

## **Parent-Rejecting Children and Therapeutic Reunification**

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Many, if not most, children in non-abusive families have equal, close to equal, or equivalent emotional relationships with their parents even when their parents are separated or divorced. In highly conflicted families some children form a very strong bond and alignment with one parent and, simultaneously, a strong rejection of the other. Estimates of the incidence of such extreme alignments vary from 11% of 131 children (Drozd & Olesen, 2004; Wallerstein & Kelly, 1980) and 15% of 215 children (Johnson, 2003) to 27% of 125 children (Johnston, Lee, Olesen, & Gans Walters, 2004)."

Understanding the basis for the child's rejection of a parent and repairing the relationship rift challenges the court, attorneys and mental health professionals. Since Richard Gardner, MD (in self-published rather than peer-published articles) focused attention on the problems with Parental Alienation Syndrome (1986) lively discourse has produced better understanding of the myriad factors that produce parent-rejecting children. Familiarity with "groupings" of children who reject parents is key to understanding how the rejection came about.

### **Groupings of children who reject parents**

Sometimes a child prefers one parent over the other for simple and benign reasons. Often the preference is the outcome of complex factors interacting with one another. In the most tragic cases, the child's preference is caused by pernicious parental manipulation.

- *Positive (healthy) relating children* value both parents and clearly wish to spend significant and sometimes equal amounts of time with each parent.
- *Affinity* is a situation in which a child is *much* closer emotionally to one parent than to the other. The child feels more emotionally connected to one parent because of gender, age, shared interests, sibling preference of parents, parenting practices (greater involvement with one parent).
- *Allied (aligned)* children express consistent preference for a parent and often want limited contact with the non-preferred parent. Alliances between children and parents might arise from intense marital conflict in which the children are encouraged to take sides or carry hostile messages. Most often alliance arises in older school-age children in response to the dynamics of the separation involving the child's moral assessment about which parent caused the divorce, who is hurt and vulnerable, and who needs or deserves the child's allegiance and support. Most allied children are able to acknowledge that they love the other parent.
- *Estranged children* are realistically estranged from one parent as a consequence of family violence, abuse, or neglect. Often they feel safe enough to reject the violent or abusive parent only after the separation. Children can be estranged in response to severe parenting deficiencies including persistent immature and self-centered behaviors by the rejected parent; chronic emotional abuse of the child or

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- preferred parent; physical abuse that goes undetected; angry, rigid and restrictive parenting styles; and gross psychiatric disturbance or substance abuse.
- *Alienated children* express their rejection of the parent stridently and without apparent guilt or ambivalence and they strongly resist or completely refuse any contact with the rejected parent. The child's grossly negative views and feelings are significantly distorted and exaggerated. For the most part, the rejected parent falls within the broad range of "marginal" to "good enough" parenting skills, and sometimes has "better than average" parent skills with no history of physical or emotional abuse of the child. Note: Argument in court about whether PAS exists and is a "syndrome" is a straw dog. Mental health professionals in family court focus on describing types, degrees and origins of parent-rejection, not on establishing a diagnosis.

A child may belong in one grouping, but often the origin of the rejection process is found in several groupings. Nichols (2008) developed an assessment tool which describes co-occurring rejection processes across groupings. It also provides for the possibility that a parent's alienating behavior had limited impact on the child.

- **Rejection present while parents living together**  
None-----Mild-----Moderate-----Extreme
  - **Affinity with preferred parent**  
None-----Mild-----Moderate-----Extreme
  - **Alignment with preferred parent**  
None-----Mild-----Moderate-----Extreme
- **Estrangement/poor parenting by rejected parent**  
None-----Mild-----Moderate-----Extreme
- **Attempted alienation by father**  
None---Mild---Moderate---Extreme
- **Effected alienation by father**  
None---Mild---Moderate---Extreme
- **Attempted alienation by mother**  
None---Mild---Moderate---Extreme
- **Effected alienation by mother**  
None---Mild---Moderate---Extreme

A comprehensive assessment identifies contributions to the rejection process by parents, stepparents, grandparents, family friends, mental health and legal professionals, and the children. Based on the assessment therapeutic reunification (TR) is organized with specific and realistic goals.

### **The Therapeutic Reunification (TR) Treatment Model – spill, align, educate, monitor**

The treatment model has 4 components:

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- 1) Spill – allow the parties and their children to vent their story in full.
- 2) Align – demonstrate to the clients that you understand the problem and can help; allay fears about the children’s safety; and enlist parents’ help
- 3) Educate - parents about different parent-rejecting patterns; the benefits and risks of TR; that TR has different stages (e.g., in office TR sessions, out of office supervised parenting time and out of office public parenting-time); misunderstandings about the other parent and the children; and how to increase co-parenting cooperation.
- 4) Monitor – emphasize that compliance with the court-ordered parenting plan is absolute. After each TR session with the rejected parent and the children explain in great detail to the preferred parent what happened in session. Ask the children if the rejected parent is being skillful, what behavior/activities are working and what could use improvements. Discuss with the rejected parent what is and is not working. Keep the attorneys and the court informed (e.g., written updates to court and teleconferences with counsel).

### **The Therapeutic Reunification Process**

Re-building a parent-child relationship requires the coordinated efforts of the court, attorneys, mental health professionals, parents, significant other and children - it is herding a litter of cats.

The first step is a conference call with attorneys, GAL/BIA, and parties to establish a stipulated therapeutic contract. The contract identifies who is involved in the TR process, reunification goals and a schedule for meeting goals. It specifies that TR occurs within a family therapy model in which the therapist meets with various configurations of family members (including extended family and significant others) depending on need. The contract specifies the hierarchy of authority for the case, the limits of confidentiality, responsibility for payment of fees, and a grievance procedure.

After the structure is in place, the Therapeutic Interventionist (TI) has individual meetings with each parent and the children. TR proper then begins. A top priority is the TI facilitating communication about scheduling, incidents, successes and setbacks. When TR goes well the mental health professional wins the family’s trust and functions as a baffle for the difficult emotions and challenges which invariably accompany the process.

### *The Rejected Parent*

The Therapeutic Interventionist encourages the rejected parent to tell their story in detail. Communicating appreciation for the rejected parent’s frustrations and anger, fears, and theories about how the rejection happened generates alignment. Offering hope and a sense of efficacy is critical. Usually rejected parents are ravaged by sadness, shame and anger over loss of relationship with their children and prone to feeling disempowered and victimized. The TI educates the parent about professional perspectives on why children reject parents. They discuss possible and likely explanations about what happened in the family. Next identify treatment goals for the rejected parent which may include:

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- Avoid “victim” thinking which encourages anger and withdrawal in response to conflict.
- Make an apology to the children, taking responsibility for each of the children’s concerns. For example, if the children alleged the rejected parent was sexually inappropriate the rejected parent might say, “I know you feel that I did not respect your privacy/sexual/body boundaries. I am sorry you got hurt or scared in any way. I want to hear about how you want me to respect your boundaries, and I will follow the rules for privacy, personal space, and other boundaries. I will not hurt or scare you. If you ever feel I violated your boundaries in any way I want you to tell your mother, teacher, therapist or anyone you know to be your helper. I hope that over time you will feel comfortable to tell me directly if I am breaking your rules.”
- Increase their capacity to maintain emotional composure when offended by their child’s lack of respect, gratitude, and compassion.
- Reduce the impact of the shame, guilt, loss and depression experienced when rejected by a child.
- Improve parenting skills such empathy, nurturing, and flexibility while avoiding critical and demanding behavior.
- Reestablish parental authority in a patient, creative and thoughtful way rather than threatening to impose or coerce respect and compliance.
- Develop special routines with the rejecting child; not try to “talk” the rejecting child out of their feelings and beliefs.
- Identify key beliefs and self-statements about the other parent and children which keep them feeling hurt and angry and eventually replace them with compassion.
- Learn to avoid critical mistakes, e.g. being late for pick-ups, making critical comments about the preferred parent to the child, arguing that the child has mistaken beliefs or has been brainwashed.

### The Preferred Parent

The TI meets with preferred parent individually so they can tell their story in detail. The TI emphasizes that the top priority is the children’s psychological health and safety. The benefits and risks of therapeutic reunification are reviewed. Participation of the preferred parent in the reunification process is solicited as critical. The parent is educated about how professionals think about why children reject parents. The preferred parent’s ideas about why the children are rejecting the other parent are discussed and other possible explanations are entertained. Treatment goals are identified for the preferred parent which may include:

- The preferred parent insists the child comply with the TI/court-ordered parenting schedule.
- Design and implement a system of rewards and consequences for motivating the children to participate in reunification with the rejected parent.
- Avoid compensating for the rejected parent’s inadequacies by becoming overprotective of the children.
- Recognize how their fear and anger can fuel cognitive distortions about the rejected parent e.g.; belief that the rejected parent’s lack of skillfulness as a

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- marriage partner or as a parent during the marriage is equivalent to their parenting skills post-divorce; possibly overestimating the likelihood that the other parent harming the children; the importance of talking with the children about the parents behavior of the rejected parent; belief that elimination of the rejected parent is a good option; belief that a step-parent can replace a birth parent.
- Learn how to re-direct the children's critical comments about the rejected parent to the TI or directly to the rejected parent.
  - Increase co-parenting cooperation to demonstrate to the children their belief in the reunification process.

### The Children

The children tell their stories and make a list of concerns, to be shared, about each parent. The therapist expresses empathy for the difficulties they experience in the family and explains that because children do not talk to judges the therapist is their best voice in court. To preserve their neutrality, the therapist emphasizes that they were ordered by the judge to implement the reunification plan. The children are told that their grievances will be addressed and the therapist hopes they will find with the assistance of treatment for the rejected parent, that they experience the rejected-parent as benign and nurturing. The expectation is set that what is said during sessions will be shared with both parents and the court. Treatment goals for the children may include:

- Establish relationship rules for the children and the rejected parent to help the children feel safe and comfortable.
- Reduce their use of rude and coercive relationship tactics with the rejected parent.
- Discuss that they hear different versions of the truth from each parent, how that is annoying as well as confusing, and what they should and skills for sorting through the confusion.
- Develop their listening skills so they can accurately state both parents' points of view.
- Help them understand how alignment against a parent makes them the victim of a fight between their parents.
- Help them understand that their point of view about the rejected parent might be incomplete and influenced by their parents' fighting
- Increase their ability to talk and disagree with rejected parent and talk without getting angry.
- Arrange activities with rejected parent which are fun and avoid triggering resentment over past hurts.
- Acknowledge good faith effort by the rejected-parent.

### Significant Others

A rule of thumb in high conflict families is that significant others are not neutral – they make things appreciably better or worse. If significant others (romantic partners, grandparents, stepparents) are given a prominent voice in the parent/child conflicts, it is best to include them in TR from the beginning. They need to be educated about possible causes of the parent-rejection. Treatment goals for significant others may include:

- Insist on compliance with the court-ordered parenting plan.

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- Define their role as a safe harbor for the children.
- Carefully define the boundaries of their involvement in c-parenting process and decision-making
- Help the parents to reduce angry, critical comments about the other parent.
- Increase co-parenting cooperation by encouraging flexibility with the parenting schedule, increasing information exchange between the parents, and accepting the co-parent's parent's parenting style, e.g., disciplinary practices

In sum, in 15-20% of high conflict families a child rejects a parent. To reconcile the parent/child relationship an evaluation is needed which identifies the relative contribution of any of several causative factors. Therapeutic Reunification carefully orchestrates participation by legal and mental health professionals with the family. The Therapist Interventionist guides the family past objections arising from multiple sources toward treatment goals specific for each family member.

### References

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