



Turning Points for Families ~Texas
A Therapeutic Vacation in Texas
with
Loretta Maase, MA, LPC-S

*Remediation for Severe Parental Alienation¹ or for
an Unreasonably Disrupted Parent-Child Relationship*

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The 2021 research study of TPF's 96% success rate for healing the relationship between a severely alienated child with the child's alienated parent was undertaken by Harman, Saunders, & Affifi and has been published in the peer-review *Journal of Family Therapy*

Caveat: Please note, this is a *generic* treatment protocol for treatment of the *typical* family dynamics occurring in severe cases of alienation. Of course, every family is idiosyncratic and there can be some *minor* modifications and some additional requirements to this treatment protocol after my findings have been informed by communications with the

¹ The term *parental alienation* describes an observable family dynamic in which a child denigrates a parent and rejects and/or resists a normal relationship with that parent (known as the alienated parent) *in the absence* of a reasonable or valid reason—meaning child abuse/neglect or behaviors on the part of the rejected parent that are anywhere in proportion to the extreme situation of a child rejection a parent. (The instinct for a parent is part of the instinct for survival so it is rarely—if ever—overcome.) The child justifies the rejection/resistance with weak, trivial, frivolous, or absurd reasons. The influencing parent (known as the alienating parent) manipulates the child through a brainwashing process that severs or severely undermines the relationship between the alienated parent and child. The child and alienating parent form a coalition to marginalize and banish the alienated parent. In severe cases, the coalition is characterized by “pathological enmeshment”—a highly disabling psychiatric condition for the child. *TPFF*, however, is not wedded to a particular label for this family dynamic or phenomenon. The phenomenon can alternatively be labeled “hostile parenting, selfish parenting, restrictive gatekeeping, or variety of other labels that are used by States throughout the country to describe this very common phenomenon that frequently occurs in cases of parental separation or divorce. A rose by any other name is still a rose.

family members, including the alienating parent. These modifications and additions are based solely upon the standard of “the best interests of the child.”

Program Description

Turning Points for Families - Texas (*TPFF-Texas*) is a four-day, transitional program to “jump-start” the healing of a severed or severely damaged relationship between a child and a fit parent. *TPFF* is a symbolic-experiential intervention that merges family systems therapy with psycho-education. The intervention is compelling because it involves human learning and growth in all three forms—cognitive, affective, and behavioral. Suspension of contact with the favored or alienating/favored parent is essential in order for the child to feel free to engage with the rejected or alienated parent and be freed from the loyalty web imposed by the favored or alienating/favored parent. The mental health and judicial communities struggle to realize effective treatment for severe alienation, which is unresponsive to traditional therapies.

TPFF outcomes have been researched: The program’s 4/2021 research study published in *The Journal of Family Therapy* confirmed a 96% success rate for both safety and effectiveness in reconnecting alienated children with their alienated parents.

Program Philosophy

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

No quantity or quality of words between the child and the therapist—who is nonetheless a stranger to the child—can possibly have as powerful and as meaningful an impact on the child as does the child’s parent—with whom the child has had a loving and meaningful relationship prior to the rejection. No therapist, however competent and well intentioned, can possibly recreate a relationship with the child that rivals intimate family relationships—particularly the meaningful and powerful parent/child relationship.

It seems so evident, then, that the crucial player to assume the healing role of the child is the “formerly” loved and loving rejected parent—it is the rejected parent has the greatest potential for success at healing; it is the rejected parent who is the holder of the family truths and is thus able to meaningfully correct the child’s revisionist family history—known as the alienation narrative; it is the rejected parent with whom the child goes home and must therefore have re-established her or his authority, trust, and respect.

The role of the therapist provides, instead, an environment in which emotions and experiences are released between parent and child. The therapist thus serves as a

catalyst to the alienated parent and child by encouraging and guiding the creation of healthy, corrective transactions, interactions, and experiences.

Re-experiencing each other through mementos of the family history—such as photographs, video recordings, cards, letters, drawings, etc.—the rejected parent and child travel down memory lane and reconnect emotionally by reliving their relationship prior to the onset of the alienation. This corrective re-experiencing of their relationship inspires the child to spontaneously lift the repression of her/his genuine loving feelings and need for the rejected parent. Through this restorative experiential intervention, the child’s instinctual loving feelings for the rejected parent readily emerge to produce healing. Positive new experiences are created to replace unhealthy, misperceived ones. *TPFF* appreciates the compelling effectiveness of experience over words to produce change.

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

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

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

The healing process is a give and take in which the child will be supported in expressing his/her own *genuine, unprogrammed* feelings for and beliefs about the rejected/alienated parent—as long as it is done so in a respectful and civil manner. But the child will not be granted an audience to denigrate and smear the rejected/alienated parent with a litany of

scripted and brainwashed distortions about each parent and about the family history. In recognition that no parent is perfect, the child's uninfluenced perceptions and beliefs about the rejected parent and family history will be acknowledged and addressed. The child and rejected parent are helped to resolve *reasonable* issues that the child may have with the rejected parent. Respect for the child's chronological age and developmental stage will be considered—after all, due to the rupture of some of these relationships that span several years, the child may require different responses from the rejected parent, who no longer knows whom the child has become. Special attention will be provided to help the child deal with guilt from having maltreated and rejected a parent.

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

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

Why remediation of a severed or damaged parent-child is essential to the child's healthy behavioral, cognitive, and emotional development

1. Emotional cutoffs are never an appropriate remedy for interpersonal conflicts—especially with respect to the vital parent/child relationship. Remaining with hatred and anger is not healthy under any circumstances, and especially when directed at a parent.
2. How a child relates to and resolves conflicts with each parent is the single, most significant factor that will determine how the child interacts with peers, authority relationships, and adult relationships.
3. A child cannot develop healthy self-esteem if she/he perceives a parent to be evil, abusive, unloving, worthless, etc. Expert consensus recognizes that children think very concretely—"I am half my mother and half my father." The qualities the child attributes to parents are therefore introjected by the child and experienced as characterological to her/him.
4. If a child feels unloved *by a parent*, then the child cannot help but feel unlovable *in general* and will pursue the perilous goal of seeking love in all the wrong places.

5. Misperceptions and misconceptions about the rejected parent, the favored parent, and about the family history are often so extreme that they represent a break with reality. Cognitive stability is therefore put at risk if not corrected for the child.
6. It is anti-instinctual to hate and reject a parent—especially a loving parent. The child must therefore create an elaborate delusional system to justify the rejection—a highly dysfunctional condition.
7. The child is existing under a cloud of anxiety due to the fear that a slip of the tongue or a slip of behavior will reveal the child's true loving feelings and need for the rejected parent. This situationally-caused anxiety is frequently mistaken for a chemical imbalance—and the child consequently receives inappropriate treatment, and perhaps unnecessarily prescribed psychotropic, black-box warning medications.
8. The rejection of a parent is essentially a loss—and one of the deepest kinds of all. Generally the rejection extends to the rejected parent's family of origin so that loving grandparents, aunts, uncles, and cousins are likewise rejected. Losses of this magnitude often lead to depressive symptoms. These symptoms are, again, often assumed to be the result of a bio-chemical imbalance rather than being situationally caused. As a result, the child is often needlessly treated with powerful, psychotropic medications.
9. The rejecting child is subject to suffering from guilt because, at some point, the child recognizes that she/he has maltreated a parent. And if that parent is no longer available or even deceased to receive an apology—should the child become free to provide it—the guilt will last a lifetime.
10. The emotional hole left in the child from the loss of a parent is frequently filled with a great deal of negativity including, but not limited to: eating disorders, suicidal symptoms, self-cutting, criminal activities, oppositional and other antisocial behaviors, defiance, disrespect for other authority figures, cognitive distortion, depression, anxiety, panic attacks, other forms of emotional dysregulation, unhealthy peer relationships, underperformance in school, drug abuse, and a general malaise about one's life.
11. In severe cases of alienation, the alienating parent has been permitting and condoning—if not outright encouraging—the child to behave in an antisocial manner by the way the child defies, maltreats, emotionally hurts with cruel remarks, and often physically assaults the alienated parent. The child generally feels no guilt or remorse for these behaviors. At a certain age, and without timely and appropriate Court and therapeutic intervention, such behaviors can become characterological—meaning irreversible.

Standard clinical practice for severe parental rejection

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

The treatment protocol requires a 90-day no-contact period between the favored parent and child to include no direct or indirect contact, such as telephonic and electronic communication. The necessity of the no-contact period garners wide-spread support among specialists in alienation and is confirmed by peer-review research for treating this profound form of child psychological abuse. The necessity for the no-contact period is, first and foremost, a protective separation for the child due to the psychological abuse by the alienating parent. Furthermore, only when there is an absence any influence by the favored/alienating parent will the child invest—and usually enthusiastically—in the rejected parent. The favored parent must be temporarily relieved of exercising power and influence over the child—that is, the child must be psychologically free from the loyalty web which traps the child into feeling disloyal to the favored/alienating parent should the child embrace the rejected/alienated parent. The no-contact period is a necessity beyond the 4-day intensive treatment phase in order to prevent the child's *regression and relapse*—which are a virtual certainty should there be even minimal contact with an unreformed favored/alienating parent.

In almost all situations of severe alienation, the favored/alienating parent either fails to recognize or denies any role in having influenced the child to reject the other parent. This situation is highly detrimental and insidious to the child—one cannot correct what one does not recognize to be a problem. The favored/alienating parent's denial must therefore be lifted as the preliminary step to remedying the alienating behaviors.

The Rejecting or Alienated Child

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

Why is it that abused or neglected children do not reject their parents and actually crave attachment to them? To begin with, we are hardwired to be attached to our parents: because of our long dependency period, we have a powerful instinct to need a parent. *The need for a parent is therefore part of the instinct for survival.* There are several other psychological reasons underpinning the child's powerful need for a parent. A full exploration is outside the scope of this treatment protocol, so I (Linda Gottlieb) cite here just one example: children believe that if a parent maltreats them, then they must be bad, and this self perception is intolerable to bear. So, children thus crave attachment—even an abusive parent—to facilitate a process known as “undoing.”

All this is to say that, in cases when bona fide abuse or neglect *has not occurred*, there is a high probability that alienation is the cause of a child's rejection of a parent. Nevertheless, other factors must be considered before a finding is made for alienation. These other factors, for example, are identified in the Five-Factor-Model (FFM) developed by child psychiatrist, William Bernet, and research psychologist, Dr. Amy Baker.

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

All this is to say that alienated children—especially seriously alienated children—have been unduly influenced or brainwashed to mimic the feelings and beliefs of the favored/alienating parent. We must therefore recognize that the alienated child's rejection is *not genuine* to them. The child is *not* opposed to restoration of the relationship with the rejected parent. To the contrary, the child secretly relishes the reconnection, but—because of loyalty to the favored/alienating parent—the child cannot initiate contact and must openly and actively oppose it. But when the contact is imposed by outside authority—such as the court—the child experiences the order for contact as an albatross being lifted from around her/his neck. When professionals free the child from the loyalty web, it is exactly what the child needs and desires. *Children really do not want to chose!*

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

Although it should be taken seriously, do not be deceived by the child's threats of self-harm or running away if ordered to participate in *TPFF*. No child who was ordered to participate in *TPFF* acted upon such a threat. As Richard Warshak, PhD reports in his 2015 article, "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy, published in *Professional Psychology*, there is not a single case in the clinical literature that documents a child acting on such threats when removed from the alienating parent for participation in a treatment program that requires the no-contact order. This is confirmed by the research study on *TPFF*.

To the contrary, virtually every child who had been on psychotropic medications and/or had had a history of suicidal ideation/threats, anxiety, depression, running away, etc., prior to participating in *TPFF*, experienced marked symptom reduction and had their medications significantly reduced or removed by their treating psychiatrist upon completing the intervention at *TPFF*. One would have to throw science out the window not to make the connection between the favored/alienating parent's influence over the child and the child's development and progression of psychiatric symptomatology. Furthermore, acquiescing to a child's threats would only serve to further empower the child—who is already overly-empowered. Appropriate measures, instead, must be employed to handle a child's threats and demands—just as we would do should the child engage in threats to

manipulate adults to acquiesce to any other ultimatum. Anyone who has been a parent knows exactly how manipulative a child can be should the child come to believe she/he can get away with it.

The Alienating or Favored Parent

In the 2013 book published by the American Bar Association entitled, *Children Held Hostage: Identifying Brainwashed Children, Presenting a Case, and Crafting Solutions*, the authors, Clawar and Rivlin, followed 1000 children of parental conflict and separation/divorce. They arrived at the finding that 86% of the children had been programmed/brainwashed [*their words*] by one parent against the other parent at least one time a week and that 23% of the children had been subjected to the programming/brainwashing process more than once per day. (P. 420, table 17.)

Clawar and Rivlin further described the characteristics and behaviors of moderate and severe programming/brainwashing parents (another label for alienating parents.) Their disturbing findings about these parents provides justification for the judicial system to treat alienation cases seriously, recognize it for the child abuse that it is, and apply the standard of “time is of the essence” when adjudicating these cases.

Some of Clawar and Rivlin’s assessments of moderate and severe alienators are as follows:

Programming-and-brainwashing parents are conflict-habituated types. This means that they *instigate, facilitate, and, for some, thrive on conflict*. They seem to become more intense and excited as the social and legal tensions mount surrounding the children. There is almost *an addictive-like quality* to their response to conflict—the more there is, the more they stimulate; the more they need and the threshold increases.... This is because they are receiving psychic and social rewards from the conflict. Their conflict is often planned conflict. (P. 288)

Programming-and-brainwashing parents will escalate social situations.... This technique is employed to create burnout, frustration, and ultimately exhaustion on the part of other parties. (Pp. 274-275)

The programming and brainwashing parent above employed the “*shotgun approach*.” It is characteristic of these parents to attack any and all people who even seem to be supportive of the target parent. (P. 275)

The effect of the shotgun approach was to cause all parties extensive outlays of money, time, energy, and anxiety. It is part of their socially abusive (and, at times, *sociopathic*) [*bold print mine*] style of operation. The behaviors are generally resistant to change and *usually will not cease until there are powerful sanctions* (financial and legal) for frivolous litigation and/or custody allocation to the target parent. Even then they may not stop. (P. 275) Escalation takes many forms. **Increasing the pressure on children**, [*bold print mine*] cranking up litigation accelerating rumors, and heightening allegations are just a few examples of what may take place. (P. 276)

Treatment of severe alienators therefore requires an exceedingly complex intervention necessitating specialized skills and knowledge. Extensive research has arrived at the finding that severe alienators almost surely present with profound psychopathology and with one or more cluster B personality disorders. Cluster B personality disorders include borderline, narcissistic, and antisocial. *Normal* parents *do not* perpetrate an alienation on their children; *normal* parents will not selfishly keep the child for themselves; normal parents will not drive a fit parent from their child's life; normal parents do not claim to be the only parent the child needs; normal parents do not convince their children to falsely believe that they had been abused by their other parent; normal parents do not defy the law by breaking court orders for the other parent's parenting time and oblige their children to do likewise; normal parents do not manipulate their children to maltreat, defy, and reject their other parent; normal parents simply do not do any of this to their children. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines a personality disorder as follows:

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

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

The alienating parent-child relationship is anything but healthy.²

The Alienated/Rejected Parent

Not infrequently the mental health clinician or forensic evaluator who is not a specialist in alienation misdiagnoses the rejected parent with a dispositional disorder or with a serious psychological condition. This happens because the professional has failed to assess

² Of particular note, the child's relationship with the alienating/favored parent (at least in severe cases and in many moderate cases) is not healthy bonding *but is actually a form of family violence of the child by the alienating parent and which meets all standard definitions of “child psychological abuse” –such as in the DSM-5 (p. 719.)* The accurate label for this relationship is “pathological enmeshment.” Pathological enmeshment is a severe boundary violation of the child by the alienating parent, and this boundary violation presents a severe psychiatric condition for the child in which the alienating parent robs the child of the child's own feelings, opinions, wishes, beliefs, and needs and then substitutes all of those of the alienating parent. This is hardly healthy bonding. As such, remedy should be imposed according to any other case of child abuse—generally the removal of the child from the incorrigible offending parent. Child abuse and child protection is therefore the justification for the no-contact period between the alienating parent and child. The no-contact period is a protective separation required *irrespective* of the need for the healing of the child's relationship with the rejected parent.

whether the symptomatic behavior is situationally caused—resulting from the trauma of the alienation—as opposed to being caused by an internal characteristic. When attributing the problems to the latter, absent an assessment to rule out for situational factors, the professional has committed an error known as the “fundamental attribution error.” Before arriving at the finding that the problematic behavior is characterological, a proper causal analysis must be undertaken. Alienated parents are trauma victims; they are *reacting* to the rejection, humiliation, and maltreatment by their beloved children. Surely, it is an example of blaming the victim when professionals criticize and pathologize the rejected parent for having had a normal human reaction such as anger, fear, anxiety, or any other symptom associated with trauma.

The alienating parent’s support letter to the child

The *TPFF* treatment protocol has a requirement for the alienating parent to write a letter to the child—the principal purpose for the letter being an assessment tool to test the “conscience of the alienating parent” in determining if she or he is genuinely supportive of the child’s relationship with the other parent. The letter is *not* a precondition for admission of the alienated parent and child(ren) into *TPFF*; nor is the letter a necessity for successful treatment. However, the letter certainly facilitates a faster remediation. Ideally, an approved letter can be read to the child during the four-day intervention.

There are four issues to be addressed in the letter—which should be individualized for each child based upon the child’s individual needs, development, interests, gender, age, etc. The five issues to be addressed are: 1) genuine support for the child’s relationship with the alienated parent and a meaningful relationship with the child, 2) the qualities that the alienated parent has to offer the child, 3) the reasons for the importance to the child of having the alienated parent meaningfully in her or his life, and 4) should *false* allegations of child abuse have been alleged, the alienating parent must convey to the child that the child is safe now and has been safe in the care of the alienated parent;

The expectations for the support letter comply with the standard of the best interests of the child. These expectations are not extreme; to the contrary, they are expectations of all parents who are separating or divorcing.

Other issues to be addressed in the letter may be requested of the favored/alienating parent on a case-by-case basis after *TPFF* has formed opinions about the family dynamics from observations during the intervention and discussions with both parents.

We are frequently asked how to determine when the alienating parent is ready, willing, and able to support the relationship between the child and other parent. That is very simple to determine: When the alienating parent conveys *genuine* support for the relationship between the other parent and their child, the child knows, feels, and *experiences* the authenticity. At that point, alienated children flip like a light switch and swiftly welcome and embrace the alienated parent back in their lives. Moments like these reveal the true control that alienated parents have over the children. Even a prudent parent’s perception recognizes that parental competency involves the capacity to get a child to do what the

parent *genuinely* wants the child to do. A parent cannot simultaneously claim both genuine support for the child's relationship with the other parent along with competency as a parent but being unable to get the child to comply. Lack of genuineness or incompetency: Take your pick!

Another indisputable criterion to judge that an alienating parent has relinquished alienating behaviors is when the alienating parent requires a child who has reached majority to reconnect with the alienated parent.

The apology letter

At some point during the alienating parent's therapy—hopefully upon having gained insight into the parent's behaviors that had required the court order for the *TPFF* intervention—the alienating parent is requested to write an apology letter to the child and alienated parent accepting responsibility for the alienating behaviors. As with any other case of child abuse, child protection requires the relinquishment of offending behaviors prior to permitting contact between the offending parent and child. And one cannot fix what one does not deem to be broken. We recognize that this letter has been misperceived to be punitive towards the alienating parent. The letter is not intended to be so but is, instead, a necessity required by child protection. We ask that the reader to substitute sexual or physical abuse for parental alienation and then process the request for the apology letter according to these clinical conditions.

In her book, *Sex, Love, and Violence*, Cloé Madanes HDL, LIC (1990), addresses the therapeutic necessity of apologies to family healing. She suggests that the apology take the form of a ritual, as a symbol of contriteness and to remediate the harm done by a family member in order for forgiveness to be granted by the harmed family members. Madanes states:

Rituals are useful in marking the transition from one stage of family life to another or to indicate a transition in a relationship. The drama of the ritual should be commensurate with the severity of the problem presented to therapy... Rituals are particularly indicated when people have to overcome very bad things they have done to each other.... The ritual signifies that the past is over and that this is a new beginning.... The more extreme the problem, the more extreme the ritual that the therapist devises. Rituals are metaphors that bring people together in positive ways. The ordeal is a strategy devised by Milton Erickson to make it more difficult for a person to have a symptom than not to have it. (p. 20)

As with the other co-founders of the family therapy movement, Madanes was particularly concerned about "the abuses of power which typically occur when family healthy hierarchy is disturbed." Madanes described these abuses as "the ruthless striving for personal advantage" (P.18.) In her discussion of various corrective strategies for these abuses, Madanes declared, "The principle is simple: to make the consequence of the violence more unpleasant to the victimizer than to the victim" (p. 19.) Forgiveness by the injured parties, according to Madanes, can be granted only after an appropriate "ritual" by the abusive family member is provided to the injured family members (p.18.)

The apology letter in the *TPFF* treatment protocol is an example of the remediation ritual described by Madanes. It facilitates the healing of all family members—but it is especially indispensable to the healing of the child. There are several purposes of the apology letter that comport with Madanes’ prescription. We cite some of those purposes as follows:

- 1) Alienating parents must exonerate their children from guilt for having maltreated, emotionally hurt and even physically abused their alienated parent. It is typical of alienating parents to claim that they had only responded and acceded to their child’s wishes to not have a relationship with the alienated parent. Alienating parents claim that they had not instigated their child’s grievances, complaints, and even child abuse allegations against the alienated parent. They callously place squarely on their children’s shoulders the blame for the alienation—and for all the consequent family negativity, frustration, hostilities, depletion of family assets, etc.—that such a devious and untruthful claim engenders. This defense of “plausible deniability” alienating parents is no better an example of visiting the sins of the parent on the child. How horrific!

Every child who had participated in the *TPFF* intervention shouldered the blame for the family crisis by stating it was her or his choice not to have a relationship with and to maltreat and/or abuse the alienated parent. Unless the alienating parent takes responsibility for the alienation and for the child’s unjustified rejection of the alienated parent, the child must live with this burdensome guilt for the rest of their lives. What a horrific burden the alienating parent has inflicted upon the child! Just Imagine the lifetime of guilt the child will likely endure if not disabused of this devious and untruthful claim. No child should have to carry the guilt for having been manipulated to maltreat a parent. This guilt will burden and punish the child for the rest of her or his life should the child not be convincingly absolved. Only the alienating parent has the influence to definitively absolve the child.

On some level, many alienated children recognize that they had engaged in behaviors to abuse, maltreat, defy, reject, and/or tell appalling lies about a parent that involve claims of child abuse and child sex abuse; but they believe it had been their free will to do so. Alienated children do not realize that they had been manipulated by their alienating parent to engage in these antisocial behaviors and that they had not been free agents when they did so.

Although the alienated parent makes it clear during the *TPFF* intervention that it was not the child’s fault, this is necessary but not sufficient to absolve the child of guilt.

- 2) Humans learn by example; seldom, if at all, do we learn by words—which are readily forgotten or frequently ignored. The most effective way, therefore, to teach children to take responsibility for their mistakes and misadventures is for parents to model acceptance of responsibility for their own mistakes and misadventures. Parents must model for their children the appropriate ways in which to address mistakes—both big and small.

- 3) Should the child believe a false claim of child abuse, the belief must be corrected because the child has the same risk potential for PTSD and other psychiatric disturbances as if the abuse had actually occurred. False claims of child abuse commonly occur in severe cases of alienation. The alienating parent typically initiates the false allegation or has manipulated the child or a mandated reporter do so. The false abuse allegation may be based upon the alienated parent's harmless parenting behavior or minor mistake, but which the alienating parent so distorts or exaggerates that the abuse allegation bears no resemblance to what the alienated parent had actually done. The alienating parent then manipulates the child to confirm the abuse allegation(s). Imagine the intensity of child's guilt for having participated in causing the ensuing CPS investigation and for any consequences that may be imposed on the innocent alienated parent!

Although it may be difficult for the alienating parent to assume full responsibility for the role they played in instigating the false claims of child abuse and to apologize to the alienated parent and child for having done so—doing so serves the child's best interests. A child cannot develop normally if falsely believing that a parent had physically or sexually abused him or her. It is simply not sufficient to a child's healthy development merely to hear from the alienating parent that he or she is currently safe in the care and custody of the alienated parent should the child continue to believe that a prior false abuse incident(s) had occurred.

Although the *TPFF* intervention intervenes to correct the child's erroneous perceptions of the alienated parent, only the alienating parent has the ability to *convincingly* correct the child's distorted belief system about the alienated parent and family history. The alienating parent's acceptance of responsibility for his or her badmouthing of the alienated parent and consequent apology for these behaviors go a long way to reducing the child's risk potential for major dysfunction across the behavioral, cognitive, emotional, and interpersonal spectrums. Most importantly, the alienating parent's apology will significantly counter the propensity of alienated children to "seek love in all the wrong places" and to engage in repetitive behaviors of entering abusive relationships because of the erroneous belief that a parent had abused them.

- 4) Alienated parents should also be expected to apologize for their mistakes and any hurts caused to other family members. It is very difficult for alienated parents to apologize for their actual mistakes given the context of having had to continuously defend against false allegations of having committed horrific behaviors that frequently involve child abuse and child sex abuse allegations. When the alienating parent apologizes for having engaged in an array of alienating behaviors, alienated parents are more likely to accept responsibility for their misdeeds and provide appropriate apologies. (*TPFF* does, however, require that alienated parents apologize for their parenting mistakes, and the alienated parent has virtually always complied with the request.)

Children need to observe both parents' acceptance of responsibility for their respective mistakes and misdeeds.

Family Healing

TPFF is charged by the court to reunify children with an unreasonably rejected parent. Accordingly, this was the criterion used to assess the safety and effectiveness of the *TPFF* intervention.

Although *TPFF* attempts to facilitate a meaningful and respectful co-parenting relationship between the parents—this is beyond the control of the *TPFF* intervention because it is predicated upon the alienating parent relinquishing the offending alienating behaviors and also being invested in a civil and respectful co-parenting relationship. *TPFF* attempts to engage the alienating parent in understanding the barriers to expeditiously lifting the no-contact period. This is generally handled through daily telephone contact between the program director and the alienating parent during the 4-day intervention. It is important that the alienating parent engage in treatment with a therapist competent to treat alienation in order to address the behaviors that brought the family to this crisis point. Because this type of therapy requires special skills, it is recommended that the *TPFF* program approves the selection of therapist. An inappropriate therapist would only result in delay the alienating parent's healing process. *TPFF* collaborates with the alienating parent's therapist to facilitate the therapy—one goal of which is intended to overcome the barriers to lifting the no-contact period as quickly as possible. Through this collaborative effort, recommendations will be made to the court based upon the alienating parent's efforts at change.

Timely Transition to the care of the Alienated/Rejected Parent

Generally, it is best for the child to be transitioned to the care of the alienated parent at the time of the court order for the *TPFF* intervention. Given the research we have about the psychological instability of severe alienators, there is a high risk to the child to remain in that parent's care until the initiation of the intervention. There have been some situations in which the alienating parent had absconded with the child subsequent to the court ruling and before treatment. And in a few rare cases, the alienating parent had committed homicide/suicide. Another important reason for the prompt transition of the child into the care of the alienated parent is that the alienating parent will take advantage of the time between the ruling and the start of the intervention to escalate the brainwashing process—just as described by Clower and Rivlin. The *TPFF* intervention should, therefore, ideally begin virtually immediately upon the issuing of the court order. Alternative placement with the alienated parents' extended family can be an option should *TPFF* not have immediate availability upon the issuance of the court order.

Requirements for admission:

TPFF relies upon the findings of the Court, which had heard testimony and received evidence regarding the family dynamics. *TPFF* therefore operates on the premise that the court has determined: 1) the child is safe in the care of the rejected parent, and 2) the

favored parent has, at a minimum, interfered with and/or not adequately supported or *required* the relationship between the other parent and their child. *TPFF* is not suitable for and does not accept referrals for cases of bona fide protective causes for the rejection.

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

- 1) A temporary or permanent provision for the rejected/alienated parent to have sole physical and legal custody of the child(ren) for a minimum time of 90-days. Contact in any form between the child(ren) with the favored/alienating parent and with any co-alienators for the same minimum 90-days must also be a provision.
- 2) Before the 90 days has expired and at the direction of the Court, the program will provide a treatment summary to include recommendations as to whether the no-contact period should be shortened or extended. Two clinical conditions must be met for contact to be safe for the children and to prevent relapse: 1) the children must have resumed their prior normal relationship with their rejected/alienated parent and be sufficiently stable in the reconnection; 2) the favored/alienating parent must have a) written the two acceptable letters discussed in this protocol, e.g. letter of support for the child's relationship with the other parent and the apology letter; b) must provide documentation from a *TPFF*-approved therapist of being ready, willing, and able to support the relationship(s) between the rejected/alienated parent and their child(ren). It is crucial for the alienating parent to demonstrate recovery of emotional regulation, reality testing, cognitive improvements, and empathy for the child's need for the other parent.
- 3) All children who are to participate in the *TPFF* intervention must be transitioned to the physical custody of the rejected/alienated parent *prior* to arrival in Texas. The favored/alienating parent is *not* to travel to Texas. More than 96% of the children who had participated in *TPFF* had been accompanied to the program by their rejected/alienated parent;
- 4) Having learned from experience, it is not acceptable for the favored/alienating parent to bring the child to Texas and transition the child at that point to the physical custody of the rejected/alienated parent. In the few cases in which the child had been accompanied by the favored/alienating parent, the favored/alienating parent and child had conspired together to sabotage the intervention by concocting an escape plan. The escape plans were foiled, but it subjected the child to tremendous stress, anxiety, and even panic.
- 5) a requirement for the favored/alienating parent to accept parent education services with *TPFF* program during the four-day intervention;
- 6) the favored parent is expected to write a letter in support of the child's relationship with the other parent—the specifics in the letter were already discussed. This letter is to be approved by *TPFF* before being given to the child;
- 7) the favored parent is to provide the alienated/rejected parent with any mementos, videos, pictures, and other materials indicative of the family history and of the rejected parent's

involvement with their child to be used in the intervention—should the rejected parent not have this in her or his possession;

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

★ *TPFF does not have a minimum or maximum age-requirement for a child's participation. Children who have aged-out are welcome to participate on a voluntary basis—upon suggestion and approval of the alienated parent.*

Travel to TPF

In almost all cases, the child has travelled to TPF under the supervision and care of the rejected/alienated parent. The child's cooperation is gained, counterintuitively, due in great part to the Court-ordered stipulation for the 90-day no contact period with the favored/alienating parent. The child's true love and need for the rejected/alienated parent has not been extinguished; it was only repressed in order to go along to get along with the favored/alienating parent. Counterintuitively, the court ordered no-contact period not only frees the child from abuse, but frees the child from the loyalty web.

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

Although there our professional transport services for this kind of travel, it has thus far been *unnecessary* for the program to have relied upon such services although in two instances the court insisted upon the participation of professional transport services.

In response to some who have alleged—based upon pure speculation—that removal from the favored/alienating parent is traumatic for the child, the research data on at Turning Points for Families and two other programs requiring the removal dispute this speculation. Research reveals just the opposite: *that the repairing of the alienated parent-child relationship is in the child's best interests and is embraced by the child.*

Payment of Fees:

The program fee is considered to be very reasonable for this type of intervention. The program services include, but are not limited to, pre-planning and post intervention services. Successful results are significantly enhanced if the alienating parent is primarily, if not solely responsible, for the fee—wherever possible. The reconnection is much more

intense and is further enhanced if the alienating parent cooperates by freeing the child from the loyalty web—and a financial investment can be a huge motivating factor to gaining this cooperation—this is simply human nature. But at least some financial investment by the favored/alienating parent is highly recommended although not required.

One half of the program fee is taken as a non-refundable deposit when the intervention time is scheduled. The deposit reserves the time, and no other intervention can thereby be scheduled during that time slot—only one family at a time participates. However, as a courtesy, and in recognition that legal proceedings and other maneuvers may preclude the intervention from occurring at the scheduled time, the full deposit will be deemed as a non-refundable *credit* and can be applied to a mutually agreeable rescheduled date.

Program Summary

A therapy session is provided daily on each of the 4 days and lasts for 3-4 hours. The balance of the day is also therapeutic—perhaps even more so; this is because the rejected parent and child will be engaging in continual new corrective *experiences* with each other as they enjoy exploring the local attractions and experiencing mutually satisfying activities. They can visit the local library where the rejected parent can provide tutorial services if needed. Other options are museums, amusement parks, gardens, swimming, boating, bowling, ice-skating, hiking, rock climbing, trampoline activities, and of course, toy and electronic stores. The rejected parent’s authority with the child is re-established as a result of the supervision, nurturing, and support being provided by her/him throughout the four days. I accompany the family on these activities, coaching and intervening when necessary and monitoring the developments. At the conclusion of the daily activity at dinner time, the family retires to their selected accommodations.

The program administrator/therapist is on call after the separation around dinner time should my services be needed in an emergency. The only two times that an emergency arose was the result of clandestine sabotage contact by the alienating parent with the child.

After-care services:

As Turning Points for Families is an intensive program that “jump-starts” the remediation of the damaged or severed parent-child relationship, after-care family treatment with a local, experienced family therapist assures the maintenance and enhancement of the child’s relationship with the formerly rejected parent. The therapy involves the child(ren), the alienated parent, and other family members living in the family home—especially another parental figure. In general, individual therapy follow-up therapy for the child is ***contraindicated***—meaning forbidden. While behavioral improvements are noted generally by the end of day-1 and certainly by the end of day-2, the alienation script takes much longer to change—just as in the programming in a cult. Individual therapy will therefore only serve as a forum for the programmed child to revert to venting the alienation script, just as a cult member will only repeat the words of the cult leader—and this only subjects the child to abuse from reliving the alienation script. As with the TPF intervention, the alienated parent is empowered to heal the child.

TPFF serves in a collaborative role with all therapists providing aftercare treatment to the family members, including the alienating parent's therapist.

THE INTERVENTION IS VIDEO RECORDED AND IS PRIVILEGED. SEE BELOW

Treatment Protocol Regarding the Video Recording of the TPF Intervention

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

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

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

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

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