

Evidence Based Treatment in the Context of High Conflict Divorce



Brian Thorn, Ph.D.
Center for Safe & Healthy Families
Primary Children's Medical Center
Salt Lake City, Utah
brian.thorn@imail.org

Clarification

- *I am NOT a proponent of Parental Alienation Syndrome (PAS)*
- *PAS discredited for good reasons:*
 - Not supported by research
 - Significant gender bias
- Faller, K.C. (1998). The Parental Alienation Syndrome, What is it and what data support it? *Child Maltreatment*, 3, 100-115.

Why focus on high conflict divorce as a separate category?

- *High conflict families are more difficult for therapists.*
 - More stressful due to open hostility
 - More time consuming due to increased need for communication outside of direct therapeutic contact
- *Greater potential for therapist ethical conflicts/complaints*
- *Impediments to treatment progress*
- *Almost by definition, the children in these families are not getting optimal parent support.*

Effects of Divorce on Children: Many have difficulties.

The Bad News

- *Lower academic achievement*
- *Increased behavioral & emotional problems*
- *Lower self-esteem*
- *Greater interpersonal difficulties*
- *Lower rate of employment in young adulthood*
- *Stressful on entire family*
- *Remarriage of a parent increases children's stress when it triggers parental conflict.*

Effects of Divorce on Children: Many do well if parents are attentive to their needs.

The Good News

- *Effects measured by averages do not predict individual responses.*
- *Negative impact appears related to mediating variables: parental conflict pre/post; quality of parenting; standard of living; and other stressors.*
- *Impact of stress is usually temporary.*
- *Empirically informed treatment can reduce divorce-related stress in many high conflict situations.*

The Big Picture

- *Divorce does not have to be harmful.*
- *Long-term negative consequences of divorce more closely linked to educational attainment than divorce per se.*
- *Parents' adjustment and functioning is the best predictor of the child's outcome.*

More Big Picture

- *Parental conflict is a stronger predictor of adjustment than divorce in and of itself.*
- *Conflict resolution is critical to children's post-divorce adjustment (compromise/negotiate).*
- *Involvement of the non-custodial parent has a strong positive effect.*

High Conflict Divorce

- *Unremitting hostility*
- *Greater probability of violence; violence has more potent negative impact on child adjustment than parental conflict without violence.*
- *Angry encounters by phone or in person; conflictual exchanges*
- *Recurrent litigation*

High Conflict Divorce (cont.)

- *Allegations of abuse with lack of supporting evidence*
- *Abusive or coercive behavior by one or both parents*
- *Involvement of outside agencies, such as police or Dept of Child and Family Services (DCFS), is common.*
- *Often inappropriate involvement of the children as pawns or messengers*
- *High stress is often pervasive and nearly constant for the child(ren).*
- *High stress adversely affects the child(ren) despite possible reasonable relationship with both parents.*

Parent-Child Relationship Problems in High Conflict Divorce Families

- *One or both parents unable to prioritize attention to the needs of their child(ren), remain caught-up in their own conflict.*
- *Insecure attachment may be more common.*
- *Child(ren) struggle with divided loyalty; may reject one parent and align with the other parent.*

The term "alienated child" may have clinical utility from the perspective of differential assessment and family engagement in treatment settings where abuse and family conflict or violence are the focal points of treatment.

Rejection of a Parent: Estrangement

- *History of marginal contact*
- *Possible history of abuse and/or neglect*
- *Child may have witnessed recurrent domestic violence.*
- *Lack of attachment due to parental absence or impairment*
- *Lack of contact due to parental interference (These situations often readily respond to treatment with focus on parent-child relationship.)*

Rejection of a Parent: Alienation

- *Child's rejection of the parent is out of proportion to the difficulties reported in the relationship.*
- *Often vague, abstract complaints about the rejected parent.*
- *Child over-reacts and/or is extremely critical of normal parenting behavior. May characterize this as being abusive.*
- *May allege other abuse yet lack congruent affect.*
- *May "parrot" adult phrases and terminology.*

The Rejecting Child

- Tends to display emotional issues prior to divorce; often a psychologically vulnerable child.
- Health problems, PDD features, or anxiety/mood disorder symptoms are often present.
- Rigid “black & white” thinking and world view
- Tend to be bright, verbal children who may function well in school and other structured settings
- Preoccupied with parental conflicts and alliances
- Precocious sense of empowerment
- “Independent thinker” phenomenon
- Developmental variations

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High Conflict Divorce and Alienation

- Anger and hurt regarding the manner in which a parent left the marriage.
- Moral indignation regarding parent’s behavior.
- Loyalty conflicts with resultant guilt and anxiety.
- Worry and/or sympathy for the left-behind parent.
- Influence of older sibling to reject one parent.
- Unremitting conflict over time with child blaming one parent for this.
- Potential for pathological bonding with abusive parent; child identifies with abusive parent as a means of self-empowerment or out of fear

Comments by Don Johnson at the opening plenary session
AACC Annual Conference 2010, Denver

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What is Your Role? Clarity is essential for ethical practice

Be clear about role and boundaries in all communication with parents and other interested parties. Talk with colleagues and/or supervisor to get feedback. Put it in writing.

- Therapist?
- Investigator?
- Forensic Evaluator?
- Treating Expert?

(Greenberg & Gould, 2001; Greenberg & Shuman, 1997)

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Recognizing Hidden Agendas: Possible Ethical Red Flags

- “I need a letter.”
- “Visits are so hard for him/her.”
- “I need an evaluation.”
- “My lawyer said I should see someone.”
- “I need to get visitation changed, stopped, etc.”
- Effort to discourage therapist from contacting the other parent.

Ask about litigation at the start of the process.

Obtain collateral information.

Agreement to contact other parent may be condition for providing services.

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Unsupported/Unsubstantiated Allegations of Abuse

- Awareness that information from treatment will be communicated to the court may influence parents and/or children to edit responses or present more distorted/biased information.
- Parent report vs. child report of symptoms
- Is there objective evidence of posttraumatic stress?
- Be humble about what you think you know.
- Rarely, if ever, appropriate to proceed with trauma-focused treatment in these situations (gradual exposure).
- Often appropriate and helpful to work on affect mod., relaxation, other coping skills, parenting skills.

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Treatment Challenges/Pitfalls

- Areas for treatment focus may be influenced by legal/statutory issues.
- Legal struggle may influence parents’ perceptions of their children’s best interests, the parents’ ability to separate their own needs from those of the children, and the parents’ and children’s interactions with the treating professional.
 - Parents intent on achieving a particular legal outcome may alter their interactions with the therapist in an effort to achieve their overall goal.
 - Parents may underestimate their children’s exposure to parental conflict and the harm such exposure can cause.

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Strategies for Treatment Success

- Whenever possible, make contact with both biological parents. Make genuine effort to establish rapport with each of them.
- Listen to their concerns/perspective; keeping the focus on the child helps to maintain unbiased stance. (AF-CBT engagement strategies helpful)
- Involve both parents in treatment to the extent possible/reasonable. Psychoeducation about impact of conflict on child(ren) is critical.
- Prioritize biological parent involvement over stepparent.
- Separate parent-only appointments early in assessment/treatment process often help effort to establish rapport with both parents.

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TF-CBT & High Conflict Divorce Families

- Meet with both parents during assessment process.
- Invite participation of each in their child's treatment.
- If reasonable, have parents alternate who brings child to therapy appointments so psychoeducation and other components can be completed with each.
- At minimum (if reasonable), prepare parents (possibly stepparents) and conduct two separate narrative sharing sessions.
- Involve parents in effort to enhance future safety. With sexual abuse by an older sibling, create separate safety plans for each parent's house.
- With DV or PA, offender parent may be helpful with cognitive processing (rare, but worthwhile).

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PCIT and High Conflict Divorce

- Meet with both parents during assessment process.
- Invite participation of each in their child's treatment.
- Conduct PCIT simultaneously yet separately with each parent.
- Use coaching (CDI) context to help parents make statements supporting child's relationship with other parent (no need to say they like their ex).
- Short of full involvement of each parent, conduct mini-didactic session or extensive summary overview with parent/stepparent not completing PCIT. Help them see the benefit to their child.
- May reduce potential for child to become alienated.

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Case Example TF-CBT: Serena

- 15 year-old female, living full-time with father, irregular visits with mother
- Father reported significant affective problems, school avoidance, and oppositional behavior (testing & intv.), described mother as worthless and unreliable
- Serena reported history of "attempted sexual assault" by acquaintance of mother during a visit at age 8, reexperiencing symptoms associated with attention from boys, other PTSD symptoms, elevated anxiety, suicidal ideation, conflicts with father, mother unreliable but little conflict when together lately (TSCC & interview).

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Case Example PCIT: KC

- 6 year-old boy, primary physical custody with father, parents never married, father requested termination of parental rights for mother due to alleged neglect and agitation associated with visits & exchanges.
- Both parents reported difficulties with conduct problems and oppositional-defiant behaviors.
- Referred by court/GAL due to recurrent litigation and reports of intense verbal conflicts in the presence of KC.
- PCIT conducted with both parents simultaneously.

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REFERENCES

- Amato, P. (2000). The consequences of divorce for adults and children. *Journal of Marriage and Family*, 62, 1269-1287.
- Greenberg, L.R. & Gould, J.W. (2001). The treating expert: A Hybrid role with firm boundaries. *Professional Psychology, Research and Practice*, 32 (5).
- Greenberg, S. & Shuman, D. (1997). Irreconcilable conflict between therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 28, 50-57.
- Johnston, J.R., Walters, M.G., & Friedlander, S. (2001). Therapeutic work with Alienated children and their families. *Family Court Review*, 39(3), 316-333.
- Johnston, J.R., Walters, M.G., & Olesen, N.W. (2005). Is it alienating parenting, role reversal or child abuse? A study of children's rejection of a parent in child custody disputes. Available online at <http://www.haworthpress.com/web/JEA> by The Haworth Press, Inc.
- Kelly, J.B. (2000). Children's adjustment in conflicted marriage and divorce: Decade review of the research. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 963-973.
- Kelly, J.B. & Johnston, J.R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review*, 39 (3), 249-266.
- Malovich, N.J. (2012). Presentation at Utah Psychological Assoc. conference, Salt Lake City.
- Sullivan, M.J. & Kelly, J.B. (2001). Legal and psychological management of cases with an alienated child. *Family Court Review*, 39 (3), 299-315.

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