

ORIGINAL ARTICLE

Evaluation of the Turning Points for Families (TPFF) program for severely alienated children

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Abstract

The Turning Points for Families (TPFF) therapeutic intervention program for severely alienated children and their alienated parent was evaluated to determine whether it was safe, did not cause harm, and led to positive changes in the alienated parent–alienated child relationship. Court orders and video recordings of the 4-day intervention were reviewed for indications of improvements over the course of the intervention in relational communication, social support and communal coping, which refers to the family members jointly ‘owning’ a problem and proactively taking responsibility for it together. Improvements in the parent–child relationships were noted, and the TPFF helped to improve family members’ communal coping scores. Participation did not lead to negative changes on any measure. This preliminary evidence indicates that TPFF, similar to other therapeutic structural interventions, is a safe and effective treatment option for severely alienated children.

KEYWORDS

family therapy, parental alienation, reunification therapy

Practitioner points

- The Turning Points for Families program is an effective and safe treatment option for families in which severe parental alienation has occurred.
- Success of the program is largely contingent on treatment protocol compliance and coordination with family courts.

According to some estimates, one in four young people are exposed to some form of family violence over their full childhood (Hamby et al., 2011). This exposure presents immediate risks for psychological and physical harm, places children at risk for other forms of abuse and developmental delays and has been associated with negative outcomes such as depression and post-traumatic stress (Evans et al., 2008). Parental alienating behaviours (PABs) have been argued by some scholars to be a form of family violence as they involve an abusive parent using a child as a weapon against the other parent, making this both intimate partner violence and child abuse (Boch-Galhau, 2018; Dijkstra, 2019; Harman et al., 2018; Kruk, 2018; Sharples et al., 2021). There are significant and profound negative short- and long-term consequences for child and adult targets of these behaviours (Harman et al., 2018). To be considered a PAB, the behaviour must be part of a pattern of behaviours executed over time by a parental figure that harms the other parental figure and/or their relationship with their child(ren) (see Harman et al., 2020 for a review of these behaviours). These PABs are one of the primary causes of parental alienation, which is a family dynamic that entails a child strongly aligning with one parent and rejecting their other parent without legitimate justification (Bernet, 2020). The degree of this unjustified rejection serves as a gauge for how severe the parental alienation has become and the type of treatment that is necessary to remedy it (Warshak, 2020).

Interventions for child maltreatment and parental alienation

Interventions for child maltreatment vary based on the severity and type of the abuse that the child has suffered. For example, preventative community services for children at risk for maltreatment are effective in reducing the likelihood of child protection service referrals (Niemelä et al., 2019), while intensive and systemic interventions and highly intensive, out-of-home placement (e.g. foster care; Rossen et al., 2019) are more effective for children with substantiated maltreatment reports because the child is vulnerable to widespread and co-occurring forms of maltreatment (Goulet et al., 2018). Similarly, best practices for the intervention and treatment of parental alienation also vary based on severity, with psychoeducation and court-integrated psychotherapy plans recommended at the mild level of parental alienation, and more intensive interventions employed at moderate and severe stages because of needing a child protection response to the PABs of the alienating parent. These more intensive interventions often include sequestration orders for no contact between the alienating parent and the child for a period of time, restrictions in custody or parenting time, and structured therapeutic interventions coordinated with aftercare services (see Warshak, 2020).

Several structured therapeutic interventions have been developed to treat parental alienation since the early 1990s. These interventions were developed after finding that traditional forms of treatment were ineffective for severely alienated children. For example, psychotherapy, increased contact with the alienated parent without protecting the child from the PABs of the alienating parent, and family therapy involving both parents have not been found to be effective for the treatment of severe parental alienation (Warshak, 2020). Programs such as Family Bridges (Warshak, 2010, 2019) and Family Reflections (Reay, 2015) are structured treatment programs that have similar intervention elements (Kelly, 2010), such as the use of entertaining videos to engage children and teach critical thinking skills. These programs are also structured such that they are brief and intensive over a period of several days (in contrast to lengthy outpatient treatment over months or years) and are provided outside of the therapist's office (e.g. a camp setting). This setting is important, as it creates a more casual environment in which to

reconnect and repair the relationship between the alienated child(ren) and the alienated parent (Warshak, 2020).

Some critics have argued that children are endangered when transferred to the care of the alienated parent (Bruch, 2001), and are ‘traumatised’ by their being ‘forced’ to reunify with the alienated parent in the programs designed to treat severe parental alienation. Unfortunately, such critics have not provided empirical support for these claims or used the terms in a way that meet accepted definitions of trauma that have been established in the scientific and clinical literature (e.g. accidents, child or sexual abuse, neglect; Wamser-Nanney & Vandenberg, 2013), nor have they recognised that the PABs used by the alienating parent are abusive. Children who experience severe maltreatment and child abuse are often removed from their abusive environments to prevent further trauma – such actions are not critiqued as being traumatic for the child but rather are understood and accepted as being protective and in the child’s best interest.

Other critics have argued that the interventions for parental alienation are not ‘safe’ for children because they use force to require the children to participate. For example, Mercer (2019) stated that children’s participation in the programs is ‘enforced by youth transport service workers who in some cases use handcuffs as they take children from homes, their schools, or courtrooms’ (p. 79). This claim about the ‘possible’ (and not actual) use of force to make children attend these programs (p. 80), supported only by negative and inaccurate anecdotes given by five young adults who did not overcome their alienation after participation in Family Bridges, was used by Mercer (2019) to argue that these programs have not been demonstrated to be ‘safe’ for children [see Warshak, 2020 for a full critique of Mercer’s (2019) argument]. Consequently, these concerns about ‘safety’ and ‘trauma’ have frequently been used by mental health and legal professionals as reasons to prevent the ordering of interventions to treat severe parental alienation, leaving children to remain alienated from a normal and loving parent.

Evaluation of interventions for child maltreatment and parental alienation

Although many programs and interventions have been developed to identify and treat children who have been exposed to family violence, few have been systematically (Chalk, 2000; Graham-Bermann & Hughes, 2003) or adequately evaluated (Wathen & MacMillan, 2013). When these programs have been evaluated, the focus has been primarily on entire programs or agencies rather than specific elements of interventions and their relation to specific outcomes (Hamby & Grych, 2013). In addition, there have not been accepted guidelines for how to evaluate psychotherapy with children (e.g. Hibbs, 2001). Although there is also limited research on outcomes for programs designed to treat severe parental alienation, evidence so far does not support the argument that existing programs are ineffective. For example, two outcome studies of the Family Bridges program indicate that between 75% and 95% of children overcame their alienation after participation (Warshak, 2010, 2019), and an initial evaluation of the Family Reflections program found a 95% reunification success rate after 12 months post-intervention for twelve families (22 children; Reay, 2015).

Reunification success rates are an important indicator of program efficacy, but they do not directly address critics’ claims about these structured parental alienation intervention programs being ‘unsafe’ or ‘traumatising’ to the children. Self-report measures from Family Bridges participants indicate that the majority of children rated their experience as positive and they also rated the workshop itself as good or excellent (only 8% rated it as poor), and outcomes from the Family

Reflections program are not reported to be ‘traumatising’ for the children (Reay, 2015). There is not yet any empirical evidence to support allegations that the programs pose safety issues for children. The purpose of the current study was to examine whether another therapeutic treatment program for severely alienated children, Turning Points for Families (TPFF), is safe, does not cause harm and is effective in supporting a positive change in the alienated parent–child relationship.

Turning Points for Families (TPFF)

The 4-day TPFF intensive intervention was formalised in 2015 by Linda J. Gottlieb, a licensed marriage and family therapist and a licensed clinical social worker and who is the primary therapist at TPFF. Since 1994, Gottlieb has provided evidence-based treatment to court-referred families who were undergoing separation and divorce, later focusing her practice on alienated children and their families. Over time, Gottlieb identified efficacious therapeutic interventions for repairing severed or severely damaged parent–child relationships. These interventions were incorporated into her TPFF treatment protocol (see Family Access, no date).

According to Gottlieb, the TPFF program is a therapeutic vacation designed to ‘jump-start’ the reunification process between alienated children with their alienated parents. Acceptance into the TPFF program is only by court order or by a settlement agreement that must be approved by the court. TPFF makes the assumption that the court, which has heard all the evidence in the legal proceedings, has reached the findings that (1) the child has unjustifiably rejected a parent; (2) in the absence of bona fide abuse and/or neglect, the alienating parent – either by omission or by commission – had not *required* the child to maintain a relationship with the alienated parent and/or had undermined that relationship; and (3) the child is safe in the care of the alienated parent. The court order must impose at least a temporary period of sole legal and physical custody of the child to the alienated parent, as well as a 90-day no-contact (sequestration) period between the child and the alienating parent. TPFF recommends that the no-contact period between the child and the alienating parent remain in effect until two conditions are met: the child and alienated parent have successfully recovered their prior positive relationship, and the alienating parent has demonstrated a genuine commitment and willingness to support the relationship between the child and the rejected or alienated parent.

The TPFF treatment protocol requires the alienating parent provide the alienated parent with mementos, photographs, videos and other memorabilia of the family and of the family relationships should the alienated parent not have these memorabilia in his or her possession. In addition, the parent is required to accept telephonic parent education services from the program during the 4-day intervention, and to write a letter to each child indicating support for the reunification. In this letter that needs to be approved by the TPFF therapist prior to sharing with the child, the alienating parent is instructed to describe the positive qualities the alienated parent has to offer the child, specify the importance of having the alienated parent in the child’s life, and affirm to the child that they are safe in the alienated parent’s care. The alienating parent’s failure to write an appropriate letter does not however prevent the intervention going forward between the child and the alienated parent (Gottlieb, 2020).

The intervention is conducted in New York State (United States). The program’s preference is for the child to be accompanied to the intervention by the alienated parent; however, if the alienating parent transports the child, the expectation is for them to exchange civil greetings with the alienated parent during the transfer of custody. If the alienating parent has written an approved letter, the alienating parent reads the letter aloud in the presence of the TPFF therapist,

the child(ren) and the alienated parent. The alienating parent then leaves so that the intervention can begin. The alienated parent is also encouraged to invite extended family members who had had a prior meaningful relationship with the child(ren) to participate in the intervention (e.g. rejected grandparents, aunts, uncles and cousins, Gottlieb, 2020).

An intensive 3–4-hour family therapy session is conducted in the morning of each day of the TPFf intervention, followed by lunch and then an afternoon activity that the family selects and does together (e.g. visit a museum or amusement park). The TPFf therapist takes the family to lunch and accompanies the family on the activity each day, observes the family members interact with each other, and takes pictures of the family enjoying the activity. The pictures provide a record for court and are sent to the alienating parent for reassurance of the child's safety and adjustment.

At the conclusion of the daily activity, the TPFf therapist and family separate, with the family members retiring together at local accommodations. Although the TPFf therapist remains available to the family for an emergency after separating, Gottlieb reports that this has never occurred. At the conclusion of each day, the TPFf therapist contacts the alienating parent to convey reassurance of the child(ren)'s adjustment. If the alienating parent's letter to each child had not been previously approved, the TPFf therapist identifies the concerns and offers another opportunity for the alienating parent to make revisions. The TPFf therapist also discusses the necessity for the alienating parent to be in individual therapy and the expected goals for the therapy.

Upon conclusion of the 4-day intervention, the TPFf therapist approves and then collaborates with the various local therapists who provide aftercare services to the family (Gottlieb, 2020). The child(ren) and the alienated parent need to strengthen and deepen their reconnection in outpatient family therapy, and the alienating parent requires individual treatment with a therapist experienced in treating parental alienation. The alienating parent's individual therapy is undertaken and completed with a TPFf-approved therapist with the goals of promoting awareness of the impact that the PABs have had on the child(ren), to develop strategies to prevent future perpetration of PABs, to realise the importance of the other parent in the child(ren)s' life, and to actively support the relationship(s) between the alienated parent and their child(ren). The ultimate goal of this therapy is to remove the no-contact period between the alienated child and alienating parent. Research has indicated that, if the child has even minimal contact with an unreformed alienating parent, relapse is almost certain (Warshak, 2010, 1018; Reay, 2015).

Daily therapeutic foci

The memorabilia intervention initiates the therapy on the first day and is at the heart of the successful 'jump-starting' of the reconnection between the alienated parent and the child(ren). The TPFf therapist uses the memorabilia to 'escort the family down memory lane'. Prior to this specialised therapeutic intervention, the parental authority of alienated parents is often severely undermined due to the PABs of the other parent and/or due to the over-empowerment of the child(ren) (Harman et al., 2018, 2021). The TPFf therapist's role is to reinstate the alienated parent's parental authority by co-leading this activity with the child(ren), which enables parent and child (and participating extended family members) to re-experience each other at a time when the alienated parent and extended family had been meaningfully in the child's life. This symbolic-experiential intervention is designed to engage the children and alienated parent in a discussion about and enjoyment of their past activities, attachments and involvements with each other (Gottlieb, 2020).

On the second day, the family briefly discusses with the TPFf therapist their reactions to the events of the previous day and evening. A video is then played that dramatises the family interactions and dynamics that commonly occur in parental alienation. At the conclusion of the video, the TPFf therapist facilitates a discussion as to the relevancy to the family of the interactions that were depicted in the video. Because alienated parents have usually shielded the children from the parental conflicts and legal proceedings, this discussion is typically the first opportunity for the alienated parent to correct the child's perceptions of the family history. Events and information that the alienating parent had exaggerated or falsified to the child are sensitively corrected. This is a mutual discussion between parent and child, as long as the child is respectful and civil in stating opinions and perspectives. Importantly, the discussion does not pathologise the alienating parent but instead focuses on correcting the memories of distorted events. According to Gottlieb (2020), the alienated children rarely relinquish the programmed alienating script; however, they do tend to demonstrate significant and positive behavioural changes after this discussion.

The TPFf therapist begins the third day by requesting feedback about the events of the prior day and evening. Additional time is then devoted to further clarifying and deliberating the family history. Several interactive videos are played which challenge the reliability of human memory and further demonstrate the ease with which a trusted authority can implant false memories in both children and adults. Engaging memory tests are used as activities to illustrate the points covered in the videos. Because alienated children are often convinced that their distorted memories about the family history are accurate, the interactive videos help to cast doubt about such memories. The alienated parent is also encouraged to communicate to the child that they understand the child had been caught in a loyalty conflict and were unable to please both parents, which serves to absolve the child for having been disrespectful, hurtful, rejecting and even cruel at times towards the alienated parent.

On the last day, the family is asked to reflect upon the developments and changes that have occurred during the course of the intervention. Family life in the alienated parent's care after the program is discussed (e.g. household rules, expectations and the child's wishes). The TPFf therapist then summarises the progress of the intervention and also explains to the child the conditions under which contact with the other parent can resume. Finally, questions that the family members raise are addressed.

The families are connected to weekly outpatient family therapy with a local therapist who has training in the treatment of alienated families, and the TPFf therapist remains involved with the families as long as the local family service providers feel is necessary. The TPFf therapist's role is to help the local therapist maintain and intensify the reconnection and to help facilitate the eventual meaningful involvement of both parents in the child's life. The TPFf therapist's role after the intervention is to also provide support and assistance with any court proceedings that may be requested or necessary.

The current study

The purpose of this study is to examine whether the TPFf program is effective in supporting the repair and positive relationship between the alienated child(ren) and alienated parent, and to test whether participation in the program is safe and not harmful to the child(ren) as alleged by critics such as Mercer (2019). Given that TPFf is designed to 'jump-start' the reunification process, the program's long-term success depends largely on the alienating parent's compliance with court orders and the utilisation of mental health service providers who understand how

to effectively treat families in which parental alienation has occurred. Such dependencies are outside the control of the TPFf staff and are not a direct reflection of the effectiveness of the program itself. Therefore, we largely focused on outcomes evident within and immediately after the completion of the program.

For this program evaluation, we tested the following hypotheses:

1. Participation in the TPFf program will be safe, in that children who are resistant and reluctant to attend the program will not harm themselves or run away when ordered to attend and participate with the alienated parent.
2. Participation in the TPFf program will not harm the child, as indicators of relationship quality with the alienated parent will be stable and not decline while participating in the program.
3. The program will support a positive change in the alienated parent–child relationship.

METHOD

Our involvement in this evaluation began after thirty families (with fifty-five children) had completed the TPFf program in its current form since 2016 through March 2020. Our roles as evaluators are independent of the program; none of us has any vested interest in the program or has ever been involved with the development or provision of the treatment. The first author is an expert on the scientific study of parental alienation and has also consulted on and published numerous program evaluation projects at local and national levels. Due to this content area and program evaluation expertise, Ms. Gottlieb asked the first author to assist with the evaluation the TPFf program. The selection of the evaluation team was deliberate to minimise bias. The individuals responsible for the coding of materials and the analysis of the data were not familiar with the TPFf program and had not published any previous research on the topic of parental alienation. One author is a communication scientist who studies communication patterns within families, and the other is a graduate student who solely served as the statistician involved with analysis of the data. No funding or compensation were received by the authors to complete this program evaluation.

The intervention was not originally developed with a research component. As independent evaluators, we consulted with Gottlieb about the types of data she had available for us to review to examine effectiveness and safety of the program. As part of the therapeutic process, Gottlieb videotapes all therapeutic interventions that she personally conducts over the 4-day program. These video recordings provide an exceptionally rich and objective data source that allowed us to approach this program evaluation like an observational study rather than rely on subjective impressions of the participants. The importance of this form of data for the study of parental alienation outcomes cannot be overstated. Previous evaluations of interventions for severely alienated children have relied primarily on self-report measures of participants and interventionists (e.g. Reay, 2015; Warshak, 2019). Self-reports can address some, but not all, research questions (Sassenberg & Ditrich, 2019), and there can be differences between actual and self-reported attitudes and behaviours (e.g., Baumeister et al., 2007).

Consent required signing a release for the confidential sharing of the videos because they are protected by US national privacy rules and regulations (HIPAA) owing to their being recorded as part of the mental health treatment for the family. We obtained a certificate of confidentiality from the National Institute of Health for this project so that the disclosure of the identity of

the participants and their children is prohibited to anyone not connected to the research unless the alienated parent consents to such a disclosure. Despite this certificate, some parents (approximately ten families) were still embroiled in such heavy custody litigation that their attorneys discouraged them from participation out of fear that it would be used against them by the alienating parent. In addition, some consent forms (from the remaining families) were received after our evaluation deadline (March 2020), and so they could not be included in the coding of the videos due to staffing issues. Videos from TPFf interventions with fifteen consenting families (thirty children) were ultimately available for our evaluation. As indicated in Table 1, these families did not differ noticeably in terms of the ages of the children who were involved, or the length of time that they were alienated from their parent, which are important factors in the treatment of alienated children. While this sample size is relatively small, evaluations of similar interventions are also based on small sample sizes (e.g. thirty-two children, An et al., 2017; twenty-one children, Herschell et al., 2017; ten children, Sullivan et al., 2010).

Review of court orders for TPFf intervention

Gottlieb also provided us with twenty-six court orders for families who participated in TPFf. This information was important to evaluate, as several of the orders detailed what the severely alienated children's relationships with the alienated parents were like prior to intervention. All identifying information about the families (names, US state where the court order was entered) were removed from these documents. Two psychology undergraduate research assistants (one male, one female) who were unfamiliar with the TPFf program reviewed the court orders

TABLE 1 Descriptive statistics of children participating in the TPFf intervention ($n = 55$)

Factor	Families without videos shared	Families who shared videos	Total
Age of the children			
8 or younger	2	1	3
9–10 years	2	0	2
11–12 years	4	5	9
13–14 years	6	8	14
15–16 years	8	10	18
17+ years	4	5	9
Length of time relationship with alienated parent was severed or damaged			
1–2 years	2	2	4
2–3 years	18	24	44
4 years	5	2	7
5 or more years	1	1	2
Travel to TPFf intervention			
With alienating parent	2	1	3
With alienated parent	24	28	52

Note: These data only include families ($n = 15$) who completed the TPFf program prior to March of 2020. Fifteen families were not able to provide their consent forms to participate. Over ten families have since completed the intervention via Zoom owing to COVID-19 restrictions.

independently and entered information about them into an Excel spreadsheet. The data extracted were the date of the court order, date the intervention was ordered to occur, whether custody of the children was transferred to the alienated parent, which parent was ordered to transport the children to the intervention, whether there was a sequestration order (and for how long), whether the alienating parent was ordered to participate in individual therapy and write a letter to the children, and any details provided about the quality of the children's relationship with the alienated parent prior to participation. These latter details were used as qualitative evidence to test all three hypotheses.

Coding of video tapes

One evaluator who is a scientist who studies family communication and three communication undergraduate coders met twice a week for 4 weeks for training. All of these coders and the evaluator were unfamiliar with the TPDF program and the broader research on parental alienation. Given that the goals for the intervention are to start repairing the relationship between the family members, the coders examined verbal and non-verbal indicators of relational communication, emotional support and communal coping. Relational communication refers to frames or schemas used to interpret interpersonal communication and their meaning for the relationship with the communicator (Dillard et al., 1996), and emotional support refers to expressions of love, empathy and concern (Cutrona, 1996), both of which were expected to improve after the bond with the alienated parent and child(ren) was repaired. Communal coping refers to a group of people jointly 'owning' a problem and proactively taking responsibility for it together (Lyons et al., 1998). Given that parental alienation is distressing for both the child and alienated parent, and the TPDF program was designed to intervene and repair this outcome, we also expected to see improvements in this outcome over the course of the 4-day intervention.

The coders were trained to rate behaviours associated with these three indicators using rating scales. Every item for each of the scales was measured along the same 5-point Likert-type scale that ranged from 1 to 5 (*strongly disagree, disagree, neutral, agree, strongly agree*). The coders rated relational communication (immediacy/affection, similarity/depth, receptivity/trust, composure, formality, dominance) with twenty-five items from the Relational Communication Scale (Burgoon & Hale, 1984). Five items were added to this scale that measured emotional responses like joy, hostility and sullen behaviours. Emotional support was rated using six items (e.g. 'Made the other person feel cared for', 'Did not take the other person's concerns seriously', 'Expressed confidence in the other person's ability to deal with the issues', 'Made the other person feel loved', 'Made the other person feel worthwhile', 'Made the other person feel like he/she could be counted on to be there for him/her when needed') from Xu and Burleson's emotional support scale (2001). For relational communication and emotional support, the coders rated the behaviours of each individual (every child and the parent in the session) every 15 min. Communal coping was measured with fourteen items adapted from Afifi et al.'s (2015) communal coping scale. Approximately half of the items focused on joint ownership of the problem (e.g. they suggested that it is 'our problem' rather than 'my problem' or 'your problem'), and the other half of the items focused on assuming joint responsibility for the problem or acting on it together as a team (e.g. 'They talked about how they will (or are) work through their problems'). Unlike the other two scales, the communal coping items were rated for the entire family as a group at 15-minute intervals.

The coding of the video tapes included any activities the families were engaging in where they were encouraged to interact. If the activity simply involved watching a video and the family

members did not engage with each other, that activity was skipped and not coded. The sessions were also marked according to the date so that change in behaviour over time could be established. Interrater reliabilities, established with 20% of the data using two-way mixed intra-class correlations with consistency, were excellent [0.92 relational communication (95% CI range 0.92–0.94); 0.81 emotional support (95% CI range = 0.77–0.85); 0.95 communal coping (95% CI range 0.94–0.96); see data available here: <https://osf.io/b3uyn/>]. One item was removed during training from the relational communication scale because it was difficult to code from the videos. Any disagreements in ratings were discussed together among all of the coders throughout the training process. All of the items used to establish the inter-rater reliability resulted in good-to-excellent reliability and were retained.

The ratings on these three subscales of verbal and non-verbal behaviours of the family members over time were used to test the second and third hypotheses. If the TPF program does not cause harm to the child, we should not see a decline in these indices over the 4-day intervention. If the TPF program supports a positive change in the alienated parent–child relationship, we should see stability in the three indices and possibly improvements over time. It is important to note that all of the children in the families were deemed by a clinical assessment and/or the court to be severely alienated prior to participation in the program. All the children had refused or resisted contact with the alienated parent for months or years and expressed strong desires to *not* participate in the program (e.g. threatening self-harm, suicide, running away). Therefore, we did not anticipate that there would be large improvements over a short, 4-day intervention along the three dimensions. The goal of TPF is to initiate the reparation and stabilisation of a healthy alienated parent–alienated child relationship, so effectiveness was operationalised such that the interactions between the family members would be neutral or slightly positive over the course of the treatment, which is a significant improvement from when TPF intervention was ordered by the court. We did not predict that the interactions would be negative, or become more negative over time, which would support evidence of a ‘traumatising’ or harmful outcome.

Another way to determine success of the intervention is to evaluate whether the child maintains a healthy relationship with the previously alienated parent over time, and whether they are able to re-establish a relationship with the alienating parent that does not again threaten the loss of their relationship with the previously alienated parent. As described earlier, program effectiveness is challenging to operationalise because long-term effectiveness largely depends on the alienating parent's compliance with court orders (following the temporary sequestration/no-contact order, engaging in individual psychotherapy) and the family's engagement in appropriate aftercare services. While not an a priori hypothesis, we wanted to report on longer-term outcomes for these families. Therefore, we obtained information from Gottlieb (personal communication dated 27 January 2020) about the numbers of children who were still minors and had maintained a relationship with the (formerly) alienated parent, and the numbers of minors who were able to then maintain this relationship after resuming contact with the alienating parent.

RESULTS

According to Gottlieb's records that were provided to the evaluation team, thirty families with fifty-five children had completed the TPF intervention prior to March 2020.¹ The majority of children had severely damaged relationships with the alienated parent for 2–3 years (76.4% of children), and two children had been severely alienated from their parent for over 5 years.

Only one sibling pair failed to comply with the treatment protocol and were in communication (against court orders) with the alienating parent during the 4-day program, and so they did not reconnect with the alienated parent. The remaining children (96.4% of fifty-five children) all successfully reconnected with the alienated parent, and their ages are reported in Table 1. It is important to note that many of the successful reconnections were made with teenagers 16 years of age or older (32.7% of the children).

After children reach the age of majority (which for these cases in the United States was 18 years), they are no longer bound by the court orders for the TPFf intervention. As a result, we examined whether those children who still were minors in March 2020 ($n = 39$) were still in a relationship with their formerly alienated parent after participating. All of these children were still having contact with the previously alienated parent, and twenty-nine of the thirty-nine children were in contact again with the alienating parent (sequestration orders were still in place as of March 2020 for those who were not in contact with them). Of those children who became adults, six have been able to maintain relationships with both parents, while two have minimal contact with the alienated parent (which was still better than prior to TPFf participation). Eight individuals relapsed due to contact with an unreformed alienating parent who had chosen not to participate in therapeutic services or follow court orders. Of the individuals who had relapsed after becoming adults, all were over the age of 16 at the time of the intervention.

Hypothesis 1

Our first hypothesis was that participation in the TPFf program will be safe, in that children enrolled in the program will not harm themselves or run away when ordered to attend and participate with the alienated parent. To test this hypothesis, we examined the court orders for descriptions about the children and their behaviours towards the alienated parent and obtained information from Gottlieb about the children's behaviour prior to and during the participation in the program.

An Excel sheet with de-identified data is available on Open Science Framework (<https://osf.io/b3uyn/>) with the details derived from the court orders. Details from these court orders of the families who participated in the TPFf intervention provide an indication of what the relationships with the children and the alienated parent were like prior to participation. The severely alienated children were described as believing the alienated parent was malevolent, abusive and dangerous owing to the influence of the alienating parent. These children completely rejected the alienated parent, refusing to speak with them on the phone, to enter their car or home, or even accept food or beverages from them. Some children ran away from home or fought with police when they attempted to forcibly make them attend parenting time with the alienated parent. Several court orders described the children as using hostile and derogatory language when talking to their alienated parent, referring to them by their first name and behaving violently towards them. One child even stated that they would not attend the alienated parent's funeral if they died.

These details are important because the children in the majority of the families were transported to the TPFf program by the alienated parent (Gottlieb, personal communication, November 2020). In other words, the majority of children who refused to have any relationship with the alienated parent travelled significant distances across the country and spent several hours or days with them *prior to the intervention*. Indeed, of the court orders that were reviewed and for which dates were provided for when the TPFf program was to be completed, a large number of alienated children had transferred custody to the alienated parent for between a week

and as long as 44 days after the order had been entered and before participating in the program. Therefore, significant progress towards reunification was made between many of the children and alienated parents prior to participation in the TPDFF program due to the court order that protected the children from the abusive influence of the alienating parent (e.g. sequestration order, transfer of custody). We did not find any evidence that the children were unsafe due to participating in the program. No child in the sample attempted to run away or hurt themselves since the court order was entered or during the intervention. There were also no reports of the children behaving in this way after participating in the program. Therefore, this evidence provides support for our first hypothesis.

Hypotheses 2 and 3

Our second and third hypotheses were tested by using the ratings of the alienated parent–child communication derived from the videotapes. Our second hypothesis was that participation in the TPDFF program will not harm the child, and this was tested by determining whether indicators of relationship quality with the alienated parent were stable across the rating scales over time and did not decline while participating in the program. The same analysis provided a test of the third hypothesis, which was that the program would support a positive change in the alienated parent–child relationship. Positive change would be an above-average rating on the measures at the start of the intervention that remains stable or improves. Again, the alienated parent–child relationship prior to the court order was determined by a clinical professional and/or the court to have been severely deteriorated, and so neutral or above-average stable ratings across the intervention would indicate that the program supported a positive change that began after the transfer of custody/court order and prior to arriving at the intervention. While we did not anticipate large changes in relationship quality in a short, 4-day intervention, the third hypothesis also tested whether there were any improvements over time.

After the videos were coded, the data set was sent to another evaluator to analyse the data. This de-identified data and all statistical model details and output are accessible from the OSF project page <https://osf.io/b3uyn/>. Across the fifteen families' intervention videos that were provided to the research team after obtaining consent, there were 312 total observations of social support ($M = 3.32$, $SD = 1.06$), 255 observations for communal coping ($M = 1.90$, $SD = 1.14$) and 661 observations for relational communication ($M = 3.82$, $SD = 0.54$). Full descriptive statistics (e.g. skewness and kurtosis) for each outcome variable are presented in Table 2.

We utilised a linear mixed-effects model (LME) to analyse the behavioural codes. We chose LME because traditional ANOVA/regression methods are limited in how they handle missing data and continuous predictors (i.e. time in the intervention, in this study; Brauer & Curtin, 2018). Individual participants and families were treated as non-nested random factors. We used the `lmerTest` (Kuznetsova et al., 2017) and `lme4` (Bates et al., 2015) packages in R (R Core Team, 2020) to perform an LME analysis of the changes in social support, communal coping and relational communication over the course of the TPDFF intervention. Social support, communal coping and relational communication were used as the response variables for three individual LME models. For each model, we entered time as the fixed effect. Model fit statistics are presented in Table 3.

Two cases that had significantly more measurements than other participants (i.e. values that exceeded thirty-three measurements for communal coping and thirty-six measurements for relational communication) were removed. Without this removal, these cases would be weighed disproportionately in the subsequent models. The results below do not depend on this removal

TABLE 2 Descriptive statistics for the rating scales from video coding

Variable	N	Observations	Mean	SD	Skewness	Kurtosis
Social support	15	312	3.32	1.06	-0.14	-1.04
Communal coping	15	255	1.9	1.14	1.08	-0.05
Relational communication	37	661	3.82	0.54	-0.16	0.16

TABLE 3 Estimates of fixed effects for the models social support

Index	Parameter					95% confidence interval	
	B	SE	df	t	p	LB	UB
Social support							
Intercept	3.17	0.26	12.66	12.13	< 0.01	2.64	3.7
Time	0.03	0.02	9.82	1.64	0.13	-0.01	0.07
Communal coping							
Intercept	1.04	0.16	12.95	6.49	< 0.001	0.72	1.36
Time	0.08	0.03	11.66	3.3	< 0.01	0.03	0.14
Relational communication							
Intercept	3.82	0.08	35.52	45.52	< 0.01	3.66	3.99
Time	0	0.01	21.95	-0.66	0.51	-0.01	0.01

Note: *p*-values estimated via *t*-tests using the Satterthwaite approximations to degrees of freedom. Abbreviations: SE, standard error; LB, lower bound; UB, upper bound.

except that the model for social support failed to converge as a result of this removal. This non-convergence indicated an issue of statistical power, as the model effectively ran out of the degrees of freedom to estimate the correlations between the slopes and the intercepts we defined. Because of this, we ultimately kept those two cases in the model for social support. Additionally, not every participant had the same number of observations owing to differences in time spent in the intervention and/or the number of videos that were available for coding, and these observations were missing at random (MAR). Therefore, we used restricted maximum likelihood estimation (REML) to estimate missing data. REML produces more unbiased estimations of complete data under restrictive conditions (e.g. when values are MAR) than more conventional estimation approaches (e.g. listwise deletion or mean imputation; Little et al., 2014).

We found support for the second and third hypotheses. Results revealed that participants in the TPF program either had positive changes, or their ratings on the scales remained stable (i.e. no significant negative changes) over time. For relational communication, participants ($n = 37$) had no significant main effect over time, as indicated by a negligible change in scores ($B = -0.003$, $SE = 0.005$, $p > 0.05$). Participants began with an average relational communication score of 3.82 and, on average, had a small and not statistically significant decrease in scores by only -0.003 units in each section that was coded, indicating that the changes were likely measurement errors. This finding indicates that the family members had relational communication scores that were positive and above average from the start of the intervention, and that these scores remained stable over time. We also broke down the relational communication scale into several subscales based on Burgoon and Hale (1984) topoi of relational communication: immediacy/affection, receptivity/trust, composure, dominance, and added items to capture hostility/sullen communication. There were issues with model convergence for the immediacy/affection

and dominance subscales due to lack of statistical power, but the other models converged successfully. The participants ($n = 40$) displayed no significant changes in scores on receptivity/trust ($B = -0.0009$, $SE = 0.011$, $p > 0.05$), composure ($B = 0.01$, $SE = 0.01$, $p > 0.05$), or hostility/sullen communication ($B = -0.005$, $SE = 0.006$, $p > 0.05$) across time.

We also found that scores on social support remained stable for the families ($n = 15$; $B = 0.03$, $SE = 0.02$, $p > 0.05$) over time. Families entered the intervention with an average social support score of 3.17, and, on average, their scores increased, but not significantly, by 0.03 units in each section of the videos we coded. In other words, the family members demonstrated social support towards each other at an initially neutral/slightly positive level, and this remained constant over the course of the intervention. Communal coping scores were not only initially positive but improved on average over time across the families, as depicted in Figure 1. There was a significant main effect for families ($n = 14$; $B = 0.08$, $SE = 0.02$, $p < 0.01$), and the model explained a significant proportion of the variance in communal coping scores, $R^2 = 0.25$, $F(1,13) = 10.57$, $p < 0.01$. Overall, families started with an average communal coping score of 1.04, and scores increased by an average of 0.08 units for each section of their videos that were coded over time. In other words, the severely alienated children in these families showed neutral to slightly positive results on measures of relational communication and social support with the alienated parent that remained stable over the course of the intervention, and they showed improvements on their communal coping scores by the end of the intervention.²

In summary, we found support for all three of this program evaluation's hypotheses. The children who participated in the TPFf intervention were determined by a clinician and/or court to have been severely alienated from a parent, and the court orders described very concerning and dangerous behaviours of the children, such as running away when forced to have parenting time with the alienated parent. The children in the program were safe because they did not engage in these behaviours after the court order, during the intervention, or afterwards. We also found that

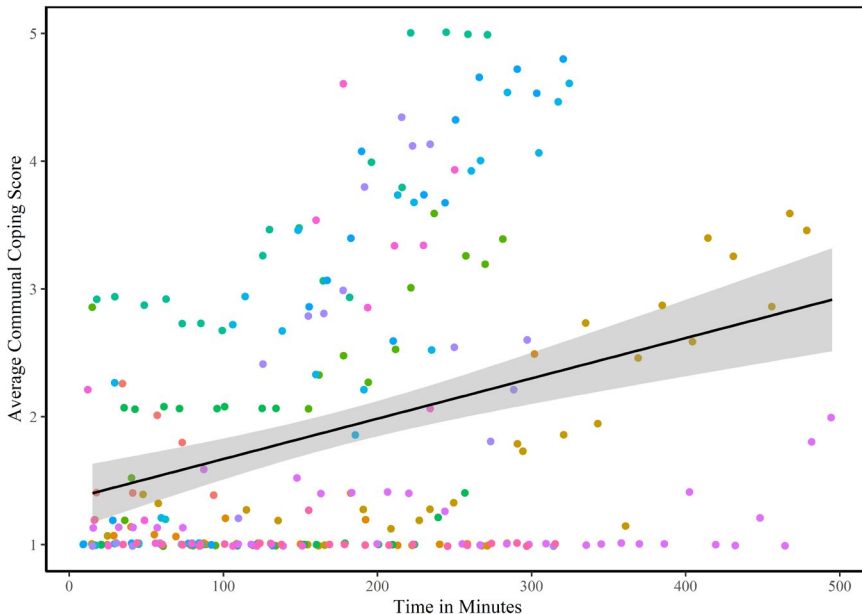


FIGURE 1 Change in communal coping scores over time for families in the TPFf program ($n = 14$ families). *Note.* Each dot's color represents the score for a different family over time

the children were not harmed by participating in the program, as their relational quality with the alienated parent was slightly positive at the start and did not decline over the course of the intervention. Finally, the ratings of relational communication and emotional support were stable over the course of the intervention, and communal coping improved, indicating that the TPF program appears to have supported a positive change in the alienated parent–child relationship.

DISCUSSION

The purpose of this program evaluation was to examine whether the TPF program for children who have been severely alienated from a parent is safe, does not harm the child, and supports a positive change in the alienated parent–child relationship. The independent evaluation team reviewed court orders for the intervention, received program details and demographic and outcome information for the participants, all of whom were from the United States, and reviewed video tapes of the 4-day intervention for fifteen of the thirty families who completed the TPF program between 2016 through March 2020. We unfortunately did not have much detail about the income of the families; however, due to the cost of the program, they likely had some financial advantages or resources. Nearly all of the children (96.4% of fifty-five children) reconnected with the alienated parent, which is a similar success outcome reported by other programs designed to treat severe parental alienation (Reay, 2015; Warshak, 2010, 2019).

We found support for the first hypothesis that was tested, which was that the TPF program would be safe for children. The program is designed to treat severely alienated children, which is when the child persistently and adamantly refuses contact with the alienated parent for unjustified reasons. Such children will hide, run away and/or threaten self-harm and other harm as a means to avoid being with the alienated parent (Bernet, 2020), and the court records that we reviewed confirmed that the children who participated in the TPF program met this criterion and that a judicial finding of severe parental alienation had been made. Prior to entering the court orders for TPF participation, the majority of the alienated children refused to see the alienated parent for over 2 or 3 years, three-quarters of them were teenagers, they engaged in hostile and antisocial behaviours toward the alienated parent (e.g. destroyed their property), and they threatened to harm themselves or run away if forced to live with the alienated parent and attend the TPF program.

Among the fifteen families for which we reviewed intervention video tapes, it is notable that fourteen involved the children being transported by the alienated parent to the TPF program. The children in these families had several hours or days in the exclusive and protected care of the alienated parent outside of the influence of the alienating parent and did not harm themselves or others, nor did they run away or hide, so they were not unsafe. The children were also made aware of the remedial course of action that was court ordered to address the parental alienation. While the court orders described these children as being extremely resistant to reunification, the children did attend the program with their alienated parent, and the verbal and non-verbal communication observations derived from the videos indicate that all family members actively participated in the program. According to Gottlieb (personal communication dated 27 January 2020), there were also not any cases where the children ran away or harmed themselves after participating in the program. Therefore, the qualitative and quantitative data we reviewed provided support for our first hypothesis.

We also found support for our second hypothesis that the TPF program does not appear to harm the child or cause ‘trauma’ as some critics have claimed (e.g. Mercer, 2019) and has been

an argument used by attorneys representing alienating parents to not order the program to treat a judicial finding of severe parental alienation. Ratings of relational communication, emotional support and communal coping were surprisingly above average and positive at the start of the intervention, which was started several days or weeks after the court order. Importantly, the initial relationship quality between the family members was so deteriorated that there was often no contact for months or years prior to the court order, as determined by a mental health provider and/or the court. After the court order and the required transfer of custody, these family members often travelled together to the intervention, and their initial ratings of the observational measures from the videotapes of the interventions indicates substantial change had to have occurred before the program began. Our analyses of changes in relational communication, emotional support and communal coping do not indicate that these ratings declined over time. Therefore, it does not appear that participating in the TPDF program harms children.

It would be beneficial for future research to look at what impact the transfer of custody and sequestration orders alone has on outcomes, and how much is independently attributable to the intervention given the substantial change that appears to have occurred between the court order and start on the intervention. The data we had available were not able to answer this question. Evidence indicates that separating the child from the alienating parent is not harmful in these severe situations, even if transient distress is experienced by the child (e.g. Dunne & Hedrick, 1994; Reay, 2015), and that leaving the child in the alienating parent's care enables the alienation to continue and become more severe (Templar et al., 2017). Templar and colleagues (2017) note that evidence supports changes in custody arrangements in favour of the alienated parent as an effective strategy for improving their relationship with the severely alienated child and reducing the child's distress. Our findings lend additional support for their conclusion that was drawn from a systematic review of the literature.

Finally, we also found support for our third hypothesis, which was that the TPDF program would support a positive relationship between the alienated parent and child. The above-average, positive ratings for the families that were reported at the start of the intervention remained stable (as described above), and despite the intervention being only 4 days long, the families demonstrated an increase in communal coping over time. In other words, the intervention helped family members rely on each other to work on their past alienation and develop new ways forward together.

The TPDF program was not originally designed with a research component. Consequently, surveys and assessments of participants prior to and post-intervention were not available. Using the court orders and videos from the TPDF intervention, we were able to derive information about program safety and effectiveness that arguably is more objective than the self-report of participants; however, moving forward it would be useful to collect additional information from program participants about their expectations and experience with the program and their attitudes towards family members, as well as other safety concerns prior to intervention (e.g. previous hospitalisations, psychological evaluations). The use of parental alienation assessment tools (e.g. the Parental Acceptance-Rejection Questionnaire; Bernet et al., 2018) would also be useful to evaluate improvements in symptoms associated with participation.

We accepted consent forms from families up until March 2020, which allowed us to include half of the families who have completed TPDF prior to that time. Due to threats of heavy litigation with the alienating parent, some parents declined to participate, even though they would have been protected by a National Institute of Health Certificate of Confidentiality. About five families also provided their consent forms after our deadline, so we were unable to code their tapes. The characteristics of the children in the families who provided and did not provide the video tapes were similar in age and length of time they had been alienated, and so there is not any indication that the

families who consented to sharing their video tapes differed substantially from those who did not. Future research that includes these families after the children have become adults and there is less concern about litigation will be important to conduct in order to validate this conclusion.

Since March 2020, more than ten families have completed TPFf using a remote/virtual format due to COVID-19 restrictions on travel and in-person interactions. Mode of treatment would also be another feature of the intervention that could be examined to determine program effectiveness and safety. Future research could investigate the TPFf program after more families have participated to more closely examine whether random effects such as these help to explain more of the variance in outcomes than were reported here. The TPFf program is not inexpensive and may be financially unobtainable for many families in need of intervention for severe parental alienation (e.g. travel expenses). Therefore, our findings may not generalise to families that lack the means to participate. If the remote/virtual format is effective, this format could make the program more affordable and attainable for such families.

In summary, it is important to evaluate structured interventions for all forms of child maltreatment, including parental alienation. This independent evaluation of the TPFf program for severely alienated children indicates that court intervention and participation resulted in significant improvements in the alienated parent–alienated child’s relationships, with positive and stable indicators of social support and relational communication, and significant positive improvements in communal coping. After the TPFf program, minor children who were severely alienated were still living with or in contact with the formerly alienated parent. This outcome is also a significant positive change because most of these children had refused to have any relationship at all with the alienated parent prior to participation in TPFf. While this evidence is preliminary, the program was **not** found to be unsafe for severely alienated children and appears to be effective in doing what it was designed to do: ‘jump-start’ the reunification process with the alienated parent. With continued compliance with court orders and effective aftercare, TPFf is another viable and effective structured therapeutic intervention for families where severe parental alienation has occurred.

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ENDNOTES

¹ Several court orders were provided to the research team that were entered after 1 March 2020. These were not included in our evaluation because our cutoff for inclusion of videos in this evaluation was prior to that date. After March of 2020, TPFf was being delivered via Zoom owing to coronavirus disease 2019 (COVID-19) restrictions on travel, and so excluding these court orders was determined to be appropriate because the mode of delivery for the interventions ordered since that time was fundamentally different than that prior to COVID-19.

² We also tested random effects for each of the models, and the random intercepts and coefficients had significant differences in terms of fit compared with the respective baseline models, which indicated significant random effects, but the effects were not very strong. Random effect structure information can be obtained from the authors upon request.

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