

## Missing the Alienation

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Why do mental health professionals and attorneys who evaluate or work with alienated children frequently mistake alienation for estrangement?

The main reason is that cases of parental alienation are counterintuitive. That is, the brain is hardwired to misinterpret and misunderstand the family dynamics in these situations. That leads to a number of common cognitive errors (thinking errors) that, in turn, lead to serious errors in professional reasoning and decision-making. In other words, The brain is tricked by alienation cases just as it is tricked by an optical illusion. Consequently, many professionals, including mental health professionals and attorneys, get these cases backwards. Often, the targeted parent is unfairly criticized for having allegedly contributed to his or her rejection, and the alienating parent is either absolved or believed to have made only a minor contribution. Thus, unless the professional has an in-depth understanding of alienation and estrangement, cases of severe alienation are frequently mistaken for estrangement.

This phenomenon has been described in some detail by Steven Miller, M.D., a physician who studies clinical reasoning and clinical decision-making. For an excellent summary, readers might wish to refer to a chapter that Dr. Miller wrote entitled, “Clinical Reasoning and Decision-Making in Cases of Child Alignment: Diagnostic and Therapeutic Issues,” in the book, *Working with Alienated Children and Families*, edited by Amy J. L. Baker, Ph.D. and Richard Sauber, Ph.D. Dr. Miller examines the complexity of alienation cases, explains why such cases are so counterintuitive, even to professionals, and describes how even the most experienced mental health practitioner can succumb to a variety of cognitive and clinical errors.

I will subsequently specify some of the more common counterintuitive mistakes and biases that occur in alienation cases. But I wish first to discuss how an experienced mental health professional can be fooled in these cases and may be no better at diagnosing alienation than a layperson.

Why is that so? For one thing, professionals who are assigned to conduct custody evaluations, provide reunification therapy, or represent a child in court are usually not experts in alienation and estrangement. Parental alienation is a highly specialized area, a subspecialty within the field of family dynamics and family systems therapy. It requires special knowledge and special skills. But most mental health professionals have received little or no specialized training in these areas.

For instance, most custody evaluations are performed by clinical psychologists. And yet, the usual doctoral degree in clinical psychology does not include even a single course in family dynamics. Although I collaborate with many knowledgeable PAS-aware psychologists – many of whom are excellent, superb clinicians – they have usually gained their expertise in parental alienation through extensive practice experience, not as part of their formal training. A similar situation exists within the discipline of child psychiatry, which generally provides little or no specialized training in family dynamics. Although some degree programs in clinical social work offer the option of specializing in family dynamics and family therapy, that is only an option, and many clinical social workers have little or no background in this area. Among mental health professionals,

one of the few degrees that actually require formal training in family dynamics is a degree in marriage and family systems therapy, and even those who hold that degree are not necessarily experts in alienation and estrangement.

The bottom line is that not all mental health practitioners have the required expertise to handle cases of parental alienation, and not all therapists are bona fide specialists, let alone subspecialists, in alienation and estrangement.

Thus, parental alienation is a complex subspecialty that requires special expertise. To make this point, I sometimes use the following analogy: both a tax attorney and a divorce lawyer have gone to law school, and are presumably familiar with basic legal principles. Nevertheless, each would probably be over his or her head – like a fish out of water – if he or she attempted to practice the other specialty.

The situation is even more problematic for attorneys who deal with parental alienation. As previously noted, such cases are highly-counterintuitive, and attorneys who do not have special expertise in this area can make a multitude of cognitive, legal and strategic errors – including serious errors when trying these cases in court. Although Dr. Miller has described more than 30 such errors, some are particularly important and are highlighted here.

- *Most professionals believe that if a child has rejected a parent, the parent must have done something to warrant it.* Few people would even think of another explanation: namely that the child had been programmed or brainwashed, just like what occurs in a cult or in the well-known Stockholm syndrome. But if one were to compare alienated children to foster children – specifically, children who had been removed from their parents due to actual abuse and neglect – the difference would be obvious. Children who have truly been abused crave a relationship with their parents. Paradoxically – and this is what makes it so counterintuitive – with few exceptions, abused children protect their abusive parents. They do not disparage, attack or reject them. I myself saw this consistently during my 24 years of working in New York State’s Child Welfare System.
- *Most professionals believe that it is unlikely that a child would align with an abusive, alienating parent.* What is missed here is that the child is vulnerable to the manipulations of the alienating parent, such as bribery, abuse of authority and power, and permissiveness. We know how it is generally the targeted/alienated parent who enforces the appropriate discipline to fill the parental vacuum vacated by the alienating parent. By doing so, targeted/alienated parents are incredibly misunderstood and doubly victimized by the inexperienced professional, who then labels them as too harsh and not respectful of their children’s feelings and wishes.
- *Most professionals confuse pathological enmeshment with healthy bonding.* To the naïve observer, the closeness and clinging seen with enmeshed parent-child relationships seems normal, even healthy. But it is not. As a result of this dysfunctional relationship, alienated children lose their individuality; must suppress their natural feelings of love and need for a parent; and are manipulated to do the bidding of the alienating parent. That is extremely dangerous and damaging to the child.

Having fallen prey to these and other cognitive errors, mental health professionals who lack expertise in alienation then succumb to other biases that lead them to conclude that the alienating parent is competent and the targeted parent is not – in other words, those professionals get it backwards.

For example, the targeted parent frequently presents with symptoms of anxiety, depression and fear. What PAS-unaware professionals fail to understand is that these symptoms are *situational* and maintained by the alienation and are not dispositional. As noted by Dr. Miller, this is called *the fundamental attribution error*. It is one of the most common and pernicious cognitive errors. Likewise, it is common for PAS-unaware professionals to conclude that a targeted parent's anger is the result of a character flaw instead of the result of trauma caused by the alienation. This may include:

Having been maltreated by the other parent and the child;

Being maltreated by the professionals in the mental health and/or judicial systems and who have been coopted by the alienating parent;

- Being falsely accused of abusing his or her child;
- Fearing incarceration due to false allegations; or
- Being drained of financial resources or pushed into bankruptcy.

Even the most emotionally stable individual would become anxious and angry in the face of such attacks.

Another common error is to fail to adequately consider the baseline situation. If the primary problem is alienation, then, by definition, the targeted parent's behavior was generally acceptable and there was no evidence of abuse or neglect. His or her functioning was adequate, and the relationship with the child was good or normal. Yet some professionals ignore these critical elements of the family's history, placing too much emphasis on their personal observations and too little emphasis on the baseline relationships.

Other common cognitive errors in such cases include:

- *Anchoring*. As used in cognitive science, anchoring refers to a phenomenon in which a judgment is unduly influenced by initial information, and there is inadequate adjustment when additional, contradictory information becomes available.
- *Confirmation bias*. Once anchored to an opinion, the PAS-unaware professional can succumb to *confirmation bias*, which is a tendency to focus on evidence that might confirm a hypothesis while neglecting evidence that might refute it.
- *Premature closure*. This cognitive error ensues when the evaluator arrives at a final conclusion or diagnosis before obtaining and considering sufficient information. Factors that lead to premature closure in alienation cases include but are not limited to completing and submitting a custody evaluation without obtaining information from the targeted parent's long-standing therapist; failing to interview all relevant collateral contacts, especially collateral contacts who have positive things to say about the targeted parent or from those who can confirm the alienation; and failure to properly assess intra-family relationships by doing semi-structured interviews not only with the family as a whole and with various sub-groups but with each individual member.

Given the immense responsibility of professionals who intervene in children's lives, it behooves us to employ the highest standard of professional conduct and ethics. That means selecting only professionals who have adequate expertise and skill to handle such cases. Because they are so counterintuitive, many cases require a *subspecialist in alienation and estrangement* in order to reliably rule in, or rule out, alienation, and distinguish it from true estrangement.

Author's notes: (1) The preceding comments about custody evaluators also apply to reunification therapists and other professionals. I have written extensively about appropriate therapy in my 2012 book, *The Parental Alienation Syndrome: A Family Therapy and Collaborative Systems Approach to Amelioration*. I also contributed a chapter on treatment to *Working With Alienated Children and Families: A Clinical Guidebook* (2012), i.e., the book previously discussed in this article. I look forward to contributing an article summarizing treatment issues in cases of parental alienation to National Parents Organization. (2) I would like to thank Dr. Steven Miller for reviewing this manuscript and offering suggestions prior to publication.