

**WHY, IN GENERAL, ARE
TRADITIONAL THERAPIES
WORSE THAN WORTHLESS FOR THE
TREATMENT OF PARENTAL ALIENATION?
AND WHO SAYS SO?**

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EAPAP INTERNATIONAL CONFERENCE

London, England

DAY 2 – Friday, August 31, 2018

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GOALS AND OBJECTIVES

- To raise consciousness!
- To review common treatment errors.
 - This is about what not to do.
 - Subsequent speakers will address what to do.
- There are 25 counterintuitive pitfalls!
 - The medium is the message!

Baker, Timothy (2009). Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavior health care. *Psychological Science in the Public Interest*.

“Clinical psychologists' failure to achieve a more significant impact on clinical and public health may be traced to their deep ambivalence about the role of science and their lack of adequate science training ... Clinical psychology resembles medicine at a point in its history when practitioners were operating in a largely prescientific manner.”

Begley, Sharon (2009). Ignoring the evidence: Why do psychologists reject science? *Newsweek*.

Reporting on the study by Baker, T. et al.:

“When confronted with evidence that treatments they offer are not supported by science, clinicians argue that they know better than some study what works ... Baker’s team suggests a new accreditation system to ‘stigmatize ascientific training programs and practitioners’ ... That may produce a new generation of therapists who apply science, but it won’t do a thing about those now in practice.”

Mischel, Walter (2009). Newsweek.

“The disconnect between what clinicians do and what science has discovered is an unconscionable embarrassment.”

“An important scientific innovation rarely makes its way by gradually winning over and converting its opponents. What does happen is that its opponents gradually die out and the new generation is familiarized with the idea from the beginning.”

Max Planck

Nobel Laureate in Physics, 1918

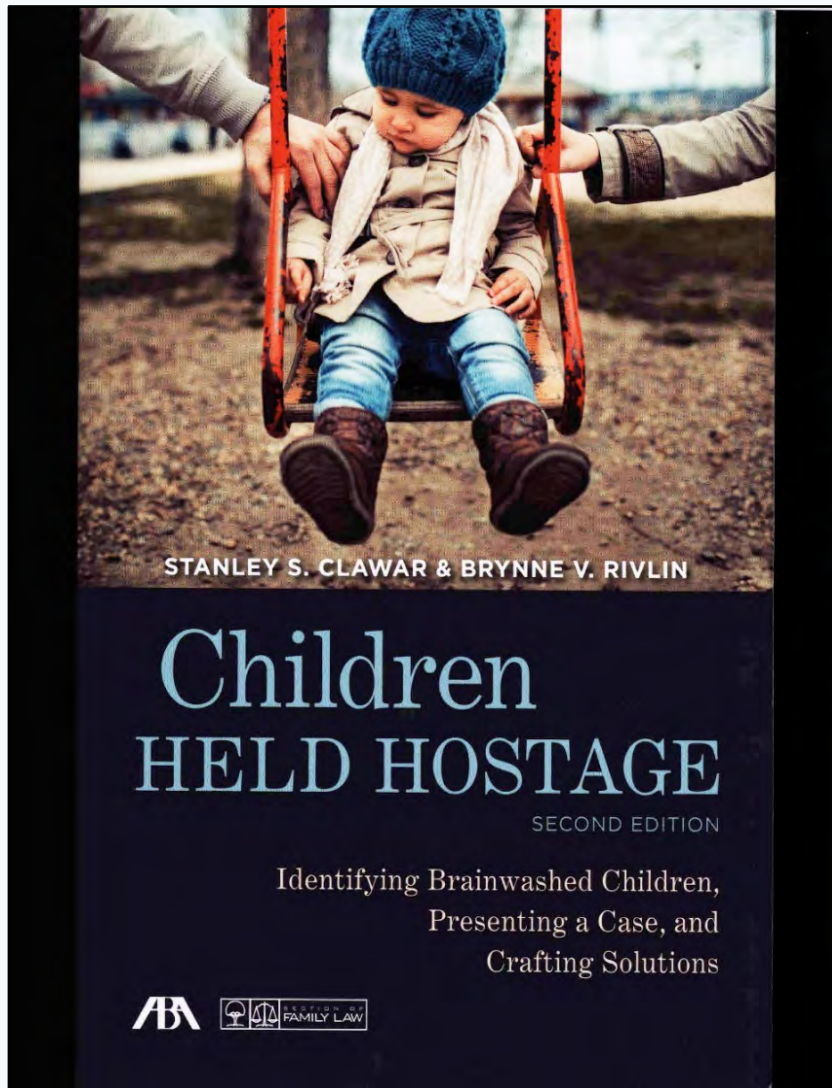
**If your only tool is a hammer
every problem tends to look like a nail.**

**You have to know the rules
before you're allowed to break them.**

TWO USEFUL QUESTIONS

- **Is this science, or is it a belief system?**
- **Is this science, or is it an ideology masquerading as science?**

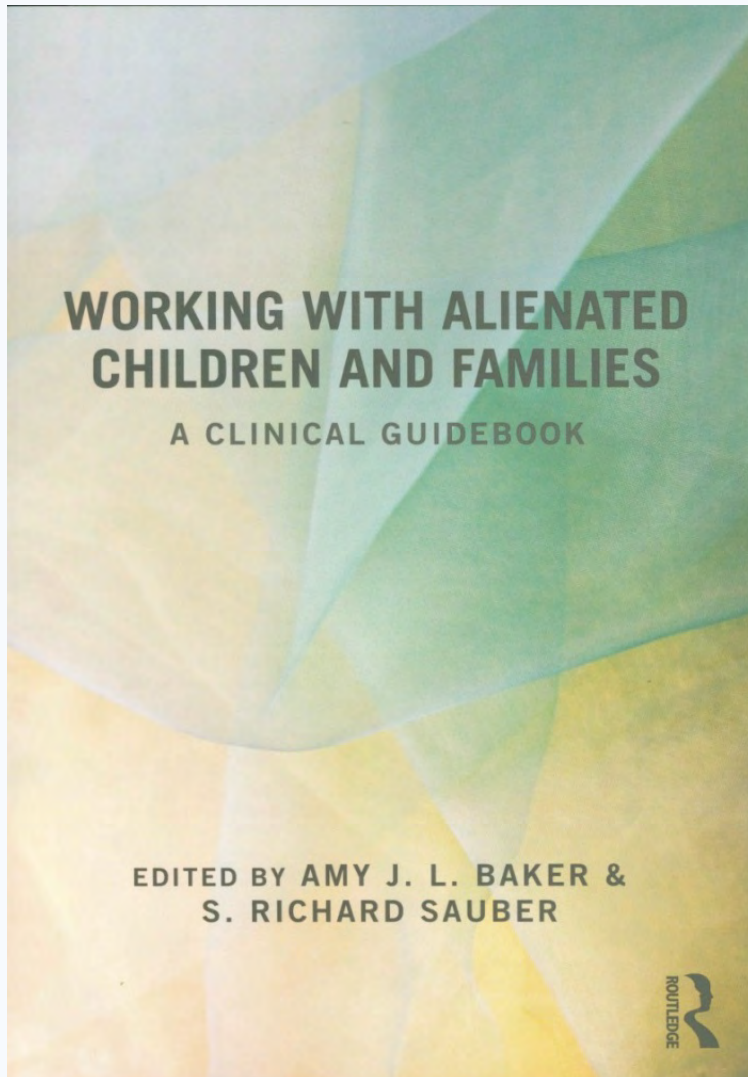
**Many people
who claim to go by the book
have never read the book
or even know which book**



**From the Second Edition,
published by the
American Bar Association,
2013:**

**"We have added 300 new cases
to our original sample of 700,
for a total of 1000 cases . . . Our
research continues to confirm
that, even under court order,
traditional therapies are of
little, if any, benefit in regard to
treating this form of child
abuse." (Preface, page xxvii.)**

Clawar and Rivlin, 2013



**Edited by
Baker and Sauber, 2013**

**“Therapists who insist on a trial of
conventional therapy
(e.g., to ‘see for myself’)
are exceedingly unlikely to succeed ...
Such an approach is worse than
worthless because while the
therapist provides futile treatment,
the child, already injured, is deprived
of effective intervention—
including protection.”**

**Miller, Steven G.
Clinical Reasoning and Decision-
Making in Cases of Child
Alignment: Diagnostic and
Therapeutic Issues. Chapter 2,
Page 16 (emphasis added).**

Some Additional References

- Warshak, Richard (2015). Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy. *Professional Psychology: Research and Practice*. American Psychological Association.
- Warshak's Fallacy 9: “Severely alienated children are best treated with traditional therapy techniques while living primarily with their favored parent.”
 - ♦ “Case studies and clinical experience suggest that psychotherapy while children remain under the care of their favored parent is unlikely to repair damaged parent-child relationships and may make things worse [9 citations provided] ... “

- ♦ “The poor track record of traditional psychotherapy with alienated children who live predominately with their favored parent should inform evaluators’ recommendations of interventions.”
- ♦ “Therapists should not prolong therapy with alienated children in circumstances where the therapy has little chance of success.”

■ Reay, Kathleen (2015). Family Reflections: A Promising Therapeutic Program Designed to Treat Severely Alienated Children and Their Family System. *American Journal Of Family Therapy*.

- “In separation and divorce cases where a child is severely alienated from a once loved parent, traditional therapeutic approaches grossly fail ... entirely different therapeutic skills are needed.”
- “All in all, the reality is that typical or conventional office therapy is virtually never successful in severe cases, and often makes things catastrophically worse.”

- Fidler, Barbara Jo & Bala, Nicholas (2010). Children resisting postseparation contact with a parent: concepts, controversies, and conundrums. *Family Court Review*.
 - “More severe alienation cases are unlikely to be responsive to therapeutic or psycho-educational interventions in the absence of either a temporary interruption of contact between the child and the alienating parent or more permanent custody reversal.”

25 CRITICAL POINTS ABOUT PARENTAL ALIENATION THAT NON-SPECIALISTS PROBABLY DON'T KNOW

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 - Techniques that might be effective in other settings, but are not effective for PA, and often make things worse.
 - In general, traditional therapy is contraindicated.
 - The word *contraindicated* does not mean “not indicated” – it means forbidden.

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 - The word *contraindicated* does not mean “not indicated” – it means forbidden.
- Heuristic rules of thumb that must be broken to have a significant chance of success and/or a good outcome.

**BEWARE OF
SIMPLISTIC HEURISTIC THINKING**

DON'T SHOOT THE MESSENGER!

THE SAD CASE OF THE UNGIVEN GUITAR LESSONS

- An alienated father and two daughters, ages 12 and 15.
- The children express interest in music and the guitar.
- Father buys each child two guitars—one for each home.
- He also provides them with two music books.

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- The children never again have another guitar lesson.
- Within months, the reunification therapy fails; the children refuse to attend sessions and aggressively attack the therapist.

What went wrong?

- The therapist made several serious errors. She:
 - Further empowered the already over-empowered children.
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- The therapist made several serious errors. She:
 - Further empowered the already over-empowered children.
 - Further disempowered the already disempowered parent.
- She should have done the exact opposite.
- More precisely, she should have:
 - Disempowered the over-empowered children.
 - Re-empowered the disempowered father.
 - Commended the father for coming up with the idea of a shared activity in which he could assume a parental role.
 - Put the father in charge of the that activity.
 - And put the father in charge of the children in general.
- For most therapists, that would be highly counterintuitive.

1. In general, reunification therapists should not have a therapist-client relationship with the alienating parent.

2. In general, reunification therapists should not try to forge a therapeutic alliance with the alienating parent.

3. It is NEVER appropriate for a therapist to treat ANY condition without first evaluating the client or clients.

- It is NEVER appropriate to provide generic treatment for “a relationship problem” without an evaluation.
- It is NEVER appropriate for a therapist to fail to evaluate a child or family because he or she was “not appointed to do an evaluation.”
 - This is a prime example of the equivocation fallacy.
 - Therapists who make this claim attempt to equate a routine clinical evaluation (with a small e)—for which an evaluation is ALWAYS required—with a formal Forensic Evaluation (with a capital E).
- No one should EVER fall for this common ploy!

4. Cases of PA—or even suspected PA—are inherently forensic; they require the therapist to have much special expertise, and some of that is forensic expertise.

- For example:
 - The therapist should not accept statements at face value.
 - The therapist may need to obtain collateral source information.
 - The therapist needs to keep adequate records.
- An incorrect diagnosis will almost always lead to incorrect treatment.
 - That is because the treatment of alienation is entirely different from the treatment for estrangement—they are almost polar opposites.

5. One of the worst mistakes a reunification therapist can make is to over-empathize with the alienating parent.

- Alienating parents typically have a personality disorder:
 - Borderline
 - Narcissistic
 - Sociopathic
 - Other
- Such individuals tend to be:
 - Charming
 - Master manipulators
 - Accomplished liars
 - Highly-skilled at impression management
- Non-specialists typically fall prey to the alienating parent's sophisticated manipulations.

6. In general, therapists are taught “Don’t take sides” or “Never take sides.” That heuristic rule is not appropriate for cases of PA because, at their core, such cases entail child abuse and require child protection.

- That doesn’t necessarily mean a therapist should have an adversarial relationship with the alienating parent.
- Still, some confrontation and/or an adversarial relationship may be unavoidable.
 - Caveat: If alienating parents see or hear anything they don’t like—e.g., that the therapist recognizes the alienation—they undermine the therapy and attempt get rid of the therapist, often cleverly.
- One can make judgments without being judgmental.

7. Most of the techniques used for other types of relationship problems, e.g., marriage counseling, are strikingly ineffective for PA and can be very harmful.

- The technique of “mirroring, empathizing and validating” is of limited value even for marriage counseling; for PA, it is grossly inadequate and often harmful (in part because it tends to “validate” the child’s delusions).
- In general, reunification therapists should not follow the heuristic rules that say:
 - *If one party wants to be there and the other does not, focus on, and work with, the one who wants to be there.*
 - *If one party has the capacity to change and the other does not, focus on, and work with, the one who has the capacity.*

8. Reunification therapists should not allow—and should certainly not encourage—the sessions to be a forum for the child to: (A) voice unjustified or delusional opinions; (B) promote the alienation narrative; (C) assert alleged grievances that have no basis in reality; or (D) disrespect or denigrate the targeted parent.

- In other words, therapy sessions should not be allowed to become “complaint sessions” or “bitch sessions.”
- Nor should they be allowed to “validate” the child’s false beliefs, cognitive distortions, or delusional thinking.

9. Although therapists should not criticize the alienating parent in front of the children, they must correct that parent's inaccurate (alienation) narrative, discredit any false allegations, and get the children to give up their dysfunctional or delusional beliefs.

- Most therapists don't do this.
- Most therapists don't want to do this.
- Most therapists don't know how to do this.

10. In general, it is not appropriate for a therapist to promote the premise that an alienated child's cognitive distortions or delusions "are real to [him or her]" and should therefore be "respected" and validated.

- One of the therapist's main roles should be to correct the child's distorted or delusional thinking—not to reinforce or validate it.
- It is abusive to an alienated child to encourage or permit him or her to relive the alienation dynamics.

11. Therapists who work with alienated children and families should create a safe environment in which the child feels free to express positive thoughts and feelings with the previously rejected parent.

- An alienated child needs “permission” to do this.
- An alienated child needs protection to do this.
 - That may not be possible if the child is living with the alienating parent.
 - ♦ To achieve a good outcome for the child, it may be necessary for the therapist to inform the court of this.
 - ♦ That is one reason why, in general, reunification therapists should not have a client-therapist relationship with the alienating parent.

12. To be successful, reunification therapists may need to adopt an authoritarian approach; they may not only need to set limits, but to mete out consequences.

- This makes many therapists very uncomfortable.
 - Some do not have the temperament for that.
 - Some do not have the skills for that.
 - Some do not understand the need for that.
- Failure to mete out consequences, or at least to make it clear that the therapist will not hesitate to do so, is a recipe for disaster.
- Among other things, it tends to further empower the child and to invite attacks on the therapist.
- The proper approach entails non-punitive limit-setting.

13. Reunification therapists should rarely, if ever, give an alienated child permission to remain silent, or to otherwise not participate, in the therapy sessions.

- Unfortunately, this mistake is quite common.
- It almost always backfires.
- In effect, the therapist has painted him- or herself into a corner because it is difficult to rescind such permission.
- Why would a therapist do such thing?
 - It might be related to a misguided desire to forge a therapeutic alliance with the child.
 - It surely indicates a lack of understanding of the psycho-dynamics, the power-dynamics, and the treatment priorities.

14. Reunification therapists should not further empower the already over-empowered alienated child.

- In an alienated family, there has been a reversal of the normal power hierarchy such that the alienated child is higher—and has more power—than the alienated parent.
- As previously noted, one of the worst things a therapist can do is to further empower an over-empowered child.
 - Unfortunately, that is not only common, but it is usually part of the non-specialist's primary strategy.
 - ♦ "Give him a say so he feels he has some control."
 - ♦ "Let her participate in the decisions."
 - ♦ "Let them decide how often to see [him][her]."

15. In striking contrast, reunification therapists should: (A) disempower the over-empowered child; and (B) re-empower the disempowered parent.

- As previously noted, most therapists do the exact opposite—with predictably poor results. They:
 - Do not understand the family dynamics.
 - Do not understand the power dynamics.
 - Do not understand how harmful such an approach is to both the child and the targeted parent.
 - Have been taught to “Listen to the child.”
 - Have tragically misguided ideas as to how an alienated child is likely to react to such an approach.
 - ♦ Which, from a clinical perspective, is not well.

16. Reunification therapists should not base their treatment plans—or put undue emphasis—on having the targeted parent apologize, empathize, or listen better.

- To be sure, if the alienated parent has done something that genuinely requires an apology, then the parent should be advised and/or encouraged to apologize. That is reasonable.
- HOWEVER, it is very dangerous for a therapist to over-emphasize the role of apologizing to the child.
 - Children tend to see right through such apologies.
 - Apologies can reinforce the child's over-empowerment.
 - They provide ammunition to the alienating parent.
 - They further disempower the targeted parent.
 - They tend to be humiliating to the targeted parent.
- Apologizing should not be the primary focus of therapy!

17. Reunification therapists should not base their treatment plans—or put undue emphasis—on having the targeted parent improve his or her empathizing, listening, and other parenting skills.

- Those who employ such treatment techniques show a lack of understanding as to:
 - Why the child became alienated in the first place.
 - The nature and severity of the child's current problems.
 - How to safely and effectively treat the child's problems.
- Above all, focusing on the parenting skills of the targeted parent fails to treat the underlying condition.

18. Proper treatment of PA requires an approach based on a child maltreatment and child protection model.

- PA meets standard criteria for psychological and emotional abuse and psychological maltreatment.
- In 2018, that is not debatable.
 - For example, the American Professional Society on the Abuse of Children (APSAC) (2018) provides the following examples of Psychological Maltreatment:
 - ◆ Under “EXPLOITING/CORRUPTING”: To undermine the child’s relationship with the other parent.
 - ◆ Under “TERRORIZING”: To put the child in a loyalty conflict in which the child must choose to have a relationship with one parent or the other.

19. One of the worst mistakes a reunification therapist can make is to fail to recognize serious underlying psychopathology.

- As previously noted, most alienating parents have one or more personality disorders.
 - ◆ Borderline
 - ◆ Narcissistic
 - ◆ Sociopathic
 - ◆ Other (e.g., paranoid)
- An alienated child may show signs of a developing personality disorder.
- If present or even suspected, such conditions should inform the treatment plan.

20. With few exceptions, it is usually inappropriate—and often catastrophic—to advise an alienated parent to “step back in order to get the child to come to you.”

- If the situation entails parental alienation, this virtually never works and will often cause great harm.
- Such advice, however well-intentioned, reflects a lack of understanding of:
 - The family dynamics.
 - The fact that, essentially, the child has been brainwashed and is a hostage.
 - The fact that PA is a form of child abuse.
 - The natural history and prognosis without prompt intervention and treatment.

21. In treating parental alienation, it is rarely appropriate to advise that resumption of contact with the alienated parent be done gradually and slowly over time.

- It is generally not appropriate—and usually harmful—to advise that a child and alienated parent should take “baby steps” in order to give the child time to adjust.
- This error usually reflects a misunderstanding of the clinical priorities and how proper interventions work.
- It also sends some terrible and damaging messages:
 - Mom/Dad is stressful if not dangerous; the child can tolerate Mom/Dad only in small doses; X hours per week is perfectly reasonable; and so on.

22. Clinicians who provide reunification therapy should not place unjustified faith in, or unduly rely on, simplistic techniques for creating cognitive dissonance in the child.

- *Cognitive dissonance* is the mental discomfort that occurs when people try to hold two contradictory beliefs, values, or ideas in mind at the same time. Typically, it is triggered when people encounter new evidence that is not consistent with their prior beliefs, values, or ideas.
- Under *cognitive dissonance theory*, people try to resolve such contradictions in order to reduce their discomfort.
- Therapists who do not specialize in treating PA often misunderstand and misapply cognitive dissonance theory when treating alienated children.

- Therapists who treat PA with traditional techniques often believe that, by encouraging, or arranging for, an alienated child to have “positive experiences” with the rejected parent, the child is likely to discard his or her negative beliefs.
- They hope that, even with limited positive contact, the child will realize that the parent is not the problematic or deficient person the child believes him or her to be.
- That is not what cognitive dissonance theory predicts under the circumstances. Rather, given how invested most alienated children are in both the situation and the narrative, it predicts that the child will probably reject the new evidence and cling firmly to his or her prior beliefs.

- In addition, therapists who have unjustified confidence in their attempts to create cognitive dissonance:
 - Tend to underestimate the role of the alienating parent in causing and perpetuating the alienation.
 - ♦ CAVEAT: For some alienators, it is their MISSION IN LIFE to destroy the child's relationship with the other parent. They will do ALMOST ANYTHING to ensure the success of that mission.
 - Tend to accept the alienating parent's narrative or don't really believe it's PA.
 - Fail to recognize the severity and gravity of the alienation and/or enmeshment ("severity neglect").
 - Fail to appreciate the depth and extent of the child's cognitive distortions and/or delusional thinking.

23. One of the worst mistakes a therapist can make is to fail to honor, or fail to support, an order for protective separation—i.e., a “no contact” order—when such an order is clinically indicated.

- In cases of severe alienation, therapy is virtually NEVER successful without a strong, properly written court order.
 - Optimistic predictions of success without such an order generally reflect either a lack of clinical understanding or a financial incentive to provide pseudoscientific information to the court.
- The same is true for cases of moderate alienation unless there are strong judicial orders to serve as a deterrent to the alienating parent.
 - As an aside, traditional therapy is generally ineffective for mild alienation, as well.

24. Since traditional reunification therapy has virtually no chance of success, practitioners who provide such therapy are providing futile treatment. Therefore, it is rarely, if ever, appropriate for a therapist to blame the alienated parent for the failure of such therapy.

- Unfortunately, it is very common for therapists who do not specialize in this area to provide futile treatment—even when contraindicated—and, when the treatment inevitably fails, to blame the targeted parent.
- That is a violation of the laws of logic and probability. If, from the start, a given treatment has no chance of success, then an alleged lack of compliance by the client or patient cannot be a proximate cause of the subsequent and inevitable treatment failure.

- Incidentally, it is a fundamental principle of clinical practice that it is unethical to provide futile treatment to patients or clients, especially if the treatment is expensive or associated with a significant risk of substantial harm.

25. Success in therapy should be defined as the restoration of a normal relationship between the child and the parent – not a subjective opinion by the therapist or anyone else that the child is allegedly “making progress.”

- Alleged progress should be based on objective criteria. It should not be based on a therapist’s vague, subjective impression that the child and the parent are allegedly “making progress” or “doing better.”
- In general, if a therapist has not meet the treatment goals within a specified time, the duration of therapy should not be extended based on a bald claim that, with more time, the therapy is likely to be successful.
- With proper intervention, a normal relationship is usually achieved in days or weeks, not months or years.

CONCLUSION

- My main goal was to raise consciousness.
- I can't teach this in 40 minutes—or even 40 hours!
- The medium is the message!
 - Hopefully, the mere fact that there are at least 25 of these counterintuitive pitfalls will be instructive to those who deal with such cases.

Thank You Very Much!

**For a copy of this slide set
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