

Why I do not pathologize the alienator----INITIALLY:

Almost as much has been written about alienating parents as has been written about the PAS child, and the literature is, at best, confusing and contradictory with respect to their mental status, their motives for the alienation, their receptivity to treatment, their ability to put the needs and feelings of their children above their own, and whether or not it is possible to gain their collaboration in reversing the PAS. I have found that the motivation for the alienation varies significantly among those who engage in this perverse activity. It is so important, therefore, to assess for the motivations as it is sometimes possible to resolve the underlying fears and concerns of alienators in co-parenting counseling and then gaining their cooperation to reverse the PAS. This was the outcome in approximately 30% of my treatment cases as discussed in my book.

When I am referred a case by the court or by the lawyer for the child to do treatment, reunification therapy, and/or assess for the presence of the PAS, I do not rush to judgment in pathologizing the parent who is alleged to be alienating. And I always attempt treatment before making a recommendation for a transfer of custody. Why? I have discovered in treating these cases during a period of 17 years that, if cooperation can be gained from the alienator, the PAS has the best chance of reversal and very swiftly at that-----sometimes in as few as two or three sessions! However, if the alienator refused to participate in the therapy and continued to engage in alienating behaviors, my reunification therapy lasted upwards of a year or more.

I agree with Dr. Ray Havlicek, (www.drhavlicek.com) a highly respected forensic evaluator whom I interviewed for my book, about his assertion that the profession's moral

imperative is to engage with both parents. I believe that there is an important caveat about diagnosing: diagnosing and prejudging is a

trap which will bind us to realizing self- fulfilling prophecies. (If one walks around with a hammer, everything looks like a nail!)

I have, therefore, resisted initially attributing a pathological label to the alienating parent. It is no more justifiable to stereotype them as a group for pathology based solely on a categorization anymore than it is acceptable to stereotype according to race, sex, religion, nationality, etc. To attribute a pathological label is a trap because it informs the therapist in terms of pathology, limitations, myopia, hopelessness, and blame thereby binding the therapist to low expectations for remedy and change; it focuses the therapy on weaknesses instead of strengths; negatives instead of positives; pessimism instead of optimism; derision instead of respect; and rescuing instead of encouragement of growth, autonomy, and self-reliance; it fails to recognize that children require the relationship with their alienating parent as much as they do with their alienated parent. If the professional healer of the PAS were to write off the alienating parent, it would be isomorphic with the alienator's co-opted professionals having written off the alienated parent. The goal must be to ameliorate behaviors which are detrimental to children by encouraging healthy transactional patterns between the participants of the executive/parental subsystem and between the parent/child subsystems in recognition of the importance of both parents to healthy and successful child rearing. We must reject dysfunctional behaviors not people. The opportunity to become rehabilitated and to receive the benefit of the doubt is afforded to parents who have been neglectful or abusive to the point that their children had been removed from their homes. So too, the ethical standards of our profession require that those of us who treat the PAS family must

accord alienating parents the like opportunity----not just because it is compassionate and responsible----but because it is in the best interests of the child. Just as the overwhelming majority of foster children, upon "graduating" from the system, seek out their

biological parents, then we must arrive at the inescapable conclusion that PAS children covet their relationships with both of their parents. Let us recognize that children do not view their alienating parent as a walking DSM IV code on axis II. The professional should not do so either.

OK, I stated “initially.” I agree, there is a segment of alieantors who are incorrigible--- or least refuse to cease from alienating behaviors because they have become empowered and emboldened by one or more professionals in the mental health, child protection, and judicial systems. When this is the situation, I forcefully and emphatically notify the court that the parent is committing parental alienation, that it is emotional child abuse, and that it must be treated like any other form of child abuse---even applying the remedy of transfer of custody, which is the equivalent to a removal.