

PE1790/F

Petitioner submission of 10 March 2020

Severe Parental Alienation: A Mental Health Emergency

Do frontline services, therapists and courts recognise these cases? Do they respond effectively.

Each case is intrinsically unique and will have its own particular nuances which are peculiar and sui generis to the dynamics of often deep rooted and long standing subtle Parental Alienation behaviours can blend together, it is extremely important to recognise that Fathers, Mothers, Grand Mothers and Grand Fathers can all be Parental Alienators, in fact any person that has significance access to the child can be an alienator, including teachers, childminders, frontline professional services such as social workers, police officers, counsellors, psychotherapists, psychologists, mentors et al as a very recent freedom of information request sent to every Local Authority Council Social Work Department including Police Scotland has shown that there is no training or policy and procedure in identifying coached or psychologically coerced children, despite the implementation of the new Domestic Abuse (Scotland) Act 2018.

In Scotland there is no training or policy for identifying coached or psychologically coerced children.

Parental Alienation occurs when one parentⁱ turns a child against the other parent.

- The alienation process generally begins with the alienator gradually instilling in the child negative views of the targeted parent, even though the targeted parent is generally the emotionally healthier one.
- As parental alienation becomes increasingly severe, the child acts with increasing hostility toward the targeted parent, eventually refusing contact altogether.
- By convincing the child to feel hatred and even terror at the idea of ever interacting again with the targeted parent — and blocking the child's visitation time with the targeted parent so the child has become totally dependent on the alienator — an alienating parent essentially kidnaps the child, both psychologically and physically.
- Alienators also may issue false accusations of sexual molestation or physical abuse against the targeted parent to further block the child from contact with that parent and to punish the targeted parent with expensive court costs for self-defence.

Dalia Erel MSW, a family and couples therapist from Israel, specializes in parental alienation treatment. I became interested in her views of how these cases should be handled after reading an article she had written for the resources page of the Parental Alienation Study Group Website.ⁱⁱ PASG fosters three-way information-sharing between mental health professionals, legal professionals, and the public about parental alienation.

Dr. Heitler: What most strikes you as a therapist who treats severe cases of parental alienation?

Dalia Erel: Parental alienation cases are unique in that these children, who may be youngsters or teenagers, live in a state of high emotional risk. They live in a war zone, having been dragged by the alienating parent into their parents' conflict and then convinced by the alienating parent to ally with them in treating the other as an enemy.

Sadly, the targeted parent is generally the healthier parent. Alienated children, however, must relinquish that formerly loving relationship in order to survive. They have to hate the targeted parent to please the alienating parent on whom they have come to depend.

Dr. Heitler: Yes. Alienating parents do splitting, that is, they insist that they themselves are all good and that the other parent is all bad — dangerous, selfish, crazy, etc.

As alienated children become increasingly isolated from the healthier parent and therefore increasingly dependent on the alienating parent, these children generally no longer feel that they have the option of expressing positive views of their other parent. They dare not lose their one remaining parent and therefore suppress their authentic voices, the voices within them that whisper, "I used to love that other parent. I miss him/her," or "The parent I am trusting is often good to me and often also scares me. Still, that's the only parent I have left, so I better do what s/he wants."

Dalia Erel: Exactly — which leads to the child or teenager often struggling with depression, anxiety, drug and alcohol use, and even suicidal thoughts.

Alas, alienating parents are generally too narcissistic and emotionally volatile to be relied upon as nurturing caretakers. Normal parents do not alienate; only parents with tendencies toward narcissism (It's all about me), borderline functioning (excessive emotionality), and anti-social personalities (lying and callous with regards to hurting others) do alienation.

And at the same time, alienated children, consciously or not, usually experience deep grieving, and also guilt, for the loss of the parent they used to love and now have rejected.

Dr. Heitler: How well does the court system help these children?

Dalia Erel: The current triangle of family court, therapists, and alienated children get stuck in a legal morass which can sometimes take years to yield decisions—and even then, too often leaves the child in the custody of the alienator.

Therefore, it is vital for the existing way in which PA cases are handled in the family courts to be changed.

The reality is that currently these children too often are triply abused—by the alienating parent, by therapists who worsen the alienation by conducting individual treatment under the eye of the alienator without reunifying the child with the targeted parent, and by the expensive and interminable court system.

Dr. Heitler: I have had at least one case in which a physically abusive (to the mother) and alienating dad with half-time parenting trained the son to be physically abusive to his mother, both during their marriage and post-divorce. The mother still was able to see her son, but in response to his episodic pushing and punching, encouraged by the father, the mother was considering removing herself from further contact with the young man. Have you seen that kind of situation?

Dalia Erel: Yes, alas. In situations where domestic abuse has occurred, the court is always at risk for believing an abuser's false accusations. These accusations can permit the alienating parent to continue post-divorce his abuse both of the child and of the targeted parent. The courts have a huge responsibility to get these cases right lest their decisions make the situation worse.

Dr. Heitler: What remedy do you propose?

Dalia Erel: Families with evidence of potential severe alienation no longer should be treated as a divorce case, but rather as an emergency rescue mission. The children's wellness must become the primary issue, not the conflict between the parents. For the safety of the child, the courts need to be able to react with the speed of a medical emergency room.

Dr. Heitler: What else needs to change in how legal and mental health professionals respond to severely alienated children?

Dalia Erel: Again, the key missing piece is a SENSE OF URGENCY.

Alienation should be handled like an urgent medical case. In a medical emergency, the first step is triage to find out whether the pathology is mild, moderate or severe.

After triage, the patient is moved to the proper experts and setting for further treatment.

Similarly, in PA, the first step should be for family courts to sort and evaluate the situation. If alienation is severe, the child(ren) need to be transferred immediately to treatment.

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Therapist Linda Gottlieb and others have clarified that appropriate treatment of severe alienation requires that the courts transfer full domicile and custody for a period of at least three months solely to the targeted parent. During that time period the alienating parent must be court-ordered to have zero contact with the child(ren). This separation period gives the child a safe zone within which to begin the healing process.

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ii <https://pasg.info/>