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Honorable:
Court
Family Court Division
Street
Town, State

Dear Judge_____*:*

Attached you will find a twenty-three (23) page notarized copy of my ***Amicus Brief documenting why traditional reunification therapy typically produces catastrophic failure in cases of severe parental alienation—cases in which one parent has engaged in a calculated, goal-directed campaign of child manipulation that results in either a severed or in a severely damaged relationship between the child and their other parent. I am further documenting an alternative treatment protocol whose effectiveness is validated by research and the clinical literature.***

The purpose for submitting this Amicus Brief is to provide important, highly specialized knowledge about severe alienation so as "to assist the trier of facts to understand the evidence or to determine a fact in issue" in this case. Given that the issues arising in alienation cases often elude even accomplished clinicians and forensic evaluators, I trust that my 48 years of training, education, and experience specializing in the assessment and treatment of problematical and conflictual family relationships will inform the Court about effective treatment for alienation against which to weigh and evaluate the evidence in the case. I am herein opining about the scientific knowledge regarding effective treatment—knowledge that is accepted by overwhelming consensus among experts in the field and which was arrived at by employing reliable principles and methods.

Although it is generally assumed that any licensed mental health practitioner possesses the knowledge and skills to diagnose and treat parental alienation, such an assumption is perilously mistaken. Firstly, cases of parental alienation are an extraordinarily complex and pathological clinical presentation that is not merely a parent-child relationship problem. Steven Miller, MD, (2013) affirms, "Severe cases tend to be clinical in a *medical* sense of the word—the underlying psychopathology is often associated with severe cognitive distortions (including shared delusions and/or other psychotic or quasi-psychotic thinking), profound emotional dysregulation, and extreme or bizarre behavior" (P. 11). The expertise and pattern recognition required to diagnose and/or treat severe alienation is therefore often beyond the knowledge and skills of even seasoned practitioners. Secondly, all mental health degrees are not created equal: that is, each degree specialty within the mental health field focuses on differing aspects of and approaches to human behavior and psychology. Before reaching the ruling that a particular mental health professional possesses the necessary education, training, experience, and on-going continuing education to properly diagnose and treat alienation, the practitioner must first verify his or her education on and experience with family dynamics in general and parental alienation specifically. (Parental alienation is highly specialized sub-specialty within the field of family therapy.)

There is, therefore, the common misconception about and reliance upon traditional forms of reunification therapy as being effective treatment. Nothing could be further from the truth. In fact, traditional reunification therapy is not only ineffective; but it is contraindicated in severe cases—meaning forbidden. There are numerous reasons

for severe cases of parental alienation and which has had an almost 100% success in reunifying the child with the rejected parent—but only when when specific stipulations are followed. My treatment protocol is similar to other programs, such as Dr. Richard Warshak's, Family Bridges in Texas and Dr. Kathleen Reay's in Canada.

I make an explicit point that I have not evaluated the litigants nor the child (or children) in this case for the purpose of this Brief, nor do I support one litigant over the other. The purpose of this Amicus Brief is merely to educate the Court about successful treatment for severe parental alienation—should that family dynamic be established by either litigant to be occurring in the case. I take no position as to whether it is or is not applicable in this case.

However, I am herein providing to the Court my opinions—that are based upon highly specialized training, knowledge, and experience—regarding alienation, which is an exceptionally complex and counterintuitive family dynamic. Alienation cases are deemed

to be complex because they are a clinical situation involving: cognitive distortions—that are often delusional if not outright psychotic; extreme or bizarre behaviors; and profound emotional instability and volatility. Alienation cases are deemed to be counterintuitive because normal intuition is wholly inadequate for arriving at correct findings. Indeed, in alienation cases, normal intuition has been revealed to arrive at findings that are not only wrong—but are backwards.[1] Even highly skilled clinicians and forensic evaluators—who lack the pattern recognition for alienation—often fall prey to the many cognitive and clinical errors that typically occur in alienation cases as a result of the counterintuitive issues.

My intent in this amicus brief is therefore to provide essential, highly specialized information about alienation so as "to assist the trier of fact to understand the evidence or to determine a fact in issue."

In other words, I am providing the court with scientific knowledge regarding the many intricate issues in the treatment of alienation—knowledge that is accepted by overwhelming consensus among experts in the field and which has been arrived at by employing reliable principles and methods. Such knowledge included in this brief is three descriptions of this dysfunctional family dynamic in the Diagnostic and Statistical Manuel of Mental Disorders (DSM-5); how to distinguish alienation from estrangement; identification of the research-validated alienating strategies; references to the clinical literature and research that supports the opinion that alienation is one of the most serious forms of psychological child abuse; the nature and extent to which alienation impairs the child both contemporaneously and over a lifetime. I therefore trust the information herein documented will provide the basis against which the Court can judge the facts in the case and arrive at its decision. I trust my statements will therefore carry weight in Your Honorable Court.

My expertise in educating the Court in this manner is based upon my history of more than (4) decades of professional education, training, and work in assessing and treating children and their families *and* based upon my specialization in children of high conflict custody. I trust that my statements will carry weight in Your Honorable Court in consideration of amelioration of the dysfunctional family dynamic characteristic of parental alienation and which is so detrimental to the child.

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[1] By backwards, I mean that alienation is often mistaken for estrangement. This is a serious clinical error resulting in the child abuse being overlooked; the abusive, alienating parent being exonerated and further empowered; the loving, alienated parent being blamed and criticized; and the professionals unwittingly aiding in the perpetuation of the alienation.

Finally, I declare that I was neither compensated nor otherwise received any financial benefit or other benefits for writing this Brief.

Should at the time of the hearing I need to be directly contacted for any clarification or confirmation, my office phone number is (631) 707-0174, and I would be more than happy to telephonically or by other teleconference means, under Oath, opine about relevant questions Your Honor would require of me.

Respectfully signed on letterhead, notarized, and submitted for the case of **Plaintiff v Defendant**

Linda J. Gottlieb, LMFT, LCSW-R
Licensed Marriage & Family Therapist, Licensed Clinical Social Worker, Public Speaker, and Author
Member of American Association for Marriage and Family Therapy (AAMFT)
Member American Professional Society on the Abuse of Children (APSAC)
Member Parental Alienation Study Group, Inc. (PASG)
Member Association of Family and Conciliation Courts (AFCC)

BEFORE ME, the undersigned Notary Public, on this day personally appeared LINDA J. GOTTLIEB, who being by me duly sworn, on her oath deposed and said that she is an amicus curiae in the above entitled and numbered cause; that she has read the above and foregoing amicus brief, and that every statement contained therein in within her personal knowledge and is true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME, on this the _____ day of _____, 20__by Linda J. Gottlieb, LMFT, LCSW-R.

NOTARY PUBLIC, STATE OF NEW YORK

Case NO:

Case Name

Honorable _____
Court
Division
Street
Town, State

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

Dear Judge _____:

My name is Linda J. Gottlieb, LMFT, LCSW-R, and I am writing this Amicus Brief addressing effective and successful treatment for a severed relationship between a fit parent and child or for *severe* cases of parental alienation.

Effective treatment is predicated upon an accurate diagnosis. But given the frequency of misdiagnosis in alienation cases, traditional reunification models of therapy are hopelessly futile interventions—and generally disastrous as well. This onerous situation occurs because the treatment interventions for alienation and estrangement are diametrically opposed. In alienation cases, pressure must be exerted on the alienating parent to cease the alienating behaviors. In estrangement, intervention addresses the parent's parenting deficits and any abusive and neglectful behaviors. But even in cases

that are diagnosed to be a hybrid, the traditional therapist invariably focuses on intervening in the disrupted parent/child relationship and gives the alienating influence a pass. Traditional therapies, therefore, rarely—if ever succeed. To the contrary, traditional therapies invariably lead to calamitous results: the alienation deepens, and when the therapy fails, the targeted/alienated parent is blamed: after all, it is claimed that, even with the benefit of therapy, the relationship between the rejected parent and child was not restored.

Another problem with traditional reunification therapies is that there is an emphasis on the symptom—rectifying the damaged relationship between the targeted parent and child. For therapy to be effective, however, it must focus on the cause—in alienation cases, the cause is the alienating parent, who is brainwashing the child to reject the other parent. I will illustrate this point with an analogy from the medical field: it would be ludicrous to give antibiotics to a patient with an infection but returning the patient to the germ-infested environment that had caused the infection. When it comes to alienation, the alienating environment is the germ-infested environment.

Definition of Terms

For purposes of clarity, I define parental alienation as an unjustified, vigorous, and calculated attempt by one parent/parental figure to discourage, sabotage, and fail to actively support the relationship between a fit parent and their child. There is no credible controversy among experts in the area of child custody that some parents engage in a pattern of behaviors to severe the relationship between the other parent and their child. The occurrence of this family phenomenon is settled science—regardless of the name or label it goes by. The phenomenon may alternatively be called restrictive gatekeeping, selfish parenting, hostile parenting, or simply the interference by one parent with the relationship between the other parent and their child for no justifyable reason. In the end, Shakespeare's Juliet declared, "A rose by any other name is still a rose."

Although the alienation process may be initiated on an unconscious level, by the time it reaches the stage of an adversarial court proceeding, it has generally evolved into an intentional and goal-directed process. But whether consciously or unconsciously committed, it is a family dynamic that is very destructive to the child.

Damages to the Child from the Lost Parental Relationship

There is also no dispute among specialists in the field of alienation about alienation's damages to the child. This, too, is settled science. One needs only read the ACE studies (Adverse Childhood Experiences) to obtain understanding of the short and long-term, detrimental effects on the child from these experiences. Household dysfunction is one

example of ACE, and it includes—among other things—an adversarial, hostile custody battle; parental badmouthing of a parent to the child; disrupting the child's relationship with a parent; and the mental illness of a parent, which is almost always applicable to severe alienators. Various ACE studies are referenced at the end of the brief. (Please also refer to my companion amicus brief entitled "Parental Alienation as a form of Psychological Child Abuse.")

Professional Training and Experience of this Author

In addition to my 45+ years of professional experience working with children and their families in a variety of settings, my opinions and knowledge about the specialized form of treatment described herein have been further informed by my 9 years of training and supervision at the Minuchin Center for the Family and by my subsequent 4 years serving on the faculty of the Minuchin Center. As a faculty member, I trained child psychiatrists, psychologists, and other mental health clinicians who sought to acquire knowledge of family therapy. Salvador Minuchin, my mentor, is the world renowned and highly respected child psychiatrist, who was one of the founders of the family therapy movement in the 1950's.

Also included in my forty-five (45) years of professional experience is my initial twenty-four (24) years as a social worker and subsequently as an administrator in New York's foster care system; and afterwards, through the present time, as a family therapist currently in private practice—specifically focused on parents and children going through a high-conflict custody situation.

While in New York's foster care system, I worked with three thousand (3000) children who had been removed from their homes due to adjudicated abuse and/or neglect. I have therefore developed significant pattern recognition for how truly abused and/or neglected children perceive and interact with their parents. As a family therapist, I have treated 550+ children who had been subjected to some degree of alienation. I have reviewed the records of another 250+ children whom I determined to have rejected a fit parent. I have also worked with a 1000+ children whose parents had undergone a separation but who did not experience alienation and did not reject a fit parent. I am therefore in a position to distinguish an alienated child from an estranged child—a child who has rejected a parent for a justifiable reason. A justifyable reason means that the behavior of the rejected parent has risen to the level of clinical significance that would cause a child to unilaterally overcome the powerful instinct to have and need a parent. "Unilaterally" means that the child rejected the parent absent the programming or brainwashing from an alienating influence.

I have further assessed and/or worked with 250+ parents who had been targeted for alienation and 250+ who had engaged in alienating behaviors. And I have worked with 750+ parents who were separated from the other parent but who did not engage in alienating behaviors. So I am in a position to discriminate those parents who engage in alienation from those who are protecting and shielding their child from the other parent for valid reasons.

My findings and opinions are consistent with the overwhelming consensus among specialists in this area. This has been settled by science.

Clawer and Rivlin provide their definition of this family dynamic along with its very alarming characteristic—based upon their research in which they followed 1000 cases for twenty-two years:

> 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 parent.
>
> This ultimately damages the relationship with the target parent.
>
> Is not amenable to change.
>
> Views the child in proprietary terms. (P. xxxviii)

In their 2013 second edition subsequent to their 1991 first edition, Clawar and Rivlin offered suggestions to the field about how "to undo the dangers to the innocent child alienated from one of the parents." (P. xxi) Of particular note, was their finding regarding the failure of traditional forms of therapy to treat this phenomenon, Clawar and Rivlin assert:

> Our research continues to confirm that, even when under court order, traditional therapies are of little, in any benefit in regard to treating this form of child abuse. (P. xxvii)
>
> Sending a child for what they are calling "reconciliation therapy" for an hour a week is never going to work if the child is then returned to the programmer for the other 167 hours in that week. (Pp. xx-xxi)

Philosophical Underpinnings of the Treatment Protocol

Successful treatment for severe parental alienation or a severed parent-child relationship has been achieved by adhering to a modified version of structural family therapy—the school of family systems therapy founded by child psychiatrist, Salvador Minuchin. The model's philosophical underpinnings are valid and commonsensical: that people are most likely to change for those whom they love and for those who love them. This treatment model also capitalizes on the power of experience over cognitive insight to facilitate change: the model does not simply *dialogue* about having new, corrective experiences; it actually *creates those new, corrective experiences.* Based on these two powerful axioms of structural family therapy, the rejected parent is elevated into the position of the healer of the child—through both verbal interactions as well as in a parental role with the child throughout those new, corrective experiences. To quote from my book:

> No quantity or quality of words between the child and the therapist—who is nonetheless a stranger—can possibly have as powerful and as meaningful an impact as when the therapist provides, instead, an environment in which emotions and experiences are released among family members. No therapist, however competent and well intentioned, can possibly recreate a relationship with the child that rivals intimate family relationships—particularly the meaningful parent/child relationship.
>
> It seems so evident, then, that the crucial player to assume the deprogramming role for the child is the "formerly" loved and loving rejected parent. Indeed, I assert that the deprogrammer who has the greatest potential for success is the rejected parent—who is not only the holder of the family truths—but who has had the loving relationship with the child. The role then for the therapist is to serve as a catalyst, who encourages and guides the creation of healthy, corrective transactions between the rejected parent and child as well as among all the family members. (P. 143)

Adhering to the axiom to create new, corrective experiences, various mementos of the family history—such as photographs, video recordings, cards, letters, drawings, etc.—the rejected parent and child travel down memory lane together so they emotionally reconnect with one another as their memories come alive by reviewing such mementos and reliving the experiences in which the mementos had been created. As a result of corrective experiences with the rejected parent, the child will lift the repression of her/his genuine loving feelings and need for the rejected parent. Through this process, the child's instinctual, although repressed, positive emotions for the rejected parent emerge. These experiences have a powerful impact upon all involved. This approach—as with all

schools of family systems therapy—appreciates the compelling effect of experience over words to produce change.

To accomplish this, the rejected parent brings to the therapy mementos of their family life and relationship with the child. There is the unfortunate reality that, in many of these cases, such mementos have been denied to the rejected parent—who, in some cases, has been excluded from the child's life for several years. And in all too many cases, the rejected had been put out of the family home with only the shirt on his or her back due to false allegations of domestic violence and/or child abuse. The favored parent must therefore lend/provide to the rejected parent any and all meaningful material about the child's life—and, in particular, the child's life with the rejected parent prior to the onset of the rejection.

The rejected parent learns effective techniques to correct the child's revisionist history about her/him and about the family events—but without pathologizing or criticizing the alienating parent and any collaborators of the alienating parent. Behaviors are rejected, not people. The rejected parent is assisted to sensitively correct the child's distorted, and perhaps delusional thinking, about her/him and about the family history. The rejected parent is inspired to remind the child of their prior positive and meaningful relationship as memories come to life through the reminiscing. Positive new experiences are created to replace unhealthy, inaccurate ones. The healing process is a give and take in which the child is supported in expressing her/his feelings and beliefs—but always in a respectful and civil manner. Inaccurate perceptions and beliefs are corrected. Accurate perceptions will be validated and worked through. In recognition that no parent is perfect, *legitimate* issues that the child may have with the rejected parent are addressed. Respect for the child's chronological age and developmental stage are considered—after all, due to the rupture of some of these relationships that span several years, the child may require very different responses from the rejected parent, who no longer knows whom she/he is and has become. Special attention is provided to help the child deal with guilt from having maltreated and rejected a parent.

One of the greatest contraindicated approaches of the traditional reunification models if for the alienated parent to accept the child's beliefs about the rejected parent and the feelings based upon those beliefs. But the alienated child's beliefs are distorted and often outright delusional. It is anti-therapeutic to validate distortions and delusions. We certainly do not want to encourage the child's break with reality! By this logic, the therapist would have to validate a false belief that the rejected parent had sexually abused the child. I can state with a high degree of clinical certainty that the child would suffer the same PTSD as if the child had been sexually abused. This typical intervention of traditional reunification models is highly detrimental to the child.

Retuning the recommended treatment model, healing is achieved not only through the discussion of events occurring in the therapy office but also through the daily activity component in which the child and parent engage. Change occurs not as a result of talking about new experiences—but *actually creating the experiences*. Actions speak louder than words! The child experiences the rejected parent in normal parent-child roles—and the child internalizes these experiences.

Extended family of the alienated parent are welcomed participate in the therapy and are usually very helpful to achieving the reunification and proving beneficial to the child. After all, in severe cases, it is not only the parent who is rejected, but loving and doting grandparents, aunts and uncles, and cousins are also rejected. This is a chance for reconnection with all these relationships.

Why reunification is essential to the child's healthy behavioral, cognitive, and emotional development

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

2. How a child relates to and resolves conflicts with each parent is the single, most significant factor that will determine how the child interacts with peer and other authority relationships.

3. A child cannot develop healthy self-esteem if she/he perceives a parent to be evil, abusive, unloving, worthless, etc. Expert consensus recognizes that children think very concretely—I am half my mother and half my father. The qualities the child attributes to parents are therefore introjected by the child and experienced as characterlogical to her/him.

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 parent and about the family history are often so extreme that they represent a break with reality. Cognitive stability is therefore put at risk if not corrected for the child.

6. It is anti-instinctual to hate and reject a parent. The child must therefore create an elaborate delusional system to justify the rejection.

7. The child is existing under a cloud of anxiety due to the fear that of 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 inappropriate treatment.

8. The rejection of a parent is essentially a loss—and one of the deepest of all. Generally the rejection extends to the rejected parent's family of origin so that loving grandparents, aunts, uncles, and cousins are likewise rejected. 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 being situationally caused. As a result, the child is often needlessly treated with powerful, psychotropic medications.

9. The rejecting child is subject to suffering from guilt because, at some point, the child accepts that she/he has maltreated a parent. And if that parent is no longer available for an apology should the child become free to provide it, the 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.

The Alienating Parent

In their 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 separation/divorce cases for 24 years. They arrived at the finding that the percentage of parents who program/brainwash their children at least one time a week was 86%—with those who engage in this behavior more than once per day being 23%. (P. 420) These are very alarming statistics indicative of widespread anguish and trauma to children.

The authors comprehensively described the characteristics and behaviors of moderate and severe alienators. Their disturbing findings about these alienators provides justification

for the judicial system to treat alienation cases seriously and apply the standard of "time is of the essence" when adjudicating these cases.

Some of the authors' assessments of moderate and severe alienators are as follow:

> 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)

> Clearly, virtually all programming and brainwashing parents in the moderate to extreme range whom we have studied are focused or *obsessed with power*. If power is the ability to influence the lives of others then, clearly, these parents are power-oriented types. (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 mine*] cranking up litigation accelerating rumors, and heightening allegations are just a few examples of what may take place. (P. 276)

There is scientific consensus upon among experts on the family that normal parents do not attempt to turn their children against a fit parent. I have become increasingly shocked with every new case at how "resourceful" alienators are in crafting their attempts to

achieve their life's mission to destroy the relationship between their child and other parent.

I have had several experiences in which alienators had orchestrated the psychiatric hospitalization of their child by manipulating the child to fabricate suicidal ideation for the purpose of preventing the child coming to my program. Other alienators had encouraged their child to engage in criminal activities rather than come to my program. Imagine the extreme extremism of these alienators that they would prefer to have their child jailed or psychiatrically hospitalized than experience a therapeutic vacation with their other parent. When one considers how alienators will fabricate false child abuse and child sex abuse allegations; manipulate their child to lie in order to confirm the allegations of abuse; flagrantly violate court orders that stipulate the parental rights of the other parent; encourage their child to abuse, maltreat, and defy their rejected parent; etc. I must agree with Clawar and Rivlin that severe alienators often engage in sociopathic behaviors. And these sociopathic behaviors are thus being normalized for their child—and therefore places the child at risk for also engaging in sociopathic behaviors.

Clawar and Rivlin offer the following recommendations to the court regarding how to deal with the moderate and obsessed alienators:

> *The regular, consistent manifestation and implementation of power by the courts upon these parents is extremely important.* Discussions with mediators, and lectures by judges or therapists generally prove fruitless. (P. 289)

> Even when legitimate power is asserted against them, they *counteract by reaffirming their own power*. Therefore, the reaffirmation *of judicial power* **(along with appropriate sanctions)** *[bold print mine]* is the *only form of authority that they seem to understand.* However, in the most extreme cases, they will not even respond to this and will devise *alternative strategies* such as kidnapping, assaulting the other parent or judge, firing their attorney, figuring out some new legal angel, or other radical actions that reaffirm the ultimate power and control they maintain over their children, the target parent, and therefore, themselves. (P. 289)

> Vague warnings [by the court] have virtually no impact and may be perceived by the controlling parent as weaknesses, and an opportunity for further social manipulations and aggression. (P. 356)

Clawar and Rivlin further caution about the potential dangers lest the court be too restrained in setting necessary and appropriate boundaries on and expectations of obsessed alienators:

In very extreme cases they *[alienators]* may be a physical or social-psychological danger to their children and others. "If I can't have them (completely), nobody else will." This latter assertion could be characteristic of parents who go on a rampage, killing the child and/or the target parent, and then possibly committing suicide. (P. 289)

The findings of Clawar and Rivlin have been replicated repeatedly in the widespread practices of alienation specialists, including in the practice of this author. The findings regarding the character of alienators have extensive support in the scientific community and in evidence-based practices—as documented in the clinical literature.

What does the clinical literature reveal about the personality and psychological structure of the severe alienator and perhaps of some moderate alienators. Ph.D. researchers, Amy J. L. Baker and Paul Fine (2007) arrived at the finding that the severe or obsessed alienating parent suffers one or more "personality disorders," known as: antisocial personality disorder, borderline personality disorder, narcissistic personality disorder, histrionic personality disorder. Someone with a personality disorder has developed an expertise in fooling others—even fooling the mental health professional who does not have extensive experience with alienation cases. In layman's terms, someone with a personality disorder is a con artist.

A personality disorder is characterized by "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.

The antisocial personality disorder is characterized by "a pervasive pattern of disregard for and violation of the rights of others." DSM 5, P. 659.

The borderline personality disorder is characterized by "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity." DSM 5, P. 663.

The histrionic personality disorder is characterized by "a pervasive pattern of excessive emotionality and attention seeking." DSM 5, P. 667.

The narcissistic personality disorder is characterized by "a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy." DSM 5, P. 669.

People with personality disorders will not only violate the parental rights of the other parent but has no compunction to engage in repeated violation of court orders. They will persist in alienating strategies even when their child demonstrates serious psychological, cognitive, and behavioral symptoms as a result of the alienation. Such people will not generally initiate treatment, often constructing multiple roadblocks to therapy even when court ordered. If they relinquish alienating behaviors at all, it is only as a result of the threat of consequences. In cases of alienation, such consequences must include loss of time with the children and the potential for transfer of custody in incorrigible cases. Given the characteristics of a person with a personality disorder, consequences must therefore be conveyed by the court as genuine, have teeth, and not simply be an empty threat.

Court-ordered Stipulations for Treatment of Severe Parental Alienation or a Severed Parent-Child Relationship

Given what I have just summarized about the personality and behaviors of the alienating parent—at least the severe alienator and often the moderate alienator, traditional treatment models are not only ineffective, they generally make the alienation dramatically and traumatically worse. That is why traditional models are contraindicated—meaning forbidden. There is extensive clinical documentation to support the eschewing of traditional models for treatment of severe parental alienation. For example, Clawar and Rivlin declared the following:

> Our research continues to confirm that, **even when under court order**, *[bold print mine]* traditional therapies are of little, if any, benefit in regard to treating this form of child abuse…. [*meaning the brainwashing of a child to reject a fit parent.]* We continue to find that this form of social-psychological child abuse is likely to be as damaging as physical abuse.[2] (P. Xxvii)

> Without a major shift in paradigms we will likely continue to see children and parents frustrated in their attempts to reregulate the most important social unit in society, the family. Social work, social psychology, social psychiatry, clinical sociology, and other interaction-based disciplines need to move front and center in this battle for freeing children from a **hostage situation** *[bold print mine]*. (P. 405)

In keeping with the caveats of Clawar and Rivlin for proactive and consequential judicial intervention, I have proposed the following essential stipulations—that have achieved documented successes—of a court ordered therapy.

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[2] This finding by Clawar and Rivlin is supported by a highly respected ACE study undertaken by Spinazzola, Et. Al., referenced at the end of this amicus brief.

1. The treatment must be provided by only highly experienced, specialized clinicians. Although Family Bridges and Family Reflections are residential, I have developed an intensive treatment between the alienated parent and child occurring during 4-5 days, lasting 8-10 hours a day, but I do remain on 24 hour call should an emergency arise. This has not occurred.)

2. There must be a temporary transfer of legal and physical custody to the alienated parent. There must be a minimum of a 90-day no-contact period between the child and alienating period that further guarantees no contact in any form—including electronic communications.

3. The favored or alienating parent must provide a letter to the child stating genuine support for the restoration of the child's relationship with the rejected parent. It is also necessary to include a statement as to the qualities possessed by the rejected parent and why the child needs the rejected parent meaningfully in her or his life—that is, to state clearly and explicitly what the rejected parent has to offer their child.

4. The favored or alienating parent must engage in therapy with a therapist who is knowledgeable about alienation and must remain in therapy until discharged by the therapist. The parent must also be evaluated for personality disorders.

5. The favored or alienating parent must educate himself or herself about parental alienation and share those understandings with the professionals involved in the case.

6. Subsequent to the 4-5 day intensive reunification program, the alienated parent and child is to engage in weekly family therapy with a local therapist who understands alienation. If and when the alienating parent relinquishes the alienating behaviors, the family therapist will involve that parent in the family therapy and will further work to help the parents develop a civil and respectful co-parenting relationship. The intensive treatment program remains involved to facilitate and collaborate about the follow-up therapy.

7. The court shall hear testimony after 90 days to determine whether the favored or alienating parent is ready, willing, and able to relinquish the abusive, alienating behaviors, which must be the condition for lifting the no-contact period.

Rationale for the No-contact Period.

The necessity for the transfer of custody—at least on a temporary basis and for the no contact period—has scientific support from my evidence-based practice of hundreds of treatments and from the practices of my colleagues who provide specialized treatment for alienation. Just briefly, the necessity derives from repeated experience that the rejecting child will be unable to become free from the loyalty bind that had been imposed upon him or her by the alienating parent as long as the alienating parent continues to be perceived by the child to have power—which is conveyed by and from the slightest contact. Furthermore, the alienated child has been repeatedly shown to readily accept and invest in the rejected parent in the absence of influence from the favored/alienating parent.

The favored/alienating parent must be relieved of exercising power and control over the child—that is, the child must be psychologically free from the loyalty bind which requires him or her to feel disloyal to the favored/alienating parent should the child be accepting of the rejected parent.

The no-contact period is furthermore a necessity in order to prevent the child's *regression and relapse*—which I have witnessed to occur in a mere 15 minute phone conversation between the child and the favored/alienating parent.

The alienated child requires a protective space away from the favored/alienating parent.

Cases of alienation are not an ordinary custody case in which the Court is attempting to make a determination as who is the better between two fit parents. To the contrary, alienation cases are a child abuse case in which favored/alienating parent is unfit because he or she has been abusing the child.

Let us think about how alienation is child abuse by considering the following: if a parent demanded that a child cut off one of his or her arms and that the child could not keep both arms, we would do a removal in a nanosecond and not permit contact or return the child until that parent relinquished the demand. Well, in alienation, the abusing, alienating parent is demanding that the child cut out the other parent from his or her life—that the child cannot keep both parents to have and to love. Surely if the former situation is abuse, then so is the latter situation. And remedy for the latter situation should be the same as the remedy for the former situation.

As with all cases of abuse, the offending parent must provide documentation to the Court that he or she has engaged in and successfully completed appropriate treatment to overcome the barriers to renewed contact and custody. In alienation cases, documented, successful treatment is required from a therapist who is knowledgeable about alienation.

Let us be very clear, we would not return a child to a parent who remains in denial about the child abuse he or she had perpetrated or should there be the potential for re-abusing should contact be renewed.

Upon successful completion of appropriate therapy and with the submission of the documentation of such, the alienating parent must make amends in the form of an atonement gesture to the child and to the alienated parent. The form of such atonement should be arranged between the two parents in consultation with the intensive program or with the therapist who will provide follow-up family therapy subsequent to the 4-5 day intensive reunification program.

The Rejecting or Alienated Child

It is one of many counterintuitive issues in the situation of parental alienation to assume that the rejected parent must have done something to warrant the child's rejection. To the contrary, when one considers how very rare it is for a child to reject a parent—even an abusive parent—another explanation must be pursued. I discovered just how rare this is in my professional work with 3000 foster children, who had been removed from their homes due to adjudicated abuse and/or neglect. This population rarely rejected a parent and craved to be reunited with their parents. Furthermore, they were quite protective of their abusive parents—often denying or minimizing the abuse.

Why is it that abused and/or neglected children do not reject their parents? Firstly, the instinct to have and need a parent is part of the instinct for survival. Because of our long dependency period, we *need* our parents intensely. *The need for a parent is therefore in the genes*. Were it not, the human species would have likely become extinct in the first generation! Children simply do not and cannot unilaterally reject a parent. Secondly, we believe that, if our own parents maltreated us, we must be bad; and this self-perception is intolerable to live with. So we crave connection even to the abusive parent in order to undo the self-perception of being bad, defective, and unworthy of love.

It is only the intense brainwashing by the other parent that has the power to overcome the child's powerful, self-protective, and survival instinct to have and need a parent.

So *particularly* in cases when abuse and/or neglect have not occurred or when the rejected parent has not created a situation that resulted in traumatizing the child, an alternate hypothesis for the rejection must be explored. This alternate hypothesis is that the child had been unduly influenced by the other parent or a parental figure to engage in the rejection. That being the case, we must recognize that the child's rejection is *not genuine*. The child is *not* opposed to restoring the relationship with the rejected parent. To the contrary, the child secretly relishes the reconnection, but—because of loyalty to the

influencing parent—the child cannot initiate contact and must actively oppose it. But when the contact is imposed by outside forces, the child experiences an albatross being lifted from around her/his neck. When professionals release the child from the untenable position of being like the rope in a tug of war between her/his parents, it is exactly what the child needs and desires. *Children really do not want to chose!*

In other words, when the child expresses rejection and hatred for, and fear of the rejected parent, the sentiments are not genuine to the child. The child is merely going along to get along and is doing the bidding of the favored/alienating parent. This being the case, the child will *flip like a light switch* should the favored/alienating parent grant the child permission to welcome the rejected parent back in her/his life. But such reversal of behavior on the part of severe alienating parents rarely occurs spontaneously. It generally occurs only in the face of legal consequences.

Do not be fooled by threats of self-harm and running away. I have not experienced a child who acted on such threats in this situation. Certainly, also, acquiescing to a child's threats would only serve to further empower the child—who is already overly-empowered in cases of parental separation in general and very specifically in cases for which this therapy is being suggested. Appropriate measures, instead, must be employed to handle a child's threats and demands—just as we would do should the child engage in threats to manipulate the adults to acquiesce to any other demand. And anyone who has been a parent knows exactly how manipulative a child can be should the child come to believe she/he can get away with it.

None of the evidenced based practices or the research undertaken on Family Bridges or on Family Reflections the speculation that a child will self-harm if referred to an intensive program. *There is nothing in the peer-reviewed clinical literature that maintains that such programs are traumatic to the child!* In fact, the clinical literature supports just the opposite: *that the repairing of the parent-child relationship is in the child's best interests.*

If one thinks logically and scientifically, it is quite understandable why the child expresses resistance but virtually never acts upon their threats. As I previously stated, these children secretly crave a relationship with the rejected parent. But, out of loyalty to the favored/alienating parent, the child cannot reveal the craving. As professionals, we must relieve the child from making such a choice. Doing so is in their best interests. We must be courageous, consider severity, undertake a risk-benefits analysis of the options—doing nothing is doing something—and be prepared to act immediately after weighing the options. We must recognize that there are serious detrimental consequences to the child of not intervening in the alienating environment—as I have documented in another amicus brief that alienation is child abuse.

The Rejected Parent

Not infrequently the mental health clinician/forensic evaluator who is not a specialist in alienation misdiagnoses the rejected parent with a characterlogical/dispositional disorder or with a psychological problem. What occurs in this situation is that the professional has failed to assess whether the symptom/symptomatic behavior is situationally caused—because of the trauma from the alienation/rejection—as opposed to being a characteristic internal to the rejected parent. When attributing the problems to the latter, absent an assessment to rule out for the situation, this error is known as the "fundamental attribution error." It is a very common cognitive and clinical error in these cases. Before arriving at the finding that the problematic behaviors are characterlogical, one must establish that the behaviors were casually connected to the rejection—that is, temporally connected or *preceding* the rejection. If the problematical behaviors were a *response* to the rejection, then the rejected parent's presentation is situational and not characterlogical. Rejected/alienated parents are trauma victims; they are *reacting* to the rejection, humiliation, and maltreatment by their beloved children. Surely, it is an example blaming the victim when professionals then criticize and pathologize the rejected parent for having a normal human reaction of anger, fear, anxiety, and any other symptom associated with trauma.

Respectfully signed on letterhead, notarized and submitted for the case of ***Plaintiff v Defendant***

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BEFORE ME, the undersigned Notary Public, on this day personally appeared LINDA J. GOTTLIEB, who being by me duly sworn, on her oath deposed and said that she is an amicus curiae in the above entitled and numbered cause; that she has read the above and foregoing amicus brief, and that every statement contained therein in within her personal knowledge and is true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME, on this the _____ day of _____, 20__ by Linda Gottlieb, LMFT, LCSW-R.

_____
NOTARY PUBLIC, STATE OF New York

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