



Honorable

Dear:

Attached you will find a twenty-five (25) page signed copy of my *Amicus Brief documenting the clinical literature and scientific research affirming that **it is psychological child abuse for a parent/parental figure to alienate a child from a fit parent**: in other words, it is child abuse for a parent/parental figure to engage in behaviors that sabotage, interfere with, and/or fail to actively support the relationship between a parent and child—for no justifiable reason.*¹ Parental alienation is a goal-directed, deliberate, and orchestrated attempt to manipulate a child to reject a fit parent.

Parental alienation is an observable family dynamic that has gone by many labels over time—including at least three labels of dysfunctional family dynamics that are currently documented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). One of these three family dynamics is labeled “child psychological abuse.”

Also of note, the Association of Family and Conciliation Courts (AFCC), at its regional

¹ “No justifiable reason” means that the rejected parent’s behavior fails to rise to the level of clinical significance for abuse and/or neglect or constitutes a **pattern of markedly** deficient parenting. The rejected parent’s behavior must consequently be so traumatic to the child that it would cause the child to overcome the powerful instinct to have and need a parent—an instinct that is part of the instinct for survival because of our long dependency period. Estrangement, on the other hand, occurs when a child rejects a parent for justifiable reasons in absence of a programming/alienating influence.

conference in 11/2017, sponsored a workshop presented by child psychiatrist, William Bernet, and Demosthenes Lorandos, PhD, JD, in which Dr. Bernet and Dr. Lorandos presented a workshop affirming that parental alienation meets the Frey, Daubert, and Mohan standards.

The existence of the family dynamic of parental alienation is no more deniable than is its references in most state statutes, case law, or legislation: the interference by one parent/parental figure with the relationship between the other parent and their child.

There is no credible scientific opinion that disputes the occurrence of parental alienation. Clearly, we know that there are some parents who attempt to turn their child against the other parent in situations of adversarial parental separation and divorce. Furthermore, there is overwhelming scientific consensus and research that the dysfunctional family dynamic characteristic of alienation conflicts with the standard of “the best interests of the child.”

Moreover, as I will be referencing, the clinical literature and research affirms that *uninfluenced* children do not reject a parent—not even an abusive parent. Alienated children do not say what they mean or mean what they say.

As documented herein, the clinical literature and scientific research affirm that it is profoundly detrimental to children to turn a child against a parent and to minimize, marginalize, and/or drive a parent from a child’s life. Doing so results in short and long-term impairments to the child across the psychological, cognitive, and behavioral spectrums. Therefore, when confronted with an alienation case, it should not be treated as an ordinary custody case—even though it generally occurs in an adversarial custody proceeding. Alienation cases are, instead, a child abuse case and therefore require child protection. In my professional opinion, the Court must intervene in alienation cases as it would in any other child protective case.

The 2017 handbook published by the American Professional Society on the Abuse of Children (APSAC) identifies specific caretaker behaviors that qualify as psychological child abuse, and these behaviors are not only virtually the same behaviors that the DSM-5 describes as caretaker behaviors that meet the standard of psychological child abuse; the behaviors are strikingly similar to the research-validated alienating behaviors and strategies as identified by Baker and Fine (2013).

Also of particular note is our contradictory intervention in child abuse cases versus adversarial child custody cases between the parents. In adjudicated child abuse/neglect cases, we recognize the profound importance of parents to the overall development of their children, which is why foster care agencies are under the mandate to work diligently

with the parent to overcome the barriers to discharge. It therefore is inexplicable that we so often fail to honor the parental rights of alienated parents—who have done nothing to place their children at risk. Our bifurcated and contradictory approach to parental rights in these two legal proceedings is irrational.

Lastly, I make the explicit point regarding the matter before the Court that I have not reviewed the evidence or documents in the case; nor have I interviewed any of the parties or the children in the case; nor have I obtained information about this case from collateral sources. I do not support one party over the other as I have not undertaken an evaluation to arrive at findings in this case. I am taking no position on whether or not alienation is a family dynamic present 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 complex in that they are an extraordinary clinical situation involving: cognitive distortions—that are often delusional if not psychotic; extreme or bizarre behaviors; and profound emotional instability and volatility. Alienation cases are deemed to be counterintuitive because normal intuition—which can be informative when based upon sufficient pattern recognition for a clinical situation—is nonetheless utterly inadequate in assessing for alienation absent *extensive* pattern recognition for it.

Regrettably, many highly skilled clinicians and forensic evaluators lack sufficient pattern recognition for alienation, and yet they often rely heavily—if not exclusively—upon their intuitive reasoning. The result is that they fall prey to numerous cognitive and clinical errors that typically occur in alienation cases.

Due to all of the above, it is very common that the findings by clinicians and evaluators in alienation cases are not only wrong—but *are disastrously backwards*.² By “backwards,” I mean that estrangement is confused for alienation or that a pure alienation case is determined to be a hybrid case—meaning a combination of alienation and estrangement. And by “disastrously” I mean that the implemented treatment and judicial remedies are contraindicated. In treatment, contraindicated means forbidden.

My purpose for submitting this amicus brief is to provide important, highly specialized opinions about alienation so as “to assist the trier of facts to understand the evidence or to

² 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; and the loving, alienated parent being blamed, criticized, and further alienated. This all results in the professionals unwittingly aiding in the perpetuation of the alienation.

determine a fact in issue.” Given that the issues arising in alienation cases often elude the knowledge and experience of highly skilled clinicians and forensic evaluators, I trust that my opinions regarding alienation will inform the Court so that it has the knowledge about alienation against which to weigh and evaluate the evidence in the case.

I am herein opining about the scientific knowledge regarding the *many intricate* issues occurring in alienation cases—knowledge that is accepted by overwhelming consensus among experts in the field and which was arrived at by employing reliable principles and methods. Such knowledge included in this brief consists of 1) three presentations of the dysfunctional family dynamic characteristic of alienation as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5); 2) how to distinguish alienation from estrangement; 3) identification of the research-validated alienating strategies; 4) references to the clinical literature and research that supports the finding that alienation is one of the most serious forms of psychological child abuse; 5) 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 is based upon my history of almost than five (5) decades of professional education, training, and work in examining and treating children and their families *and* based upon my specialization, since 2003, in working with children of high conflict custody. This family dynamic is highly detrimental to the child and is inimical to the standard of Best Interests of the Child. This amicus brief will refer to the research and clinical literature that documents the risks to child for profound psychological, behavioral, and cognitive harm as a result of a fit parent being marginalized or driven from the child’s life.

Should at the time of the hearing I need to be directly contacted for any clarification or confirmation about any opinions set forth in this Amicus Brief, my office phone number is (631) 707-0174, and I shall be more than happy to opine telephonically or by other teleconference means, under Oath, about questions Your Honor would inquire of me. Additionally, I confirm that, at the time of the signing of this brief, I have not been requested to testify—either case specifically or generically—on behalf of either party. *However*, I do not preclude the possibility that, at some future date, I could become a witness if so requested by one of the litigants—either generically or case specifically.

Finally, I declare that I was neither compensated nor otherwise received any monetary benefits for writing this Brief.

Respectfully signed and submitted for the case of _____ -v- _____

Linda J. Gottlieb, LMFT, LCSW-R

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Founder/Therapist of Turning Points for Families

Public Speaker, and Author

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

Member of Association of Family and Conciliation Courts (AFCC)

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

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

Case NO:

Case Name

Honorable

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

Dear

My name is Linda J. Gottlieb, LMFT, LCSW-R, and I am writing this Amicus Brief to educate the Court about a pernicious yet preventable form of psychological maltreatment of a child: namely, that of a parent/parental figure interfering with, sabotaging, and/or actively failing to support the relationship between the other parent and their child for no justifiable reason and which is goal-directed to manipulate the child to reject the parent.

Such behavior negatively impacts the child across the psychological, cognitive, and behavioral spectrums. My judgment, herein, that such alienating behavior is a form of child abuse, is predicated on the condition that the targeted/alienated parent is fit—meaning that there are no valid child protective concerns regarding the parent and that the

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parent has not been assessed to be socially deviant or mentally impaired to the degree that parenting or childrearing activity fails to meet the standard of “minimum degree of care.”

I am opining that alienating behavior is child abuse. My opinion is based upon documentation as such in the clinical literature and research and based upon my forty-eight (48) years of professional experience working with families and children, 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.

In my professional career, I have worked with three thousand children in foster care, so I know how abused and/or neglected children perceive and interact with their parents. As a family therapist, I have treated more than 600 children who had been subjected to some degree of alienation, and I have reviewed and examined³ another 250 children based upon their records. I have also worked with more than 1000 children whose parents had undergone a separation but who did not experience alienation. So I am in a position to distinguish an alienated child from one who is not as well as being able to determine if a child's rejection of a parent is the result of something that the rejected parent has done or is, instead, the result of a brainwashing against that parent.

“Parental Alienation” is an observable family interactional dynamic in which one parent/parental figure engages in a pattern of behaviors to co-opt a child to join in a coalition with that parent to denigrate and reject the other parent. It is very often a conscious and deliberate campaign. This observable family dynamic may go by many names. That is, it may alternatively be labeled as “parental interference by one parent/parental figure with the relationship between the other parent and their child,” “hostile parenting,” “selfish parenting” or the “pathological triangle, which was observed as early as the 1950s by the child psychiatrists who subsequently founded the family therapy movement.” In the end, a rose by any other name is still a rose.

³ It is important to understand how I am using the word “examine” in this context and that it is considered valid to “examine” children from their records. The standard to arrive at a clinical finding does not depend upon direct examination. The standard is whether the record provides sufficient quality evidence to reach a finding. If direct examination were the standard, then no one would be able to bring a wrongful death suit as the descendent cannot be interviewed, and the opposition typically denies the opportunity to conduct an examination. Indeed, a definition of an expert is someone who can render an opinion explicitly in the absence of direct examination.

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

In the 1950's, the child psychiatrists who later founded the various schools of family therapy initially identified a cross-generational coalition between a parent and child to the marginalization of the other parent and which was observed when their hospitalized, psychiatric-child patients were visiting with their families. One of these child psychiatrists was Murray Bowen, and he labeled this family dynamic as the “pathological triangle.” Indeed, Dr. Bowen was so convinced as to this family dynamic being the cause of his patient’s symptoms, that when he hospitalized the child, he also hospitalized the entire nuclear family! Assessing for this family dynamic became the philosophical underpinnings for virtually all of the founders of the various schools of family therapy, including my mentor, Salvador Minuchin, the world-renowned, highly respected child psychiatrist. What these child psychiatrists documented while observing their child patients on the psychiatric ward during visits with their families was the request by one of the parents for the child’s allegiance with him or her in that parent’s dispute with the other parent. This request created a double-bind for the child because the child could not resolve the request by having a relationship with both parents: either the child joined in the coalition with the co-opting parent to marginalize and denigrate the other parent, or else the co-opting parent would reject the child for the child’s failure to join in the coalition. The reason this led to psychosis is because the child’s choice was between two bad options. The co-opting parent’s request created a crazy making situation for the child—better labeled as a “catch-22” situation.

This coalition between a child and a parent to marginalize and degrade the child’s other parent was labeled by the founders of the family therapy movement as the “pathological triangle.” This author documented in her 2012 book the cases of 56 children who experienced the detrimental consequences of alienation—several to the point of requiring psychiatric hospitalization in severe cases. But even in the mild and moderate phases of alienation, the alienated child generally suffers serious behavioral, emotional, and cognitive disabilities.

Pathological Enmeshment

The cross-generational alliance between parent and child in cases of *severe* parental alienation is referred to as “pathological enmeshment.” It is an extreme boundary violation by the parent of the child’s functioning that literally engulfs the child across all spectrums—cognitive, psychological, and behavioral. Metaphorically, the alienating parent “hijacks” the child mind, body, and soul so that the child thereby adopts the alienating parent’s beliefs, feelings, and thoughts. The child loses a separate sense of identity and autonomy, suffers severely compromised critical reasoning skills, becomes

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“alienated” from his or her own feelings, and often acts out the alienating parent’s wishes to maltreat the alienated parent. Pathological enmeshment creates both pathological splitting—perceiving the world in black and white extremes—along with pathological dependency—a severe psychiatric condition that hampers the child’s ability to separate/individuate.

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

Adultification occurs when a parent shares parental issues and conflicts with the child; shares information about the legal, financial, and court proceedings;

Parentification occurs when the parent manipulates the child to feel sorry for the parent by expressing that they may have been victimized by the other parent; confides emotional problems in the child; manipulates the child to meet that parent’s emotional needs; inflicts on the child parental responsibilities which are not commensurate with the child’s age or reasonable for the child to assume;

Infantilization occurs when the parent treats the child as if much younger thereby conveying to the child that the child is not competent. This parental behavior keeps the child dependent so that the child will not feel confident to separate/individuate age-appropriately.

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

In their highly respected 2013 book published by the **American Bar Association**, entitled, *Children Held Hostage, Presenting a case, and Crafting Solutions*, the authors, Clawar and Rivlin, provide their definition of this family dynamic along with its very alarming characteristics:

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. xxviii)

Clawar and Rivlin (2013) further stated:

We continue to find that this form of social-psychological child abuse [brainwashing of a child to reject a parent] is likely to be as damaging as physical abuse.” (P. xxvii)

“One of our earliest references in the sociological literature is by Farber et al., who notes that brainwashing results in the three D’s (Debility, Dependency, and Dread). Our findings, especially in the frequent and intense cases of brainwashing, are consistent with these early findings. Many of these children end up highly socially-emotionally dependent on the programming/brainwashing parent and also come to dread contact with target parent.” (P. 7.)

Clawar and Rivlin (1991) stated the following:

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

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

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

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

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

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

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

The DSM-5 and Parental Alienation

Although the DSM-5 does not specifically use the terminology of “parental alienation,” it does, however, label this dysfunctional family dynamic as three distinct clinical presentations that are the focus of clinical attention.

The following are the three descriptions with their diagnostic codes that can be found under the category of “other conditions that may be a focus of clinical attention,” on pages 715-719 of the DSM-5:

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

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

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

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

3. “Child Psychological Abuse” (995.51):

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

Of particular note, child psychiatrist, William Bernet, and two psychiatrists who had contributed to the DSM-5, Marianne Z. Wamboldt, MD, William E. Narrow, MD, MPH, published, in the *Journal of the American Academy of Child and Adolescent Psychiatry*, their article entitled, “Child Affected by Parental Relationship Distress,” [CAPRD]. *This article discusses how parental alienation—specifically named—is one form of “maladaptive Family Patterns”* (page 576).

I urge the court not to become distracted by a semantic debate about labels. Distracting the court in this manner is a common alienating maneuver to divert the court’s attention from the actual matter before it—that is, the *phenomenon of parental alienation*—a dysfunctional family dynamic which is profoundly detrimental to children. Surely, we know that there are some parents who undertake a campaign to destroy the relationship between the other parent and their child for no justifiable reason. This is settled science.

American Professional Society on the Abuse of Children (APSAC) and Parental Alienation

In their 2017 Handbook entitled, *Child Maltreatment* (pages 147-149), APSAC enumerates caretaker behaviors that meet their criteria for psychological maltreatment of a child. Many of these behaviors are typically engaged in by alienators—as determined by the research of Baker and Fine (2007, pp. 83-99; 2013)⁴ and by Clawar and Rivlin (2013, pp. 29-64). APSAC’s definition of psychological child abuse is:

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

⁴ For reference, I have attached at the end of this brief a list of the research-validated alienating behaviors and strategies by Baker and Fine.

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

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

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

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

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

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

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

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

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

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

3. ISOLATING embodies caregiver acts that consistently and unreasonably deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home. Isolating includes the following:

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

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

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

For illustration purposes, I provide here a partial list of specific alienating behaviors that I repeatedly encountered in my work with more than 600 alienated children and their parents and which I encountered in the files of more than 250 children and their parents:

Manipulating a child to reject and vilify the other parent and his/her extended family for no justifiable/protective reason.

Manipulating the child to make or confirm false allegations of child abuse and/or domestic violence against the targeted/alienated parent.

Encouraging and/or failing to proscribe the child's cruel maltreatment and denigration of the targeted/alienated parent.

Placing the child in a loyalty bind—a form of terrorizing the child—is at the heart of the family dynamic of alienation. The loyalty bind in alienation forces the child to forsake the relationship with the targeted/alienated parent as the price for making peace with the alienating parent and preserving that relationship.

Withholding the child from contact with the other parent in the absence of a bona-fide protective reason.

Confiding in the child about adult issues—particularly about parental conflicts and sharing information about the legal proceedings [known as adultification].

Requiring the child to be an emotional support for and not “abandon” the alienating parent in order to comply with the other parent’s parenting time. [known as parentification].

Manipulating the child’s feelings, opinions, and beliefs such as to force the child to overcome the powerful instinct to need and have the other parent. [known as infantilization].

Attacking the child’s cognitive development by imposing the parent’s belief system on the child, thereby making the child experience self-doubt, insecurity, and dependency. For example, confusing the child to believe that: 1) love is hate; 2) discipline is abuse; 3) parental efforts at contact is disrespectful to the child and a violation of the child’s autonomy; 4) gifts are a bribe; 5) the parent’s observing the child’s activities is stalking; etc.

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

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

Because the child has been brainwashed by the alienating parent to believe the targeted/alienated parent is dangerous, any contact with that parent is perceived by the child to be a chaotic and dangerous situation; this creates psychological terror for the child.

Brainwashing a child to believe that a loving and nurturing parent is an abusive person creates chaos for the child because the child’s trust in his/her own judgement is undermined.

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

The child is worthless except as the alienating parent’s ally and agent.

Shame for having and/or expressing instinctual love for the other parent.

Spurning is the price for the child's expression of normal grief over the loss of the relationship with the targeted/alienated parent or for requesting contact with that parent.

The effects of alienating behaviors are profoundly detrimental to the child. We should, consequently, take heed from the message in the Rosen article published in the *Family Court Review*. Rosen opines that the alienated child has diminished capacity, both cognitively and emotionally, as a result of the alienation so that the attorney for the child should substitute judgment and represent the child best interests rather than the child's wishes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Because lying, deceit, disrespect, and aggression have been normalized for the child, alienated children frequently fail to conform to the norms and values of their cultural environment.

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

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

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

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

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

The child is continually operating under a cloud of anxiety because the fear of a slip of the tongue and/or a slip of behavior will reveal the child's true loving feelings for and longing for the alienated parent. This will inevitably lead to horrific consequences from the alienating parent.

The child suffers from depression because having a parent severed from her/his life is a loss---a loss of the most severe kind.

These children often suffer from guilt because, on some level they recognize that they have maltreated a parent. And if that parent is no longer available for an apology when the child is in a position to provide it, the guilt will last a lifetime.

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

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

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

Respectfully signed and submitted on behalf of the case of _____ v _____

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Seventeen (17) alienation strategies employed by the alienating parent (AP)⁵

1. **Bad mouthing** of the targeted/alienated parent to the child: AP makes deprecating comments that the targeted/alienated parent is unloving, unsafe, and unavailable; AP exaggerates or manufactures flaws of the alienated parent; AP presents unbalanced view of the targeted/alienated parent to reflect the parent in the most negative light.

⁵ From Baker & Fine (2013), pages 95-97.

Badmouthing to professionals in the case and to the court commonly occurs as well. When it does, the professionals and the court unwittingly become agents of the alienating parent.

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

3. Interfering with communication: AP makes phone, email, and texting contact between the child and targeted/alienated parent difficult if not impossible. The AP does not answer phone calls from the targeted/alienated parent; does not inform the child about messages left by the targeted/alienated parent; opportunistically schedules activities, homework, or social engagements during the targeted/alienated parent’s communication time, etc.

4. Interfering with symbolic communication: AP denies child the opportunity to have memories of the targeted/alienated parent or be connected to that parent in thought e.g. child cannot have pictures of the targeted/alienated parent, discourages or punishes discussion about the targeted/alienated parent.

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

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

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

reprisals to the child for keeping contact with the targeted/alienated parent.

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

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

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

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

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

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

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

15. Withholding medical, academic, and other important information from the targeted/alienated parent; keeping the alienated parent's name off medical, academic, and other relevant documents as an emergency contact or who is eligible to receive information about the child.

16. Changing the child's surname to remove association with the targeted parent. The child is given the birth name of the alienating parent or the surname of the stepparent.

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