dynamics that occur in alienation cases. They are:

1. “Parent-Child Relational Problem” (V.61.20.)

 This category should be used when the main focus of clinical attention is to address the quality of the parent-child relationship or when the quality of the parent-child relationship is affecting the course, prognosis, or treatment of a mental or other medical disorder. Typically, the parent-child relational problem is associated with impaired functioning in behavioral, cognitive, or affective domains. Examples of behavioral problems include *inadequate parent control*, supervision, and *involvement with the child; parental overprotection*; *excessive parental pressure;* arguments that escalate to threats of physical violence; *an avoidance without resolution of problems.* Cognitive problems may include *negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement*. *Affective problems may include feelings of sadness, apathy, or anger about the other individual in the relationship*. (P. 715.) *[All italics and emphasis mine.]*

 2. “Child Affected by Parental Relationship Distress” (V61.29)

This category should be used when the focus of clinical attention is the negative effects of parental relationship discord (e. g. high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child's mental or other medical disorders. (P. 716.)

3. “Child Psychological Abuse” (995.51):

Child psychological abuse is nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child … Examples of psychological abuse of a child include berating, disparaging, or humiliating the child; threatening the child; harming/abandoning----or indicating that the alleged offender will harm/abandon----people or things that the child cares about. (P. 719.)

*Of particular note,* child psychiatrist, William Bernet, and two other child psychiatrists, Marianne Z. Wamboldt, MD; and William E. Narrow, MD, MPH—both of whom had contributed to the section of the DSM-5 described above—published a peer-reviewed article entitled, “Child Affected by Parental Relationship Distress” [CAPRD], in the *Journal of the American Academy of Child and Adolescent Psychiatry.* This article discusses how parental alienation*—specifically named—*is one form of “maladaptive family patterns” occurring in the clinical presentation of *“*child affected by parental relationship distress.” (p. 576)

I urge the Court not to lose focus of the matter before it by being distracted by a semantic debate about labels. Distracting the Court in this manner is a common alienating maneuver to divert attention from the actual matter before the Court—the *phenomenon of parental alienation—a form of psychological child abuse*. Surely, there is no dispute that some parents undertake a calculated mission to destroy the relationship between the other parent and their child in the absence of a bona fide protective reason. This is settled science (Lorandos & Bernet, 2020; Judge and Deutsch, 2017; Warshak, 2015; Miller, 2013; Gottlieb, 2013; Baker & Sauber, 2013; Clawar & Rivlin, 1991, 2013; Reay, 2013; Darnall, 2010; etc.) The Court must thus determine—if, in this particular case—alienation *is* the cause of the child’s or children’s rejection of a parent.

It is not difficult to make this assessment to rule alienation in or out. A specialist in alienation relies upon the scientific method to make clinical findings to a high degree of clinical certainty. That is, we have the science with an exceedingly low known error rate to make a finding for alienation.

But because alienation is one of the most counterintuitive, complex clinical presentations, it is often missed by even the most experienced forensic evaluators who have not acquired the sophisticated skills and expertise to recognize this phenomenon (Baker, Miller, Gottlieb et.al., 2015.) Catastrophic findings are often arrived at by non-specialists, and these findings are not merely incorrect, *but they are backwards*. (Miller, 2013)

**Alienating behaviors that meet the criteria of caretaker abusive behaviors identified by the American Professional Society on the Abuse of Children (APSAC) [[4]](#footnote-4)**

In their 2017 Handbook entitled, *Child Maltreatment* (pages 147-149), APSAC enumerates caretaker behaviors that meet their criteria for psychological maltreatment of a child. Many of these behaviors are typically engaged in by alienators—as determined by the research of Baker and Fine (2013)[[5]](#footnote-5); by Clawar and Rivlin (2013, pp. 29-64, 115-160); and by others specializing in alienation, including this author.

APSAC’s definition of psychological child abuse is:

a repeated pattern or extreme incident(s) of caretaker behaviors that thwart the child’s basic psychological needs (e.g., safety, socialization, emotional and social support, cognitive stimulation, respect) and convey the message that the child is worthless, flawed, unloved, endangered, primarily useful in meeting another’s needs, and/or expendable.

The following is a selective—but not inclusive—list of the abusive caretaker behaviors enumerated by APSAC that are characteristic of alienating strategies and behaviors: *[italics mine]*

1. Exploiting/corrupting the child embodies caregiver acts that encourage the child to develop inappropriate behaviors and attitudes (self-destructive, antisocial, criminal, deviant, or other maladaptive behaviors)…. EXPLOITING/CORRUPTING includes, but is not limited to, the following:

***Restricting or interfering with or directly undermining the child’s important relationships*** (e.g. restricting a child’s communication with his/her other parent and telling the child the lack of communication is due to the other parent’s lack of love for the child.

Modeling, permitting, encouraging developmentally inappropriate behavior *(e.g.* ***parentification, infantilization, living the parent’s unfulfilled dreams.****)*

Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme overinvolvement, intrusiveness, and/or dominance **(*allowing little or no opportunity or support for the child’s views, feelings, and wishes.)***

Restricting, interfering with, or directly undermining the child’s development in cognitive, social affective/emotional, physical or conative/volitional (i.e., acting from emotional and thinking; choosing, exercising will) domains, including Caregiver Fabricated illness also known as medical child abuse, which has multiple psychological as well as physical components.

Modeling, permitting, or encouraging betraying the trust of or ***being cruel to another person.***

Coercing the child’s submission through ***extreme over-involvement, intrusiveness or dominance, allowing little or no opportunity or support for child’s views, feeling*s, and wishes; micromanaging child’s life,** and/or manipulation (e. g., inducing guilt, fostering anxiety, threatening withdrawal of love, placing a child in a double bind in which the child is doomed to fail or disappoint, disorienting the child by stating something is true [or false] when it patently is not)

1. TERROZING embodies caretaker behavior that threatens or is likely to physically hurt, kill, abandon, or place the child’s loved ones/objects in recognizably dangerous or frightening situations. TERROZING includes the following:

***Placing the child in the loyalty conflict by making the child unnecessarily choose to have a relationship with one parent or the other.***

1. ISOLATING embodies caregiver acts that consistently and unreasonably

deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home. Isolating includes the following:

Placing unreasonable limitations or restrictions on social interactions with family members, peers, or adults in the community.

1. SPURNING embodies verbal and nonverbal caretaker behaviors that degrade a child. SPURNING includes the following:

Belittling, degrading, or other forms of hostile or rejecting treatment of those in significant relationships with the child such as parents, siblings, and extended kin.

For illustration purposes, I provide here a partial list of specific alienating behaviors that I repeatedly and consistently encountered with the parents of more than 750 alienated children with whom I had worked and in my review of the case files of another 300+ alienated children:

1. Withholding the child from contact in any form with the alienated parent in the absence of a bona-fide protective reason and unusually in violation of the parenting plan.
2. Manipulating a child to reject and vilify the other parent and his/her extended family for no justifiable/protective reason.
3. Failing to apprise—let alone consult with—the alienated parent regarding decisions and developments in the areas of health, education, social activities, and other important areas with respect to the child.
4. Not informing the alienated parent of their child’s activities which the alienated parent would like to attend and then telling the child that the alienated parent was not interested enough to attend.
5. Employing “plausible deniability” by declaring that it is the child’s decision not to have contact with the alienated parent or comply with Court-ordered reunification therapy—as if the child is truly a free agent and as if the alienating parent would permit the child to likewise make the decisions about whether to attend school, keep medical appointments, wear seatbelt in the car, wear helmet when riding a bike, abstain from using drugs and alcohol, etc. This is a particularly abusive and cowardly alienating strategy because the alienating parent is blaming the child for cruel behaviors and defiance of the law that further carries a high risk that the child will carry guilt well into adulthood if not for the child’s entire life. Children really do not want to choose between their parents (Andre & Baker, 2009). Projecting onto the child the alienating parent’s objective and mission in life is truly an example of “visiting the sins of the parent upon the child.” To repeat, this claim is one of many made by the alienating parent that qualifies as “plausible deniability.”
6. Manipulating the child to make and confirm false allegations of child abuse and/or domestic violence against the alienated parent. This is also a particularly malicious and abusive alienating behavior because, as research shows, a child who falsely believes to have been abused by a parent has the same risk potential for suffering posttraumatic stress disorder and other psychiatric symptoms as if the abuse had actually occurred.
7. Encouraging and/or failing to proscribe the child’s cruel maltreatment and denigration of the alienated parent thereby normalizes and sanctions antisocial behaviors.
8. Placing the child in a loyalty conflict—a form of terrorizing the child—which is at the heart of the family dynamic of alienation. The loyalty conflict in alienation forces the child to forsake the relationship with the alienated parent as the price for making peace with the alienating parent and preserving that relationship.
9. Confiding in the child about adult issues—particularly about parental conflicts and the legal proceedings is an example of APSAC’s caretaker abusive behavior labeled “adultification.”
10. Manipulating the child to be an emotional support for the alienating parent and not to “abandon” the alienating parent in order to comply with the alienated parent’s parenting time is an example of parentification.
11. Manipulating the child’s feelings, opinions, and beliefs to perceive the alienated parent in a negative light as a strategy to manipulate the child to overcome the powerful instinct to for the alienated parent. [*known as badmouthing and conveying that the other parent is dangerous].*
12. Attacking the child’s cognitive development by making the child doubt her or his own perceptions and beliefs about the alienated parent. For example, confusing the child to believe that the alienated parent’s: 1) love is hate; 2) discipline is abuse; 3) parental efforts for contact with the child is disrespectful of the child ‘s wishes and a violation of the child’s autonomy; 4) gifts are a bribe; 5) the parent’s attendance at the child’s activities is stalking; etc.

Alienation is a form of terrorizing the child on many levels:

 Placing the child in the loyalty conflict has already been discussed.

1. Because the child has been brainwashed by the alienating parent to believe that the targeted/alienated parent is dangerous, any contact with that parent is perceived by the child to be a chaotic and dangerous situation; this creates psychological terror for the child.
2. Brainwashing a child to believe that a loving and nurturing parent is an abusive person creates chaos for the child because the child’s trust in his/her own judgement is undermined.

Using a variety of verbal and non-verbal forms of communication, the alienating parent invariably conveys the following psychologically-abusive messages to the child:

1. Worthlessness if the child fails to accept the alienating parent as an ally.
2. Shame for having and/or expressing instinctual love for the other parent.
3. Spurning as the price for the child’s expression of normal grief regarding the loss of the relationship with the targeted/alienated parent and usually the entire extended family of the parent.

This Amicus Brief urges the Court to give weight to what Jamie Rosen, ESQ (2013) has opined in her article published in the *Family Court Review* that the alienatedchild suffers diminished capacity, both cognitively and emotionally, as a result of a brainwashing in alienation. Indeed, the scientific community equates the brainwashing in alienation to the brainwashing in a cult (Clawar & Rivlin, 2013; etc.) As Rosen argues, the child’s wishes to remain in the custody and influence of the alienating parent is a request to be further subjected to child-abuse. Because the alienated child suffers diminished capacity and the child’s programmed wishes risk further subjection to child abuse, Rosen opines that the attorney for the alienated child should substitute judgment and represent the child’s best interests rather than the child’s wishes.

**Short and long-term detrimental effects of Adverse Childhood Experiences (ACEs)**

The detrimental effect on children from parental alienation is not controversial or debatable. It is settled science.  Consider the findings of Baker and Fine (2007), who specifically researched the effects and arrived at the following statistics regarding adult child victims of parental alienation as follows:

65% of the study's participants were afflicted with low self-esteem; 70% suffered episodes of depression due to the belief of being unloved by the targeted parent and from extended separation from their parents; 35% engaged in substance abuse as a means to mask their feelings of pain and loss; 40% lacked trust in themselves as well as in meaningful relationships because the trust was broken with their parents; 50% suffered the heartbreaking repetition of the alienation by becoming alienated from their own children. (PP. 180–191.)

It is also important to consider the research on the short and long-term effects of the Adverse Childhood Experiences (ACE) studies. I have cited only four of the peer-reviewed, sizeable research studies on ACEs. There are 7 conditions that meet the criteria for ACEs: psychological abuse; physical abuse; sexual abuse; household dysfunction from adversarial divorce and custody; criminal activity by a parent(s); drug or alcohol abuse by a parent(s), and mental illness of a parent(s.) Only one criterion is necessary for a child to be considered a victim of ACE, but the more criteria that are met, the greater the detrimental effects.

It is most likely obvious that parental alienation is an example of household dysfunction. What is likely not so obvious is that the clinical research and literature confirm that severe alienators suffer from severe psychopathology and from one or more cluster B personality disorders—borderline, and antisocial. (Lorandos & Bernet, 2010; Judge & Deutsch, 2017; Miller, 2013; Gottlieb, 2012, 2013; Warshak, 2020, 2018; Siegel & Lanford, 1998; Reay, 2015; Darnall, 2010; Macfie, 2009; Lampel, 1996; Heard & Linehan, 1993; Gordon, Stoffey, 7 Bottinelli, 2008; Clawar & Rivlin, 2013; Bernet, Lorandos, & Sauber, 2013; Baker & Sauber, 2013)

The following is a summary of the findings of the four ACE studies:

1. Felitti, V. J. et al. (1998) in “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences ” published in *The American Journal of Preventive Medicine*.  *14*(4), pages 245-258. This is a seminal study which stated:

We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

This study focused on fatal complications—death.  Other problems such as mental illness and serious physical illness were also found to be greatly increased among children who had experienced ACE’s.

1. Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . Giles, W. H. (2006). “The enduring effects of abuse and related adverse experiences in childhood.” *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174-186. doi:10.1007/s00406-005-0624-4

This article makes the critical point that child maltreatment has been linked to a variety of changes in brain structure and function.  From the Introduction:

The organization and functional capacity of the human brain depends upon an extraordinary set of sequences of developmental and environmental experiences that influence the expression of the genome . . . Unfortunately, this elegant sequence is vulnerable to extreme, repetitive, or abnormal patterns of stress during critical or circumscribed periods of childhood brain development that can impair, often permanently, the activity of major neuroregulatory systems, with profound and lasting neurobehavioral consequences.

In lay terms, this means that psychological and emotional abuse of children can cause re-wiring of the brain, which, in turn, can lead to permanent structural damage, functional impairment, and a variety of mental health problems in adult life.

1. Spinazzola, J., Hodgdon, H., Liang, L., Ford, J. D., Layne, C. M., Pynoos, R., . . . Kisiel, C. (2014). “Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes. *Psychological Trauma, 6(S1)*, S18-S28. An excerpt from the Discussion section and the key point:

Our findings strongly support the hypotheses that PM *[psychological maltreatment]* in childhood not only augments, but also independently contributes to, statistical risk for negative youth outcomes to an extent comparable to statistical risks imparted by exposure to physical abuse (PA), sexual abuse (SA), or their combination (PA + SA).

Our findings strongly support the hypotheses that PM *[psychological maltreatment]* in childhood not only augments, but also independently contributes to, statistical risk for negative youth outcomes to an extent comparable to statistical risks imparted by exposure to physical abuse (PA), sexual abuse (SA), or their combination (PA + SA).

1. Nurius, P. S., Green, S., Logan-Greene, P., & Borja, S. (2015). “Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis.” *Child Abuse & Neglect, 45*, 143-153.

This article makes the point that childhood stress—or adverse childhood experiences (ACEs)—are the major risk factors for future, long-term mental health problems in adult life.  The beginning of this paper reads:

Exposure to significant childhood adversity affects a daunting proportion of young people, constituting one of the most detrimental impacts on youth development.  Early life adversities include experiences such as maltreatment, neglect, witnessed violence, and household dysfunctions such as parental mental illness or substance abuse . . . Exposure to these events generates step-dose patterns wherein greater exposure to multiple forms of stressful experiences are associated with a wider range of impaired health outcomes, including psychiatric.

And from the conclusion:  "Prevention remains a top priority in the realm of child and family welfare and is the foremost implication of early adversity research."

**The following are the key points as to why I maintain that parental alienation is a profound form of psychological child abuse:**

A child cannot feel loveable if a parent is perceived to have abandoned her/him and/or does not love her/him. The inevitable result is that the child “will seek love in all the wrong places.”

A child’s self-concept is that she/he is constituted of ½ mother and ½ father. If a child hates a parent or thinks ill of a parent, then the child will develop self-hatred and poor self-esteem; this inevitably induces bad behavior.

Because lying, deceit, disrespect, and aggression have been normalized for the child, alienated children frequently fail to conform to the norms, values, and behavioral expectations of their cultural environment. Alienation plants the seeds of an antisocial personality disorder.

The child is robbed by the alienating parent of concern for the needs, feelings, and wishes of the alienated parent and is further encouraged and approved of by the alienating parent for causing pain to the alienated parent. These children do not, therefore, experience remorse or guilt for having been emotionally cruel to—and sometimes physically assaultive of–their alienated parent. The development of the alienated child’s conscience is gravely compromised. The absence of a functioning conscience is another criterion for the development of an antisocial personality disorder.

Because the child’s judgment, perception, reality testing, and superego (the conscience) have been compromised, the child often fails to maximize potential, remains psychologically dependent, and loses touch with reality.

Because it is anti-instinctual to hate and reject a parent, the child must develop an elaborate delusional system consisting of spurious, frivolous, and absurd rationalizations to justify the hatred and rejection of the alienated parent. Eventually, the child comes to believe all the absurdity. There is often a break with reality.

The double-bind situation of being unable to have, love, and to be loved by both parents is untenable and can lead to psychosis.

Remaining with hatred and anger is not healthy under any circumstances, let alone for a parent.

The process of using a child to serve the emotional needs of the alienating parent and doing that parent’s appalling bidding is abuse in itself. It is also a reversal of a healthy family hierarchy.

The child is continually operating under a cloud of anxiety because the fear of a slip of the tongue and/or a slip of behavior will reveal the child's true loving feelings for and longing for the alienated parent. Should this emerge, there will be inevitable negative consequences from the alienating parent.

The child suffers from depression because having had a parent severed from her/his life is a loss—a loss of the severest kind. This loss is typically compounded multiple times because the rejection invariably extends the entire extended family all the alienated parent.

At some point, an alienated child may come to experience guilt because they finally recognize that they have maltreated and hurt a parent. And if that parent is no longer available to provide an apology, the guilt will be unremitting.

The emotional hole left in the child from the loss of a parent is generally filled with a great deal of negativity including, but is not limited to: eating disorders, cutting, criminal activities, antisocial and acting out behaviors, defiance, disrespect for all authority, cognitive distortion, depression, anxiety, panic attacks, poor peer relationships, educational issues, drug abuse, and a general malaise about one's life.

The child’s individuality is compromised because the alienating parent fails to recognize the child as a separate person from her or him with different needs, feelings, and opinions—particularly regarding the other parent. This is a highly dysfunctional family dynamic known as pathological enmeshment.

In sum, a child cannot be whole if a parent is driven from her/his life!

Respectfully signed and submitted on behalf of the case of ***\_Plaintiff\_\_\_\_\_\_v \_Respondent/Defendant\_\_\_\_\_\_***

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**Seventeen (17) alienation strategies employed by the alienating parent (AP)**[[6]](#footnote-6)

1. **Bad mouthing** of the targeted/alienated parent to the child: AP makes deprecating comments that the targeted/alienated parent is unloving, unsafe, and unavailable; AP exaggerates or manufactures flaws of the alienated parent; AP presents unbalanced view of the targeted/alienated parent to reflect the parent in the most negative light. Badmouthing to professionals in the case and to the court commonly occurs as well. When it does, the professionals and the court unwittingly become agents of the alienating parent.

2. **Limiting contact**: AP limits or denies contact between the child and targeted/alienated parent—even in the face of defying court orders for the contact. AP will go the extreme of concocting child abuse allegations so that contact is either eliminated or only permitted under supervision. Alienating behaviors also aim to bar the targeted/alienated parent from attending the child’s school activities and social events, etc. and often result in the alienating parent telling the child that his/her other parent does not care enough to attend these activities.

3. **Interfering with communication:** AP makes phone, email, and texting contact between the child and targeted/alienated parent difficult if not impossible. The AP does not answer phone calls from the targeted/alienated parent; does not inform the child about messages left by the targeted/alienated parent; opportunistically schedules activities, homework, or social engagements during the targeted/alienated parent’s communication time, etc. 4. **Interfering with symbolic communication:** AP denies child the opportunity to have memories of the targeted/alienated parent or be connected to that parent in thought e.g. child cannot have pictures of the targeted/alienated parent, discourages or punishes discussion about the targeted/alienated parent.

5. **Withdrawal of love:** AP conveys to child that her/his love for child is dependent upon the child’s compliance with the goal of rejecting the targeted/alienated parent. This is conveyed through verbal and non-verbal communication, such as rolling of the eyes and looking away in disgust when the child expresses need for or contact with the targeted/alienated parent.

6. **Telling the child that the targeted parent is dangerous**: This a particularly heinous form of badmouthing. The AP creates the illusion that the targeted/alienated parent is dangerous and must therefore be avoided. This message is also conveyed to the professionals in the case as well as to the court.

7. **Forcing the child to choose.** The AP manipulates the child to seduce/compel the child away from the targeted/alienated parent e.g. scheduling activities or special events during the visiting time with the alienated parent; promising gifts/rewards if child return home early or does not go on the visit; conveying disappointment to the child for keeping parenting time with the other parent; sending clear messages to the child that there will be reprisals to the child for keeping contact with the targeted/alienated parent.

8. **Telling the child that the targeted parent does not love him or her**: another heinous form of badmouthing is brainwashing the child to believe that the targeted/alienated parent does not love her/him; has abandoned her/him so that the child feels rejected by the alienated parent.

9. **Confiding in the child:** The AP shares with the child issues that children should be protected from knowing, such as parental conflicts and the legal proceedings. This is an example of adultification. The AP shares or creates information to portray herself/himself as a victim of the targeted/alienated parent and that the AP needs the child around for the parent’s emotional well-being. This is an example of parentification.

10. **Forcing the child to reject the targeted parent:** AP creates situations in which the child will reject visits or other forms of contact such as watching child at activities and school events. This includes maltreating and withdrawing from the targeted/alienated parent during visits.

11. **Asking the child to spy on the targeted parent**: AP asks child to sneak information about the targeted/alienated parent during visits and report back to AP.

12. **Asking the child to keep secrets from the targeted parent**: AP, for example, coopts and manipulates child to keep important information about the child’s life—like school and medical developments—from the targeted/alienated parent.

13. **Referring to the targeted parents by first name**: to diminish the importance of the parent/child relationship, the AP encourages child to address the targeted/alienated parent by her/his first name instead of “mommy” or “daddy,” etc.

14. **Referring to a step-parent as "Mom" or "Dad**" and encouraging the child to do the same.

15. **Withholding medical, academic, and other important information from the targeted/alienated parent**; keeping the alienated parent's name off medical, academic, and other relevant documents as an emergency contact or who is eligible to receive information about the child.
16. **Changing the child's surname to remove association with the targeted parent**. The child is given the birth name of the alienating parent or the surname of the stepparent.

17. **Cultivating dependency:** AP does not encourage the child’s appropriate separation/individuation and thereby makes themselves indispensable to the child. Child does not develop critical thinking skills and self-confidence to develop her/his own opinions and be in touch with his genuine love and need for the targeted/alienated parent. This is a result of the pathological enmeshment between the child and alienating parent and is referred to as infantilization.

1. “No protective reason” means that the rejected parent’s behavior fails to rise to the level of clinical significance for abuse and/or neglect as determined by the scientific method or is in protection to the child’s exceedingly anti-instinctual rejection of a parent. [↑](#footnote-ref-1)
2. This one of numerous counterintuitive issues occurring in alienation cases and is therefore a reason that a *specialist* in alienation is required to accurately rule alienation in or out in a particular case. Alienation is a sub-specialty within the specialized discipline of Family Therapy. Knowledge, experience, and skills needed to become a specialist in alienation are well-beyond the curriculum of virtually all mental health degrees. Other than the degree in Marriage and Family Therapy. I have written a companion Amicus Brief regarding the skills needed to become a specialist in alienation. [↑](#footnote-ref-2)
3. It is important to understand how I am using the word “examine” in this context and that it is considered proper procedure to reach Expert opinions based upon a forensic examination of sufficient quality evidence documented in the child’s and family’s records. A forensic document review means that a valid scientific method is applied to sufficient quality evidence in the case to reach forensic probabilities regarding the family dynamics to at least a reasonable degree of clinical certainty. The standard for arriving at an Expert opinion therefore does not require direct interviewing of the child or parents. If that were the case, then no one would be able to bring a wrongful death suit because the Expert cannot interview the decedent; and the lawyer for the defendant physician virtually never—if ever—permits the Expert to interview the defendant doctor. [↑](#footnote-ref-3)
4. To be clear, I am not declaring that APSAC has endorsed the existence of the phenomenon of alienation. I am merely stating that many of their so defined “caretaker abusive behaviors” are consistent with the 17-research-validated alienating behaviors—by other labels—as those identified by Baker and Fine. [↑](#footnote-ref-4)
5. For reference, I have attached at the end of this Brief a list of the research-validated alienating behaviors and strategies hundred brief definition of each as identified by Baker and Fine. [↑](#footnote-ref-5)
6. From Baker & Fine (2013), pages 95-97. [↑](#footnote-ref-6)