THERAPEUTIC WORK WITH ALIENATED CHILDREN AND THEIR FAMILIES

Janet R. Johnston, Marjorie Gans Walters, and Steven Friedlander

This article describes goals and strategies for family-focused counseling and therapy when children are alienated from a parent after separation and divorce. The confidential intervention takes place within a legally defined contract and is based on a careful assessment of the dynamics of the multiple factors that contribute to the alienation and how the child's development is affected. Strategies for forming multiple therapeutic alliances with often reluctant, recalcitrant, and polarized parents are discussed together with ways of helping the child directly.

An *alienated child*—defined as "one who expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are significantly disproportionate to the child's actual experience with that parent" (Kelly & Johnston, 2001 [this issue], p. 251)—is often seen as needing treatment in the wake of divorce. The rationale for the kind of therapeutic intervention proposed in this article is based on the reformulation of the problem of the family dynamics of the alienated child as discussed in the accompanying article by Kelly and Johnston (2001).

Alienated children need a family-focused intervention that includes all parties—the child, siblings, both the aligned and rejected parents, and other family members (e.g., stepparents, grandparents)—determined to be contributing to the dynamics. The goal is to transform the child's distorted, rigidly held, polarized, and defensively split-off views of one parent as "all bad" and the other as "all good" into more realistic and measured ones, rooted in the child's actual experience of both parents. Simultaneously, the goal is to restore appropriate coparental and parent-child roles within the family. This includes reinstating the child's conflict-free access to the good parts or the positive attributes of both parents in ways that promote the child's healthy psychological development. Note that in framing the purpose of therapy in this manner, the goal of reunification with the rejected parent is not the primary goal of intervention, although it may be a consequence of achieving the primary goal.

The therapeutic approach to alienated children and their families described in this article stands in marked contrast to others that are largely coercive and punitive in nature (e.g., Gardner [1998] prescribed primarily court sanctions in mild and moderate cases and change of custody in severe ones). It draws on two decades of specialized knowledge and skill derived from more humane methods of educating, mediating, and counseling a range of divorcing families, from relatively normal to high-conflict ones (Garrity & Baris, 1994; Isaacs, Montalvo, & Abelsohn, 1986; Johnston & Campbell, 1988; Johnston & Roseby, 1997; McDonough & Bartha, 1999; Ricci, 1997; Saposnek, 1998). However, this approach acknowledges the need for judicious and coordinated use of legal constraints and case management together with these therapeutic interventions for effective outcome.

It is a prescription for stalemate or disaster to begin therapy with these families in a haphazard manner, without a thorough understanding of the specific dynamics and origins of the child's alienation and without a legal contract in place that authorizes the intervention. First, a careful clinical assessment or a thorough custody evaluation is vital to identifying an alienated child and to formulating the optimal therapeutic intervention for any one family (as

FAMILY COURT REVIEW, Vol. 39 No. 3, July 2001 316-333

described by Lee & Olesen, 2001 [this issue]). Because the specific goals and strategies of the therapy naturally emerge from a good assessment, there is not one right way to proceed. Second, a stipulation or court order that specifies the roles of all professionals, lines of communication, limits of confidentiality, and decision-making authority is necessary to provide an overarching, coordinated, rule-governed process for managing the ongoing family conflict and for implementing the therapeutic intervention. These court orders are usually the product of judicial case management (see Sullivan & Kelly, 2001 [this issue]) but may need to be set up by the therapist prior to commencing the actual therapy if there is no case manager available. An overview of necessary elements of a legal-therapeutic contract are provided in the appendix, and the reader is strongly encouraged to review this material to understand the context in which the following therapeutic goals and strategies are proposed.

To work with alienated children, there are different interventions that are necessary to make with different family members. The following discussion is divided into sections dealing with each family member, but typically, both parents need to be fully engaged in the therapy prior to the child work, and then, all of these interventions may take place concurrently.

THERAPEUTIC WORK WITH THE ALIGNED PARENT

Too often, aligned or so-called alienating parents are put off to the side and are neither expected nor encouraged to participate in helping their alienated child. They may be isolated as punishment or in the hope that this will disempower them. Professionals are often angry with them, intimidated by them, or have given them up as lost cause. Paradoxically, as aligned parents become isolated, they become more anxious, which may increase the intensity of the dynamics, both conscious and unconscious, that facilitate the alienation. They seek their own allies who uncritically endorse their status as victims and trump their cause. If excluded from the intervention plan, an aligned parent can become more powerful and polarized, the family pathology can become more entrenched, and therapy can become stalemated. There is a need to actively motivate the aligned parent's attendance in the family therapy and participation in the case management process. It may be necessary for him or her to be ordered by the court to participate, with sanctions prescribed for noncompliance (see Sullivan & Kelly, 2001).

Building a realistic, supportive therapeutic alliance with the aligned parent begins when the therapist seriously listens to and addresses each of his or her allegations about the other parent and the child's physical safety and emotional well-being while with the other parent. The goal is to help aligned parents sort through these concerns, differentiating those worries that are realistic from those that are distorted by their own fears, lack of knowledge of, and/or inability to communicate with the other parent. Typically, there are elements or a nucleus of validity to the parent's concerns about the other parent. Furthermore, the idea is to help them prioritize their realistic and legitimate concerns and to address each one. Shifts in treatment are not possible unless the therapist carefully acknowledges realistic concerns while guarding against an overgeneralized endorsement of a negatively polarized position. In the more difficult cases, the therapist will turn to the custody evaluator's report and any psychological testing of family members as important sources of validation of what are realistic concerns, as well as will rely on their own and others' ongoing observations. Using nontechnical, neutral, and nondemeaning descriptors, the therapist can carefully share selected objective observations with the aligned parent as corrective feedback to their distorted views. (See the accompanying paper by Lee & Olesen, 2001.)

Commonly, the overt agenda of the alienating parent is to monitor, protect, and rescue the child from the "bad" or "dangerous" other parent. In the face of a court order for the alienated child's visitation with the other parent, aligned parents usually feel more desperate and helpless in achieving their mission. The therapist notes that it is an impossible task for any parent to control what goes on when the child is in the care of the other parent. Instead, the therapist (or another member on the team) offers to work with both parents to address any realistic and legitimate concerns they have about one another by helping them both with their parenting judgment and skills. This may include monitoring areas of concern that have not been clearly proven or dismissed. It also includes validating parenting strengths that have not been recognized or honored. Moreover, each parent can be reassured that they will get feedback on what progress is made and what difficulties remain.

Another leverage in gaining the cooperation of the aligned parent involves addressing the issue of why the child should have a relationship with the other parent, despite the child's reluctance or refusal to do so and despite the other parent's alleged limitations. The therapist explains that there are profound psychological consequences for an alienated child's developing sense of self-esteem and capacity for future relationships and, via such educational intervention, hopefully arouses the concern of the aligned parent about specific negative potentialities for his or her child (Johnston & Roseby, 1997).

First, the aligned parent should know that children's self-esteem is undermined and fragmented by believing that they have one "good" and one "bad" parent. They struggle with split identifications: their own sense of being either "perfectly good" like one parent or "completely bad" like the other. Consequently, children have difficulty modulating self-esteem and self-efficacy. They try to present themselves as powerful and good and find it hard to cope with any sense of failure. They have limited capacity for ambivalence, to hold and tolerate opposite feelings.

Second, because many alienated children have troubled peer relationships, it is usually not difficult to point out to an aligned parent how this is true for their particular child. Alienated children's black-and-white, often harshly strident views and feelings toward themselves are usually reflected in dealings with peers. Friends and others who gratify them are "nice," "cool," and "good." Those who fail to do so are "mean" and "bad." These children tend to abruptly cut off or back away from relationships that are in any way problematic rather than to work through interpersonal difficulties. Allies easily become enemies, and peer cliques form and re-form around the splits and alignments that are often orchestrated by these children, far in excess of what is developmentally expectable. Moreover, parents can be warned that youths with limited capacities to sustain friendships can flip-flop between parents in an abrupt reversal during adolescence and young adulthood, making an "unholy alliance" with the currently rejected parent and leaving the currently aligned parent out in the cold. Absence of all contact also encourages the young person to build up unrealistic fantasies and illusions about the absent parent.

Third, children's anxiety about gender identity is magnified when they are alienated from a parent of their own gender. Moreover, their comfort with relating to persons of the opposite gender is eroded when they are in an alignment with a parent of their own gender. For instance, a boy aligned with his mother against his father may denigrate, as part of the denigration of his father, his own sense of being male. Or in the process of rejecting his mother, a boy may reject his need for all feminine connection. Typically, girls who are alienated from their fathers can become overly submissive and compliant and feel underconfident about their femininity. And those girls who are alienated from their mothers are often anxious about being their father's "preferred little woman" (the oedipal victor) and worried about

their mother's retaliation; they lack the feeling of having a safe female buffer in relation to the father and other males. The therapist can explain to the aligned parent that often during adolescence, these subterranean conflicts concerning gender can erupt. That is, at these times, alienated children are potential candidates for anxiety, depression, and self-destructive behavior such as sexual acting-out and substance abuse.

Fourth and most important, alienated children need to learn to cope realistically with the "problem" parent rather than to avoid the problem by running away and refusing to visit with or speak to the rejected parent. The therapist points out that there will always be difficult people in the world—be it a parent, teacher, coach, or boss—who pose a challenge for their youngsters. This is an opportunity for their child to learn a range of coping skills and good interpersonal judgment with the guidance of a therapist (or team of professionals), with appropriate protections in place against realistic concerns. Moreover, the aligned parent is invited to help and protect their child in a new way, by promoting independence and helping the child manage the relationship with the rejected parent. The hope and promise is that compared to their parents, these children will grow up to make better choices and to be better able to protect themselves from victimization. Usually, an aligned parent will ruefully agree that this is an important goal.

Some aligned parents will not be convinced by arguments about their child's need for a relationship with the rejected parent. They may counterargue that a new idealized stepparent, grandparent, or other significant person can effectively substitute for the irredeemably bad mother or father. Although the therapist can agree that good relationships with other caretakers are helpful, he or she should sadly disagree that it is possible for children to dismiss and replace half of their own biological selves.

The therapist can then talk about the legal realities of their situation, pointing out that parents have a legal right in this country to have a relationship with their children and that children cannot terminate those parental rights. Moreover, the judge is bound to uphold parental rights unless there has been abuse or neglect. Pointing out that the custody evaluation and the court have determined that the rejected parent's alleged deficiencies do not rise to the level of abuse or neglect, the conclusion is driven home that their child's access to the rejected parent must occur. The therapist has no authority to argue otherwise. There is no choice in this matter, except insofar as to try to help the child cope with this reality. In sum, given that the child will have contact with the parent, then it makes sense to do it in the context of the work with the therapist, the safeguards that it offers, and the potential it affords for the child to learn necessary coping skills. Any one or more of the above educative arguments in support of the child's relationship with the rejected parent can be woven into the therapeutic work as it progresses and that is clearly underway once the aligned parent assents to pursuing these reframed goals.

There is a range of things that aligned parents can be counseled to do to help their alienated children. Most important is the message to their children that they support their reengagement with the rejected parent. The child needs to know that he or she will not be blamed and disparaged for seeing the rejected parent or dismissed and forgotten when gone. Specifically, first, the aligned parent needs to prepare the child for visits with the rejected parent, giving them precise details of the arrangement for the transfer and their return. Second, the parent needs to reassure the child that he or she (the parent) will be "OK, fine, safe" during the child's absence. Third, parents are counseled not to make special plans and activities that the child will miss while he or she is gone. Fourth, the child should be invited to find ways of enjoying the visit. Fifth, the child must be confident that he or she will be welcomed back after the visit. Parents may need to rehearse these messages with the therapist, during

which time they are invited to track their verbal and nonverbal behavior in delivering these messages to their child.

Helping the aligned parent to observe their actions during the transition and the return can be useful. One parent became aware, as she recalled herself saying "You're going to have fun playing with the dogs," that she had never mentioned to her child that she might have fun being with her father. On the return, if the child voices specific complaints or worries about which the aligned parent feels helpless, these should be discussed with the therapist for advice before the parent responds to the child, if possible.

It is important for the therapist to comment on any pattern of rude, obnoxious, or abusive behavior on the part of the child toward the rejected parent that has been observed or reported. To highlight the problem, the therapist may express concern, surprise, or even shock. Frequently, the custodial parent will totally blame the rejected parent for the child's aggression. Without debating the issue, the therapist can point out that this kind of rude behavior by the child is not a helpful coping response to a difficult relationship and the negative consequences for the child of allowing him or her to be abusive to anyone. In helping parents deal with their children's strong feelings of anger toward the rejected parent, it is important to counsel them that "giving their child a voice" means allowing the child to have an emotional response, without having to rescue him or her or having him or her act on those feelings. If possible, the custodial parent should be enlisted in the effort to manage the child's behavior toward the visiting parent. One can do this by asking how the parent would respond if the child behaved that way to anyone else in the family? Not only is this an opportunity to teach the child good values and interpersonal skills, it is also an opportunity to help the child feel emotionally safe and in more control of the situation. In reply to the aligned parent's helpless shrug that they can do nothing about their child's behavior, the therapist underscores that it is the parent's responsibility to intervene when their child is behaving inappropriately and hurtfully. The therapist can then elicit specific ways the parent can teach their child more civilized, appropriate responses to telephone calls, greetings, invitations, and other approaches by the rejected parent. If possible, the aligned parent can also be encouraged and expected to draw the child's attention to and express appreciation for any good attributes of the child's other parent.

Counseling parents on helping their children is often a safe and acceptable way to begin with the aligned parent; it appeals to their wish to be a good, protective parent and to do the right thing for their child. In the careful sorting through of issues, the therapist is provided with numerous opportunities to help the aligned parent deal with their own sense of loss and shame that may be motivating their rage at the rejected parent and their collusion with the alienated child. By selective and appropriate use of emotional support, acknowledgement of their specific strengths, and dynamic interpretation, some of the forces driving the alienating parent can be muted. For example, the therapist can allay their fears about further loss by letting them know of appropriate goals for parent-child contact. That is, provided the aligned parent can demonstrate good parenting skills and judgment, including helping the child relate appropriately to the rejected parent, regular or normalized visitation and not a change of custody is a goal of court intervention. On the other hand, where there is a history of erratic parenting, these kind of explicitly stated conditions for maintaining custody can put the aligned parent on notice that their behavior is being monitored and measured against a set of criteria for good parenting.

Where possible, the therapist tries to differentiate the child's experience of the other parent from the aligned parent's own anger and disappointment. A parent may be furious about an unexpected abandonment or a betrayal for a new lover by the ex-spouse. Or the aligned

parent may have felt ignored and rejected. Typically, in response, they believe that the other parent will betray, ignore, or reject the child. The child's alienation, however, may be motivated by other factors. It may be a developmentally expectable reaction. For example, a 4-year-old might resist visitation because of difficulty separating from a primary caretaker, whereas a 7-year-old who refuses to visit his or her other parent may fear retaliation and abandonment by the aligned parent, and a preadolescent might be choosing a stance that looks like alienation as a way of coping with an unbearable loyalty conflict in a chronically conflicted divorce. Hence, the aligned parent is helped to differentiate his or her experience from the realities of the child's experience.

Depending on their capacity to tolerate dynamic interpretation, a therapist might gently explore the origins of aligned parents' responses to their child by connecting it with the parent's own early history of disappointment with a neglectful, abandoning, or abusive parent. He or she can point out how early experience sets up unconscious expectations within them as to the uselessness or the dangerousness of the child's other parent. Considering the parent's own past, the therapist can engage them in a conversation about their child's future and the long-term consequences of what it is like not to have another parent in their life. If there is a multigenerational family history of alienation and alignments, the unhappy consequences of this can be discussed and highlighted in the parents' own experience, although such individuals do not always think of themselves as having suffered or been damaged by their experience.

THERAPEUTIC WORK WITH THE REJECTED PARENT

Rejected parents are initially more motivated to engage in therapy than are aligned parents. After all, they are seeking allies in the war, hoping to balance the powerful alliance that has been formed by their ex-spouse and child against them. They usually present as bewildered, angry, innocent victims of this alliance and blame the child's alienated stance entirely on brainwashing by a malicious and embittered other parent. Although they have a lot to gain by being involved in a therapeutic process with a therapist, they may be highly suspicious that the therapist is also aligned against them, and they may need many reassurances about the therapist's position in order to enter into the work. The therapist should credit their good intentions in seeking to develop or reinstate a good relationship with their child and in assuming the responsibilities of parenting. Their feelings of sheer frustration can be validated; they should be assured that they are not disposable parents and that they do have something important to offer their child. In this way, the beginnings of a therapeutic alliance are formed.

However, in empathically relating to them in this manner, the therapist should beware of inadvertently confirming the parent's often-distorted, simplistic view of the situation, especially their tendency to blame the problem entirely on the other parent. Instead, it is important to provide them with a more complete explanation of what has actually happened to their child in the context of the family and of the contribution of both parents, including and especially their own, to the problem. Giving them a conceptual framework for the child's alienated stance from a developmental and family perspective helps them to focus on their child and have more empathy for the child's plight rather than to see the child primarily as an extension or a mouthpiece of the other parent. Many alienated children are very sensitive on this issue and feel a keen need to have their feelings and perceptions recognized by the parent they are rejecting.

Rejected parents need to be educated about child developmental issues. For example, when they claim that the child is lying, the therapist may reframe the lie as distortions that are aimed to please a parent or to avoid untenable loyalty binds. Parents need to be educated about children's perspective-taking capacities and how they deal with parental conflict at different ages (Johnston & Campbell, 1988; Selman, 1980). Parental alignments in the service of gender consolidation may need to be explained. And sometimes, the therapist will point out a temperament mismatch between parent and child. The rejected parent also needs to hear about how the family dynamics have contributed to problems their child may have, in ways similar to that done with the aligned parent. These include self-esteem issues, peer problems, anxiety related to gender, and difficulty coping and dealing realistically with interpersonal problems in the future.

Once rejected parents are involved in treatment, the therapist's primary roles are as a coach and as a parenting counselor with them. Specifically, they need considerable encouragement and practical help on how to reach out and relate to their alienated child in ways that are loving, respectful, nonintrusive, and noncoercive. They are counseled not to counterreject the child with anger, nor with a punitive, controlling parenting style when the child is rude and uncooperative. This means not taking the child's rage and hatred personally. Instead, they are coached on how to relate empathically to the child's feelings while placing firm limits on the child's unacceptable behavior. All the while, they are acknowledged as having to deal with an incredibly aggravating, provocative, and negative child who would "try the patience of Job." Note that they are often put into a no-win situation, unfairly blamed and scapegoated, given no leeway to make errors, their misdeeds exaggerated and remembered, and their good deeds ignored or forgotten.

Rejected parents can be taught how to be self-protective within certain limits. Rather than submit or withdraw in the face of accusations, they sometimes need to defend themselves and allow the child to hear a different reality. They can be coached to use words to their child, such as "This has been an angry time; it has been difficult for you. I know your mother's views are.... I have a different viewpoint.... You can have your own viewpoint!" Counsel them not to attack or deny the child's stated views by insisting, "That is only your mother/father talking! You do not believe that!" This is infuriating to a child, especially adolescents who are attempting to separate psychologically and distance themselves from their parents.

When a child is highly enmeshed and poorly differentiated from the aligned parent, the rejected parent needs to know how to entice and invite the child out into a separate relationship with him or her and to remain reliably available as the child practices separating. If it is too threatening for the child to use the "hated" or "feared" parent as a stepping stone (or transitional object) in the process of separating from the aligned parent, sometimes a close relative of the rejected parent can be used instead. That is, a new stepparent or grandparent who is viewed more neutrally by the child can undertake the primary care of the child initially and gradually involve the rejected parent.

It should be remembered that rejected parents can have a range of problems with their parenting and that often, they have been given little opportunity to practice their parenting. Sometimes, they have been pushed out of the way from the time the child was born, or they have withdrawn from a high-conflict marriage. Some have not learned how to communicate, play with, and discipline their children. Alternatively, the rejected parent may try to overcorrect for perceived deficiencies of the aligned parent. For instance, the aligned parent may be seen as too smothering, discouraging independence, or too lenient and permissive. In reaction, the rejected parent becomes unusually demanding of independence, strict, and

punitive. It may be helpful to show such parents how they have become something of a caricature of themselves as they react to their perceptions of the aligned parent. As a result, their child is not having a relationship with the real parent but, rather, with some caricatured version of themselves. This helps take some of the sting out of the rejection and enables the rejected parent to open up to the therapeutic intervention, particularly that part focused on their parenting skills.

Many cases of alienation do not involve dramatic incidents that have become the focal point for the child's negative stories and legends about the rejected parent. Rather, there is a nucleus of valid concerns expressed by the aligned parent and/or alienated child about deficits in parenting skills and empathy for the child. For the rejected parent, this involves the humbling acknowledgment that what the child and aligned parent are alleging may be true, to some extent. The therapist can coach and counsel the rejected parent in specific and concrete ways regarding these issues. This also involves sorting out what are critical and real issues for the child and what are not relevant. The therapist validates realistic concerns and explores with the rejected parent where he or she has some control, what can be done, and what is not possible. Parents are also invited and challenged to model more appropriate behavior for their children. Ample support needs to be offered for the rejected parent for them to accept constructive criticism without becoming too defensive. The therapist needs to recognize the psychological functioning of the parent and to note that he or she is in a particularly vulnerable place with his or her parenting under scrutiny. Otherwise, the therapist may be viewed as a biased spokesperson for the alienated child and aligned parent.

The slow pace of change and the cost of the intervention wears at the tolerance of rejected parents for this therapeutic approach. They can become impatient and lash out at the child or can file another complaint in court, hoping that the judge or special master will magically fix the problem with an order to change custody or injunction to visit. Others may threaten to abandon or actually disappear for some time, which further disappoints and angers the child who has been testing the parent's trustworthiness and commitment. The more effective intervention strategy is to preempt this acting out by predicting it. When rejected parents act out in these ways, they need to be reminded of the family history and the chronic parental conflict that contribute to the child's alienation, noting that the "problem was a long time in the making and will be a long time in the mending."

Deeper work with rejected parents involves helping them take appropriate responsibility for the family dynamics that contributed to the child's alienation. For example, a father may have been mostly absent or withdrawn from his children for several years, refused to pay child support, or had a secret affair with his secretary that made his spouse feel unbearably betrayed and humiliated. A woman may have had a drinking problem, screamed a lot, and verbally abused her children during the marriage. Both parents may have engaged in protracted custody litigation, putting their children in the middle of a battlefield where the only protection was an alliance with one side. The rejected parent may be further encouraged to admit culpability with his or her child and make apologies where appropriate and promises and commitments for change in the future.

WORKING WITH THE ALIENATED CHILD

In devising a therapeutic approach to children, one needs to take into account their age, the degree to which their alienated stance is consolidated, and the extent to which they are emotionally and behaviorally disturbed in areas other than the rejection of one of their par-

ents. The fight with the rejected parent helps organize these children and make them look more functional than they really are. In general, the younger (preadolescent) children are less consolidated and more amenable to treatment and are easier to treat by a single therapist within a family intervention. Older (adolescent) children and those who are emotionally more troubled are often better served by their own individual therapist, agreed on jointly by both parents. Their own therapist can provide them with more intensive help within a context of greater emotional safety and protection from the pressures of both parents and the litigation process. The therapist can also be a stepping stone (or transitional person) in the process of the child's psychological separation from the aligned parent and in their tentative rapprochement with the rejected parent.

Alienated children of all ages are likely to be controlling, distrustful, and easily disillusioned. They enter into therapy, often reluctantly, with a scripted story and a demand for the therapists' immediate allegiance to their position. The child's challenge is, "Are you for me, or are you against me?" The therapist is placed in a bind: The cost of a therapeutic alliance with the child appears to require the sacrifice of his or her therapeutic objectivity. Moreover, the therapist remains on trial: Any hint of subsequent disloyalty threatens to precipitate his or her dismissal by the child. How does one establish a therapeutic contract with the child and manage this ongoing dilemma?

The therapist begins by explaining their task and position within the situation of the parental battle. It begins with the therapist listening, empathically and carefully, to the child's story and responding with a sincere offer to explore the best ways of helping the child with his or her problem. In other words, the therapist attempts to find a place within the child's camp in framing the treatment. During a thoughtful discussion about all the different ways he or she may be able to help, the therapist also talks about some of the constraints. This includes a simple and straightforward explanation of the legal stipulation or court order that governs the family intervention. Rules about confidentiality and lines of communication need to be explained carefully and perhaps illustrated in a diagram. Most important, the child is told that the therapist does not have authority over the visitation arrangements with the rejected parent. However, at the child's request, he or she may be able to convey the child's opinions and wishes to the parents, special master, parenting coordinator, or to an attorney who might be appointed to represent the child. Subsequently, the child should be shown that if reasonable and realistic requests are made, they are more likely to be granted. Moreover, in these instances, the child will be credited with making good choices.

In exploring the basis for children's negative views and feelings toward the rejected parent, the therapist must listen closely to them and not argue with them. "I have heard you don't want to have any contact with your dad? Tell me, what it is about Dad that makes you feel that way? . . . When did you start to feel that way?" Many children are quite articulate and obviously feel quite angry at the parent with whom they are stalemated. Giving them a chance to fully express their anger in a setting away from the aligned parent is in itself a new experience. Invite them to take a look into the future. "How long do you think you are going to feel that way . . . months, a year or 2, until you are a teenager, or forever?" Once they start verbalizing explicit things that they are angry about (e.g., that their father no longer pays them an allowance), the therapist can explore some of the underlying feelings and issues as well as ways in which they have tried to make their needs apparent to the rejected parent. Often, there is an opportunity to validate their frustration and develop some new coping skills. On the other hand, if the child keeps reciting the same litany of complaints over again, the therapist may need to use other nonverbal, projective techniques. For example, ask the child to draw a picture, or make up a sand tray scene to show what it is like being in the home of each parent.

It is important to process specific distressful or traumatic memories these children have had in their families. For example, some have been witness to a traumatic separation (angry yelling, pushing, and shoving), or they may have discovered a parent's infidelity. Some felt abandoned by the rejected parent, are furious about the remarriage of a parent, feel jealous of their stepsiblings, have gotten into a physical altercation with the other parent, or may have been truly burdened or terrified by an enraged, depressed, left-behind parent. There are many opportunities to do therapeutic work in these kinds of situations. It is especially difficult for these children, who have become so disillusioned by disappointing adults, to invest trust in a therapist. Thus, the therapeutic work can be quite slow. In listening to the child's story, note, however, that many alienated children have poor reality testing and care needs to be taken not to collude with the child's distorted thinking and memories. This means that the child's therapist must have reality checks available outside of what the child brings into the sessions. (It is helpful to have contact with the rejected parent or with the therapist for that person.) Later, with the child's permission, these incidents can be reviewed and reexamined in conjoint family therapy sessions.

Despite the stridently negative, unambivalent rejection or pure indifference expressed toward the excluded parent, alienated children harbor mixed feelings that are deeply buried or split off from consciousness. It is a significant goal of the intervention to help them access the more positive feelings and tolerate the full measure of their ambivalence. In efforts to get beneath the alienated stance or ideology, children can be asked to describe past interactions with the rejected parent. However, asking them if they can remember "any good times" is usually met with a total denial. Instead, to evoke more complex and realistic memories, the therapist might review family photograph albums or home videos with the child (provided the rejected parent's image has not been removed from these albums). To surface the sadness underneath their angry, rejecting stance, the therapist can ask the child about the kind of mother or father that most kids need, one that he or she would like to have. Many alienated children will express sadly a wish to have a "good mother" or "good father" in their lives. Take note when they are asked to provide details about what they think a good parent would be like.

Sometimes, their idealistic wishes reflect actual deficiencies or limitations in the rejected parent, and this provides a direction for further work with the family and child. To what extent can this problem be rectified, or does the child need to mourn the loss and disappointment? Children can approach this task in only small increments. Most preadolescent children cannot deal with the premature de-idealization of their parent. Their struggle stays on the level of smoldering anger at the rejected parent and the wish to preserve what they have with the "good" parent. Sometimes, telling the child especially designed therapeutic stories, embedding a metaphor for viewing the rejected parent in a less harsh and more sympathetic manner, can plant a seed for the child's future revised views of that parent (Johnston, Bruenig, Garrity, & Baris, 1997.) On the other hand, sometimes, the child will actually describe desirable features of the rejected parent at this point, suggesting that they do not have permission to access those good parts of that parent. In this case, by staying within the metaphor of a therapeutic story, the therapist can help the child explore and take delight in those loving good parts of their rejected parent with less anxiety, as a prelude to more overtly expressed pleasure.

What the child is really worried about might have much more to do with the aligned parent than the rejected parent. For this reason, the same kind of exploration process needs to go on about the child's relationship with the aligned parent. This is considerably harder for alien-

ated children to articulate. The therapist should mentally note the extent of the child's idealism and denial of any problem with the aligned parent. Rather than question or attack this defense, the best strategy is to comment on their loving concern for that parent, noting how careful they are not to hurt that parent's feelings. Ask what do they imagine might happen if that parent's feelings were hurt? In some cases, the therapist may need to use some projective medium to elicit their fears, whereas in other cases, the child will be very clear about the consequences (like the girl who had been thrown out by her mother when she no longer refused to visit her father). Where children are in a sustained role-reversal, taking care of the aligned parent, the therapist needs to commend them for their extraordinary compassion, talk about what a heavy burden it is for a child, and express ongoing concern about whether they get enough opportunities "to be a kid and to do kid's things."

A feature of alienated children is their bland, stripped-down, and simplistic black-and-white thinking and poor reality testing. To introduce the possibility of complexity, nuance, and a more differentiated way of thinking to the child, the therapist can comment on what seems incongruent:

> Help me understand something.... You say your dad is a really mean person.... You also say he favors your half-brother and gives him everything. How does this fit?... Does this mean that you feel he is only mean to you, and he can be nice to others?

Sometimes, children's perceptions can be validated at the same time that their conclusions or assumptions can be challenged. With children who are very concrete and nonverbal and those who continue to repeat the litany and rationalize their strident negative views, a series of nonverbal exercises might be helpful. They can be invited to color a set of thermometers of feelings, showing the different feelings they have about specific events and people, or to color in double images of a figure to describe how they feel on the inside and how they appear to feel on the outside. Others who have had a volatile history can be asked to draw a graph of their relationship with their parent, showing its ups and downs over time. They can be asked to give a report card and assign grades for significant events, especially a visit where different components of the visit are specified (e.g., food, movie, talk with dad, etc.). They can be asked to draw up lists of pros and cons for any proposed action or decision that evokes conflict within them.

As with their parents, there is a need to sort through allegations and complaints and to determine those that are realistic concerns, those that are less important, and those that cannot be substantiated. For instance, if the rejected parent is abrupt, is not always available, does not always carefully listen, or is sometimes unempathetic and angry with the child, this needs to be acknowledged. Then talk about specific, concrete instances of these lapses or deficiencies. Compliment the child on their good judgment when they make more complex and balanced appraisals.

Special issues with younger children (ages 7 to 11). The power the child feels in these families is very frightening, yet taking away the power is not relieving. The power to hurt is very seductive. In severe cases, they can have sadistic, punishing fantasies toward a parent that can be so terrifying that in defense, paranoia and phobic reactions develop. At the same time, the disappointment and loss are barely beneath the surface. The therapist must gently convey that the child does not have the power that they think they have, for example, to reject

all contact with a parent. On the other hand, the children can be reassured and given permission to have their own feelings: "You don't have to be loving to your mother/father if you do not want! No one can mandate that! . . . This is the power that you do have!" However, the therapist needs to indicate firmly that they do not have the choice not to have a relationship with a parent. And they are expected to be civil when they have contact or visit. One can give them an analogy of how they might have a teacher they do not like but that they still have to be respectful, go to school, and attend class.

On this basis, the therapist can then support children's problem-solving and coping skills. In proceeding, the visiting plan should be one that is manageable for the child.[1] Realistic concerns about the child's comfort and the rejected parent's limitations should be taken into account in determining the frequency and length of the visit, whether it should be monitored, and the like. Younger children can be given some input on details that are largely inconsequential to the overall visitation arrangements but that make them feel more in control. This means being direct and honest with them about what they can and cannot decide for themselves. For this reason, the therapist can talk with them about how they can make the visit or contact more bearable, even though they do not want to go. This could include discussing the possibility of taking a friend with them, having a say in what activities they will pursue with the rejected parent, and whether they have telephone access to the therapist during the visits. Moreover, the therapist should remain available to debrief the visits with the child and continue to troubleshoot problems as they arise, as described below.

Special issues with older children (ages 12 to 15). Adolescents and teenagers pose a different set of issues in treatment compared to their younger counterparts. First, rather than being afraid of their power, they are often enraged at their helplessness and the lack of respect accorded to their opinions and feelings by the rejected parent and by the court. This is often expressed in moral indignation and an angry resistance to the therapy that is viewed as another manipulation engineered by the rejected parent. They are more likely to adamantly refuse and physically resist court-ordered contact. Moreover, they are often not interested in exploring their relationship with either of their parents.[2] These young people are laying down the gauntlet. They are reminiscent of civil rights protestors, raising the practical question as to whether they can be physically forced and the moral question of whether they have any right to refuse to comply with stipulations and court orders where they have no status as parties.

The therapeutic strategy in these cases involves sidestepping their challenge over these "political" issues, by helping the teenager emancipate from the entrenched family conflict and by encouraging them to separate and individuate from both their parents. This means focusing the sessions on their peer relationships, school and extracurricular interests, and achievements. This is not avoiding the issues because in fact, the unhappy legacy of their troubled family relationships is usually played out with their peers, teachers, and other authority figures. In these other domains, the same kinds of therapeutic efforts can be made to improve their reality testing, help them develop more differentiated and complex interpersonal understanding, tolerate ambivalence, and make good judgments. In a strategic alliance with the young person, the therapist can then encourage them to deal with the demands of both of their parents in a more mature and responsible manner and in a way that will generate the respect of the court (or special master). To the extent that they are achieving these goals, it would seem reasonable for their wishes to be given more weight in court orders.

CONJOINT FAMILY SESSIONS

Conjoint work involves sessions with parents, parent-child dyads, siblings, and other family members such as stepparents and grandparents. To not increase anxiety, fear, and anger that will entrench the alienated stance, all conjoint sessions need to be carefully planned with a specific agenda in mind and preparation of all parties about what to anticipate. Conjoint sessions are typically best led by the family therapist, coparenting counselor or mediator, or special master. Parents should be expected to meet together unless they cannot be restrained from fighting with or fleeing from one another. When siblings recruit each other into an alienated stance or when an older or more powerful sibling is pressuring a more vulnerable child not to visit, there is a need to separate siblings within conjoint sessions and to assign them to separate individual sessions. On the other hand, conjoint sessions with an older teenager who has escaped the alienation may provide a model and a bridge for his or her younger siblings.

In conjoint sessions with their child, aligned parents can be encouraged and coached to give positive messages about the visits. For example, have the parent tell the child they may enjoy themselves, will be welcome back, do not have to talk about what has happened, will not be blamed for visiting, nothing important and irreplaceable will happen while the child is gone on the visit, and so on. The aligned parent can be included in meetings with the alienated child and the rejected parent, and the aligned parent can be called on to intervene when the child is hostile, rude, or otherwise inappropriate. Both aligned parent and child can also be supported and reassured that provided they are complying with the therapy and with the court orders, the prevailing custody arrangements are not in jeopardy. This helps create a strategic alliance with them.

A separate conjoint session between the alienated child and the rejected parent can take many forms, depending on the readiness of the child to meet and deal with the issues. It may involve a piece of reconciliation work in which historical incidents that have contributed to the child's alienation are surfaced and processed. Where the rejected parent has betrayed the child's trust, he or she must be prepared to listen to the child's anger and disappointment without defensive denial and projection of blame. Apologies, promises, and commitments for the future can then be offered by the rejected parent.

More commonly, the bulk of conjoint sessions involve implementing a graduated visiting or access plan that has been ordered by the court, determined by the parenting coordinator or special master, or recommended by the custody evaluator. They may begin with therapeutically expedited contact during which time both child and parent are directly and together coached and supported in talking and playing with one another. Making arrangements for monitoring the visits in this way is often as much necessary to protect the rejected parent from allegations of inappropriate behavior as it is to protect the child. This fact can often help the rejected parent feel more comfortable with and less offended by the use of monitoring. Conjoint sessions are then used to prepare the child for visits without the therapist's being present to facilitate and mediate. It is helpful to plan the details of the child's transition between parents prior to the visit and to help orchestrate or choreograph the activities of the actual visits. Planning the details of the child's contact with the rejected parents (e.g., games, movies, meals, shopping, rules of behavior, accompanying persons) provides a sense of safety and control for the child, preempts problems, and guards against disappointed expectations on the part of the rejected parent. It is also important to debrief family members after the child's visit. For this reason, conjoint appointments should be scheduled as close as possible to (shortly before or after) these visit transitions. In some cases, the family therapists'

office may be the transition place, providing a neutral buffer for the child and an opportunity to debrief. In other cases, it may be inadvisable for the therapist to lend themselves or their domain as a place of transition.[3]

Critical incidents between family members that are a source of disagreement and complaint need to be examined carefully without getting caught up in arguments about who is telling the truth and who is lying. Listening and reacting in a neutral manner without dismissing or validating each person's extremely discrepant views is important. Specifically, the therapist should not discount the child's negative stories about the visits that are often reported to the aligned parent. Rather, he or she should check out all versions of the incident and explore the possibility that there might be different ways of looking at what happened. In this way, the therapist models both the taking of varying perspectives and how each parent can respond to the child when an issue arises about the other parent. Each parent is co-opted into the task of helping their child improve their reality testing and problem-solving capacities. The therapist can explain that sometimes when children have had a prior stressful or traumatic experience, contamination of present perceptions can occur, impairing their judgment. Different ways of coping can then be explored. On the other hand, where parents or the child have clearly broken the agreed-on rules of engagement, the offender should be made accountable. In some instances, it will be impossible to determine exactly what happened and who did what to whom, at which time there is a need to disengage from the argument and to focus on plans, rules, and protocols for the future. Continued debriefing on a regular basis is needed until the access arrangement has been well stabilized.

RESOLUTIONS OF ALIENATION AND FACTORS AFFECTING OUTCOMES

Therapeutic work with alienated children and their families can end in many ways, with diverse kinds of solutions and different degrees of resolution. The long-term outcomes are a matter of conjecture and currently unknown. Reunification and reconciliation of the alienated child with the rejected parent and normalization of visitation is usually viewed as the most desirable result. This most often happens when the aligned parent is relatively healthier or less enmeshed with the child, the rejected parent is calm and patient in forming a bond with the child, and both allow and encourage the child to separate from one parent and reunify with the other. However, other outcomes can also be considered as more or less successful. Some alienated children achieve a strategic or an emotionally safe distance from the rejected parent, where contact is less frequent and their antipathy is more muted. Others, especially young adolescents, may be helped by taking time out from the stressful situation. Attempts at therapy and reunification are suspended for some time, and the youngsters are invited to "get on with their own life" and to make the choice of contact at a later date. Provided that these young persons are functioning relatively well with peers and in other family relationships, this may be a reasonable compromise.[4] In these cases, rejected parents are counseled on how to withdraw gently and to leave the door open for future contact, stressing their unconditional love and availability.

More problematic outcomes involve the rejected parent's losing patience, losing interest and walking away from the situation, or carrying on the battle in court. In this case, family dynamics solidify, with neither parent relinquishing their worries or fears, and the child's defenses also become rigid. Another type of questionable outcome are those in which children continue the good/bad splitting and precipitously reverse their allegiance, rejecting the

previously aligned "all good" parent and embracing the previously rejected "all bad" parent. Stalemates obviously occur when the aligned parent and child avoid, refuse, or sabotage the therapeutic intervention.[5]

Successful outcomes are determined, in part, by the extent to which the therapist can maintain a working alliance with all disputing parties, as well as maintain balance and equidistance in the face of their extraordinary polarization and demands for exclusive allegiance. Indeed, the quintessential therapeutic dilemma in alienation cases is how to manage a relatively predictable sequence of intense transference and countertransference reactions. That is, the initial idealization of the therapist by the clients usually gives away to de-idealization and rejection as both parents and the child are bitterly disappointed and angry that their views are not entirely validated by the therapist. Consequently, challenge and crisis, and resistance and regression are expected features of this work and provide therapeutic opportunities for growth and change (Johnston, in press). At such times, the therapist may need the support of a trusted consultant to regain perspective and emotional energy to proceed.

Other key factors in the success of the treatment are the following: (a) the care with which the interventions have been structured, especially following a thorough evaluation under the auspices of the court, with recommendations for treatment that are court ordered; (b) the ability of the treatment team to work together; (c) the interest of the rejected parent in pursuing the relationship with the child; (d) the aligned parent's ability to recognize and disengage from the enmeshment with the child and support the child's relationship with the rejected parent; (e) the relative resiliency and health of the child, especially the child's capacity to separate from a narcissistically injured aligned parent; (f) the degree of entrenchment of the family dynamics; and (g) the resources available for the intervention.

Appendix

THE LEGAL CONTRACT THAT GOVERNS THE THERAPEUTIC INTERVENTION

Effective intervention in cases of alienation takes place within a legally defined framework (a stipulation or court order) as fully detailed in the accompanying article by Sullivan and Kelly (2001) on case management. The court orders between the parties specify the roles of all professionals and provide an overarching, coordinated, rule-governed process for managing the ongoing family conflict and implementing the intervention. Court orders should include the following elements: (a) the goals of the service; (b) who the professionals are who will be working with the family; (c) who will be seen in sessions;[a] (d) the limits of confidentiality for each professional with the court and with each other; (e) the permissible lines of communication among disputing parents, nonprofessionals, and collaterals;[b] (f) a timely procedure for resolving disputed issues when parents are stuck (such as a mediator or a special master); (g) payment for the therapy or therapies;[c] and (h) an agreed-on process for terminating the therapy or transferring to another therapist or family counselor.[d] Most important, prior to beginning therapy, the court order should provide a temporary custody and access arrangement for the child's contact with the noncustodial parent, with direction as to how changes will be made in those arrangements as the case progresses. However, to protect the therapist's neutrality with all family members, he or she should not be responsible for determining the schedule of the child's visitation with the rejected parent.

A FAMILY THERAPIST OR A THERAPEUTIC TEAM?

The simplest and most cost-effective therapeutic model for alienation cases is for an experienced family therapist to work with all members of the family, individually and in combination on an as-needed basis. The problem is that few therapists are equipped or willing to undertake this kind of sole responsibility, especially in the more complex and entrenched cases. Moreover, the task of forging

a therapeutic alliance simultaneously with each of the opposing family members, without being dismissed as aligned with or biased against one or the other, may be impossible. At the very least, a sole family therapist will need a special master or consultant in place who can support the therapeutic work and can undertake the necessary case management, including communication with the court and ongoing decision making about access arrangements with the rejected parent.[e]

A therapeutic team of professionals—with individual therapists appointed for the alienated child, siblings, and for each parent in addition to a coparenting counselor or special master—is often the preferred model in the more difficult cases. It may be the only viable model where parents need individual therapy or where the child is especially emotionally troubled.[f] However, a team of therapists is likely to be more expensive and cumbersome. When different therapists are working with different members of the family, there are intense pressures for "splitting" among the professionals—that is, previously neutral individual therapists are often induced to support and advocate for their client's distorted perspective—whether it be the child's or one of the parent's. For this reason, a therapeutic team needs to set up a forum at the outset for identifying and understanding the alliances that begin to crystallize. The team must take special care to preserve an open system with input from all parties on a continuous, updated basis, to check out the reality of disparate claims. The coparenting counselor or special master has the responsibility to troubleshoot disruptions among the team, convene team meetings, and ensure ongoing feedback among the individual therapists in order to maintain a balanced, neutral stance.

To maximize coordination between the two parents who usually cannot communicate with one another directly, it must be specified that the therapist can use his or her discretion to exchange information freely between parents in separate interviews. However, to protect children who are often in a dangerously vulnerable position between parents, it should be made clear that the children's confidences will be privileged. The only kind of feedback parents receive about their child will be general clinical impressions, unless the child consents to the release of more specific information.[g] On the other hand, to protect the therapy from the litigation process, parents are usually asked to give their consent for all information gleaned in the therapy to be held confidential from the court, with the exception of any child abuse or threats of violence for which reporting is mandated. This means that the parties must stipulate that all involved therapists will not be asked or subpoenaed to testify in court. However, the family therapist or therapeutic team should be permitted to talk with the special master, who in turn, may be required to testify in court. For this reason, the signed agreement regarding confidentiality from the court proceedings should include a stipulation by all parties to the effect that the consent of both parents and all involved therapists are required to waive the confidentiality agreement.[h] Another approach would be for the special master to protect the therapies by using different sources to formulate any opinion given to the court and not specifying what was said by any of the sources.

a. The family therapist needs to have access to all family members involved in the dispute on an as-needed basis.

b. It is particularly critical, if not imperative, for parents to sign releases at the outset for the family therapist or team of therapists to use their discretion in sharing information with other professionals and extended family members. This maximizes the potential for collaboration and limits the possibility of manipulation by the contending parties. Permission for the clinician to speak with new stepparents and extended kin involved in day-to-day care of the children is important. Releases to speak with teachers, child care persons, and pediatricians can be added as needed.

c. To ensure that each parent is assuming responsibility for the resolution of the family conflict, each should pay for their own individual sessions, for half of each joint session, and for half of the children's sessions. (If a sliding scale fee can be provided for each parent, this can take care of real inequities in resources.)

d. Changing therapists should not be impossible. However, it should not be the result of a parent who is mounting a campaign to rid him or herself of a therapist who is perceived as unsympathetic or one who is putting pressure on the child to reject the therapy. If so, the child or teenager can see it as another loss that is attributable to the "bad" parent. Changing therapists should emerge from a reasoned process among the parties and the professionals and may have to be ordered by the court.

e. In short, the experienced family therapist may only be feasible in situations in which (a) the family is at the beginning of the process of sorting out what kinds of interventions would help, (b) there is a genuine interest on the part of both parents in helping their alienated child, and (c) the family's financial and emotional resources have been already drained by their battle to the point that they are willing to invest in working out a solution through a single family therapist or mediator.

f. A traditional model of individual therapy can be used, but there need to be specific modifications in the treatment. The therapist must ensure that parents bring the salient issues into therapy and do not sidetrack the process by projecting blame onto the other parent. In these cases, there is a need to continue to check out the reality of parents'

counterclaims with more impartial sources, provide ongoing feedback, and discuss the dynamics of the family with any individual therapist treating the child or only one of the parents. If one of the therapists challenges the team's formulation, this should be resolved before risking the breakdown of the whole therapeutic intervention.
g. Helping the alienated child or a sibling feel comfortable and safe enough to grant permission for the sharing of relevant information is commonly a part of the therapeutic endeavor as it represents a willingness on the child's part to challenge and deconstruct rigid family dynamics.
h. In effect, this may involve limiting the right of individual parents to provide informed consent for access to and release of information about the child's therapy.

NOTES

1. If the visitation arrangements are beyond the child's capacity to manage, the therapist may need to request a reevaluation and recommendation to the court or special master as to what, if anything, is possible.

2. Often, only during the late teens and early adulthood can young persons willingly and more directly explore their relationships with parents. At such times, the therapist can be more confronting, pointing out that even if they choose to reject a parent at the present time, they will still have the task of reconciling the loss, within themselves and perhaps with that parent, later in their lives.

3. In the more entrenched cases, and with older children, there is a danger that the child or parent can become phobic about the therapist's office or see the therapist as being on the side of the rejected parent, a mere instrument of his or her demands.

4. Children are often helped if there is a reasonable model of a couple or marriage on one side so that they can see how adults form successful relationships.

5. The accompanying article by Sullivan and Kelly (2001) provides the criteria for termination of treatment or custody change in cases of unsuccessful treatment.

REFERENCES

Gardner, R. A. (1998). Recommendations for dealing with parents who induce a parental alienation syndrome in their children. *Journal of Divorce and Remarriage, 28*, 1-21.

Garrity, C. B., & Baris, M. A. (1994). *Caught in the middle: Protecting the children of high-conflict divorce*. New York: Lexington Books.

Isaacs, M. B., Montalvo, B., & Abelsohn, D. (1986). *The difficult divorce: Therapy for children and families*. New York: Basic Books.

Johnston, J. R. (in press). Clinical work with parents and children of families in entrenched custody disputes. In L. Gunsberg & P. Hymowitz (Eds.), *Divorce and custody: Contemporary developmental psychoanalytic perspectives*. New York: American Psychological Association.

Johnston, J. R., Bruenig, K., Garrity, C., & Baris, M. A. (1997). *Through the eyes of children: Healing stories for children of divorce*. New York: Free Press.

Johnston, J. R., & Campbell, L.E.G. (1988). *Impasses of divorce: The dynamics and resolution of family conflict*. New York: Free Press.

Johnston, J. R., & Roseby, V. (1997). *In the name of the child: A developmental approach to understanding and helping children of high conflict and violent divorce*. New York: Free Press.

Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review, 39*(3), 249-266.

Lee, S. M., & Olesen, N. W. (2001). Assessing for alienation in child custody and access evaluations. *Family Court Review, 39*(3), 282-298.

McDonough, H., & Bartha, C. (1999). Putting children first: A guide for parents breaking up. Ontario, Canada: University of Toronto Press.

Ricci, I. (1997). *Mom's house/Dad's house: Making shared custody work* (2nd ed.). New York: Simon & Schuster.

Saposnek, D. T. (1998). *Mediating child custody disputes: A strategic approach* (Rev. Ed.). San Francisco: Jossey-Bass.

Selman, R. I. (1980). *The growth of interpersonal understanding*. New York: Academic Press.

Sullivan, M. J., & Kelly, J. B. (2001). Legal and psychological management of cases with an alienated child. *Family Court Review, 39*(3), 299-315.

Janet R. Johnston, Ph.D., is a professor of administration of justice at San Jose State University, executive director of the Judith Wallerstein Center for the Family in Transition, and a specialist in high conflict and violent divorcing families. She is co-author of the books Impasses and Divorce and In the Name of the Child.

Marjorie Gans Walters, Ph.D. is in private practice, where she does psychotherapy and assessment of children and adults, as well as consultation, teaching, supervision and research. Her forensic work includes juvenile evaluations, custody evaluations, and Special Master work. A past President of the Marin County Psychological Association, she helped write the Marin Custody Evaluation Guidelines.

Steven Friedlander, Ph.D., is an associate clinical professor in the department of psychiatry at the University of California, San Francisco, and a clinical psychologist in private practice in San Francisco and Marin County. His practice includes psychotherapy with children, adolescents and adults, psychological evaluations, custody evaluations, mediation, consultation, and parent counseling. He also serves as special master in high conflict divorce cases.