Turning Points for Families

A Therapeutic Vacation

with

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Reunification Therapy for Severe Parental Alienation[1]
or for
an Unreasonably Disrupted Parent-Child Relationship

Caveat: Please note, this is a *generic* treatment protocol for treatment of the *typical* family dynamics occurring in severe cases. Of course, every family is idiosyncratic and there can be *minor* modifications and some additional requirements to this treatment protocol after my communications with the family members. These modifications and additions are based solely upon the standard of "the best interests of the child."

Program Description

Turning Points for Families *(TPFF)* is a four-day, transitional program to "jump-start" the healing of a severed or severely damaged relationship between a child and fit parent. *TPFF* is a symbolic-experiential intervention that merges family systems

[1] The term *parental alienation* describes an observable family dynamic in which a child denigrates and rejects a parent (known as the alienated parent) *in the absence* of a reasonable or valid reason—child abuse/neglect or a *pattern* of *markedly* deficit parenting—and justifies the rejection with weak, trivial, frivolous, or absurd reasons. The influencing parent (known as the alienating parent) manipulates the child through a brainwashing process to sever or severely undermine the relationship between the alienated parent and child. The child and alienating parent form a coalition to marginalize and banish the alienated parent. In severe cases, the coalition is characterized by "pathological enmeshment"—a highly disabling psychiatric condition for the child. *TPFF,* however, is not wedded to a particular label for this family dynamic or phenomenon. The phenomenon can alternatively be labeled "hostile parenting, selfish parenting, restrictive gatekeeping, or variety of other labels that are used by States throughout the country to describe this very common phenomenon that occurs in cases of parental separation or divorce. A rose by any other name is still a rose.

therapy with psycho-education. The intervention is compelling because it involves human learning and growth in all three forms—cognitive, affective, and behavioral. Suspension of contact with the favored or alienating/favored parent is essential in order for the child to feel free to engage with the rejected or alienated parent and be freed from the loyalty conflict imposed by the favored or alienating/favored parent. The mental health and judicial communities struggle to realize effective treatment for severe alienation, which is unresponsive to traditional reunification therapy. *TPFF* is evidence-based: The program's outcome data confirm its high success rate of reunification and its effectiveness in realizing enriched reconnection—when its treatment protocol is followed precisely.

Program Philosophy

The TPFF intervention is based upon the principles of structural family therapy, founded by my mentor, child psychiatrist, Salvador Minuchin. Its philosophical underpinnings are effective and logical: people are most likely to change for those whom they love and for those who love them. Based on that principle, *TPFF* elevates the rejected parent into the position of the healer of the child. To quote from my 2012 book:

> No quantity or quality of words between the child 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 recreate a relationship with the child that rivals intimate family relationships—particularly the meaningful parent/child relationship.
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> It seems so evident, then, that the crucial player to assume the deprogramming role for the child is the "formerly" loved and loving rejected parent. Indeed, I assert that the healer who has the greatest potential for success is the rejected parent—who is not only the holder of the family 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 rejected parent and child as well as among all the family members. (P. 143)

Reviewing various mementos of the family history—such as photographs, video recordings, cards, letters, drawings, etc.—the rejected parent and child travel down memory lane together and reconnect emotionally by reliving the experiences of their relationship prior to the onset of the alienation. This corrective re-experiencing of their relationship inspires the child to spontaneously lift the repression of her/his genuine loving feelings and need for the rejected parent. Additionally, through this corrective experiential intervention, the child's instinctual loving feelings for the

rejected parent readily emerge to produce healing. Positive new experiences are created to replace unhealthy, misperceived ones. *TPFF* appreciates the compelling effectiveness of experience over words to produce change.

To facilitate this experiential intervention, the rejected parent must bring to the therapy mementos of the family life and relationship with the child. In many alienation cases, unfortunately, these mementos have been denied to the rejected parent—who, in some cases, has been excluded from the child's life for many years. The favored parent must therefore provide the rejected parent with all meaningful mementos of the child's life—and, in particular, the child's life with the rejected parent.

Correcting the child's "revisionist family history" is essential to the healing process. Although the memorabilia intervention is an effective tool in mitigating the child's distortions and powerful false belief system, it is frequently not sufficiently effective in counteracting the child's false, programmed beliefs—which are deeply entrenched. A frank and factual discussion of the family history is central to the healing process. The extremely bizarre myths and distortions that are typically perpetuated upon the child by a severely alienating/favored parent must be corrected. Particularly when these distortions involve false allegations of child abuse and child sex abuse—as they often do—it is profoundly pernicious to the child. Indeed, research confirms that, should children falsely believe that a parent had abused them, they are likely to suffer the same PTSD as if the abuse had actually occurred. The rejected parent is therefore coached to sensitively correct the child's distorted, and often delusional thinking, but without pathologizing or defaming the source of the misinformation.

Correcting misinformation and outrageous allegations against the alienated/rejected parent mitigates the damage done to the child from having chosen sides as a result of the loyalty conflict imposed by the favored parent. The damage was due to having been initially put in the middle by the favored parent, who had inappropriately and callously provided the child with information and misinformation about adult conflicts from which the child should have been protected. Correcting distorted information is therefore an obligation to the child and, doing so is in the child's best interests.

The healing process is a give and take in which the child will be supported in expressing his/her own *genuine, unprogrammed* feelings for and beliefs about the alienated/rejected parent—as long as it is done so in a respectful and civil manner. But the child will not be granted an audience to denigrate and smear the alienated/rejected parent with a litany of scripted and brainwashed distortions about that parent. In recognition that no parent is perfect, the child's uninfluenced perceptions and beliefs will be acknowledged and addressed. The child and rejected parent are helped to resolve *reasonable* issues that the child may have with the rejected parent. Respect for the child's chronological age and developmental stage will be considered—after all, due to the rupture of some of these relationships that span several years, the child may require different responses from the rejected

parent, who no longer knows whom the child has become. Special attention will be provided to help the child deal with guilt from having maltreated and rejected a parent.

The *TPFF* intervention involves not only experiences and dialogues that occur in the therapeutic sessions; it involves experiences that occur during the family's chosen activities. During the activities, the parent assumes the parental role of supervising and engaging with and enjoying the child. Comporting with the philosophical underpinnings of family systems therapy, change occurs—not as a result of talking about new experiences—but *actually creating new experiences.* I accompany the child and parent throughout these activities to provide support and encouragement as needed.

The alienated/rejected parent's nuclear and extended family with whom the child has had prior relationships are invited to participate in the intervention. These family members help to facilitate the reunification. The alienated/rejected parent determines who should be invited to participate in the intervention.

Why reunification is essential to the child's healthy behavioral, cognitive, and emotional development

1. Emotional cutoffs are never an appropriate remedy for interpersonal conflicts—especially with respect to the vital parent/child relationship. Remaining with hatred and anger is not healthy under any circumstances, especially when directed at a parent.

2. How a child relates to and resolves conflicts with each parent is the single, most significant factor that will determine how the child interacts with peers, authority relationships, and adult relationships.

3. A child cannot develop healthy self-esteem if she/he perceives a parent to be evil, abusive, unloving, worthless, etc. Expert consensus recognizes that children think very concretely—"I am half my mother and half my father." The qualities the child attributes to parents are therefore introjected by the child and experienced as characterlogical to her/him.

4. If a child feels unloved *by a parent*, then the child cannot help but feel unlovable *in general* and will pursue the perilous goal of seeking love in all the wrong places.

5. Misperceptions and misconceptions about the rejected parent, the favored parent, and about the family history are often so extreme that they represent a break with reality. Cognitive stability is therefore put at risk if not corrected for the child.

6. It is anti-instinctual to hate and reject a parent—especially a loving parent. The child must therefore create an elaborate delusional system to justify the rejection—a highly dysfunctional condition.

7. The child is existing under a cloud of anxiety due to the fear that of a slip of the tongue or a slip of behavior will reveal the child's true loving feelings and need for the rejected parent. This situationally-caused anxiety is frequently mistaken for a chemical imbalance—and the child consequently receives inappropriate treatment, and perhaps unnecessarily prescribed psychotropic medications.

8. The rejection of a parent is essentially a loss—and one of the deepest kinds of all. Generally the rejection extends to the rejected parent's family of origin so that loving grandparents, aunts, uncles, and cousins are likewise rejected. Losses of this magnitude often lead to depressive symptoms. These symptoms are, again, often assumed to be the result of a bio-chemical imbalance rather than being situationally caused. As a result, the child is often needlessly treated with powerful, psychotropic medications.

9. The rejecting child is subject to suffering from guilt because, at some point, the child recognizes that she/he has maltreated a parent. And if that parent is no longer available or even deceased to receive an apology—should the child become free to provide it—the guilt will last a lifetime.

10. The emotional hole left in the child from the loss of a parent is frequently filled with a great deal of negativity including, but not limited to: eating disorders, suicidal symptoms, self-cutting, criminal activities, oppositional and other antisocial behaviors, defiance, disrespect for other authority figures, cognitive distortion, depression, anxiety, panic attacks, other forms of emotional dysregulation, unhealthy peer relationships, underperformance in school, drug abuse, and a general malaise about one's life.

Standard clinical practice for severe parental rejection

TPFF's treatment protocol adheres to *standard clinical practice* as adopted by overwhelming consensus among specialists in severe parental alienation.

The treatment protocol requires a 90-day no-contact period between the favored parent and child to include no direct or indirect contact, such as telephonic and electronic communication. The necessity of the no-contact period garners wide-spread support among specialists in alienation and is decisively confirmed by my evidence-based practice in successfully treating hundreds of alienated children. The necessity for the no-contact period derives, in part, from repeated experiences that the child will enthusiastically invest in the rejected parent absent any influence from the favored parent. The favored parent must be temporarily relieved of exercising power and influence over the child—that is, the child must be psychologically free

from the loyalty conflict in which the child feels disloyal to the favored parent because of acceptance of the rejected parent. The no-contact period is a necessity beyond the 4-day intensive treatment phase in order to prevent the child's *regression and relapse*—which is a virtual certainty due to even minimal contact with an unreformed alienating/favored parent.

In almost all situations of severe alienation, the favored or alienating/favored parent either fails to recognize or denies any role in having influenced the child to reject the other parent. This situation is highly detrimental and insidious to the child—one cannot correct what one does not recognize to be a problem. The alienating/favored parent's denial must therefore be lifted as the preliminary step to remedying the alienating behaviors and is a pre-condition to lifting the no-contact period.

The Rejecting or Alienated Child

It is one of many counterintuitive issues occurring in alienation to assume that the rejected parent must have done something to warrant the child's rejection. To the contrary, when one considers how very rare it is for a child to reject a parent—even an abusive parent—another explanation for the rejection must be pursued. I discovered just how rare it is to reject a parent in my professional work with 3000 foster children, who had been removed from their homes due to adjudicated abuse and/or neglect. This population rarely—if ever—rejected a parent. To the contrary, these children craved to be reunited with their parents. Furthermore, they were quite protective of and aligned with their abusive parents—often denying or minimizing the abuse.

Why is it that abused or neglected children do not reject their parents and actually crave them? Firstly, our long dependency period depends upon a powerful instinct to need a parent—the child's survival is dependent upon parents. *The need for a parent is therefore part of the instinct for survival*. Secondly, we believe that, if our own parents maltreat us, we must be bad; and this self-perception is intolerable to bear. So, we crave connection with even an abusive parent in a process known as "undoing."

It is only the intense brainwashing by the favored or alienating parent that has the efficaciousness to overcome the child's powerful, self-protective, survival instinct to have and need a parent.

All this is to say that, in cases when abuse or neglect have not occurred, it is highly probable—to 99% clinical certainty—that alienation is the cause of the rejection. This means that the child has been unduly influenced or brainwashed to mimic the feelings and beliefs of the alienating/favored parent. We must therefore recognize that the child's rejection is *not genuine* to them. The child is *not* opposed to restoration of the relationship with the rejected parent. To the contrary, the child secretly relishes the reconnection, but—because of loyalty to the alienating/favored parent—the child cannot initiate contact and must openly and actively oppose it. But when the contact is imposed by outside authority, the child experiences it as an albatross being lifted

from around her/his neck. When professionals release the child from the loyalty conflict that had been imposed by the alienating/favored parent, it is exactly what the child needs and desires. *Children really do not want to chose!*

We must therefore recognize that, when the child expresses rejection of, hatred for, and fear of the rejected parent, the sentiments are not genuine to the child. The child is merely going along to get along with the alienating/favored parent. This phenomenon is confirmed by how quickly the child *flips like a light switch* should the alienating/favored parent permit the child to welcome the rejected parent back in his/her life.

Do not be fooled by the child's threats of self-harm or running away if ordered to participate in *TPFF.* No child who was ordered to participate in *TPFF* acted upon such a threat—in the rare situation in which the threat had been made. Indeed, virtually every child who had been on psychotropic medications and/or had a history of suicidal ideation/threats, anxiety, depression, etc., prior to participating in *TPFF,* experienced marked symptom reduction and had their medications significantly reduced upon completing the intervention at *TPFF*. This phenomenon replicated the chronology of 1) the six alienated children who had been manifesting serious psychiatric disorders and who had been prescribed psychotropic medications of whom I had written about in my book and 2) multiple alienated children manifesting psychiatric symptomatology whom I had treated in my practice over the years. Among the psychiatric group of children who had participated in *TPFF* and had who experienced marked symptom reduction, those who subsequently experienced the reemergence of psychiatric symptoms, were the ones who had been permitted premature contact with their unreformed alienating/favored parent. One would have to throw science out the window not to make the connection between the alienating/favored parent's influence and the development and progression of the child's psychiatric symptomatology.

My experience with this phenomenon of the child's empty threats of self-harm and of running away is confirmed by Richard Warshak, PhD, who reached the same finding of "empty threats" and which he wrote about in his 2015 article entitled, "10 Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy", published in *Professional Psychology*. Furthermore, acquiescing to a child's threats would only serve to further empower the child—who is already overly-empowered. Appropriate measures, instead, must be employed to handle a child's threats and demands—just as we would do should the child engage in threats to manipulate adults to acquiesce to any other ultimatum. Anyone who has been a parent knows exactly how manipulative a child can be should the child come to believe she/he can get away with it.

The Alienating or Favored Parent

In the 2013 book published by the American Bar Association entitled, *Children Held Hostage: Identifying Brainwashed Children, Presenting a Case, and Crafting Solutions,*

the authors, Clawar and Rivlin, followed 1000 children of parental conflict or separation/divorce. They arrived at the finding that the percentage of parents who program/brainwash their children at least one time a week was 86%—with the percentage of those who engage in programming/brainwashing behavior more than once per day being 23%. (P. 420) These are very alarming statistics indicative of widespread anguish and trauma to children.

Clawer and Rivlin comprehensively described the characteristics and behaviors of moderate and severe alienators. Their disturbing findings about these alienators provides justification for the judicial system to treat alienation cases seriously, recognize it for the child abuse that it is, and apply the standard of "time is of the essence" when adjudicating these cases.

Some of the authors' assessments of moderate and severe alienators are as follow:

> Programming-and-brainwashing parents are conflict-habituated types. This means that they *instigate, facilitate, and,* for some, *thrive on conflict.* They seem to become more intense and excited as the social and legal tensions mount surrounding the children. There is almost *an addictive-like quality* to their response to conflict—the more there is, the more they stimulate; the more they need and the threshold increases.... This is because they are receiving psychic and social rewards from the conflict. Their conflict is often planned conflict. (P. 288)
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> Programming-and-brainwashing parents will escalate social situations.... This technique is employed to create burnout, frustration, and ultimately exhaustion on the part of other parties. (Pp. 274-275)
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> The programming and brainwashing parent above employed the "*shotgun approach*." It is characteristic of these parents to attack any and all people who even seem to be supportive of the target parent. (P. 275)
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> The effect of the shotgun approach was to cause all parties extensive outlays of money, time, energy, and anxiety. It is part of their socially abusive (and, at times, *sociopathic) [bold print mine]* style of operation. The behaviors are generally resistant to change and *usually will not cease until there are powerful sanctions* (financial and legal) for frivolous litigation and/or custody allocation to the target parent. Even then they may not stop. (P. 275)
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> Escalation takes many forms. **Increasing the pressure on children**, *[bold print mine*] cranking up litigation accelerating rumors, and heightening allegations are just a few examples of what may take place. (P. 276)

Treatment of severe alienators requires, consequently, a highly complex intervention necessitating specialized skills and knowledge. Extensive research has arrived at the finding that severe alienators present with profound psychopathology and with one or more cluster B personality disorders. Cluster B personality disorders include

borderline, narcissistic, and antisocial. *Normal* parents *do not* perpetrate an alienation on their children; *normal* parents will not selfishly keep the child for themselves; normal parents will not drive a fit parent from their child's life; normal parents do not claim to be the only parent the child needs; normal parents do not convince their children to falsely believe that they had been abused by their other parent; normal parents do not defy the law by breaking court orders for the other parent's parenting time and oblige their children to do likewise; normal parents do not manipulate their children to maltreat and reject their other parent normal parents simply do not do all this to their children. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines a personality disorder as follows:

> "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture." The pattern is "inflexible and pervasive across a broad range of personal and social situations." The pattern is manifested in the areas of cognition, affectivity, interpersonal functioning, and impulse control." DSM 5, P. 646.

Given all of the above, change in behavior on the part of severe alienators rarely occurs voluntarily and expeditiously—and often not even with the benefit of therapy. Severe alienators generally change only in the face of meaningful legal consequences—such as loss of time and contact with the children.

The Alienated/Rejected Parent

Not infrequently the mental health clinician or forensic evaluator who is not a specialist in alienation misdiagnoses the rejected parent with a dispositional disorder or with a serious psychological condition. This happens because the professional has failed to assess whether the symptomatic behavior is situationally caused—resulting from the trauma of the alienation—as opposed to being caused by an internal characteristic. When attributing the problems to the latter, absent an assessment to rule out for situational factors, the professional has committed an error known as the "fundamental attribution error." Before arriving at the finding that the problematic behavior is characterological, one must establish that the behavior is casually connected to the rejection—that is, temporally connected or *preceding* the rejection. If the problematical behavior is a *response* to the rejection, then it could not have caused the rejection. Alienated/rejected parents are trauma victims; they are *reacting* to the rejection, humiliation, and maltreatment by their beloved children. Surely, it is an example of blaming the victim when professionals criticize and pathologize the rejected parent for having had a normal human reaction such as anger, fear, anxiety, or any other symptom associated with trauma.

Family Healing

TPFF is committed to facilitating a meaningful and respectful co-parenting relationship and assuring that both parents are meaningfully involved with their child—but this is predicated upon the favored parent conveying to the child genuine

support for the reunification and an ongoing relationship with the rejected parent. When the favored parent conveys *genuine* support for the relationship between the other parent and their child, the child knows and *experiences* it and reacts accordingly to swiftly embrace the rejected parent. Even a prudent parent's perception recognizes that parental competency involves the capacity to get a child to do what the parent *genuinely* wants the child to do. A parent cannot simtaneously claim both genuine support and competency when declaring that he or she has always supported the relationship but the child has nonetheless failed to comply. Lack of genuineness or incompetency: Take your pick!

TPFF will attempt to engage the favored parent to address the barriers to expeditiously lifting the no-contact period. This is handled through daily telephone contact during the 4-day intervention to provide parent-education services that address a parent's responsibility to facilitate and *guarantee* the relationship between the other parent and their child and to address the profoundly detrimental effects to children from having had a loving parent driven from their lives. It is important that the favored parent engage in treatment with a therapist to address the behaviors that had been employed to influence the child against the rejected parent and to address the parent's failure to be proactive in *requiring* the child to have a relationship with the rejected parent—*just as a competent parent would require the child attend school and to keep medical appointments*. *TPFF* collaborates with the favored parent's therapist to facilitate the therapy, one goal of which is intended to overcome the barriers to lifting the no-contact period. Through this collaborative effort, recommendations will be made to the court based upon the parent's efforts at change.

Timely Transition to the care of the Alienated/Rejected Parent

Generally, it is best for the child to be transitioned to the care of the alienated/rejected parent at the time of the court order for the intervention at *TPFF*. Given the research we have about the profound psychological instability of severe alienators—and especially if the alienating/favored parent has had a history of suicidal ideation, attempts, and/or threats, or if there are other significant red flags for instability—it may be a grave risk to the child to remain in the alienating/favored parent's care until the initiation of the intervention. There have been some situations in which the alienating/favored parent has absconded with the child subsequent to the court ruling for treatment. And in a few rare cases, the alienating/favored parent has committed the act of homicide of the child and then suicide. Another important reason for the prompt transition of the child into the care of the alienated/rejected parent is that the alienating/favored parent will take advantage of the time between the ruling and the intervention to escalate the brainwashing process—just as described by Clawer and Rivlin. The *TPFF* intervention should, therefore, ideally begin immediately upon the issuing of the court order. Alternative placement with the alienated/rejected parents' extended family can be an option should the alienated/rejected parent not be available immediately upon the issuance of the court order.

Location:

The family will need to travel to New York and secure accommodations of their choosing in a hotel or in a short-term house rental. *TPFF* is not a residential program. I arrange for a nearby New York location to meet for the therapy sessions, and the afternoon activities are selected by the family from a list of nearby attractions. The precise location in New York for the intervention is selected based upon the family's convenience and interest.

Requirements for admission:

TPFF accepts and relies upon the findings of the Court, which heard testimony and received evidence regarding the family dynamics. *TPFF* therefore operates on the premise that the court has determined: 1) the child is safe in the care of the rejected parent, and 2) the favored parent has, at a minimum, interfered with and/or not adequately supported the relationship between the other parent and their child. *TPFF* is not suitable for and does not accept referrals for cases of bona fide protective causes for the rejection.

Given all of the above, the following stipulations of the Court order must include:

1) the child to accompany the rejected parent to New York to attend the 4-day intervention at *TPFF*; (During COVID-19, however, arrangements will be made to teletherapy);

2) a temporary or permanent order for the transfer of sole physical and legal custody to the rejected parent;

3) a 90-day no-contact period between the child and the favored parent and contributing alliances; this must include all telephone and electronic communications as well as physical contact. Lifting of the no-contact must be dependent upon stabilization of the child's reconnection with the rejected parent *and* the favored parent's demonstration of willingness and commitment to support the relationship between the other parent and their child. A control date should be set for the Court to hear testimony as to these factors so as to make a determination if extension of the no-contact is required. Notice must be taken that relapse is a virtual certainty should there be contact with an unreformed favored parent. By the same token, when the favored parent demonstrates genuine support for the reunification, the child swiftly and eagerly welcomes back the rejected or alienated parent;

4) a requirement for the favored parent to accept parent education services with TPFF;

5) the favored parent is expected to write a letter to the child—the specifics in the letter is listed below. This letter is to be approved by TPFF before being given to the child;

6) the favored parent is to provide the alienated/rejected parent with any mementos, videos, pictures, and other materials indicative of the family history and of the rejected parent's involvement with their child to be used in the intervention—should the rejected parent not have this in her or his possession;

7) the favored parent is to engage with a *TPFF*-approved therapist to address her or his behaviors that had contributed to the damaged or severed relationship between the other parent and their child, to gain awareness about the damage done to the child from the loss of a meaningful relationship with the rejected parent, and to recognize that it is in the child's best interests for the other parent to be meaningfully in the child's life. Before the no-contact period can be lifted, the therapist should provide documentation that the favored parent is ready, willing, and able to support the relationship between the other parent and their child and will abstain from alienating/favored behaviors.

The Letter from the Alienating Parent to the Child:

The first step in the healing process regarding the favored or alienating parent is to demonstrate support for the reunification by writing a TPFF-approved letter to the child focused on the significance of the rejected or alienated parent to the child. The minimum requirements must include: 1) support for the reunification with reasons for the favored parent support the reunification, 2)discussion of the qualities the rejected or alienated parent has to offer the child, 3) the importance of having the rejected or alienated parent meaningfully in the child's life, 4) that the child is safe with the rejected or alienated parent and that any *false* child abuse or neglect allegations had not occurred (that determination having been made by the Court or Child Protective Services, for example.)

The importance of correcting the child's false belief of having been emotionally or physically abused by the rejected or alienated parent is a very common occurrence in the type of cases that the Court sends to TPFF. Correcting the the child's false belief cannot be overstated: Research shows that a child who believes the false child abuse by a parent suffers the same risk potential for PTSD as if the abuse has actually occurred.

★ *TPFF does not have a minimum or maximum age-requirement for the child. I have treated children as young as 12 months for refusal to be cuddled by a loving parent at the instigation of the other parent. TPFF does not have an upper age limit either. Children who have aged-out are welcome to participate on a voluntary basis.*

Upon the request of the Court, TPFF will provide a summary and/or give testimony regarding the intervention developments, recommendations for follow-up care, and other concerns the Court may wish TPFF to address.

Travel to TPFF

There are two options for travel to TPFF. But the preferable option is for the child to travel under the supervision and care of the rejected parent—and more than 80% of the children did come under the auspices of the rejected parent.

Given my experience assessing and/or treating cases in which alienation has occurred—involving direct treatment of more than 700 alienated children and involving another 250 children whom I assessed to be alienated based upon the clinical files—I can state with a high degree of clinical certainty that the alienated child secretly craves the reunification—even if the desire has been repressed. When the child's secret craving for the alienated/rejected parent is combined with the Court order for the therapy, there has been no difficulty relying upon this option. The rejected parent can utilize the assistance of family and friends with whom the child has had a prior relationship. Alienated children will genuinely not resist this travel option nor the treatment intervention once they understand that 1) the professionals have made the decision for the therapy; 2) the treatment goal is for them to have a healthy relationship with both parents; 3) the swift resolution to this family crisis and the reinstatement of a relationship with *the favored* parent is contingent upon the child's cooperation; 4) the favored parent's expression to the child of *genuine* support for the reunification is helpful but not necessary to uneventful travel and participation in the program.

The assistance of relatives or significant friends of the alienated/rejected parent who have had a previously positive relationship with the child is welcomed and appreciated and will further be meaningfully incorporated into the reunification therapy.

As an alternative option, the favored parent may escort the child to *TPFF* and transition the child to the care of the rejected parent in my presence. It is helpful to the child and further indicative of the favored parent's *genuine* support for the reunification if the letter that had been previously discussed and approved so that it can be read aloud in the presence of all parties. Upon the transition, the favored parent will promptly depart *TPFF* and will not remain within 60 miles of the location of the treatment intervention.

Although there our professional transport services for this kind of travel, it has thus far been unnecessary to have relied upon such services.

In response to the comments of a small number of professionals—generally those who have not had experience treating severe alienation—I trust that the following information allays the concern that this intervention—including travel to TPFF—is

traumatic for the child: All of the evidenced-based outcome data at Turning Points for Families and the research undertaken at Family Bridges and at Family Reflections conclusively dispute this. No child has been traumatized nor has acted on any threat for self-harm or running away—even though some have made the threats. The children love the activity portion of the intervention, and the therapeutic sessions are *no more* uncomfortable than what is the norm for other models of therapeutic change. The trauma concern is based upon pure speculation: *there is nothing in the peer-reviewed clinical literature to support this speculation.* In fact, the clinical literature supports just the opposite: *that the repairing of the parent-child relationship is in the child's best interests and is embraced by the child.*

Payment of Fees:

The program fee—considered to be very reasonable for this type of intervention—and identification of the covered services will be provided upon request. The program services include, but are not limited to, pre-planning and post intervention services. Successful results are significantly enhanced if the alienating/favored parent is primarily, if not solely responsible, for the fee—wherever possible. The reconnection is much more intense and is further enhanced if the alienating/favored parent cooperates by freeing the child from the loyalty conflict—and a financial investment can be a huge motivating factor to gaining this cooperation—this is simply human nature. But at least some financial investment by the favored/alienating parent is highly recommended although not required.

One third of the program fee is taken as a non-refundable deposit when the intervention time is scheduled and thereby the time for the intervention is reserved. The deposit reserves the time, and no other intervention can thereby be scheduled during that time slot—only one family at a time participates. *However*, as a courtesy to the alienated parent, and in recognition that additional legal proceedings may preclude the intervention from occurring at the scheduled time—and due to the possibility that the alienating parent may engage in behaviors to undermine the interventions through legal maneuvers and/or refusing to release the children, and if the scheduled intervention does not proceed due to not fault of the alienated parent etc.—the full deposit by the alienated parent will be deemed as a non-refundable *credit* and can be applied to a mutually agreeable rescheduled date or for other expert services.

Program Summary

A therapy session is provided daily on each of the 4 days and lasts for 3-4 hours. The balance of the day is also therapeutic—perhaps even more so; this is because the rejected parent and child will be engaging in continual new corrective *experiences* with each other as they enjoy exploring the local attractions and experiencing mutually satisfying activities. They can visit the local library where the rejected parent can provide tutorial services if needed. Other options are museums, amusement parks, gardens, swimming, boating, bowling, ice-skating, hiking, rock climbing, trampoline activities, and of course, toy and electronic stores. The rejected parent's authority with the child is re-established as a result of the supervision,

nurturing, and support being provided by her/him throughout the four days. I accompany the family on these activities, coaching and intervening when necessary and monitoring the developments. At the conclusion of the daily activity, the family retires to their selected accommodations.

I am on call 24/7 should my services be needed in an emergency—which has never happened, by the way!

After-care services:

As Turning Points for Families is an intensive program that "jump-starts" the reunification process, after-care family treatment with a local, experienced family therapist assures the maintenance and enhancement of the reunification. The therapy involves the child(ren), alienated/rejected parent, and other family members living in the home with the child and parent—especially another parental figure. In general, individual therapy follow-up therapy for the child is ***contraindicated***—meaning forbidden. The story script takes much longer to change than does the positive *behavioral* changes that had occurred at TPFF. Individual therapy will therefore only serve as a forum for the programmed child to revert to the programmed script, just as a cult member will only repeat the words of the cult leader. One goal of the family therapy is to empower the alienated/rejected parent to help the child deal with any problems.

I am available and beneficial to serve in a collaborative role with all therapists providing treatment to the family members, including the alienating/favored parent's therapist.

Statistical Outcomes/Peer Review

Turning Points for Families has proven to be a highly successful reunification program. We have maintained statistics and data for several criteria regarding the program's outcomes; the psychological, cognitive, and behavioral improvements of the child; and, so *significantly*, that the removal from the alienating parent and placement the alienated parent, as well as the program intervention, do traumatize the child. In just the opposite occurs: freedom from the loyalty conflict. Our outcome data and effectiveness of the TPFF intervention are now being assessed and evaluated by the University of Colorado both for its success of reunification and the positive effect on the alienated child. The analysis is expected to be completed in early to mid 2020 and expected to be published in a peer-reviewed journal.

THE INTERVENTION IS VIDEO RECORDED AND IS PRIVILEGED. SEE BELOW

Treatment Protocol Regarding the Video Recording of the TPFF Intervention

Please note that the program's standard treatment protocol to video record the TPFF intervention is for the private use of the program in order to: 1) create a safe, protected, confidential environment for the child to invest in and reconnect to the alienated parent; 2) for the program to review and observe and assess the accurate and complete statements, interactions, body language, and affect of the participants in the sessions; and 3) create an correct, contemporaneous written summary that accounts for the general themes that had occurred during the intervention.

Regarding No. 1, the therapy has a high probability of *failing* should the child not be assured of the confidentiality of the videos. That is, without such assurances of confidentiality, the alienated child will be *fearful of reprisals* by the alienating parent, who, in viewing the videos, will observe the depth, willingness, and genuineness of the child's reconnection to the alienated parent. In other words, just as the success of the intervention is dependent upon the no-contact period, so the same rationale applies to preserving the confidentiality of the videos. The child must have the assurance of confidentiality in order to be freed from the loyalty conflict that had been thrust upon him or her by the alienating parent and thereby reconnect to the alienated parent.

Regarding No. 2, the TPFF reunification program is an intense, complex, and sophisticated intervention that relies upon review of the video of each day's preceding events in order to develop the succeeding day's most effective strategies and interventions for the particular idiosyncratic family that is currently participating in the program. Given the ease with which videos can be copied in today's technological culture, it is in keeping with the standard of the best interests of the child to zealously guard against the possible inappropriate dissemination of the videos—videos that often depict an acting-out, surly, and defiant child—and which may thereby be used against the child should unprotected videos thereby fall into the wrong hands.

Regarding No. 3, the program will create a contemporaneous written record of the major events to have transpired during in the intervention based upon a review of the video recordings. The purpose is to be informative to the court in any ongoing legal proceedings. Once the contemporaneous written record is created, the program has no obligation to retain the video recordings.

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