

CHAPTER XXIII

Treatment Interventions

The goal of all the treatment therapies is to leave grief behind, but the various therapies accomplish this task by very different methods. Gardner (2001) suggested a way when he proclaimed, "A picture is worth a 1000 words....An experience is worth a million pictures" (p. 348). I could not concur more with his axiom. Having been trained by the world-renowned and highly respected child psychiatrist, Salvador Minuchin, founder of structural family therapy, I believe in the power of family members to heal each other through their experiences with each other. It seems so marvelously simple to appreciate that we are most likely to change for someone whom we love and who loves us. I have found in my 43 years of practice that no quantity or quality of words between an individual and the therapist----who is nonetheless a stranger----can possibly have as powerful and as meaningful an impact as when the therapist provides, instead, an environment in which emotions and experiences are released among family members. No therapist, however competent and well intentioned, can possibly re-create a relationship with the patient that rivals intimate family relationships----particularly the meaningful parent/child relationship.

It seems so evident, then, that the crucial player to assume the deprogramming role is the "formally" loved and loving alienated parent. Indeed I assert that the deprogrammer who has the greatest potential for success is the alienated parent----who is not only the holder of the family's truths but who has had the loving relationship with the child. The

role then for the therapist is to serve as a catalyst who encourages and guides the creation of healthy, corrective transactions between the alienated parent and the child as well as among all the family members.

Despite the logic of the argument to treat the entire family system so as to facilitate the healthy reorganization of its relationships and to capitalize on the innate love that parents and children have for each other, the literature on treatment suggests a counterintuitive approach. From my review of multiple treatment recommendations, the focus for intervention is generally the child alone, and a professional assumes the task of the deprogramming process, typically utilizing a cognitive and/or behavioral treatment modality. When the professional becomes the deprogrammer, the relationship between the therapist and the child is intensified resulting in the further weakening of the emotional connection between the alienated parent and the child

There are other rationales for targeting the entire family system for intervention. As the reader discovered in the previous chapters, the characteristic dysfunctional transaction of PAS families is the cross-generational coalition between the alienating parent and the child(ren) to the exclusion and disempowerment of the other parent. As such, this interactional pattern, being created and maintained by the family interactional patterns, cannot be ameliorated by targeting the child alone. That would be as fruitless as attempting to improve a football team's passing game by singling out the quarterback for intervention to the exclusion of the receiver. To treat the child alone would be as futile as giving a patient antibiotics for an infection and then returning her/him to the environment with the germ that had caused the infection. The PAS is the germ in the child's environment. Another self-defeating, unintended consequence to singling out the child

for treatment is that the child's self-esteem is attacked by the inference that he/she must be the problem as only she/he is sitting in the therapy chair. When the alienator is not simultaneously in therapy, the child interprets this to mean that the alienator is emotionally healthy and her/his behaviors are appropriate---- despite all hostility, lies, and aggression that was modeled by the

alienator. Now let me play the devil's advocate: I stipulate that the child therapy becomes "successful," and the brainwashing is reversed. Is it then the child's responsibility to change her/his parents? This would not bode well for facilitating healthy family hierarchy.

There are, thusly, several noteworthy limitations of the individual treatment approach. Firstly, there is the implausibility for an outsider becoming that familiar with the family's history as to be proficient in defending against all the curve balls that will inevitably be thrown by the child. It is further improbable that any acquired knowledge by an outsider about the family will be as extensive as what is known by the alienated parent.

These cognitive, individually oriented treatment approaches presumably have the ultimate goal of readying the child for a relationship with her/his alienated parent. I do not believe that it is possible for anyone----even a professional therapist----to have nearly the same potential as do the parties themselves, in contact with each other, to become ready for a relationship with the other. Every time I hear the unsubstantiated platitude for a therapist, "to prepare the child for contact with the alienated parent," I want to erupt. Children do not possess the cognitive facility for abstraction so they cannot participate in a theoretical discussion about what an appropriate relationship entails; nor can they comprehend a desire for something in the abstraction. Children think very concretely; it is not until early adolescence that there is only the beginning stage for the facility for abstract thinking, which does not significantly mature until the end of adolescence. Thus you will hear an eight or nine year old exclaiming, "Step on a crack, break my mother's

back." There is method to the madness of having no one younger than the age of eighteen sit on a jury. A child, therefore, cannot have a discussion about desiring a relationship with someone who is in the absentia; nor can a child participate in determining what to expect from the relationship with that "someone." That "someone"

needs to be concrete, in person, in the flesh and blood. The therapist cannot, therefore, prepare the child through intellectualism for the re-building of a relationship with someone else. To be able to do this is a fantasy perpetuated by an adversarial child custody system in order to appease the parties and deceive one another into believing that the alienation is being addressed. Individual therapy will not be able to resolve this----at least not in a meaningful and timely fashion. To do is also a fantasy perpetuated by the mental health community----partially out of ignorance, partially out of an opposing belief system about the power of the therapist and about how people change, and partially to assure our continued employment. I have lost count of the number of preposterous requests I have received asking me to treat a child whom I have never met in order "to ready them to reunite" with a parent, whom I have also never met and know nothing about. I am being asked to treat a relationship without having observed and examined it! Would a doctor diagnose for a disease without observing/examining the patient? Family systems therapists must educate the judge and the child's attorney about our uniquely effective approach to treatment.

Further compounding the ineffectiveness of an individual treatment modality is the necessity to rely on self-reporting, which is highly unreliable in general and is exponentially unreliable when it comes to an alienation. This is not only because of the cognitive immaturity of the child; it is because it is the rare child, indeed, who possesses

the ego-strength to resist parroting the wishes of the alienating residential parent. My mental health colleagues must become more attuned to this dynamic. It has been my experience that all too many in the mental health profession are PAS unaware. They further the alienation by demonstrating empathy for and validation of the child's negative feelings for the alienated parent and become determined to rescue the child from that allegedly abusive parent.

Generally, the therapist is co-opted by the alienating parent, who had initiated the therapy and brings the child to the therapist. The alienating parent's goal for the therapy is not to facilitate an amelioration of the alienation but rather to obtain professional support to further it. I assert that no therapy would do less harm.