Turning Points for Families (TPFF)

with

Linda J. Gottlieb, LMFT, LCSW-R

Healing for Dysfunctional, Violent, and Abusive Family Relationships—

that include DSM-5-TR codes:

Z69.010 Child Psychological Abuse by a Parent
Z63.5 Disruption of Family by Separation or Divorce
Z62.898 Child Affected by Parental Relationship Distress
Z62.820 Parent-Child Relational Problem
Z63.891 Sibling Relational Problem
Z72.810 Child or Adolescent Antisocial Behavior
Z63.8 High Emotion Level Within the Family
--Domestic Violence
--Domestic Violence by Proxy

A 2021 peer-reviewed research study finds the TPFF intervention to be ***safe and effective***
(Conducted under the auspices of J. Harman, L. Saunders, & T. Afifi
published in the peer-review *Journal of Family Therapy)*

TPFF Supports All Child Protection Laws and Proposals and seeks to have the Laws Strengthened to include:

1. Child psychological abuse and maltreatment in addition to sexual and physical abuse
2. An assessment by the *scientific method* to determine if a child's bonding to a parent is healthy or unhealthy and therefore pathological
3. An assessment by the *scientific method* to determine if a parent is committing any form of child abuse

*self-reporting alone does not comply with the scientific method to make clinical findings

Caveat 1: Please note, this is a *generic* protocol for treatment of dysfunctional family relationships. In recognition that each family is unique and special, there may be some limited modifications and/or additional requirements to this treatment protocol dependent upon the clinical presentation and therapeutic needs of a specific family. Also of note, because the family clinical picture is typically refined and revised as the intervention progresses, the program director/therapist may identify additional requirements or modifications necessary to facilitate the family healing.

Caveat 2: Please note that the standards of clinical practice require that the TPFF therapist undertake a contemporaneous assessment/evaluation of the family clinical presentation—meaning of the family dynamics and of other psychiatric conditions that may be occurring—upon the family's arrival at TPFF and as the intervention progresses. This assessment/evaluation is an ongoing process throughout the 4-day intervention.

Of particular note, should the program therapist determine that the family dynamics are contrary to the dynamics that had resulted in the Court order for the TPFF intervention, the program therapist will immediately terminate the intervention—for not being clinically appropriate. The TPFF therapist will then initiate any protective measures that may be indicated and will immediately notify the involved parties: the Court, the lawyers, the other parent, and the appropriate professionals in the case. For example, should the program therapist determine that the rejected parent is a current risk to the child(ren), that the favored parent had appropriately acted in a protective manner to restrict contact, or that the favored parent had supported *and required* the relationship between the other parent and their child(ren), then these would be criteria to immediately terminate the intervention.

Program Overview and Goals

Turning Points for Families *(TPFF)—**A Therapeutic Vacation***—is an intensive 4-Day, transitional intervention to "jump-start" the healing of dysfunctional and child abusive family relationships that involve 1) a breakdown in a functional co-parenting relationship; 2) the child's unhealthy bonding to a pathologically-enmeshed parent—commonly known as the favored or alienating parent, who is engaging in behaviors that meet the standard definition of child psychological abuse; 3) the child's unjustifiably/unreasonably severed or severely impaired relationship with the other parent—commonly known as the rejected or alienated parent—who is actually the safe and protective parent.

Court referral to TPFF is therefore based upon child protection standards.

TPFF is a symbolic-experiential intervention that merges family systems therapy with cognitive enrichment. The intervention is compelling because it involves human learning and growth in all four domains—affective, interpersonal, behavioral, and cognitive.

Successful healing of the severed or severely impaired parent-child relationship and the successful healing of the pathologically-enmeshed parent-child relationship requires a *temporary protective* separation or sequestration of the child from the enmeshed parent,

who is committing child psychological abuse. This is the standard remedy imposed upon any unreformed offending parent. Additionally, without this *temporary protective* separation, the child will continue to be trapped in a loyalty web that constrains the child from freely and spontaneously engaging with and investing in the rejected parent. Nor will the child be freed to appreciate her or his own true feelings, opinions, thoughts, and wishes.

Even though the success of the TPFF intervention is assessed according to the attainment of the Court's directive for *TPFF* to sufficiently heal the severed or impaired parent-child relationship(s), the *TPFF* staff want to make it *abundantly* clear that we aim for the protective separation to be *as brief as possible but maintained as long as therapeutically necessary in order to attain and maintain the Court's directive to us.* That being said, the lifting of the sequestration period is predominantly in the hands of the favored parent, who simply needs to *credibly* demonstrate that she/he is ready, willing, and able to support the relationship(s) between the other parent and their child(ren).

TPFF is committed to facilitating the process to lifting the sequestration period sooner rather than later. To that end, we reach out to the favored parent in order to identify for her or him the necessary and appropriate services to council and support the parent in overcoming and relinquishing the behaviors that had resulted in the Court order for the *TPFF* intervention. During the 4 days of the intervention, the *TPFF* therapist discusses via telephonic communication with the favored parent the need for these services and further provides parent education services at that time.

Prior to the initiation of the 4-Day intervention, the *TPFF* therapist contacts the favored parent to convey to that parent the program's desire to lift the sequestration period as soon as it is therapeutically appropriate—and not a day later. The *TPFF* therapist further communicates to the favored parent about that parent's substantial impact on the child's speedy and meaningful recovery by genuinely supporting the intervention. Should the favored convey to the child unequivocal support for the intervention, the rapidity of the child's healing *with respect to all family relationships* increases dramatically. In order to facilitate this, the *TPFF* therapist arranges a video conference with both parents. Additional goals for the conference are to facilitate the initiation of a cooperative, functional co-parenting relationship and to facilitate the parents in a unified presentation to the children about the *TPFF* intervention.

In her 2012 book about the family dynamic of alienation, Ms. Gottlieb expressed as follows her commitment to facilitating the child's meaningful relationships with the alienating/favored parent and not merely the child's relationship with the rejected/alienated parent:

> I will not pathologize the alienating parent and rush to advocating measures to eliminate connections to her/his children. To do so would be isomorphic with the deprecation and rejection of the alienated parent. Labels serve only to constrict options and eliminate hope. For professionals who help the family (and consequently children), we must reject unhealthy and ineffective family interactional behaviors and not reject individuals. This is certainly what the child wants and needs. The goal must be to ameliorate behaviors which are detrimental to children by encouraging healthy transactional patterns between the participants of the executive/

> parental subsystem and between the parent/child subsystems in recognition of the importance of both parents to healthy and successful child rearing. Such a perspective signifies that, first and foremost, the remedying of the dysfunctional interactions between the alienating and the alienated parents must be the critical area for attention, thereby demonstrating respect for the ability of the family members to heal each other. But this can be achieved only if the larger aforementioned systems guarantee to the family therapist a level playing field upon which to encounter the family. These systems must encourage a collaborative rather than an adversarial approach to child custody decisions. Accomplishing this would truly restore balance to the justice system when adjudicating child custody issues. (p. xviii)

Of course, the above therapeutic approach and goals assume that the favored/alienating parent has become ready, willing, and able to give unequivocal support for the relationship(s) between the other parent and their child(ren).

Results of the peer-reviewed research study of the TPFF intervention

The ***TPFF Therapeutic Vacation*** underwent a peer-reviewed research study for its safety and effectiveness: This April 2021 research study was published in the peer-review *Journal of Family Therapy.* The study confirmed a 96.4% success rate for re-establishing a normal, meaningful relationship between the child and the rejected parent. In the <4% of cases in which the parent-child relationship had not been restored, it was due to violation of the TPFF treatment protocol—specifically violation of the protective separation.

Pathological Enmeshment

"Pathological enmeshment" is the term used to label the rigid, dysfunctional over-alignment or "bonding" between a child and the favored/alienating parent. Pathological enmeshment involves an extreme boundary violation of the child by the favored parent that literally engulfs the child across all domains—cognitive, psychological, behavioral, and interpersonal. In this enmeshment dynamic, the favored parent robs the child of the child's own thoughts, beliefs, wishes, and opinions—especially with respect to the rejected parent—and instead implants in the child that parent's thoughts, beliefs, wishes, and opinions. Metaphorically, the favored parent "hijacks" the child mind, body, and soul. The child loses a separate sense of his or her own identity and autonomy, suffers severely compromised critical reasoning skills, becomes "disassociated" from his or her own feelings, and often acts out the favored parent's wishes to defy, reject, maltreat, spy on, and even physically assault the other parent. Pathological enmeshment creates both pathological splitting—perceiving the parents and the world in black and white extremes—along with pathological dependency on the favored parent.

Pathological enmeshment is assessed to be a severe psychiatric condition for the child and which meets the standard definition of ***psychological domestic violence*** *of the child by the alienating parent. And when the child acts out the alienating parent's wishes to maltreat and/or physically abuse the alienated parent, this behavior meets the standard definition of* ***domestic violence by proxy****.*

There are three forms through which pathological enmeshment is expressed:

> Adultification occurs when a parent shares adult issues and parental hostilities and conflicts with the child; shares information about the legal, financial, custody, and other court proceedings; uses the child to spy on the alienated parent in order to obtain evidence in support of the alienating parent's legal goals; shares any and all negative information about the alienated parent—information that is both real and fabricated—such as the rejected parent's mental health history, affairs, etc. The child literally becomes an aligned surrogate of the pathologically enmeshed parent.
>
> Parentification occurs when the favored parent manipulates the child to feel sorry for her or him by expressing that she or he had been victimized by the other parent; confides emotional problems in the child, seeking validation and emotional support from the child; manipulates the child to meet that parent's psychological and interpersonal needs; inflicts on the child parental responsibilities which are not commensurate with the child's age and maturity nor reasonable for the child to assume. Parentification is a particularly serious violation of healthy family hierarchy because the child becomes even more powerful than the favored parent. Child psychiatrist, Salvador Minuchin, described the triangulated child as "standing on the shoulders of the aligned triangulating parent;
>
> Infantilization occurs when the pathologically enmeshed parent treats the child as if much younger and fails to recognize and encourage the child's age-appropriate functioning, thereby conveying to the child that the child is incompetent and incapable of self-determination and self-reliance. This form of enmeshment keeps the child dependent on the favored parent so that the child will not feel confident to separate/individuate age-appropriately and in a timely manner.

Program Philosophy

The ***TPFF Therapeutic Vacation*** is based upon the principles of structural family therapy, founded by child psychiatrist, Salvador Minuchin. Its philosophical underpinnings are compelling, thoughtful, and sound. It holds that people are most likely to change for those whom they love and for those who love them. *Based on that principle, TPFF elevates the rejected parent into the position of "healer of the child."* Ms. Gottlieb quotes again from her 2012 book:

> No quantity or quality of words between the child and the therapist—who is nonetheless a stranger to the child—can possibly have as powerful and as meaningful an impact on the child as does the child's parent—with whom the child has had a loving and meaningful relationship and attachment prior to the rejection. No therapist, however skillful and well-intentioned, can possibly recreate a relationship with the child that rivals an intimate family relationship—particularly the formidable, meaningful, and compelling parent/child relationship.
>
> It seems so evident, then, that the crucial player to assume the healing role of the child is the "formerly" loved and loving rejected parent. It is the rejected parent who has the greatest potential for achieving healing; it is the rejected parent who is the holder of the family truths and is thus best able to meaningfully and sensitively correct the child's revisionist family history—known as the alienation narrative; it is the rejected parent with whom the child goes home and with whom the child must re-build trust, respect, and a healed relationship.

The role of the *TPFF* therapist provides the environment in which soothing emotions, healthy behaviors, and healing experiences are released between parent and child. The therapist thus serves as a catalyst to the rejected parent and child by encouraging and guiding the creation of corrective communications, interactions, and experiences. It is of particular note that the child's true loving feelings for and need for the rejected have not been extinguished do to the alienation but have only been repressed do to the child's survival needs to go along to get along with the favored/pathologically enmeshed parent.

The Memorabilia Intervention

To facilitate the healing process, child and parent and other participating family members such as grandparents are supported in a corrective re-experiencing of each other through memorabilia and mementos representing the family history and of their prior loving relationship. Memorabilia include, but are not limited to, photographs, video recordings, cards, letters, drawings, gifts, etc. *TPFF* assists the rejected parent and child and other family members to travel down memory lane and engage emotionally with each other by reliving their meaningful and cherished relationships prior to the onset of the alienation. By re-experiencing each other through the memorabilia intervention, the child's genuine loving feelings and need for the rejected parent reemerge. In other words, through the poignant and potent experiential memorabilia intervention, the child's loving feelings and need for the rejected parent instinctively and spontaneously surface, and the healing process thus initiates. Affirmative new experiences replace the programmed negative perceptions of the child's experiences with the rejected parent. *TPFF* appreciates and capitalizes on the compelling effectiveness of experience over words to produce change.

For example, teenagers have enthusiastically picked up the mouse and selected the videos and photos that were most impactful to them, while rejected parents appreciatively and delightfully look on as their children become engaged in the healing process. Discussion of the events and history depicted in the memorabilia spark laughter, joy, love, affection, pleasure, and a tearful re-bonding.

To facilitate this experiential, memorabilia intervention, the rejected parent must bring to the ***TPFF Therapeutic Vacation*** mementos of family life and of the relationship with the child—from the onset of child's birth, if such memorabilia still exist. In some cases, such mementos have been regrettably denied to the rejected parent. Provisions must therefore be made for the rejected parent to receive from the favored parent sufficient, meaningful mementos of the child's life.

Correcting the Child's Revisionist Family History

Correcting the child's "revisionist family history" is essential to the healing process. Although the memorabilia intervention is an effective tool in mitigating the child's distortions resulting from the negative programming about the family history and about *both* parents, the memorabilia intervention, while necessary, is typically not sufficient to counter the child's false, greatly distorted, and sometimes delusional beliefs. An honest but sensitive discussion of the family history is fundamental to the healing process. It is also necessary to challenge the pathological enmeshment between the child and alienating

parent if the child is to meet normal developmental milestones across the psychological, cognitive, behavioral, and interpersonal domains. Particularly when the child's distortions and fabrications involve false allegations of child abuse and child sexual abuse—as so often occur in severe cases—correction is essential to the child's short and long-term prognosis and best interests. Indeed, research confirms that, should children falsely believe that a parent had abused them, they will suffer the same risk factors for PTSD and other serious psychiatric disturbances as if the abuse had actually occurred. The rejected parent is therefore coached to sensitively correct the child's distorted thinking and beliefs, but without pathologizing or denigrating the source of the misinformation.

The process of correcting malicious misinformation and toxic allegations does not place the child in the middle; the child had already been placed in the middle by the favored parent. Correcting misinformation, untruths, false child abuse allegations, and more reconnects the child with reality; helps the child distinguish between harm and health; counters the child's diminished cognitive and emotional capacity; inoculates the child against future adverse influence by peers and other relationships; and facilitates the child to once again recognize and accept love and be able to give love.

The healing process is a give and take in which the child is supported in expressing her/his own *genuine, unprogrammed* feelings for and beliefs about the rejected parent—as long as it is done so in a respectful and civil manner. But the child will not be granted an audience to denigrate and smear the rejected parent with a litany of scripted and brainwashed distortions and untruths *about each parent* and about the family history. In recognition that no parent is perfect, the child's uninfluenced perceptions and beliefs about the rejected parent and family history will be acknowledged and addressed. The child and rejected parent are helped to resolve *reasonable* issues that the child may have with the parent. Respect for the child's chronological age and developmental stage is taken into account. After all, due to the rupture in some of these relationships that span many years, the child may require a more developmentally mature way of relating by the rejected parent, who may not know whom the child has become. Special attention will be provided to help the child deal with guilt from having maltreated, rejected, and may have been cruel to a parent.

The Therapeutic Activities

The ***TPFF Therapeutic Vacation*** further actualizes the healing between the child and parent during the family's daily afternoon activities, which are selected by the child with the approval of the rejected parent. Throughout the activities, the parent assumes the parental role of engaging with and enjoying the child—and vice versa. The parent resumes the once-prized role of being the child's advocate, playmate, educator, supporter, overseer, limit-setter, supervisor, and more—all the parental roles that had been denied to the rejected parent by the favored parent. In compliance with the philosophical underpinnings of family systems therapy, change occurs—*not* as a result of talking about new experiences—but by *actually creating new experiences.*

The *TPFF* therapist accompanies the child and parent and other participating family members throughout these activities to provide support and encouragement as needed. The

TPFF therapist further creates a memory record of the activities by taking pictures of the family members, and the *TPFF* therapist will also provide pictures of the child and activities to the favored parent.

The rejected parent's nuclear and extended family members are invited to participate in the intervention—after all, the alienation typically has extended to the rejected parent's entire family. Loving grandparents have had their gifts returned unopened; typically grandparents do not receive a call on Mother's Day or Father's Day or on their birthdays. Aunts and uncles are inexplicably shunned. Cousins become incredulously avoided. The alienated parent's extended family members help to facilitate the therapy. The rejected parent determines who should be invited to participate in the intervention.

Necessity to remediate this form of child psychological abuse

1. Emotional cutoffs are almost never an appropriate remedy for interpersonal conflicts—especially with respect to the indispensable and irreplaceable parent/child relationship. Remaining with hatred and anger is not healthy under any circumstances—and especially when directed at a parent.

2. How a child relates to and resolves conflicts with parents are the single most determinative factors in how the child will interact with peers, accept authority relationships, and handle adult and intimate relationships.

3. A child cannot develop healthy self-esteem if she/he perceives a parent to be evil, abusive, unloving, worthless, and rejecting, etc. Expert consensus recognizes that children think very concretely—"I am half my mother and half my father." The qualities and characteristics that the child attributes to parents are therefore those very qualities and characteristics introjected by the child and are experienced as dispositional to her/him. So if a child feels negatively about a parent, the child will feel negatively about oneself, and those who feel negatively about oneself generally behave very badly and form exceedingly unhealthy relationships.

4. If a child feels unloved *by a parent*, then the child cannot help but feel unlovable *in general* and will pursue the perilous goal of seeking love in all the wrong places.

5. Misperceptions and misconceptions about the rejected/alienated parent and about the favored/alienating/pathologically-enmeshed parent, particularly in severe cases of alienation—are so extreme, often bizarre—that they often represent the child's break with reality. The child's cognitive and emotional stability become diminished and therefore put the child at great risk.

6. It is anti-instinctual for a child to hate and reject a parent and to deny the need for a parent—especially a loving parent. The child must therefore create an elaborate delusional thought system to justify the hatred and rejection.

7. The child is existing under a cloud of anxiety due to the fear that a slip of the tongue or a slip of behavior will reveal the child's true loving feelings and need for the rejected parent. This situationally-caused anxiety is frequently mistaken for a chemical imbalance—and the child consequently receives contraindicated treatment, by having to take unnecessary psychotropic, black-box-warning medications.

8. The rejection of a parent is a loss—and one of the deepest cuts of all only because of the loss of an irreplaceable parent, but because the loss generally involves that parent's entire nuclear and extended family, to include grandparents, aunts, uncles, and cousins. Losses of this magnitude often lead to depressive symptoms. These symptoms are, again, often assumed to be the result of a bio-chemical imbalance rather than having been situationally caused. As a result, the child is often needlessly treated with additional powerful, black-box warning, psychotropic medications.

9. Alienated children are vulnerable to suffering from punishing guilt as a result of having rejected, maltreated, been cruel to, and sometimes been physically abusive to a parent. After all, the favored parent asserts that it was the child who had *unilaterally and autonomously* chosen to reject and maltreat a parent—as if the child were truly a free agent. This is a cruel burden imposed upon the child by the favored/alienating/pathologically enmeshed parent. Should this parent not genuinely and convincingly absolve the child from this guilt, the child almost certainly cannot have a favorable prognosis in life. This is truly a cruel and cowardly example of visiting the sins of the parent upon the child.

   And if rejected/alienated parent is no longer available or is deceased—and thereby cannot receive apologies from the child—the child's punishing guilt will last a lifetime.

10. The emotional hole left in the child from the loss of a parent is frequently filled with a great deal of negativity including, but not limited to: eating disorders, suicidal symptoms, self-cutting, criminal activities, oppositional and other antisocial behaviors, defiance, disrespect for other authority figures, cognitive distortion, depression, anxiety, panic attacks, other forms of emotional dysregulation, unhealthy peer relationships, underperformance in school, drug abuse, and a general malaise about one's life.

11. In most severe cases of alienation, the favored parent is permitting and condoning—if not outright encouraging—the child to behave in an antisocial manner by how the child is encouraged and allowed to maltreat and hurt the rejected parent. If this behavior is not corrected in a timely manner, such behaviors can become characterological—meaning irreversible. This is one of several reasons that the scientific community deems alienation to be a form of child psychological abuse. Those of us who intervene in child welfare have a professional, moral, and ethical

obligation to facilitate the child to engage in and adopt our societal norms, expectations, and behaviors.

The minimum 90-day protective separation/sequestration period: Its rational and the criteria for early lifting

It is accepted in the scientific community consisting of specialists in alienation that the family dynamics occurring in the dysfunctional family phenomenon of alienation are examples of several Adverse Childhood Experiences (ACEs)—making alienation a form of child psychological abuse. The *TPFF* intervention protocol therefore typically requires a minimum 90-day no-contact period between the child and the favored parent—the basis for the no-contact thereby being a *protective separation for the child*. There is no credible dispute in the scientific community that the family dynamics occurring in parental alienation meet all standard definitions of child psychological abuse. The necessity for the no-contact period is, therefore, a temporary *protective separation for the* child from the pathological enmeshment with and influence of the favored parent. The sequestration includes all in-person and indirect contact in all forms, including all telephonic and electronic communication and should include all 3rd party co-alienators.

The relationship between a severely alienating parent and child cannot be characterized as heathy bonding—it is, instead, a severe psychiatric condition for the child thereby requiring a protective separation so that the child can nurture her or his own psychological, cognitive, and interpersonal autonomy. The sequestration period serves to relieve the child of the loyalty conflict that had been imposed by the favored parent in order for the child to freely embrace and invest in the rejected parent without feeling disloyal to the favored parent.

The sequestration is a necessity beyond the 4-day intensive treatment phase in order to prevent the child's *regression and relapse*—which are a virtual certainty should there be even minimal contact with an unreformed alienating parent who remains committed to alienating behaviors and who has not demonstrated that she or he is ready, willing, and able to support the relationship between the alienated parent and their children.

The TPFF treatment protocol does, however, support *a reduction in the minimum 90-day no-contact period* under certain conditions: namely that the alienating parent has achieved sufficient cognitive, emotional, and empathetic functioning so that she or he is committed to being ready, willing, and able to support and *require the* child's relationship with the other parent and to be able to cooperatively and civilly co-parent with the alienated parent. Early lifting of the no-contact period is therefore under the control of the alienating parent, who can choose to relinquish the offending behaviors.

The TPFF family is enthusiastic about lifting the no-contact period sooner than the 90-days and not moment longer than is clinically advisable e.g., that the child will not be placed in harm's way from the contact.

Should, however, the alienating parent not have achieved sufficient recovery by the end of 90 days, TPFF recognizes that any extension of the no-contact period is under the Court's

jurisdiction. In order to facilitate the Court in rendering a decision in the best interest of the child, the TPFF treatment team—that is comprised of the ongoing family therapist for the alienated parent and child(ren), the favored parent's therapist, and the TPFF therapist—will provide reports and/or testimony to the Court with respect to the clinical presentation of the family members at that time in order that the Court has the information it needs to render its ongoing orders.

It is therefore requested that the Court set the case down for a conference no later than just before the expiration of the 90-day no-contact period—or earlier at the Court's discretion—in order to hear testimony.

I cite here a fraction of the research and clinical literature that affirm the child epsychological abuse occurring in the alienation family dynamic: the *DSM-5,* page 719; *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, the basic handbook for psychiatry students and for the practice of psychiatry; *Parental Alienation: Science and Law,* co-edited and co-authored by child psychiatrist, William Bernet, and lawyer and psychologist, Demosthenes Lorandos (2020); *Litigating Parental Alienation* by Ashish Joshi, (2013), published by the American Bar Association; *Children Held Hostage: Identifying Brainwashed Children, Presenting a Case, and Crafting Solutions* by Clawar & Rivlin (2013), published by the American Bar Association; *Family Therapy Techniques* by Salvador Minuchin, MD, (1981); the US Child Abuse and Prevention Treatment Act (CAPTA) that governs the provision of child protection services in the 50 states.

The Alienated Child

Alienated children are victims—intensely unhappy victims. They are caught up in the loyalty web—a dysfunctional family situation that had been inflicted upon them by their favored/alienating/pathologically-enmeshed parent. Children do not unilaterally ask for nor desire having to choose between parents. When parents separate or divorce, children want assurances that their life will continue as close to normal as possible. Normalcy includes having a meaningful, ongoing relationship with each parent. It is unimportant to children—and should be irrelevant to their best interests—that the parenting had been unequal during the marriage. That was then, and this is now, and parents who subvert their own needs to the best interests of their children will cooperatively restructure the arrangement that had been decided during the marriage regarding the division financial support and parenting responsibilities. In the family's transition from marriage to separation and divorce, children desire—and require—the maximum stability obtained only from meaningful contact with both parents.

I have heard it erroneously claimed that children favor a consistent relationship with their same bed and desk over a consistent relationship with the non-residential parent. That is pure unsupported nonsense. Uninfluenced children do not value property over people in the person of a parent. Moreover, children are quite capable of easily transitioning from one parent's custody to the other's—should both parents send a supportive and unified message to the children that this is the new arrangement and that they are expected to comply. The fact is, children are highly adaptable to change—as long as the parents send a

unified, consistent message about the new family arrangements. Without a doubt, this is in the child's best interests.

It cannot be overemphasized that the need—and therefore the desire—for a parent is part of the instinct for survival. There are several reasons for this, not the least of which is the extraordinary length of our dependency period. An uninfluenced child will therefore rarely, if ever, reject a parent—even an abusive parent. In this regard, alienated children present nothing like abused and/or neglected children—who, counterintuitively, do not reject their parents as one might expect. To the contrary, abused children engage in attachment behaviors to their parents and resist disruptive behaviors with their parents. I discovered just how rare it is for a child to reject a parent in my professional work with 3000 foster children, who had been removed from their homes due to adjudicated abuse and/or neglect by their parents. Additionally, those 3000 foster children were quite protective of their abusive parents—typically denying or minimizing the abuse. My foster care experience has further informed me that the alienated child's rigid, over-alignment with the favored parent is a cue to that parent being the abusive alienating parent.

The findings from my professional work have been resoundingly confirmed by several highly respected research studies. One such study, of an estimated 17,500 moderately to severely physically abused children, undertaken by Baker, Miller, and Bernet (2019) entitled, "The Assessment of the Attitudes and Behaviors about Physically Abused Children: A Survey of Mental Health Professionals," was published in *The Journal of Child and Family Studies.*

Identifying an alienated child

Although outside the scope and intent of this treatment protocol, I will simply state that respected peer-reviewed research and prodigious knowledge from evidenced practices—including mine—rely upon Gardner's eight manifestations to identify an alienated child. Identification of an alienated child is not at all problematical—should the mental health practitioner have sufficient pattern recognition for an alienated child and further relies upon the manifestations, which have an exceedingly low known error rate. Because of the low error rate, the manifestations are widely relied upon in the scientific community for being reliably predictive of an alienated child.

Regrettably, it is all too common for non-specialists in alienation—including many seasoned mental health practitioners—to rule out for alienation in a particular case without having assessed the child according to the eight manifestations. When this occurs, it is a violation of the standards of clinical practice, which require the ruling in or the ruling out for a clinical condition by assessing it according to its generally accepted signs and symptoms.

Giving weight to the voice of the child—how, when, and why not?

With respect to respecting the "voice of the child" and giving weight to the child's expressed wishes, it is critical to assess the child for any undue influence by one or both of

the parents. Doing this assessment is necessary if one is to ascertain the child's *true* wishes because the programming in alienation is akin to the programming in a cult. Additionally, the alienated child's wish to remain in the care of the favored/alienating/pathologically enmeshed parent—and typically 100% of the time—is a request for ongoing exposure to child abuse. Jaime Rosen, Esq., exquisitely makes this point in her 2013 article entitled, "The Child's Attorney and the Alienated Child: Approaches to Resolving the Ethical Dilemma of Diminished Capacity" published in the *Family Court Review.* Ms. Rosen affirms that an alienated child has diminished emotional and cognitive capacity so the Attorney for the Child must override the "client centered model" of representation in favor of the "best interests of the child model." Ms. Rosen states:

> The ABA *[American Bar Association]* Standards also recognize that children are susceptible to intimidation and manipulation and the child's decisions may not reflect the child's actual position…The attorney also has a duty to prevent the child client from pursuing decisions that would not be made but for the brainwashing techniques employed by the alienating parent.
>
> Under the influence of an alienating parent, the child may not be cognitively or psychologically able to make a judgment that is in his or her best interests. In cases of parental alienation, the parental brainwashing of the child is the true culprit. The child's opinion is replaced with the desires and objectives of the parent who exercises the most influence over him or her. Further, as more weight is accorded to the child's stated preferences, the risk of manipulation or pressure by a parent increases. (Pp. 333-334, 336.)

We must address two issues that frequently occur should the Court consider ordering an intervention program that requires the protective removal from the favored parent, with whom the child is pathologically bonded, and for the 90-day no-contact period. When this intervention is contemplated, concern is raised that the alienated child will make threats of self-harm or of running away, and non-specialists in alienation proffer the speculative, unscientifically-supported belief that the child will be thereby be traumatized should the Court enact the order for this intervention. First, I must point out that the bonding between the child and the severely alienating parent is not healthy bonding; it is pathological enmeshment—a severe psychiatric condition for the child that requires remedy according to child protection standards. Second, there is no scientific or clinical support for either the child's threats of self-harm or running away being carried out or for the speculated trauma to the child being an outcome.[1] As Richard Warshak, PhD, disputes this speculation in his 2015 article, "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy," published in *Professional Psychology:*

[1] We would be remiss if we failed to state that acquiescing to an alienated child's threats would only serve to further empower an already overly-empowered child—hardly an appropriate response to threats and certainly not a response that is employed when a child makes threats in other situations. The scientific community has developed safe and effective measures to respond to a child's threats. Any competent parent knows exactly how to manage a manipulative child should the child come to believe she/he can get away with things.

> No peer-reviewed study has documented harm to severely alienated children from the reversal of custody. No study has reported that adults, who as children complied with expectations to repair a damaged relationship with a parent, later regretted having been obliged to do so. On the other hand, studies of adults who were allowed to disown a parent find that they regretted that decision and reported long-term problems with guilt and depression that they attributed to having been allowed to reject one of their parents. (p. 10)

> Custody evaluators should avoid offering opinions that reflect sensationalist predictions lacking a basis in established scientific and professional knowledge. When previous interventions have proved inadequate, a wide range of options should be considered to assist families with alienated children, including placing a child with the rejected parent, temporarily separating a child from the favored parent, or apart from both parents. (pp. 11-12)

The 2021 research study on *TPFF* under the auspices of Harman, et. al. confirms that the *TPFF* intervention—which requires the removal from the pathologically enmeshed parent—is not merely effective *but is was safe.* Of particular note, virtually every child—if not every child—who had been on psychotropic medications and/or had had a history of suicidal ideation/threats, anxiety, depression, running away, or had been psychiatrically hospitalized, etc., prior to participating in the *TPFF Therapeutic Vacation,* experienced marked reduction in the symptoms that had required the medications; and many had their medications significantly reduced or totally removed by their treating psychiatrist subsequent to the intervention. Not a single child had to be psychiatrically hospitalized subsequent to the *TPFF* intervention. One would have to throw science out the window not to make the connection between the pathologically-enmeshed parent's influence over the child and the child's initiation of psychiatric symptomatology.

The Alienated Parent

Alienation is one of the most counterintuitive clinical presentations that I have encountered in my 52 years of practice working with children and families. For example, it is a grievous counterintuitive conclusion to assume that the rejected parent must have done something awful to warrant the child's rejection—exactly because it is so anti-instinctual for the child to reject a parent. Invariably, when making their erroneous finding that the rejected parent had brought the rejection upon himself or herself, non-specialists commit several cognitive and clinical errors. I focus on three—two cognitive and one clinical.

Firstly, the erroneous finding that the alienated parent had caused the child's rejection is due in part from the cognitive error of failing to have undertaken a causal analysis for the rejection. Invariably, the alienated parent's behaviors cited for the rejection were either: 1) typical parenting mistakes that had not been an issue prior to the onset of the alienation and may also be the very parenting mistakes made by the favored parent, who was been rejected; or 2) parenting mistakes that are a *reacti*on to the trauma from the alienation; for something to be the cause of the dependent effect, however, it must have *preceded* the effect.

Secondly, serious psychopathology or problematic parenting behaviors are attributed to the alienated parent as characterological flaws, and thus these traits are claimed to have caused of the child's rejection. Invariably when this occurs, the mental health practitioner has committed the cognitive error known as the "fundamental attribution error." What this means is that the alienated parent is diagnosed for having a dispositional/internal disorder when, instead, the alienated parent's presentation is a "reaction" to the trauma of the alienation. Alienated parents are trauma victims; they are *reacting* to the rejection, humiliation, pain, and maltreatment by their beloved children and often have to deal with defending against false reports of domestic violence, child physical abuse, and child sexual abuse. Alienated parents are attempting to manage one family crisis after another. Surely, it is an example of blaming the victim when professionals criticize and pathologize the alienated parent for having had *a normal human reaction*—such as anger, fear, anxiety, or any other symptom that is commonly associated as a result of trauma. Physician and cognitive scientist, Steven G. Miller, states that, being a trauma victim, alienated parents *may* present with the 4-As: angry, agitated, anxious, and afraid.

Thirdly, the erroneous finding that the alienated had either caused or primarily caused the child's rejection results from committing the clinical error known as the failure to "consider severity." This error occurs when the rejected parent's behaviors totally out of proportion to the exceedingly anti-instinctual clinical condition of "child rejection of a parent," and, furthermore, have not risen to the level of clinical significance for abuse and neglect.

All this is to say that, in cases when bona fide abuse or neglect or other extreme negative parenting behave have *not occurred*, there is a high probability that alienation *is* the cause of a child's rejection of a parent. As Jordan Trager, Esq., points out in his 2019 article entitled, "Parental alienation—a Broader Perspective," published in the prestigious *New York Law Journal,* "Absent a reasonable explanation why a child would not want to have a relationship with a parent, parental alienation must be considered as a strong probability as to the underlying reason." (p. 5/9)

The Favored/Alienating Parent

In the 2013 book published by the American Bar Association entitled, *Children Held Hostage: Identifying Brainwashed Children, Presenting a Case, and Crafting Solutions,* the authors, Clawar and Rivlin, followed 1000 children of parental conflict and separation/divorce. They arrived at the finding that 86% of the children had been programmed/brainwashed *[their words]* by one parent against the other parent at least one time weekly and that 23% of the children had been subjected to the programming/brainwashing process more than once per day. (P. 420, table 17.)

Clawar and Rivlin described in detail the characteristics and behaviors of moderate and severe programming/brainwashing parents (another label for alienating parents.) Their disturbing findings about these parents provides justification for the judicial system to treat alienation cases seriously, recognize it for the *child psychological abuse* that it is, and apply the standard of "time is of the essence" when adjudicating these cases.

Some of Clawar and Rivlin's assessments of moderate and severe alienators are as follows:

> Programming-and-brainwashing parents are conflict-habituated types. This means that they *instigate, facilitate, and,* for some, *thrive on conflict.* They seem to become more intense and excited as the social and legal tensions mount surrounding the children. There is almost *an addictive-like quality* to their response to conflict—the more there is, the more they stimulate; the more they need and the threshold increases.... This is because they are receiving psychic and social rewards from the conflict. Their conflict is often planned conflict. (P. 288)
>
> Programming-and-brainwashing parents will escalate social situations.... This technique is employed to create burnout, frustration, and ultimately exhaustion on the part of other parties. (Pp. 274-275)
>
> The programming and brainwashing parent above employed the "*shotgun approach*." It is characteristic of these parents to attack any and all people who even seem to be supportive of the target parent. (P. 275)
>
> The effect of the shotgun approach was to cause all parties extensive outlays of money, time, energy, and anxiety. It is part of their socially abusive (and, at times, *sociopathic) [bold print mine]* style of operation. The behaviors are generally resistant to change and *usually will not cease until there are powerful sanctions* (financial and legal) for frivolous litigation and/or custody allocation to the target parent. Even then they may not stop. (P. 275)
>
> Escalation takes many forms. **Increasing the pressure on children**, *[bold print min*e] cranking up litigation accelerating rumors, and heightening allegations are just a few examples of what may take place. (P. 276)

Treatment of severe alienators/pathologically-enmeshed parents therefore requires specialized skills and knowledge. Extensive research confirms Clawar and Rivlin's findings and further elaborates upon this by substantiating that severe alienators almost always present with profound psychopathology and with one or more personality disorders—borderline, narcissistic, antisocial, and paranoid. (Lorandos & Bernet, 2020; Warshak, 2018, 2015; Reay, 2015; Baker, Bone, & Ludmer, 2014; Miller, 2013; Gottlieb, 2012, 2013; Macfie, 2009; Gordon, Stoffey & Bottinelli, 2008; Darnall, 2008; Johnston, Walters, & Olson, 2005; Kelly & Johnston, 2001; Siegel & Langford, 1998; Lampel, 1996; Heard & Lineham; et. al. 1993)

Someone with a personality disorder is an expert at mimicking normal behavior and at impression management. Dr. Miller states that severe alienators present with the 4-C's: cool, calm, convincing, and charming.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines a personality disorder as follows:

> "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture." The pattern is "inflexible and pervasive across a broad range of personal and social situations." The pattern is manifested in the areas of cognition, affectivity, interpersonal functioning, and impulse control." DSM 5, P. 646.

Normal parents *do not* perpetrate an alienation on their children; *normal* parents will not selfishly keep the child for themselves; normal parents will not drive a fit parent from their child's life; normal parents do not claim to be the only parent that the child needs; normal parents do not brainwash their children to falsely believe that they had been abused by their other parent; normal parents do not defy the law by breaking court orders for the other parent's parenting time and compel their children to do likewise; normal parents do not manipulate their children to engage in antisocial behaviors to include maltreating, defying, rejecting, emotionally hurting, and even physically abusing their other parent. Normal parents subvert their desire to hurt the other parent to their Child's best interests.

I find it disgraceful how so many experienced, seasoned mental health practitioners fail to comply with the clinical axiom to "consider severity" when confronted by favored/alienating/pathologically enmeshed parent's exceedingly abnormal behaviors.

In sum, severe alienators/pathologically-enmeshed parents are highly resistant to change and rarely relinquish their alienating behaviors voluntarily and expeditiously. These parents are likely to support the relationship between the other parent and their child *only in the face of meaningful legal consequence*s—such as loss of time and contact with the children, financial penalties, and sometimes only jail time.

Expectations of the Favored/Alienating Parent

Therapy: In compliance with the *TPFF Therapeutic Vacation* treatment protocol, the favored/alienating parent is required to engage in therapy with someone skilled at treating this condition. The basis for the requirement that a specialist in alienation be the treatment provider is to speed recovery and to best enable the favored/alienating parent to meet the criteria of the 4-As: to acknowledge, apologize and atone for, and abandon alienating behaviors. Engagement with a therapist who specializes in this treatment serves to hasten the favored/alienating parent's recovery so that the no-contact period can be lifted sooner. We are well familiar with the need for a specialist for certain medical conditions; the same need applies when treating the sub-specialty of alienation within the specialized discipline of family therapy.

The Support Letter: The favored/alienating parent is required to write an individualized letter to each child and must convey genuine, categorical support for the child's relationship with the rejected/alienated parent *and* to further absolve the child from the guilt for having initiated the rejection, maltreatment, pain, and defiance of the alienated parent. The child's guilt is a consequence of the false belief imposed on the child by the pathologically enmeshed parent that the child had freely chosen to reject a normal—and once loving and meaningful relationship—with the alienated parent. The primary purposes of the support letter, therefore, is in compliance with the standard of the best interests of the child. If not absolved by the favored/alienating parent, the child will most likely be psychologically damaged for life for having engaged is such behaviors.

The support letter is *not* a precondition for admission of the rejected/alienated parent and child(ren) into the *TPFF Therapeutic Vacation;* however, when properly written, the

support letter facilitates the child's best interests because it expedites the healing of the family relationships all around along with being absolved of guilt. Ideally, an approved letter can be read to the child during the four-day intervention.

There are five *critical* issues to be addressed by the pathologically-enmeshed parent in each child's support letter. These issues should be tailored to each child based upon the individual child's emotional and cognitive development, interests, gender, age, maturity, and prior relationship with the rejected/alienated parent. The five issues to be addressed are:

1) genuine and categorical support for the child's relationship and contact with the rejected/alienated parent citing reasons for the support;

2) the parenting qualities that the rejected/alienated parent has to offer the child—citing several examples from the child's history with the rejected/alienated parent;

3) the importance to the child of having the rejected/alienated parent meaningfully in her or his life—such as for the child's long-term emotional, behavioral, cognitive, and interpersonal health;

4) absolving the child from the false belief of having unilaterally and freely chosen to reject, maltreat, and/or defy the rejected/alienated parent. Alienated children are not free agents but have been influenced by the pathologically-enmeshed parent—through words and behaviors—to believe that they had had a choice to decide whether or not to have a relationship and contact with their rejected/alienated parent. If alienated children are not convincingly absolved by the pathologically-enmeshed parent from this false belief of a choice, then alienated children will most probably live with punishing guilt for their entire lives.

If the pathologically-enmeshed parent fails to accept responsibility for having influenced the child to engage in rejecting and hurtful behaviors towards the alienated parent—these behaviors meeting the definition of "antisocial"—this is truly an example of visiting the sins of the parent upon the child. It is in the child's best interests to be freed from bearing such punishing guilt for behaviors which the child had *not* freely chosen and for which an uninfluenced child would not have chosen.

Also of clinical significance here is that the most effective means for parents to help children take responsibility for their mistakes is to model this by accepting responsibility for parental mistakes.

5) Should *false* allegations of child abuse have been alleged against the rejected/alienated parent or should the child(ren) have been influenced to believe that the rejected/alienated parent is a danger to them, the pathologically-enmeshed parent must convey to the child that the child is safe now and has also been safe in the care of the rejected/alienated parent;

Additional issues to be addressed in the support or apology letter may be requested on a case-by-case basis after *TPFF* has been informed about the family dynamics as the intervention proceeds and from contact with the favored/alienating parent.

I am frequently asked how to determine when the alienating parent is ready, willing, and able to support the relationship between the child and other parent. That is surprisingly simple to determine: When the alienating parent conveys *genuine* support for the relationship between the other parent and their child, the child knows, feels, and *experiences* the authenticity. At that point, alienated children flip like a light switch and swiftly welcome and embrace the alienated parent back in their lives. Events such as these reveal the true control that favored/pathologically-enmeshed parents have over their children. Even a prudent parent's perception recognizes that parental competency involves the capacity to get a child to do what the parent *genuinely* wants the child to do. A parent cannot simultaneously claim both genuine support for the child's relationship with the other parent and also competency as a parent but be unable to *require* the child to have a relationship with the other parent. Lack of genuineness or incompetency: Take your pick!

Another persuasive criterion by which to judge that the favored/alienating parent has relinquished alienating behaviors is when the alienating parent requires a child who has reached majority to reconnect with the alienated parent.

The Apology Letter

At some point during the alienating parent's therapy—hopefully upon having gained insight into the behaviors that had required the Court order for the *TPFF* intervention—the alienating parent is required to write an apology letter to the child and to the alienated parent. As with any other case of child abuse, child protection requires the relinquishment of offending behaviors prior to permitting contact between the offending parent and child. Although some may misperceive this letter to be punitive towards the favored/alienating parent, it is not intended to be so but is, instead, necessary to the healing of all the family relationships—including between the favored/alienating parent and child. To wit:

In her book, *Sex, Love, and Violence,* Cloé Madanes HDL, LIC (1990), addresses the therapeutic necessity of apologies to the process of family healing. She suggests that the apology take the form of a ritual, as a symbol of contriteness and to remediate the harm done by a family member in order for forgiveness to be granted by the harmed family members. Madanes states:

> Rituals are useful in marking the transition from one stage of family life to another or to indicate a transition in a relationship. The drama of the ritual should be commensurate with the severity of the problem presented to therapy… Rituals are particularly indicated when people have to overcome very bad things they have done to each other…. The ritual signifies that the past is over and that this is a new beginning…. The more extreme the problem, the more extreme the ritual that the therapist devises. Rituals are metaphors that bring people together in positive ways. The ordeal is a strategy devised by Milton Erickson to make it more difficult for a person to have a symptom than not to have it. (p. 20)

As with the other co-founders of the family therapy movement, Madanes was particularly concerned about "the abuses of power which typically occur when healthy family hierarchy is disturbed." Madanes described these abuses as "the ruthless striving for personal advantage" (P.18.) In her discussion of various corrective strategies for these abuses, Madanes declared, "The principle is simple: to make the consequence of the violence more unpleasant to the victimizer than to the victim" (p. 19.) Forgiveness by the injured parties, according to Madanes, can be granted only after an appropriate "ritual" by the abusive family member is provided to the injured family members (p.18.)

The apology letter required by the *TPFF* treatment protocol is an example of the remediation ritual described by Madanes. It facilitates the healing of all family members—but it is especially indispensable to the healing of the child's emotional, cognitive, and interpersonal injuries from the alienation. There are several purposes of the apology letter that comport with Madanes' prescription. I cite some of those purposes as follows:

1) Alienating/pathologically-enmeshed parents must exonerate their children from guilt for having maltreated, emotionally hurt and even physically abused their alienated parent. It is typical of pathologically-enmeshed parents to claim that they had only responded and acceded to their child's wishes to not have a relationship with the alienated parent—their attempts at claiming plausible deniability. Pathologically-enmeshed parents claim that they had not instigated their child's grievances, complaints, and even child abuse allegations against the alienated parent. They callously place squarely on their children's shoulders the blame for the alienation—and for all the consequent family negativity, frustration, hostilities, depletion of family assets, etc.—that such a devious and untruthful claim engenders. This defense of "plausible deniability" is no better an example of visiting the sins of the parent on the child.

   Every child who had participated in the *TPFF* intervention shouldered the blame for the family crisis and drama by stating it was her or his choice not to have a relationship with and to hurt, maltreat and/or abuse the alienated parent. Unless the alienating parent takes responsibility for the alienation and for the child's unjustified rejection of the alienated parent, the child must live with this burdensome guilt for the rest of their lives. What a horrific burden the alienating parent has inflicted upon the child! No child should have to carry the guilt for having been manipulated to maltreat and hurt a parent. Only the pathologically-enmeshed parent has the influence to definitively absolve the child.

   Although the alienated parent and the therapist make it clear to the child during the *TPFF* intervention that it was not the child's fault, this is necessary but usually not sufficient to absolve the child of guilt.

2) Humans learn by example; seldom, if at all, do we learn by words—which are readily forgotten or frequently ignored. The most effective way, therefore, to teach children to take responsibility for their mistakes and misadventures is for parents to model acceptance of responsibility for their own mistakes and misadventures.

Parents must model for their children the appropriate ways in which to address mistakes—both big and small.

3) Should the child believe a false claim of child abuse, the belief must be corrected because the child has the same risk potential for PTSD and other psychiatric disturbances as if the abuse had actually occurred. False claims of child abuse commonly occur in severe cases of alienation. The pathologically-enmeshed parent typically initiates the false allegation or has manipulated the child or a mandated reporter do so. The false abuse allegation may be based upon the alienated parent's harmless parenting behavior or minor mistake, but which the pathologically-enmeshed parent so distorts or exaggerates that the abuse allegation bears no resemblance to what the alienated parent had actually done. Or the pathologically-enmeshed may totally fabricate an abuse allegation and then manipulates the child to confirm the allegation(s). Imagine the intensity of a child's guilt for having participated in causing the ensuing CPS investigation and for any consequences that may be imposed on the innocent alienated parent!

   Although it may be difficult for the pathologically-enmeshed parent to assume responsibility for the role played in instigating the false claims of child abuse and to apologize to the alienated parent and child for having done so—doing so serves the child's best interests. A child cannot develop normally if believing a false physically or sexually abusive act or acts by a parent.

   Although the *TPFF* intervention intervenes to correct the child's erroneous perceptions of the alienated parent, it is the pathologically-enmeshed parent who has the ability to *convincingly* correct the child's distorted belief system about the alienated parent and family history. The pathologically-enmeshed parent's acceptance of responsibility for his or her badmouthing of the alienated parent and consequent apology for these behaviors go a long way to reducing the child's risk potential for major dysfunction across the behavioral, cognitive, emotional, and interpersonal spectrums. Most importantly, the pathologically-enmeshed parent's apology will significantly counter the propensity of alienated children to "seek love in all the wrong places" and to engage in behaviors of entering repetitive adult abusive relationships in a futile attempt at "undoing" the believed false abuse act or acts by a parent.

4) It is expected of the alienated parent to acknowledge and apologize for typical parenting mistakes and for any negative behaviors resulting from the 4-As. It may be very difficult for alienated parents to do this given the context of having had to continually defend against falsehoods, exaggerations, and abuse allegations. *TPFF* does, nonetheless, require that alienated parents apologize for their parenting mistakes, and the alienated parent has virtually always complied with the request—many having already volunteered apologies.

   Children need to observe both parents accepting of responsibility for their respective mistakes and misdeeds.

Services for the Favored/Alienating Parent

The *TPFF* family is committed to facilitating the restoration of a meaningful, healthy relationship between the favored/alienating parent and child. To that end, TPFF is in the process of implementing a "full wrap-around intervention" program for the family to include a two-day/4-hour-per-day parent education/parental coaching intervention in order to jump start the process for resumption of contact. The goal is to end the sequestration period sooner than later so that the child can have contact with two fit parents as soon as clinically indicated.

Parent-education/coaching is *not a therapeutic* service so the service provider need not be licensed in the state where the parent is located at the time the service is being provided. Video-conferencing can therefore be the means through which the services are provided. The service provider is *not* connected with TPFF but will be secured by licensed therapists. The fee for this service is in addition to the program fee for the alienated parent and child. Typically, the favored/alienating parent is responsible to pay for her or his services, but that should be determined by the Court.

In assistance to the favored/alienating parent, the parent-education/coach service provider will address the applicable following issues in the case:

1) Help the favored/alienating parent to understand the dynamics occurring in alienation—or by whatever label the Court has attached to the family dynamics;

2) Will address the findings of the Court with respect to the favored/alienating parent's behaviors that served as the basis for the Court to have ordered the TPFF intervention. (The service provider will therefore require all pertinent documents identifying such behaviors);

3) Will help the favored/alienating parent identify alternative behaviors that will, instead, facilitate support for the child's relationship with the alienated parent;

4) Will inform about the weaponization of the children by the favored/alienating parent to align with that parent against the alienated parent as being an example of domestic violence by proxy;

5) Will inform about the harm done to the child from the loyalty conflict that had been imposed on the child by the favored/alienating parent;

6) Will inform about other issues that may arise in discussions with the favored/alienating parent with respect to the reasons that the Court ordered the TPFF intervention;

7) Will provide follow-up discussion about the requirements of the support letter should that letter not have been approved.

Upon completion of the 2-day parenting education/coaching service, the favored/alienating parent shall begin the therapeutic component of the TPFF treatment protocol.

Should the favored/alienating parent write appropriate support and apology letters, and should the children have recovered their once normal relationship with the alienated parent, or at least have a sufficiently stable relationship with the alienated parent per the aftercare family therapist, all treatment providers, including the TPFF therapist, will conference the case to determine if supervised contact between the favored/alienating parent and child is clinically indicated prior to the lifting of the sequestration period as ordered by the Court.

Unscientific criticism

Regrettably for children, we are presently in an environment in which self-interested pseudo-scientists proffer *unscientifically-supported* claims about alienation in order to codify into law custody regulations and statutes that will undermine and prohibit the Courts from ordering one of the known safe and effective treatment intervention programs. These pseudo-scientists further proffer their *unscientifically-supported* claims about alienation in Court proceedings in order to distract the Court's attention from the true matter before it. When this distraction is permitted, the child abuse goes unaddressed—however unintentionally; but the alienation deniers do, intentionally, attempt to prevent the Courts from ordering the removal of the child from the favored/alienating/pathologically enmeshed parent, placement with the favored/alienating parent, and appropriate treatment for this dysfunctional clinical condition.

Among the pseudo-scientists' strategies is to instill fear and doubt into the judicial system by perpetuating the falsehood that the pathologically-enmeshed relationship between the alienating parent and child equates to healthy bonding. Nothing could be further from the truth. Several points are imperative to note here: the bonding between a child and a pathologically-enmeshed parent is *not* healthy bonding; it is actually a severe psychiatric condition for the child and therefore a form of child psychological abuse; 2) when the pathologically-enmeshed parent tolerates, permits, and/or actively encourages a child to emotionally and physically abuse the other parent and treat that parent cruelly, that is an act of *domestic violence by proxy*—which is how this situation should be assessed.

It is a perversion of the dynamics occurring in alienation cases, *as well as a rejection of science,* to give weight to the false claims by the pseudo-scientists—a modern version of the flat earthers—to buy into their calculated, self-interested diversion antics to distract the Court's attention from the harm that is being caused to the child by the pathologically-enmeshed parent.

Family Healing

TPFF is charged by the Court to restore the relationship between the alienated child and the unreasonably and unjustifiably rejected parent. This was the criterion used to assess the safety and effectiveness of the *TPFF Therapeutic Vacation intervention.*

According to the clinical axiom to develop treatment priorities, child protection must be the number one priority when treating alienation. The secondary goal is to heal the disrupted and damaged relationship between the child and alienated parent. These two goals are addressed by the Court when issuing the order for TPFF intervention, which requires the child's protective separation via the no-contact stipulation. It is a tertiary goal of the *TPFF* intervention to facilitate the favored/alienating parent to obtain the necessary treatment leading to full recovery so that the no-contact period to be lifted safely and expeditiously.

The restoration of contact is therefore contingent upon favored/alienating parent's compliance with the treatment protocol and willingness to change. Selection of a therapist who is skilled in treating this family dynamic will facilitate the parent's recovery. Delays in recovery can be anticipated—and possibly not achieved at all—should the therapist not have the appropriate expertise to treat this exceedingly complex and counterintuitive clinical condition. The *TPFF* therapist collaborates with the alienating parent's therapist to facilitate the therapy in order to overcome the barriers to lifting the no-contact period as quickly as possible. Through this collaborative effort, recommendations will be made to the Court as to whether extension of the no-contact period is necessary should the alienating parent fail to achieve the needed clinical insights, empathy, and behavioral changes.

The TPFF therapist is *not* a therapist to the alienating parent but rather a "parenting coach" to guide the writing of the support letter and then to work collaboratively with the parent's therapist.

Timely Transition to the care of the Alienated/Rejected Parent

Generally, it is best for the child to be transitioned to the care of the alienated parent at the time of the Court order for the *TPFF Therapeutic Vacation* intervention. Given the research we have about the psychological instability of severe alienators, there is the risk that the alienating parent will take advantage of the time between the ruling and the start of the intervention in order to escalate the brainwashing process—just as described by Clawar and Rivlin. The *TPFF* intervention should ideally begin virtually immediately upon the issuance of the Court order. There have also been a few situations in which the alienating parent had absconded with the child subsequent to the Court ruling and before the child's transition to the alienated parent. And in a few very *rare* cases, the alienating parent had committed homicide/suicide. Alternative placement with the alienated parents' extended family can be an option should *TPFF* not have immediate availability upon the issuance of the Court order. In some cases, it has been necessary for the transition to occur in the Courthouse or Courtroom when the alienating parent has been particularly resistant and defiant.

Requirements for admission:

TPFF relies upon the findings of the Court, which had heard testimony and received evidence regarding the family dynamics. *TPFF* therefore operates on the premise that the

Court has determined: 1) the child is safe in the care of the rejected parent, and 2) the favored parent has, at a minimum, interfered with and/or had not adequately supported and *required* the relationship between the other parent and their child. Nevertheless, it is a standard of clinical practice for practitioners to undertake their own assessment of the individuals and family when they appear before the clinician. *TPFF* does exactly that: it is a combination of diagnosing/assessing and treating.

TPFF is not suitable for and does not accept referrals for cases of bona fide protective causes for the rejection.

Given all of the above and given the known requirements for a safe and effective intervention, the Court order needs to include the following stipulations:

1) A stipulation for at least temporary sole legal and physical custody to the rejected/alienated parent for a minimum time of 90-days;

2) A 90-day no-contact period—to include both in-person as well as any indirect form—between the child(ren) and the favored parent and with any co-alienators—again, this is a protective separation in compliance with the generally accepted standards to address child abuse;

3) Transition of the children to the physical custody of the rejected/alienated parent *prior* to arrival at the TPFF location. The most desirable arrangement is for the transition to be the result of parental cooperation. The *TPFF* therapist arranges a joint Zoom meeting with the parents upon receipt of the Court order in order to facilitate the parents in developing the transition arrangements along with guiding the parents in determining how to present the intervention to the children.

   Extended family of the alienated parent may also be helpful resource for the transition.

   Of particular note, more than 95% of the children who had participated in the *TPFF Therapeutic Vacation* had travelled without incident to the program location under the auspices of their rejected/alienated parent. It is amazing how alienated children—despite their history of threatening self-harm and running away—cooperate without incident with the travel to the program under the auspices of their rejected parent. It is one of the most counterintuitive issues in alienation that, when the Court imposes the no-contact order, it actually frees the child from the loyalty web and frees the child to embrace the alienated parent and accept that parent's authority.

4) Given, however, how some alienating parents have become so emboldened as to sabotage the transition despite the Court order, to post inflammatory untruths about the case on social media; to seek and receive support for their public demonstrations; and even to threaten the safety of the professionals in the case, measures should be taken to reduce risk to the transition by imposing a protective order prohibiting all parties from disclosure of the case information via all means and to any party who does not have direct involvement in the case;

5) As a backup measure for transition arrangements in some extreme cases in which the favored parent has been particularly difficult and defiant of the proceedings, it may be necessary for the transition of the children to occur in the Courtroom;

6) For the favored parent to engage with a TPFF-approved therapist to address her or his behaviors that resulted in the damaged or severed relationship between the other parent and their child; to gain awareness about the damage done to the child from the loss of a meaningful relationship with the rejected parent; to recognize that it is in the child's best interests for the other parent to be meaningfully in the child's life; and to address any other related unhealthy parenting issues that may arise.

   Of particular, alienation is a *sub-specialty* within the *specialty* of the discipline of Family Therapy. Highly specialized knowledge, skills, and experience are required to provide effective treatment for this clinical condition. Just as physicians specialize in various clinical conditions in medicine, the same applies to mental health conditions. Should the favored/alienating parent engage in treatment with a therapist who does not have the required expertise, recovery will likely be delayed—if it occurs at all. A goal of the TPFF intervention is for the no-contact period to be lifted sooner than later—but that is contingent, in part, on the favored/alienating parent's recovery.

   Another common request by the favored/alienating parent is to remain in treatment with the current therapist. This too will likely delay recovery—if at all. It stands to reason that if the treatment by the current therapist still necessitated the TPFF intervention, it is highly probable that the current therapist does not possess the necessary expertise to effectively treat this clinical condition.

7) For the favored/alienating parent to accept parent education services with the TPFF program therapist during the four-day intervention around the requirements of the support letter, selection of an appropriate therapist, and to address any parenting issue that may arise during the intervention.

8) For the favored parent to provide the rejected parent with any mementos, videos, pictures, and other memorabilia indicative of the family history and of the rejected parent's involvement with their child—should the rejected parent not have this in her or his possession;

9) *Preferably* for the favored parent to be responsible for the program fee—having been the cause of the family dynamics resulting in the Court order for the *TPFF* intervention. The *TPFF* program does recognize that ultimately the Court will determine the responsibility for the program fee. And should the Court assign all or part of the program fee to the favored parent, the favored parent must sign an agreement prohibiting any efforts to rescind the payment at a later time;

10) Before the 90 days has expired, and at the direction of the Court, for the program to provide a treatment summary to include recommendations with reasons as to whether

the no-contact period should be lifted or extended based upon safety concerns for the child. Two clinical conditions is expected to be met for the program to recommend that contact to be restored: 1) the children must have resumed their prior normal relationship with their rejected/alienated, be sufficiently stable in the reconnection, and have substantially relinquished the alienation narrative and false beliefs about the rejected parent ; 2) the favored parent must have: a) written approved support and apology letters; b) provide documentation from the approved therapist of being ready, willing, and able to support the relationship(s) between the rejected parent and their child(ren); c) gained the appropriate emotional regulation, reality testing, cognitive improvements, and empathy in recognition of the child's need to have the other parent meaningfully in the child's life; d) have relinquished all alienating/non-supportive behaviors. In other words: to have acknowledged, apologized, atoned for, and abandoned all alienating/non-supportive behaviors.

★ *TPFF does not have a minimum or maximum age-requirement for a child's participation. Children who have aged-out are also welcome to participate on a voluntary basis—upon suggestion and approval of the alienated parent.*

Travel to TPFF

As of 10/15/2023, 177 children of 183 who participated in the *TPFF Therapeutic Vacation* had traveled *without incidence* to the program location under the auspices of the *alienated parent*. The child's love and need for the alienated/rejected parent emerges when the Court imposes the no-contact period, which frees the child from the loyalty web.

It has thus far been *unnecessary* for the TPFF program to rely upon professional transport services to bring the children to the program. The assistance of relatives or significant others to the alienated/rejected parent are welcomed and appreciated and will be meaningfully incorporated into the healing intervention.

Science Matters

In the absence of any scientific support for their claims, some mental health practitioners and other professionals have alleged—*based upon pure speculation and belief*—that the child's removal and the 90-day separation from the favored/pathologically-enmeshed parent is traumatic for the child. This fallacy has been credibly disputed by Richard Warshak in his 2015 article published in Professional Psychological and is entitled, "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy." This is fallacy number 10.

The research data on Turning Points for Families and on two other programs requiring the no-contact period credibly dispute the speculation that the child will be traumatized by the removal from the alienating parent and placement with the alienated parent to attend an intervention with the 90-day no-contact period. It must be pointed out that, as with any clinical intervention, a risk-benefits analysis must be undertaken to determine the pros and cons of a treatment. Respected peer-reviewed research, such as the Adverse Childhood

Experience (ACE) studies document the profound, long-term harm to children from the numerous dysfunctional family dynamics that occur in alienation. One such study found that ACEs result in permanent brain damage to the child, and another study found that ACEs result in premature death in adulthood from medical conditions, such as heart attacks and cancer. And yet a third study found that the risk factors from child psychological abuse are equal to the risk factors from physical and sexual abuse.

On the other hand, research has found that there is virtually no risk—if any at all—from the removal of the child from the alienating environment (Warshak, 2015. "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy." *Professional Psychology:* Amer*i*can Psychological Association.)

Intervention fee

One half of the program fee is taken as a *non-refundable* deposit when the intervention time is scheduled. The deposit *reserves the time for the intervention*, and no other intervention can be scheduled during that time slot—only one family participates at a time. However, as a courtesy, and in recognition that legal proceedings and maneuvers by the favored/alienating parent may preclude the intervention from occurring at the scheduled time, the full deposit will be deemed as a credit that can be applied to a mutually agreeable rescheduled date.

Program Summary

A therapy session is provided daily on each of the 4 days and lasts for 3-4 hours. The balance of the day is also therapeutic—perhaps even more so; this is because the rejected parent and child will be engaging in restorative *experiences* with each other as they enjoy exploring the local attractions and experiencing mutually satisfying activities. They can visit the local library where the rejected parent can provide tutorial services if needed. Other options are museums, amusement parks, gardens, swimming, boating, bowling, ice-skating, hiking, rock climbing, trampoline activities, escape rooms, toy and electronic stores, and much more. The rejected parent's authority with the child is re-established as a result of the supervision, nurturing, and support being provided by her/him throughout the four days. The program therapist accompanies the family on these activities, coaching and intervening when necessary and monitoring the developments. At the conclusion of the daily activity at dinner time, the family retires to their selected accommodations. (Please refer to the activities bulletin also posted on this website.)

The program administrator/therapist is on call after the separation around dinner time should services be needed in an emergency.

After-care services:

As Turning Points for Families is a short-term intervention to "jump-start" the healing of the damaged or severed parent-child relationship, after-care family treatment with a local, experienced family therapist assures the maintenance and enhancement of the child's

relationship with the formerly rejected parent. The therapy includes the children, alienated parent, all other adults and children living in the household—especially another parental figure. In general, individual therapy for the child is *contraindicated*—meaning forbidden. In brief, induvial therapy becomes a forum for the child to vent the alienation narrative—thereby perpetuating the child abuse however inadvertently. Individual therapy also inadvertently disempowers the alienated parent because it reinforces the parent's exclusion from this very meaningful service to the child and conveys that the parent does not have parenting abilities to help the child—exactly the opposite of the healing requirements for this clinical condition. There may be some exceptions for individual therapy for the child to be evaluated on an individual basis.

While behavioral improvements are noted generally by the end of Day-1 and intensify over the course of the four days, the alienation script takes much longer to relinquish—just as in the programming in a cult. The programs effectiveness should thereby be evaluated by behavioral changes.

TPFF serves in a collaborative role with all therapists providing aftercare treatment, such as aftercare family therapist and to the therapist for favored/alienating parent.

Treatment Protocol Regarding the Video Recording of the TPFF Intervention

The intervention is video recorded upon consent of the alienated parent—*who is the identified patien*t—and who is free to withdraw consent at any time.

Of particular note, the videos reflect the same material as do psychotherapy notes, and are therefore privileged. Furthermore, the videos, like a forensic evaluation, are exceedingly sensitive—and are actually so much more sensitive do to how graphic the videos are. It would certainly not be in the best interests of the child to disseminate such a video that invariably reveals an alienated child's characteristic behaviors of defiance, aggressiveness, hostility, cruelty, and other such behaviors that could be viewed as antisocial—a video that could carelessly and unexpectedly turn up at a child's college or employment interview, etc.

Because of these factors, the videos are discarded upon the program's review during the 4-day intervention and possible play-back of certain segments that are therapeutically indicated, so as to:

1) create a safe, protected, confidential environment for the child to invest in and reconnect to the alienated parent; 2) observe and assess the quality of the interactions, the body language, and the affect of the participants in the sessions; and 3) create an accurate contemporaneous written summary for the Court that accounts for the general themes that had occurred during the intervention.

Unless specifically requested in writing—and for good cause—by the alienated parent, the videos will not be maintained after the 4-day intervention and only if the videos are in

compliance with the best interests of the child and do not violate therapeutic privilege of the alienated parent, who the identified patient.