

## **FAMILY Discredited “syndrome” has practical relevance:**

Dr. Richard Gardner, psychiatrist, first described something he called "parental alienation syndrome" in 1985 to explain problematic behavior in children who rejected their access parent on the basis of indoctrination or brainwashing by the custodial parent. While his research and description of issues did not meet the requirements and professional standards to establish a "syndrome", and many have criticized his work, many still find merit in the concepts.

Gardner's description of what he called parental alienation syndrome (PAS) is differentiated from "parental alienation" (PA). PAS was presented as a diagnosis of the child who exhibits behavior due to parental alienation where such behavior further disrupts the relationship with the access parent. PA, however, refers to the alienating behavior of the custodial parent specifically. Both are viewed as destructive to the social-familial development of children, considered manipulative and form of psychological abuse. The goal of parental alienation is to restrict or eliminate the role of the access parent in the life of the child. The motivation of the custodial parent may be anything from vengeance to financial gain.

A defining variable of PA is a custodial parent who feigns interest in the child's access to the non-custodial parent, but where "serious concerns" undermine successful access. Serious concerns range from allegations of moral deficiencies to substandard parenting to abusive behavior. The serious concerns have no actual basis in fact or are gross exaggerations of minor parental differences. There is no bona-fide evidence of actual abuse. The upset, anger or depression felt and displayed by the alienated parent is then used against them to support the position of the alienating parent.

Parents who engage in such behavior are fully convincing of the righteousness of their position particularly on the basis of a one-sided account of issues. This elicits support from friends, lawyers and doctors who may be induced into crusading the

custodial parent's cause thus reinforcing and perpetuating the alienating behavior.

Friends, lawyers and doctors are cautioned against necessarily accepting the position of any parent on the basis of a one-sided argument during a custody or access dispute unless there is clear third party support for claims of untoward behavior by the access parent. This is not the same as suggesting that parent's unsupported claims and concerns be rejected. Rather, people are advised to take a neutral position and demonstrate concern for the well-being of the children until there has been an assessment from an assessor familiar with these issues.

In extreme cases alienating parents may not be amenable to changing their behavior on the basis of information, feedback or confrontation. As such, some parents will require strict court orders to assure access with sanctions for lack of follow-through.

With regard to the child, time well spent in the company of the access parent provides opportunity for learning and experiences that contradicts any supposed concern with the access parent. In the event a child still has difficulty adjusting, counseling may be in order for the access parent and child.

Counseling for the access parent would be to thicken their skin against the rejection of the child and develop an understanding of their child's loyalty bind with the alienating parent. Counseling for the child takes a cognitive approach whereby their positive experiences of the access parent are used to challenge their negative beliefs. The approach presented as most therapeutic for the custodial parent is considered to be structural. They require a clearly defined access regime with sanctions for non-compliance from the courts. Sanctions can range anywhere from monetary fines to change of custody to supervised access for the alienating parent.

If continued, children whose relationship to the access parent is deliberately undermined may lose the opportunity for healthy parental relationships, the foundation of future social and familial interpersonal relationships. Understanding, identifying and intervening as necessary can mitigate problems in the child. Interventions may require intrusive and forthright court action.