

# **Resist, Refuse & Resolve: Turning the Corner on PCCP Conflict**

**WA AFCC – April 25, 2025**

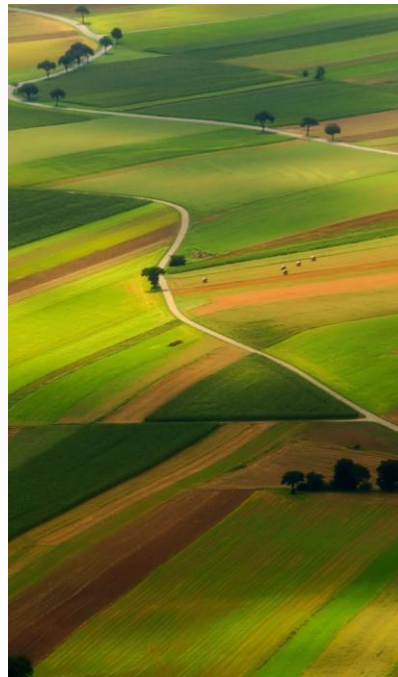
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## **Current Landscape, Mitigating Cognitive Biases, & Differentiated Interventions**

**Barbara Jo Fidler, Ph.D., C.Psych.**



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**Objectives: 9:00 – 10:30**

**Barbara Jo Fidler, Ph.D., C.Psych.**

1. Current landscape, polarization, single vs multi-factor models for understanding PCCPs
2. Implicit and cognitive biases, mitigating biases
3. Differentiated interventions based on nature and severity of PCCP

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## Morning Exercise



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## Current Landscape



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## Increasing Polarization. What Happened?

- Legislative changes from “tender years” to “best interests” to shared parenting
- Advocacy movements: feminist/domestic violence, father’s rights/equal time, children’s rights
- *The internet has widened the scope of the problem by way of unvetted sources of information, such as blog sites, personal narratives in the public domain through books, magazines, and social media. Parents have easy access to “unvetted information from unknown, often biased and irresponsible sources” (Johnston & Sullivan, 2020, p. 277). Further, search algorithms operate in ways that give priority to selective information based on the individual user’s previous search history. Thus, individuals obtain information from sources that, without their awareness, reinforce their view in a feedback loop, contributing to the polarization evident in the professional context of high conflict parenting disputes. Inflamed by biased perspectives and misinformation, conflicts between parents get supported and heightened, leading to disputes that swirl around the children, increasing the risks of long-term negative sequelae for all family members.*

Fidler 0425 Sullivan, Pruett & Johnston, FCR,2024

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## Current Landscape - Polarization

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- Efforts to have alienation become a diagnosis in DSM and ICD nosology defeated
  - While parent-child *relationship* problems recognized (V-codes, CAPRD, relationship stress with spouse/IPV)
- Increasing efforts by some advocacy groups to ban use of “parental alienation” (and PAS) in the courts:
  - UN Special Rapporteur’s Report ([www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children](http://www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children))
  - National Association of Women and the Law (NAWL)

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## Current Landscape – Polarization (2)

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- Moreover, are efforts and growing legislation to prohibit expert evidence about PA and disallow “reunification therapy” and custody reversal - tragedy-based legislation eg., Keeping Children Safe From Family Violence - Kayden’s Law (Penn)
- Efforts to eradicate Parenting Plan Evaluations(PPE) eg., Blue Ribbon Commission
- **For more information: AFCC Webinars:** PCCP Special Series (2020); NCJFCJ & AFCC Position Paper (Nov 17, 2021); Survey Data on Views (Apr 15, 2021); PA Research (Jan. 26, 2021); PCCP, either/or vs and (July 25, 2023); Kayden’s Law (Jan 8, 2025)

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## Alienation: Evolution of the *Concept* Over the Years...



- **1987: Richard Gardner** - “**Parental Alienation Syndrome**” (PAS)
- **Kelly & Johnston (2001)** - **not a “syndrome” “Alienated Child”**: “*child who freely and persistently expresses unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are disproportionate to their actual experience of that parent*”
- **“Pathological (or Irrational) Alienation, PA or Unjustified Rejection vs. Realistic Estrangement (Justified Rejection) (Warshak 2001,2003)**
  - Need to determine whether child’s conduct is **justified** (e.g., by abuse, family violence, poor parenting etc.)

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## Evolution of the *Concept* Over the Years...

**Resist Refuse Dynamics, RRD (Walters & Friedlander, 2016)** - a complex set of interacting factors, family dynamics, personality characteristics and vulnerabilities, conscious and unconscious motivations, and other idiosyncratic factors that combine to contribute to the unjustified rejection of a parent.

**Parent-Child Contact Problems, PCCPs (Fidler & Bala, 2010; Sullivan, Pruett & Johnston, 2023)** – umbrella term, which refers to a spectrum of family dynamics that result in a child developing resistance and sometimes refusal to have contact with one or both of their parents.

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## Parental Alienating Behaviours (PABs)

- PABs are defined as *“an ongoing pattern of observable negative attitudes, beliefs and behaviors of one parent (or agent) that denigrate, demean, vilify, malign, ridicule, or dismiss the child's other parent ... together with the relative absence of observable positive attitudes and behaviors, (affirming the other parent's love/concern for the child, and the potential to develop and maintain the child's safe, supportive and affectionate relationship with the other parent)”* (Johnston & Sullivan, 2020, p. 283).
- PABs are not discrete events, they are enacted over time and alongside other behaviors with the intent of hurting, damaging or destroying the child's relationship with that parental figure and/or that parental figure themselves (Harman et al. 2018).

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<https://apsac.org/wp-content/uploads/2023/05/APSAC-Position-Statement-PAS.pdf>



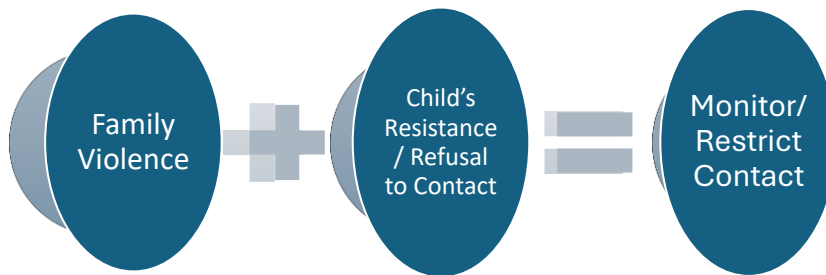
<https://www.ncjfcj.org/wp-content/uploads/2022/08/NCJFCJ-AFCC-Joint-Statement.pdf>

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## The IPV Single Factor Theory



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## The PA Single Factor Theory



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## Either/Or - Binary Thinking



### False Dichotomy

Is one type of abuse more valid/concerning than another? Do both IPV and PA pose risks?

Will banning/cancelling help, make PA go away, resolve IPV better?

Focus needs to be how to best protect children, parents and their relationships using step wise process – safety first

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## “And” – Fluid Thinking - Discrepant Truths?

- ✓ Some fathers advance false PA claims to counter mother’s allegations of IPV and protection of self and children
- ✓ Some abusive fathers alienate children against their mothers
- ✓ Some courts need to do better at identifying & responding to IPV
  - Sometimes incorrectly identifying IPV (false positive)
  - Sometimes missing IPV when it exists (false negative)
- ✓ Courts identify alienation (when there is no alienation) and get it wrong sometimes (false positive)

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## Discrepant Truths?

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- ✓ Some allegations of alienation are unreliable or dishonest (due to CCV, personality disorders, mental illness, parent's childhood trauma)
- ✓ Courts do not *rarely* consider IPV in PCCP cases (YHP v JN 2023-ONSC 5766, Kraft, J. Birnbaum & Bala, 2024, Harman & Lorandos, 2021; Harman et al, 2023)
- ✓ Courts do not rarely differentiate different types of PCCPs (CT v MMM 2023, ONSC 7247, Mitrow, J.)
- ✓ Both IPV and PA can and do exist
- ✓ Alienation is a useful concept/validity has been found and it is challenging to identify and resolve IPV and PA

CDN cases – most available on [www.canlii.org](http://www.canlii.org)

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## Despite Polarization by Loud Advocacy Groups, Areas of Agreement Outweigh Areas of Disagreement

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- Where there has been a history of confirmed FV, the survivor parent's concerns are justified (Tabibi, Jaffe & Baker, 2021).
- PABs recognizable (survey of professionals, Saini, 2020)
- Safety first – screening and assessment necessary
- Early intervention imperative
- Maintain safe contact where possible
- Majority of practitioners believe family violence and PA can co-occur (Pruett et al., 2023)
  - others argue that PA and family violence (or realistic estrangement) are different and cannot co-occur (Tabibi, Jaffe, & Baker, 2021)
- Severe PABs are emotionally abusive
  - however, debate over if severe PABs are a manifestation of FV?

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*"Everything should be made as simple as possible, but not simpler."*

*Albert Einstein*

## Multi-Factor Model for Understanding PCCPs

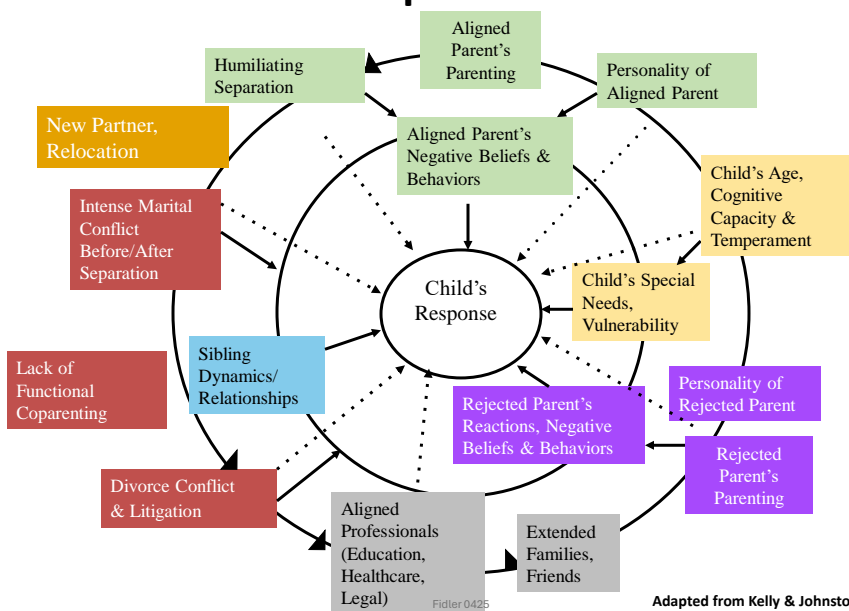
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## Factors contributing to & sustaining parent-child contact problems

**Handout 1**

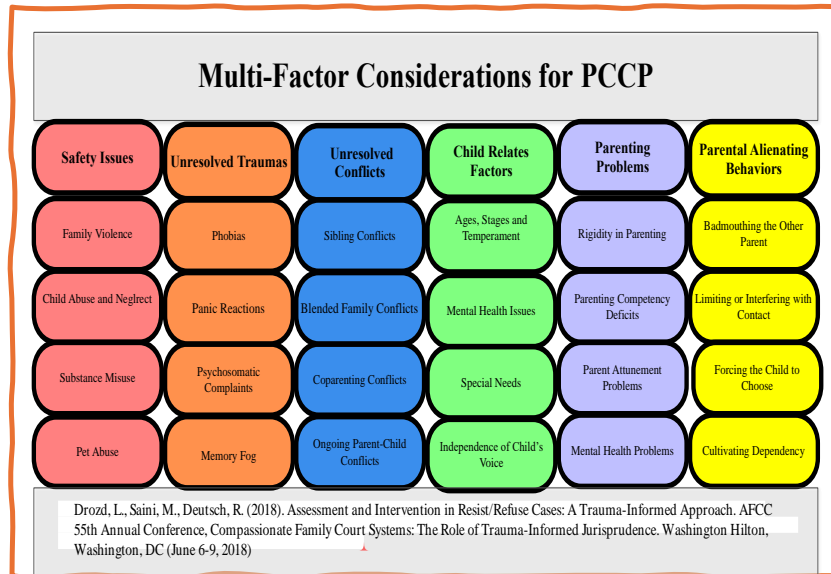


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## Another Assessment Tool

### Handout 2



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## Protective / Resiliency Factors

- Multiple causes of PCCPs can be viewed through opposite lens i.e., as protective or resiliency factors, and,
  - identified and harnessed for risk mitigation and repair of family dysfunction - PCCP, coparenting, parenting
- Factors signal intervention entry points
- Circle diagram can be used with lawyers and parents, and in court reports (PPE, clinical intake reports, therapy updates)



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## Paradigm Shift Needed

- While risk/safety assessment and identifying causes necessary, it is not sufficient
- Need to go beyond identifying causes and binary thinking - tends to polarize and engender blame, anger, escalation, and intractability
- To identify and implement goals must have vision for changed future, away from blame-game, WHILE maintaining focus on every child's best interests - abused or alienated
- **Ultimate Question: Irrespective of the nature/causes of PCCP, is it in the child's best interests to have good relationship with both parents, to repair, to improve family functioning, parenting and coparenting?**
- Family preservation a primary objective in our work child protection? Is this the same goal in families in custody/access disputes? If not, why not?

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## Sullivan, Pruett, & Johnston Family Court Review 62, Vol 1, pp. 68-85

*"Parent-child contact problems (PCCPs) refer to a spectrum of family dynamics that result in a child developing resistance and sometimes refusal to have contact with one of their parents. PCCPs occur on a continuum of severity; legal and psychological interventions have been developed to attempt to fit the nature and severity of the particular case. ... PCCPs can be a response to family violence (FV), which is an umbrella term for various kinds of violence that include child abuse, neglect, and intimate partner violence (IPV). Parental alienation (PA) is a type of PCCP where a child, for no adequate or justifiable reason, expresses negative attitudes, beliefs, and behavior toward one of his/her parents primarily due to the preferred parent's denigrating attitudes, beliefs, and sabotaging behaviors."*

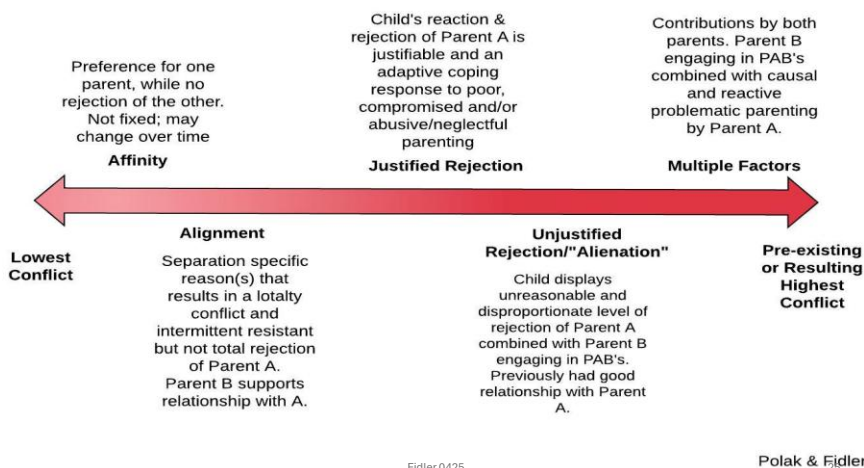
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## Spectrum of PCCP's

## Handout 3



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## Focus on Behaviour, Not Labels

## Fidler & Bala Checklist, rev 2020

## Handout 4

- Typical behaviours, perceptions & beliefs of children and parents
- One of many tools
- List initially rederived from review of entire social science literature and interviews with 37 practitioners around the world
- Consider context, frequency, severity and duration

Appendix A from: Fidler, B. & Bala, N. (2020). *Concepts, Controversies & Conundrums of "Alienation": Lessons Learned in a Decade and Reflections on Challenges Ahead*. *Family Court Review*, 58(2), 576-603.

### Typical Behaviors, Perceptions and Beliefs of Children & Parents in Alienation Cases<sup>1,2</sup>

Child
<ul style="list-style-type: none"> <li>Inconsistent behavior, including degrees of resistance, in the presence of the favored parent as opposed to when that parent is absent;</li> <li>Inconsistency between what is <i>stated</i> or <i>alleged</i> about rejected parent and how child behaves with rejected parent;</li> <li>Inconsistent behavior with the rejected parent (e.g. defiant, hostile) while may behave well with other adults;</li> <li>Opinion of each parent is rigid, one-sided, all good or all bad; idealizes one parent and devalues the other; refusal or reticence to consider alternate views, explanations;</li> <li>Weak, trivial, frivolous, unelaborated, false and irrational reasons to justify dislike, hatred, resistance or rejection of one parent;</li> <li>Revision of history to eliminate or diminish any positive memories of experiences with rejected parent; may report negative events with the rejected parent that could not possibly be remembered (before child is 3 or 4 yrs.);</li> <li>Stories are repetitive and lacking in detail and depth;</li> <li>Use of "snowed scenarios" (descriptions adopted from the favored parent or aligned family members);</li> <li>Report mimics that of siblings rather than own actual experience;</li> <li>Reactions and perceptions unjustified or disproportionate to rejected parent's behaviors;</li> <li>Talks openly and without prompting about rejected parent's perceived shortcomings;</li> <li>Claims they are fearful, but are aggressive, confrontational, even belligerent;</li> <li>Calls rejected parent by their first name;</li> <li>Badmouths or extends hatred to rejected parent's extended family or even pets of rejected parent (hated by association); may extend to vilification of rejected parent; undermining campaign of denigration, hatred;</li> <li>Lack of guilt or ambivalence regarding cruelty or unkind behavior towards rejected parent;</li> <li>Anger at rejected parent for perceived abandonment, even though rejected parent seeks relationship;</li> <li>Speech about rejected parent is brittle, a litany; obsessed; has an artificial quality; affect does not match words; no conviction; uses adult language; has a rehearsed quality;</li> <li>Denial of hope for reconciliation; no acknowledgement of desire for reconciliation;</li> <li>Reflexive support of favored parent in the parental conflict.</li> </ul>

<sup>1</sup> This Table relies on previous reviews of the literature (e.g., Baker, 2005; Baker & Darnall, 2006; Cartwright, 2006; Garber, 2007, 2011; Johnson, Walters & Olesen, 2005; Kelly & Johnston, 2001). This Table has been adapted from earlier versions, including in Fidler, Bala, Binstman & Kavassalis, 2008; Fidler, Bala, & Saini, 2011, and Fidler & Wand, 2017).

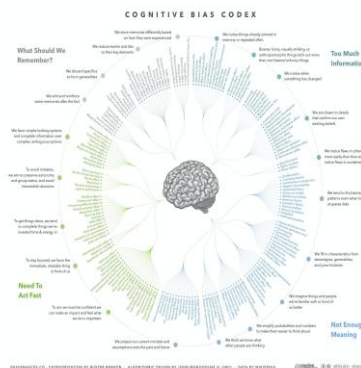
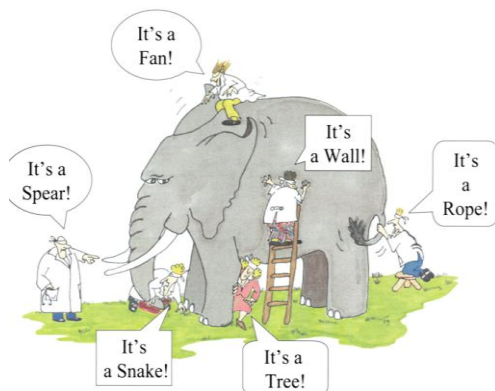
<sup>2</sup> Behaviors listed in this table are not differentiated by level or severity. While these are typical behaviors, all of them will not be present in every case.

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# Mitigating Implicit & Cognitive Biases



*Which Lens Are You Using?*

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## Biases, Alliances & Polarization

Biases impact our clinical (as evaluators, therapists) and legal roles (legal advice, decision-making)

AND are operative in our clients - parents, children & adolescents

- particularly relevant for high conflict coparenting where there is a high anxiety, intractable conflict, strong emotions
- prevalence of personality disorders (e.g., conflict engagers - narcissism, histrionic, borderline & anti-social)
- disruptions in thinking, feeling, interpersonally, behavior

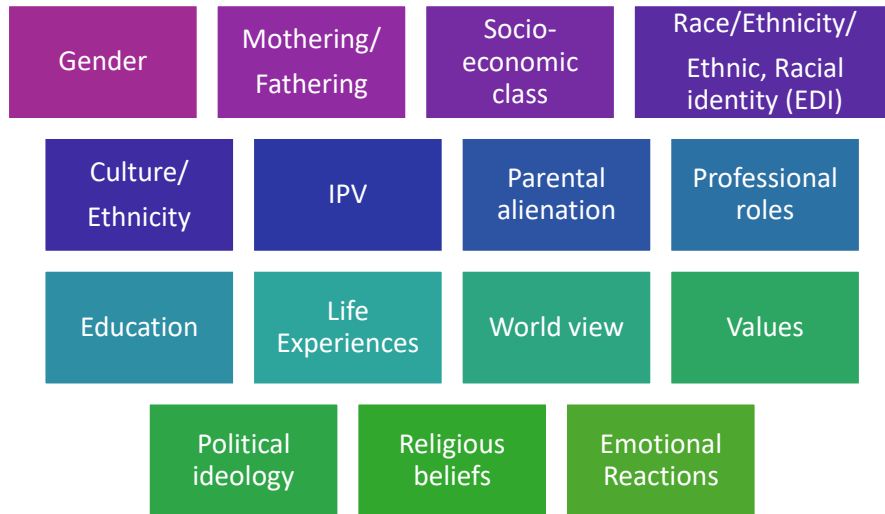
Biases are responsible for the development, sustaining and escalation of professional alliances and polarization

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## ***Implicit Largely Unconscious Biases Impact our work with families?***



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## **Cognitive Biases: Heuristics** **Kahneman (2011). *Thinking Fast & Slow***

- Heuristics - simple, efficient rules that describe how people make decisions, solve complex problems and reach conclusions
- Many different types of heuristics to solve complex problems
- Often creating a shortcut in logic and reasoning
- Some heuristics lead us to solve complex problems by focusing on simple issues, or only part of the problem
- Other short cuts lead us to ignore some of the information we already have, to reach our solutions.

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## Common Causes of Cognitive Bias

Limits on the mind's attention

Individual motivations

Mental shortcuts called "heuristics"

Social pressure

Emotions

**verywell**

***There is always a slightly more sophisticated version of the same problem that experts fall for."***

**Amos Tversky (1937-1996)**

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## Anchoring Bias

Anchoring – when making decisions, we favor the initial or pre-existing information we receive

Decisions influenced by initial "take" or reference point or "anchor"

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## Confirmation Bias

- Tendency to seek out and favor information that confirms our beliefs, feelings and hypotheses, while ignoring disconfirming data
- Bias impacts the information we gather
- Bias impacts what we remember (selectively)
- Effect of bias is particularly strong for emotionally charged issues and for deeply entrenched beliefs
- Ambiguous evidence or information is interpreted as supporting our existing position

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## Video

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## Inattentional Blindness

### *"Gorillas in Our Midst" (Chabris & Simon, 2010 )*

- Attentional blindness – not noticing or paying attention to information or observations due to paying attention to other information or observations
- 50% don't see gorilla
- **Perceptual error - see what you expect to see; *we look without seeing***
  - **Often, don't see the unexpected**
- **When shown, 90% surprised that it was missed**
- Inattentional blindness necessary by-product of normal operation of attention and perception (those with ADD usually see it)

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## Fundamental Attribution Bias

- Tendency to emphasize stable and personality factors above contextual factors when judging the behaviors of others.



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## Affiliative Bias & Retention Bias



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## Bias Blind Spot

- Participants had no difficulty identifying bias in colleagues, but fewer reported ever having any concern about their own potential bias
- Notably, persists even after taught about how bias impacts judgments

Pronin, Lin & Ross (2002). The BBS: Perception of Bias in Self vs Others, *Personality & Society Psychology Bulletin*, 28(3), 369-381.

Neal & Brodsky (2016). Forensic Psychologists' Perceptions of Bias & Potential Correction Strategies in Forensic MHE. *Psychology, Public Policy, & Law*, 22(1), 58-76.

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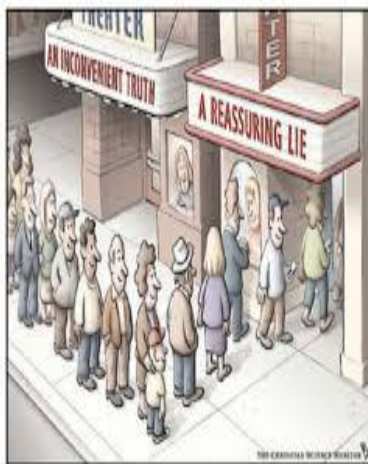
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*"Sustaining doubt is harder work than sliding into certainty."*

Daniel Kahneman (2011)  
*Thinking Fast & Slow*

## Living With Uncertainty

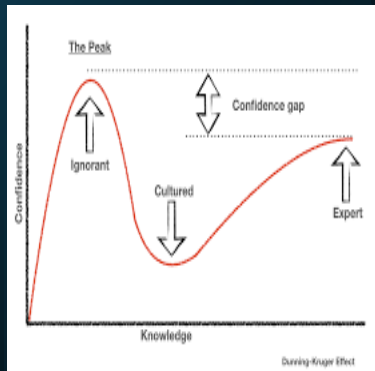
- It is far easier to slide into certainty than accepting uncertainty
- Extremely difficult to hold two competing ideas or truths at the same time, or more than two truths
- To cope with the anxiety, discomfort of uncertainty, we are inclined to let one go of the idea that gets in our way and align with the other – i.e., all or nothing thinking
- Polarization exacerbated by intolerance to uncertainty

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## Dunning – Kruger Effect



- Those with low ability have greater confidence; mistakenly assessing their own ability as higher than it is.
- Those with more ability have less confidence; underestimating their own competence to be lower than it actually is
- The more you know, the more you don't know.

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## Intellectual Humility



**Ask Yourself: How Do I Know What I Know? (Adam Grant: Think Again, 2021)**

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*You know a lot  
when you know  
what you don't  
know!*

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## Mitigating Biases – Sullivan et al. 2023

**Use multifactor approach to data collection and analysis:**

- (a) approach each case individually, while
- (b) testing multiple hypotheses, while
- (c) collecting multi-method, multi source information using structured protocols and checklists for screening and assessment, while
- (d) considering both confirming and disconfirming data, having
- (e) obtained training in all areas of study relevant to PCCPs (ie. PA & IPV, lethality risk assessment), especially those areas of subspecialty with which the professional is less familiar, while
- (d) engaging with professionals from other specialties that emphasize or advocate positions in the field – **avoid echo chamber**

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***What are some hypotheses to explain RRD & PCCP?***

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## Hypotheses

1. Is one parent exhibiting a consistent pattern of PABs?
2. Has the rejected/resisted parent perpetrated coercive/controlling violence? Or, has RP sexually abused the child? Is the child not alienated, but justifiably estranged due to parent's history of violence, child abuse or deficit/compromised parenting?
3. Was there little or no violence between the parents; but one or both engaged in separation-instigated violence at separation?
4. With PABs by one parent, has the other parent engaged in behavior, while not abusive, is contributing to child's resistance?
5. Is the PCCP primarily the result of a mutually escalating dynamic of fear & anxiety between preferred parent & child - the child's anticipatory anxiety feeds parent's anxiety, concerns & protective behavior which reinforces the child's anxiety - the snowball effect?

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## More Hypotheses...

6. Is the preferred parent intentionally protective, enmeshed or dependent and the child's resistance to other parent is more likely related to this dynamic, including the child's need care for or befriend the favored parent - Is the child "parentified"?
7. Is the preferred parent intentionally protective though misguided in their concerns as shown by repeated CPS and police investigations and clinical assessments?
8. Is the PCCP primarily the result of disordered thinking, including paranoia or an encapsulated delusional system? Can the preferred parent separate their own thoughts & feelings from child's? Can they perceive reality accurately?
9. Is the PCCP primarily the result of the intentional malicious fabrication of abuse allegations by the preferred parent knowing full well there is no risk of danger, harm to the child?
- 10..... Others?

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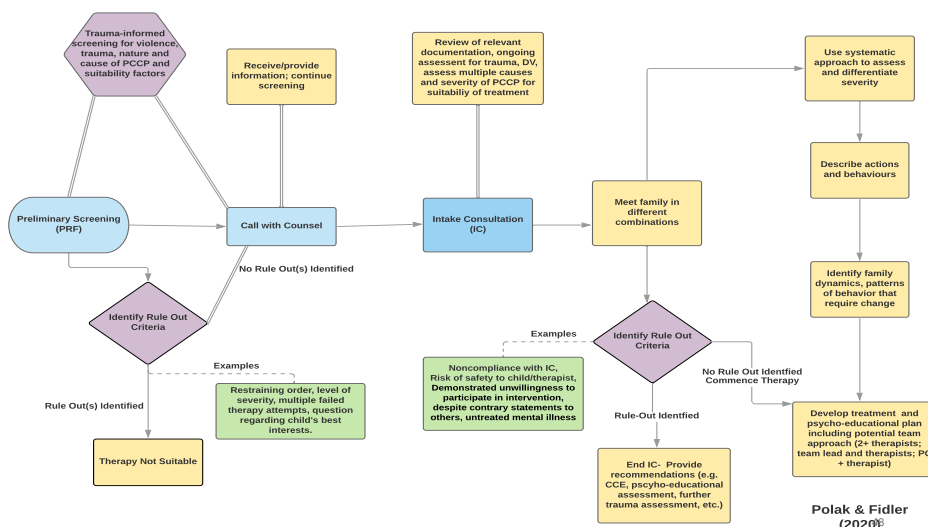
# Differential Approach To Assessment & Intervention



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## Handout 5

### A SYSTEMATIC APPROACH TO ASSESS FOR SUITABILITY OF THERAPY IN PARENT CHILD CONTACT PROBLEMS



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# Differential Approach (Fidler, Bala & Saini 2013 rev):

## Handout 6

Differential Approach for Assessing and Intervening with Strained Parent-Child Relationships after Divorce - © Fidler, Bala & Saini, 2013 rev			
Assessment: Level of Severity	Mild	Moderate	Severe
1. Parental conduct 2. Protection vs the probability of harm 3. Rigidity of child's perceptions/behavior towards their parents 4. Frequency of parent-child contact 5. Duration of strained relationships 6. History of parents' rigidity 7. Responsiveness to education/treatment as suggested 8. Compliance with court, orders, parenting plans, and treatment agreements	1. Minimal interference/ badmouthing 2. Parent values child's relationship with other parent but occasionally displays misguided protective behavior 3. Child values relationship with both parents, but displays discomfort (not extended to extended family) 4. Minor interruptions of parent-child contact (eg. late, missed visits, short-lived transition difficulties in presence of preferred parent) 5. Situational and infrequent relationship strain (eg. due to affinity, alignment, expected and time-limited upset over parents' separation) 6. Generally flexible but can be rigid 7. Responsive to treatment/education to improve parent-child relationships 8. Compliant with parenting plan,	1. Episodic interference / badmouthing 2. Parent's overprotection (unwittingly or intentionally) undermines child's relationship with the other parent 3. Child displays more resistance than at mild level, although reactions are mixed, confused, or inconsistent (eg. before or during transitions, while with resisted parent) 4. Contact is sporadic, infrequent, or delayed 5. Pattern of missed opportunities for parent-child contact; child takes longer to settle in after transitions than at mild level, and may become unsettled closer to return time to other parent 6. Generally rigid but some instances of flexibility 7. Attends therapy but sporadic and/or with minimal success 8. Inconsistent compliance with parenting plan, treatment agreement and court orders	1. Psychologically abusive behaviors related to mental health issues (eg. CCV, paranoia, encapsulated delusions) 2. Identifies actions as protecting (rights of) child, despite repeated investigations or evidence that demonstrates risk of future harm is improbable, or make malicious allegations knowing they are unfounded 3. Rigid / extreme child reaction to rejected parent (eg., threats to run away, of harm to self or others, acting out, aggressive behavior, refusal to eat) 4. No or very infrequent contact between child and RP 5. Chronic parent-child disruptions 6. Inflexible position taking 7. Refusal of treatment / Previous attempts for treatment unsuccessful 8. Noncompliance with parenting plan, treatment agreement or court orders
<b>Legal Interventions:</b>  From court support, monitoring to intervening	Detailed parenting plan, including specified parenting time with resisted parent, and primary residence care with preferred parent Early case conference Court management and monitoring Referral to parenting education or counselling with experienced and adequately trained therapist Warning of sanctions for noncompliance of parenting plan and orders	Highly detailed and unambiguous parenting plan (specified court ordered parenting time for child with resisted parent) Court monitoring Continuity of court appearances - one judge Warning of sanctions or residential care reversal Sanctions for noncompliance (contempt of court, opportunity to purge contempt) Consideration for shared parenting responsibility to ensure involvement of rejected parent in child-related decision making Consideration for extended periods of contact over holidays with rejected parent (eg. summer school break)	Strong sanctions for noncompliance implemented Possibility of transfer of residential care and decision making to rejected parent with one of more of the following monitored by court: * interim period of restorative contact with rejected parent/interruption of contact with favored parent (30-90 days), or indefinitely until behavior change demonstrated * monitored or supervised contact with favored parent * use of transitional site to prepare for transfer of residence to rejected parent (eg. relative, foster care) * eventual return to favored parent if there is an absence of emotionally abusive parental alienating behaviors
<b>Psychoeducational &amp; Clinical Interventions:</b>  Map interventions to client needs	Preventative parent education Psychoeducational groups for children Family therapy (all members seen in various combinations) Therapist reporting to court when there is noncompliance with parenting plan, orders or therapy agreement	Court ordered family therapy (all members seen in various combinations) to restore functional parenting, & coparenting; repair relationships & implement court ordered parenting time with rejected parent Additional individual therapy for child, rejected or favored parent Multi-day family intervention with both parents and children, combining therapy and psychoeducation Therapist reporting to court for noncompliance with parenting plan, orders or therapy agreement Parenting Coordinator (case manager / monitor interventions)	Parental decision-making responsibility and residence change to resisted parent (as above) accompanied by intervention with child and rejected parent, followed by Parent education and individual therapy for favored parent with a view to their reunification with child Therapist reporting to court when there is noncompliance with parenting plan, orders or treatment agreement Parenting Coordinator (case manager / monitor of interventions)

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## Dimensions Relevant to Level of Severity

Parental conduct of both parents

Attitude of favored parent (eg, emphasis on child's right to decide, protection vs probability of harm)

Rigidity of child's perceptions towards parents

Compliance with court orders, parenting plans and therapy agreements

Frequency of the PCCP (any contact?)

Duration of the strained relationship

History of parents' rigidity/flexibility (eg, ability to demonstrate reflective capacity for change)

Parents' receptivity and responsiveness to education and therapy interventions (includes previous unsuccessful legal and clinical efforts)

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## 8 Common Child Behaviors (Gardner)

Campaign of Denigration

Weak, Frivolous or Absurd Rationalizations for the Deprecation

Lack of Ambivalence

The Independent-Thinker Phenomenon

Reflexive Support of the Favored Parent in the Parental Conflict

Absence of Guilt

Borrowed Scenarios

Spread of the Animosity to the Extended Family of the Hated Parent

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Child Behaviors – Level of Severity

Mild	Moderate	Severe
Usually younger than 8 or 9 years of age	All 8 symptoms likely to be present & more frequent, intense and longer duration than in mild alienation	All 8 symptoms
Occasionally criticize/complain yet contact continues, not alienated	Difficulties with transitions & insisting they don't want to go	Firmly refusing contact or grudgingly accepts contact
Few symptoms at transitions/once out of the orbit of the FP child resumes a comfort level/warms quickly.	Exhibits oppositional, withdrawn or contemptuous in RP's presence with some intermittent positive treatment	Longer durations, 18+ mos
Symptoms are not transferred to extended family as in moderate and severe alienation	If they do settle in, behaviors reemerge in anticipation of returning to FP, prior to transition back.	Harbors/expresses hatred, sometimes intense fear of RP
		May make false allegations
		Threatens to harm self or RP
		Destroy property, steal, agent of FP, extreme defiance/withdrawal
		Behaviors do not subside during contact & child may sabotage visit
		Constant contact with FP

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## Levels of Severity: Mild Cases

- Usually younger children, under 9 or 10 years of age
- Difficulties with transitions, particularly soon after separation – though can settle in quickly
- Some PABs (eg., contact interference, badmouthing) but minimal and absence a consistent pattern, likely unwitting and not an effort to prevent child's relationship with the other parent
- Parent values child's relationship with the other parent but occasional displays of misguided or justified protective behavior
- Parent usually able, to some extent, to separate own needs/views from those of the child

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## Levels of Severity: Mild Cases

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- Parent's usually able to cooperate on major and day-to-day child-related decisions
- Parental conflict tends to be minimal, and co-parenting communication is usually respectful
- Preferred parent responsive to education & direction
- Preferred parent compliant with treatment & court orders; can be reassured
  - able/willing to meet for coparenting meetings
- When these are present, education, coaching and therapy indicated
- **Note:** unyielding quality of some behavior may not be revealed until later as the child's reaction starts to shift - anticipate there may be more resistance, pushback

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## Levels of Severity: Moderate Cases

- Usually older children, 9 and older
- All eight child behaviors present and more severe than in mild
- Child may be *disillusioned* (unhappy about separation, new partner, angry with one parent)
- Contact occurs though not seamlessly; difficulties with transitions may linger after transitions
- PABs occurring more frequently and consistently (than in mild cases); eg., contact interference, convey negative themes about other parent (dangerous, untrustworthy, abandoned you/us), badmouthing, undermining, exaggeration, distortion)

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## Levels of Severity: Moderate Cases (2)

- Protective and overprotective behavior may be intentionally or unintentionally trying to alienate child
- Protective behavior even in well intentioned hinder child's relationship with other parent
- Considerable parental conflict, inflexibility and strained coparenting communication
- Inconsistent compliance with orders, parenting plans
- Inconsistently responsive to guidance and education

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## Contraindications for FT in PCCP Cases

- No/minimal contact with RP for 2+ years (views on this vary)
- Child under 7ish years (may be exceptions)
- Previous unsuccessful efforts at same/similar intervention

### **SAFETY:**

- Active CP investigation (if there is a requirement by court or agency to wait for outcome before initiating treatment. If not?)
- Immediate threat of child maltreatment, neglect, or severely compromised parenting
- Clear presence of threats/risk to safety (eg., violence, CCV, abduction, threats or history of self-harm or elopement)
- Immediate threat of intimate partner violence and/or a history of intimate partner violence with coercive control dynamics (incl. of therapist)

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## Rule-Outs: Safety and Parenting Capacity

- Restraining order without exception for contact noted
- Severe personality disorders (e.g., antisocial, paranoid)
- Diagnosed and/or untreated mental illness, psychotic disorder, active untreated substance abuse
- Repeated false/fabricated allegations of maltreatment or abuse, unsubstantiated after child protection investigations
- Significantly compromised parenting capacity
- Restrictions on therapist's access to information, contact with collateral sources
- Parent(s) demonstrated unwillingness to participate (and sign consent for same) in intervention, despite contrary statements to others, such as the court, lawyers, therapists, CP
  - noncompliance during administrative or screening/clinical intake
  - demonstrated, repeated disregard/noncompliance with previous court orders

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## More Rule Outs – Willingness to Cooperate/Compliance

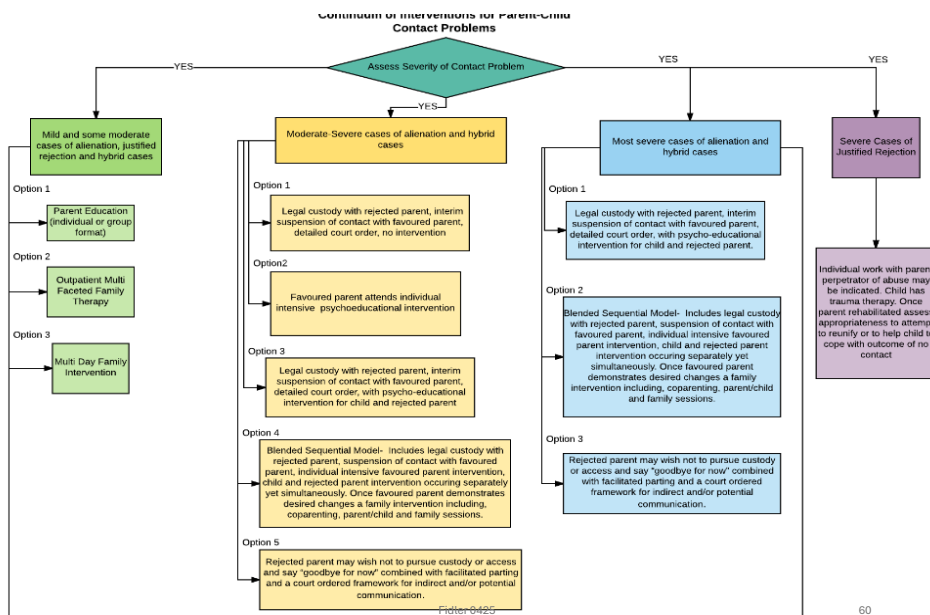
- Unable to stipulate it **IS** in child's best interests to have parenting time with other parent vs expecting an assessment **OF WHAT IS IN** the BIC
  - no interim or permanent parenting time schedule in place by court order or on consent order (to be implemented as one goal of the therapy)
- Presence of individual connected with family who is likely to sabotage intervention efficacy before, during or afterwards (e.g., stepparent, new partner, grandparent, other relative, therapist)
- Unable or unwilling despite capacity, to pay for therapy

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## Continuum of Interventions - Handout 7



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## For mild & *some* moderate cases of alienation, justified rejection OR hybrid cases

Parent education: individually, conjointly, group, on-line

Systems-Based Family Therapy (aka Reunification Therapy, Reintegration therapy, **Multi-Faceted Family Therapy (MMFT)**, Multi-Modal Family Intervention (MMFI); Conjoint Child Centered Therapy (CCCT)- other names?

Multi-Day Family Intervention (MDFI, “intensives”) - for one family, multiple days, retreat style, combined with aftercare services

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## Family Therapy for PCCPs

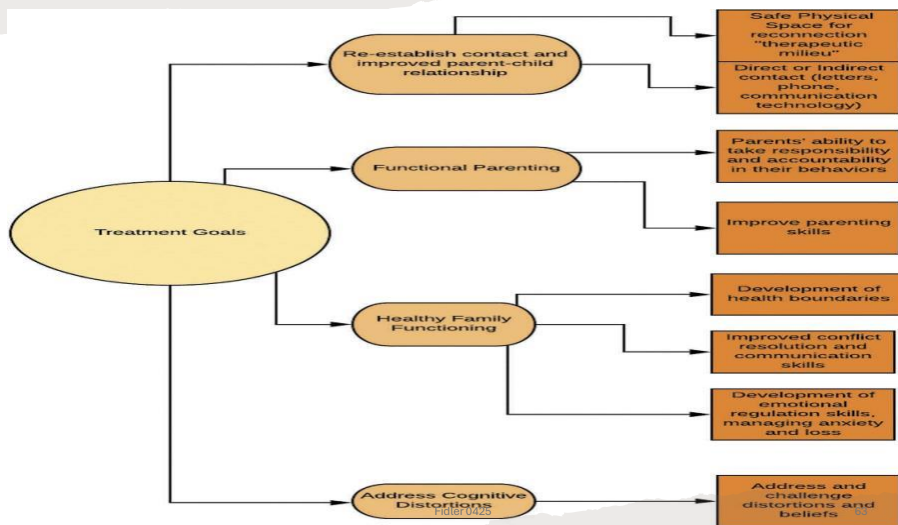
- Suitable for mild & some moderate PCCP cases, irrespective of the nature of the contact problem
  - **NOT** suitable for severe cases of any type
- Single and multiple therapist models/frameworks (see reference list)
- Integrated use of existing therapies, approaches, and models
  - Uses combination of evidence-informed and evidence-based therapies eg., psychodynamic, ACT, PCIT, family therapy, EFFT, CBT (eg., systematic desensitization), TF-CBT, DBT, solution-focused, narrative, psycho-education (incl. skills-based), mindfulness/meditation, experiential, recreational, motivational interviewing

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## Goals (Polak, 2019 Figure 3)



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## Family Intervention/Therapy for PCCPs (2)

- **ALL** family members must participate in various combinations
- Individual therapy for child alone contraindicated
  - reinforces the PCCP
  - identifies child as the problem or responsible to "fix it"
  - some children may need individual therapist working in-step with family therapist
- Non-confidential "open" process - reporting to court
- No quick fix, requires patience on the part of all, including therapist

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## Therapeutic vs Evaluative Role

### Avoid Dual Role

- Therapist *implements* order for parenting time
  - did not do and is not doing PPE
  - thus, does not recommend (or determine) parenting time
  - doing so likely to compromise therapy
    - FP and child continue to try to convince therapist that contact is not in child's best interest vs focus on repairing the relationship - face-saving for child
- Should therapist determine the pace of the implementation of parenting time with milestones established by court?
- Order should include specification of time frame, return to court date, criteria for evaluating success, what happens if treatment fails

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## Critical Component



- Safe contact with resisted parent cannot be seen as optional; it's a matter of *when* and *how* not *if*
- Stipulation: Irrespective of cause of the contact problem, it **IS** in child's best interests to repair rel. with RP and have good rel. with both parents
- If not stipulated, need to determine what is best for child first **before** treatment/intervention

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## Therapy Failures Arise From...

- Case too severe – be it justified or unjustified rejection
  - delays in receiving appropriate interventions
- Therapist given, or takes on role, of making recommendations for, or deciding parenting time – allow child to ‘save face’
- Therapist has insufficient skills and training – requires specialized skills and experience with HC, IPV, working with reluctant populations, trauma, and more
- Insufficient design and structure to therapy
  - distinguish process from substance
  - **carefully designed and executed policies, process and protocols can go a significant distance in addressing willingness to participate**

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## Essential Components for Progress

- Consider established goals
  - Distinguish progress vs “success”
  - Use of CRDC – Dr. Drozd will elaborate on this tool
1. Comprehensive risk and clinical assessment, which **continues during intervention**
  3. Ongoing consideration of alternative hypotheses
  4. Coordination of interventions
    - teams don’t run themselves - splitting, alignments common
    - open communication between all professionals involved
    - case management
      - linkage to the authority of the court
      - reporting is a requirement

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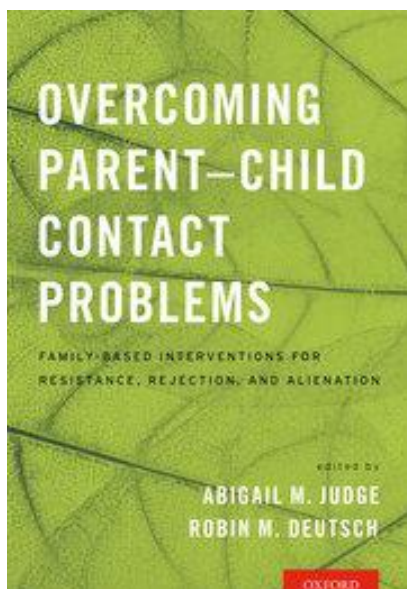
## Resources Related to Family-Based Interventions for PCCPs

- **Journals:** American J. of Family Therapy, Family Court Review, Journal of Divorce & Remarriage, Journal of Trauma ...
- Eg., Baker & Sauber, 2013; Faust, 2016; Fidler & Ward, 2017; Greenberg, Fidler & Saini, 2019; Judge & Deutsch 2017; Singh & Mader 2024
- **See Handout: Selected Bibliography**

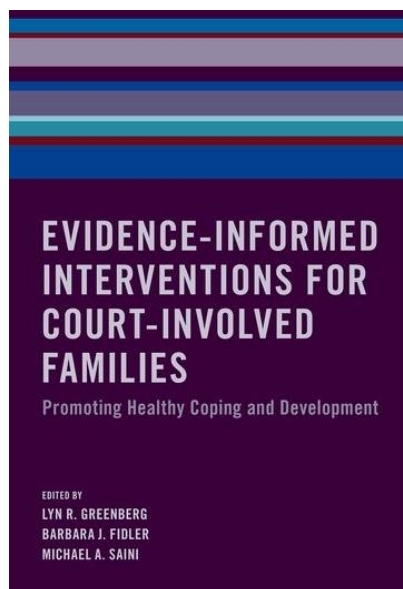
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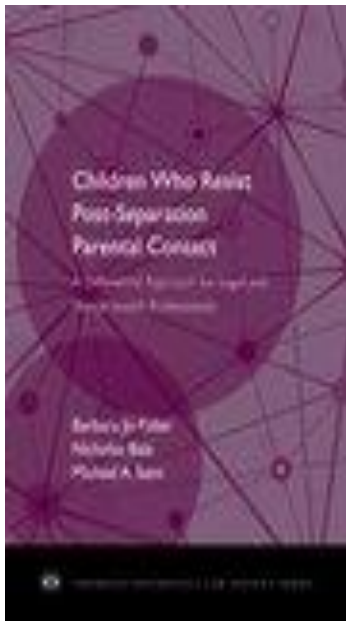


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Fidler, B. J., & Bala, N. (2020). Concepts, controversies and conundrums of “alienation:” Lessons learned in a decade and reflections on challenges ahead. *Family Court Review*, 58(2), 576-603.

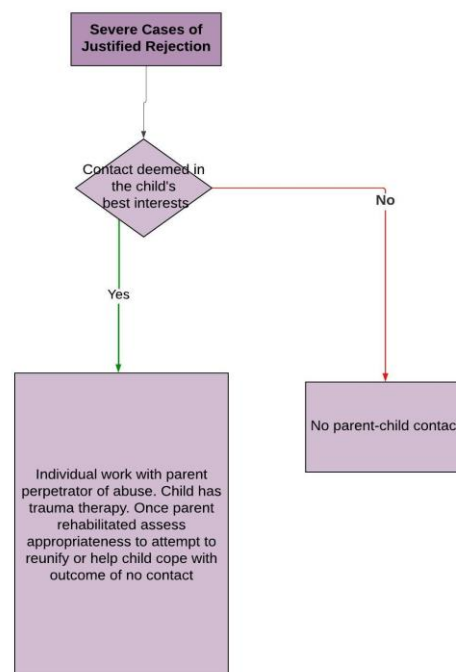
Fidler, Bala & Saini (2013). *Children who resist postseparation parental contact: A differential approach for legal & mental health professionals*. American Psychology-Law Book Series, Oxford University Press.

Fidler, B., & Bala, N. (2010). Children resisting post- separation contact with a parent: Concepts, controversies & conundrums. *Family Court Review*, 48(1), 10-47.

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## Severe Cases Justified Rejection/ Realistic Estrangement



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## For cases of severe *justified rejection* (IPV, child abuse/neglect, deficit parenting)

Individual work/rehabilitation with parent/perpetrator of abuse, including demonstration of accountability

Survivor parent has access to appropriate family violence services, including how to support child

Child has evidence-based trauma therapy (for PTSD or other trauma reactions) or other appropriate individual therapy (eg., TF-CBT)

Depending on child's readiness and once parent demonstrates they are rehabilitated, it *may* be appropriate to attempt to reunify child with parent, or alternatively to help child and parent to adjust to outcome of no parent-child contact

- When appropriate, develop and implement step up parenting time schedules

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## Accountability: Evidence of Changed Behavior

Has the parent stopped behaving abusively (including stopped using coercive control tactics)?

Does the parent continue to blame and disparage the victim? Or, do they recognize their behaviour as unacceptable?

Does the parent recognize the impact of concerning behaviours on the victim and child? How has the parent changed as a result?

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## What is the Impact of the Behaviors on Coparent and Child?

Can child tolerate and make good use of relationship with parent?

Is there an expectation for the victim parent to make progress in healing sufficient to support restoration of the rejected parent/child relationship?

What is the role of apology, restorative justice models?

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## Severe Cases of Alienation & Hybrid Cases

### Most severe cases of alienation and hybrid cases

#### Option 1

Legal custody with rejected parent, interim suspension of contact with favoured parent, detailed court order, with or without psychoeducational intervention for child and rejected parent.

#### Option 2

##### **Blended Sequential Model:**

- 1) Legal custody with rejected parent and suspension of contact with favoured parent OR no change to legal custody, interim suspension of contact with favored parent along with a period of restorative contact with the rejected parent.
- 2) Individual intensive favoured parent intervention while child and rejected parent intervention occurring separately yet simultaneously.
- 3) Assessment of demonstrable desired changes of favoured parent;
- 4) Once items 1-3 have been successfully completed, family intervention occurs including: coparenting, parent/child and family sessions.

#### Option 3

Rejected parent may decide not to pursue custody or access and say "goodbye for now" combined with a facilitated parting and a court ordered framework for indirect and/or potential communication or provision of child related information to the rejected parent.

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## Severe Cases – Alienation & Hybrid

- Usually younger and older teens
- In absence of PABs (by FP and others), child would not reject parent
- Pattern of PABs - conveys to child that other parent is bad, dangerous, abandoned them, does not love them – when this is not true
- PABs convey the love of favored parent is conditional on child's allegiance to them and rejection of rejected parent
  - may explicitly require child's allegiance; reprimand child, withhold/withdraw love

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## Severe Cases – Alienation & Hybrid (2)

- FP refuses/unable to acknowledge (or gives lip service) it is best for child to have a good relationship with RP irrespective of the reasons for PCCP
  - Poor to no insight, self reflection, externalization of blame
- FP and child resistant/unwilling to participate in therapy - may feign participation while unresponsive to guidance, mistrust for therapy & therapist convey to child
- Chronic non-compliance with parenting plan, orders, informed consent agreement for therapy

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## Severe Cases

Often history of previous failed therapies

Intrusive and psychologically controlling parenting (see Barber, Bean & Erickson, 2002)

Severe are emotional abuse/child maltreatment – impacts self esteem, interpersonal relationships, emotional, social and academic adjustment

Mental illness (psychotic or quasi psychotic thinking, profound emotional dysregulation, extreme or bizarre behavior)

Presence of personality disorders or characteristics (e.g., paranoid, encapsulated delusion, antisocial, borderline, narcissistic)

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## False vs Fabricated Allegations – Both Include Intentionality

Fabricated - favored parent advances malicious allegations of abuse (emotional, physical or sexual), knowing these are unfounded- less common compared to:

False – favored parent advances allegations that are genuinely believed, though is misguided or experiencing a delusional belief system – intentionally protective

Both intentional - one to protect child while other is to sabotage child's relationship with the other parent

When allegations malicious *may be* more responsive to warnings of severe sanctions as parent knows there is no validity to their allegations and claim child needs to be protected, compared to the truly believed but misguided or false allegations that is truly believed

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## Are Severe PABS Tantamount to Family Violence? Currently Debated

Family violence includes child maltreatment (physical, sexual, emotional) and intimate partner violence (IPV), which has traumatic impact on the domestic partner and on the child both through direct and indirect exposure (See AFCC Guidelines for Examining IPV, 2016; Battered Women's Justice Project, <https://bwjp.org>).

*"In accord with our own assertions, APSAC's definition suggests that severe PABS reach the level of child maltreatment. The pattern of regular denigration aimed at controlling the child's access to the other adequate parent and negatively impacting their affection for that parent exploits and corrupts that parent-child's relationship. Such parental behaviors are detrimental to the welfare of children. The implication of a child's rejection of a parent in response to PABS from the other parent are without basis for physical and psychological protection and are maladaptive." Sullivan et al., 2023*

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### Option 1: For the more severe cases (unjustified rejection, alienation, hybrids)

IF there is a need to protect child from emotional abuse:

- Stark dilemma – weighing of short- and long-term risks against benefits (risks vs risks, benefits vs benefits), eg:
  - Risks child will run, harm themselves, or others?
  - Can the RP adequately and sensitively care for child?
- Legal custody/residence with RP (ie., period of restorative contact)
  - Combined with interim protective period of no contact with FP (30-90 days)
  - Detailed and unambiguous court order
  - RP has legal decision making for major decisions (incl. therapy)
  - This legal remedy can occur with or without intervention
    - If intervention it is sequential, start with RP & child; then with FP

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## Option 2: Blended Sequential

- Variation of Option 1 - ultimate goal is for child to have healthy relationships and contact with both parents
  - Period of restorative contact with RP, combined with protective period with FP
- Unlike in Option 1, there is a concerted effort to involve the favored parent from the outset during intake
- Favored parent has own intervention during the period of restorative contact with rejected parent
- Goal to re-integrate favored parent back with child, who must demonstrate behavioral change as monitored by court

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**Period of Restorative Contact  
With Rejected Parent Combined  
With Interim Protective Period  
From Favored Parent**

Discussion

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## **Option 3: Goodbye For Now**

### Discussion

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