LLC

Turning Points for Families-Texas (TPFF-T)

A Therapeutic Vacation

with

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Healing for Dysfunctional Family Relationships—
that involve:
unreasonably and unjustifiably severed/impaired parent-child relationships
pathologically enmeshed/unhealthily bonded parent-child relationships
nonfunctional co-parenting relationships

A 2021 peer-reviewed research study finds the TPFF intervention to be ***safe and effective***
(conducted under the auspices of J. Harman, L. Saunders, & T. Afifi
published in the peer-review *Journal of Family Therapy)*

Caveat 1: Please note, this is a *generic* protocol for treatment of dysfunctional family relationships. In recognition that each family is unique and special, there may be some limited modifications and/or additional requirements to this treatment protocol dependent upon the clinical presentation and therapeutic needs of a specific family. Also of note, because the family clinical picture is typically refined and revised as the intervention progresses, the program director/therapist may identify additional requirements or modifications necessary to facilitate the family healing.

Caveat 2: Please note that the standards of clinical practice require that the TPFF therapist undertake a contemporaneous assessment/evaluation of the family clinical presentation—meaning of the family dynamics and of other psychiatric conditions that may be occurring—upon the family's arrival at *TPFF* and as the intervention progresses. This assessment/evaluation is an ongoing process throughout the 4-Day intervention.

Caveat 3: Should the *TPFF* therapist determine that the family dynamics are contrary to the dynamics that had resulted in the Court order for the ***TPFF Therapeutic Vacation***, the *TPFF* therapist will immediately terminate the intervention—for not being clinically appropriate. The *TPFF* therapist will then initiate any protective measures that may be indicated and will immediately notify the involved parties: the Court, the lawyers, the other parent, and the appropriate professionals in the case. For example, should the *TPFF* therapist determine that the rejected parent is a current risk to the child(ren), that the favored parent had appropriately acted in a protective manner to restrict contact, and/or that the favored parent had supported *and required* the relationship between the other

parent and their child(ren), then these would be criteria to immediately terminate the intervention.

Program Overview and Goals

Turning Points for Families *(TPFF)—**A Therapeutic Vacation***—is an intensive 4-Day, transitional intervention to "jump-start" the healing of dysfunctional family relationships that involve: 1) a breakdown in a functional co-parenting relationship; 2) the child's unhealthy bonding to/pathological enmeshment with one parent—commonly known as the favored or alienating parent; and 3) the child's unjustifiably/unreasonably severed or severely impaired relationship with the other parent—commonly known as the rejected or alienated 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 four domains—affective, interpersonal, behavioral, and cognitive.

Successful healing of the severed or severely impaired parent-child relationship and the successful healing of the pathologically-enmeshed parent-child relationship requires a *temporary* protective separation or sequestration of the child from the parent to whom the child has been unhealthily bonded. Without this *temporary* separation, the child will be unable to freely and spontaneously engage with and invest in the rejected parent nor be able to again recognize and appreciate her or his own true feelings, opinions, thoughts, and wishes.

Although the success of the *TPFF* intervention is assessed according to the attainment of the Court's directive for *TPFF* to satisfactorily heal the severed or impaired parent-child relationship(s), the *TPFF* staff want to make it *abundantly* clear that we aim for the protective separation to be *as brief as possible but therapeutically in place in order to attain and maintain the Court's directive to us*. That being said, the lifting of the sequestration period is predominantly in the hands of the favored parent who simply needs to *credibly* demonstrate that she/he is ready, willing, and able to support the relationship(s) between the other parent and their child(ren).

TPFF is committed to facilitating the process to lifting the sequestration period sooner rather than later. To that end, we reach out to the favored parent in order to identify for her or him the necessary and appropriate services to counsel and support the parent in overcoming and relinquishing the behaviors that had resulted in/contributed to the Court order for the *TPFF* intervention. During the 4 days of the intervention, the *TPFF* therapist discusses via telephonic communication with the favored parent the need for these services and further provides parent education services at that time.

Prior to the initiation of the 4-Day intervention, the *TPFF* therapist contacts the favored parent to convey to that parent the program's desire to lift the sequestration period as soon as it is therapeutically appropriate—and not a second later. The *TPFF* therapist further communicates to the favored parent about that parent's substantial impact on the child's

speedy and meaningful recovery by genuinely supporting the intervention. Should the favored parent convey to the child unequivocal support for the intervention, the rapidity of the child's healing *with respect to all family relationships* increases dramatically. In order to facilitate this, the *TPFF* therapist arranges a video conference with both parents. Additional goals for the conference are to facilitate the initiation of a cooperative, functional co-parenting relationship and to facilitate the parents in a unified presentation to the children about the *TPFF* intervention.

In her 2012 book about the family dynamic of alienation, Ms. Gottlieb, the founder of TPFF, expressed as follows her commitment to facilitating the child's meaningful relationship with the alienating/favored parent and not merely the child's relationship with the rejected/alienated parent:

> I will not pathologize the alienating parent and rush to advocating measures to eliminate connections to her/his children. To do so would be isomorphic with the deprecation and rejection of the alienated parent. Labels serve only to constrict options and eliminate hope. For professionals who help the family (and consequently children), we must reject unhealthy and ineffective family interactional behaviors and not reject individuals. This is certainly what the child wants and needs. The goal must be to ameliorate behaviors which are detrimental to children by encouraging healthy transactional patterns between the participants of the executive/ parental subsystem and between the parent-child subsystems in recognition of the importance of both parents to healthy and successful child rearing. Such a perspective signifies that, first and foremost, the remedying of the dysfunctional interactions between the alienating and the alienated parents must be the critical area for attention, thereby demonstrating respect for the ability of the family members to heal each other. But this can be achieved only if the larger aforementioned systems guarantee to the family therapist a level playing field upon which to encounter the family. These systems must encourage a collaborative rather than an adversarial approach to child custody decisions. Accomplishing this would truly restore balance to the justice system when adjudicating child custody issues. (p. xviii)

Of course, the above therapeutic approach and goals assume that the favored/alienating parent has become ready, willing, and able to give unequivocal support for the relationship(s) between the other parent and their child(ren).

Results of the peer-reviewed research study of the TPFF intervention

The ***TPFF Therapeutic Vacation*** underwent a peer-reviewed research study for its safety and effectiveness: This April 2021 research study was published in the peer-review *Journal of Family Therapy.* The study confirmed a 96% success rate for re-establishing a normal, meaningful relationship between the child and the rejected parent. In the 4% of cases in which the parent-child relationship had not been restored, it was due to violation of the *TPFF* treatment protocol—specifically violation of the protective separation.

Pathological Enmeshment

"Pathological enmeshment" is the term used to label the rigid, dysfunctional over-alignment or unhealthy bonding between a child and the favored/alienating parent. Pathological enmeshment involves an extreme boundary violation of the child by this parent that literally engulfs the child across all domains—cognitive, psychological, behavioral, and interpersonal. In this enmeshment dynamic, the favored parent robs the child of the child's own thoughts, beliefs, wishes, and opinions—especially with respect to the rejected parent—and instead implants in the child that parent's thoughts, beliefs, wishes, and opinions. Metaphorically, the favored parent "hijacks" the child mind, body, and soul. The child loses a separate sense of his or her own identity and autonomy, suffers severely compromised critical reasoning skills, becomes "disassociated" from his or her own feelings, and often acts out the favored parent's wishes to defy, reject, maltreat, spy on, and even physically assault the other parent. Pathological enmeshment creates both pathological splitting—perceiving the parents and the world in black and white extremes—along with pathological dependency on the favored parent. Pathological enmeshment is assessed to be a severe psychiatric condition for the child.

There are three forms through which pathological enmeshment is expressed:

Adultification occurs when the pathologically-enmeshed parent shares adult issues and parental hostilities and conflicts with the child; shares information about the legal, financial, custody, and other court proceedings; uses the child to spy on the alienated parent in order to obtain evidence in support of the pathologically-enmeshed parent's legal goals; shares any and all negative information about the alienated parent—information that is both real, exaggerated, and/or fabricated—such as the alienated parent's mental health history, affairs, etc. The child literally becomes an aligned surrogate of the pathologically-enmeshed parent.

Parentification occurs when the pathologically-enmeshed parent manipulates the child to feel sorry for her or him by expressing that she or he had been victimized by the other parent; confides emotional problems in the child, seeking validation and emotional support from the child; manipulates the child to meet that parent's psychological and interpersonal needs; inflicts on the child parental responsibilities which are not commensurate with the child's age and maturity nor reasonable for the child to assume. Parentification is a particularly serious violation of healthy family hierarchy because the child becomes even more powerful than the pathologically-enmeshed parent. Child psychiatrist, Salvador Minuchin, described the triangulated child as "standing on the shoulders of the aligned, enmeshed, triangulating parent";

*Infantilizatio*n occurs when the pathologically-enmeshed parent treats the child as if much younger and fails to recognize and encourage the child's age-appropriate functioning, thereby conveying to the child that the child is incompetent and incapable of self-determination and self-reliance. This form of enmeshment keeps the child dependent on the pathologically-enmeshed parent so that the child will not feel confident to separate/individuate age-appropriately and in a timely manner.

Child psychiatrist, Salvador Minuchin, frequently declared, "There is only one reason a child will engage in behaviors to maltreat, abuse, defy, and be cruel to a parent, and that reason is that the child is standing on the shoulders of the other parent."

Program Philosophy

The ***TPFF Therapeutic Vacation*** is based upon the principles of structural family therapy, founded by child psychiatrist, Salvador Minuchin. Its philosophical underpinnings are compelling, thoughtful, and sound. It holds that 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 "healer of the child."* Ms. Gottlieb quotes again 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 and attachment prior to the rejection. No therapist, however skillful and well-intentioned, can possibly recreate a relationship with the child that rivals an intimate family relationship—particularly the formidable, meaningful, and compelling parent-child relationship.
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> 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 who has the greatest potential for achieving healing; it is the rejected parent who is the holder of the family truths and is thus best able to meaningfully and sensitively correct the child's revisionist family history—known as the alienation narrative; it is the rejected parent with whom the child goes home and with whom the child must re-build trust, respect, and a healed relationship.
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> The role of the *TPFF* therapist provides the environment in which soothing emotions, healthy behaviors, and healing experiences are released between parent and child. The therapist thus serves as a catalyst to the rejected parent and child by encouraging and guiding the creation of corrective communications, interactions, and experiences. It is of particular note that the child's true loving feelings and need for the rejected parent have not been extinguished; but due to the alienation, the child's love and need for the rejected parent have only been repressed in order to go along to get along with the favored parent.

The Memorabilia Intervention

To facilitate the healing process, child and parent and other participating family members, such as grandparents, aunts, uncles, and cousins, are supported in a corrective re-experiencing of each other through memorabilia and mementos representing the family history and of their prior loving relationships. Memorabilia include, but are not limited to, photographs, video recordings, cards, letters, drawings, gifts, etc. *TPFF* assists the rejected parent and child and other family members to travel down memory lane and engage emotionally with each other by reliving their meaningful and cherished relationships prior to the onset of the alienation. By re-experiencing each other through the memorabilia intervention, the child's genuine loving feelings and need for the rejected parent reemerge. In other words, through the poignant and potent experiential memorabilia intervention, the child's loving feelings and need for the rejected parent instinctively and spontaneously surface, and the healing process thus initiates. Affirmative new experiences replace the programmed negative perceptions of the child's experiences with the rejected parent. *TPFF* appreciates and capitalizes on the compelling effectiveness of experience over words to produce change.

For example, while looking at electronic memorabilia, teenagers have enthusiastically replayed videos and photos that were most impactful to them, while rejected parents appreciatively and delightfully look on as their children become engaged in the healing process. A nine-year old girl reached for a tissue to soothe her rejected parent's tearful eyes after he had become emotional watching a video of her 6th birthday party—the last time he had had contact with her prior to the *TPFF* intervention. The memorabilia intervention sparked a number of teenage girls to look into their Father's eyes as if he were her night in shining armor. A teenage boy lovingly and tenderly embraced and compellingly hugged his Mother for the first time in more than three years after they had bounced into each other during the trampoline activity. These examples from the ***TPFF Therapeutic Vacation*** are limitless. These are decisive examples of the effectiveness of the intervention. Endless discussion of the events and history depicted in the memorabilia and mementos spark laughter, joy, love, affection, pleasure, and a tearful re-bonding.

To facilitate this experiential, memorabilia intervention, the rejected parent must bring to the ***TPFF Therapeutic Vacation*** mementos of family life and of the relationship(s) with the child(ren)—from the onset of child's birth, if such memorabilia still exist. In some cases, such mementos have been regrettably denied to the rejected parent. Provisions must therefore be made for the rejected parent to receive from the favored parent sufficient, meaningful mementos of the child's life with the rejected parent.

Correcting the Child's Revisionist Family History

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 resulting from the negative programming about the family history and about *both* parents, the memorabilia intervention, while necessary, is often not sufficient to counter the child's false, greatly distorted, and sometimes delusional beliefs. An honest but sensitive discussion of the family history is fundamental to the healing process. It is also necessary to challenge the pathological enmeshment between the child and favored parent if the child is to meet normal developmental milestones across the psychological, cognitive, behavioral, and interpersonal domains. Particularly when the child's distortions and fabrications involve false allegations of child abuse and of child sexual abuse—as so often occur in severe cases—correction is essential for the child's short and long-term favorable prognosis and best interests. Indeed, research confirms that, should children falsely believe that a parent had abused (or rejected) them, they will 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 thinking and beliefs, but without pathologizing or denigrating the source(s) of the misinformation.

The process of correcting mistaken and misleading information and toxic allegations does not place the child in the middle; the child had already been placed in the middle by the favored parent. Correcting misinformation, untruths, exaggerations, distortions, false allegations that the parent rejected the child, and false child abuse allegations, etc., reconnects the child with reality; helps the child distinguish between harm and health;

counters the child's diminished cognitive and emotional capacity; inoculates the child against future adverse influence by peers and other relationships; and facilitates the child to once again recognize and accept love and be able to give love.

The healing process is a give and take in which the child is supported in expressing her/his own *genuine, unprogrammed* feelings for and beliefs about the rejected parent—as long as it is done so in a respectful and civil manner. But the child will not be granted an audience to denigrate and smear the rejected parent with a litany of scripted and brainwashed distortions and untruths *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 parent. Respect for the child's chronological age and developmental stage is taken into account. After all, due to the rupture in some of these relationships that span many years, the child may require a more developmentally mature way of relating by the rejected parent, who may not know whom the child has become. Special attention will be provided to help the child deal with guilt from having maltreated, rejected, and may have been cruel to a parent.

Of important note 1: The intervention to correct the child's distorted or delusional beliefs about the family history in general and about each parent specifically runs counter to the approach of traditional intervention models—models that are actually contraindicated to treat the family dynamics occurring in alienation. Contraindicated means forbidden—just as a physician would not prescribe penicillin for a patient who is allergic to it—not even to start in small doses to see what happens! Therapists who do not specialize in alienation typically require the alienated parent to accept, validate, and apologize for the child's false allegations of child abuse and child sexual abuse—as revealed in the child's distorted reporting. Imagine the consequence of compliance with this intervention for the alienated parent to acknowledge having engaged in false child abuse and/or child sexual abuse allegations in front of a mandated reporter!

Of important note 2: There is no scientific evidence of therapeutic value for validating distorted, exaggerated, and particularly delusional beliefs, and for the feelings derived from such beliefs. Science matters! Any therapist who makes the claim that the alienated parent had not been cooperative with the therapy for failing to validate, accept, and apologize in this regard must be asked to provide therapeutic justification for this expectation of the alienated parent.

The Therapeutic Activities

The ***TPFF Therapeutic Vacation*** further actualizes the healing between the child and alienated parent during the family's daily afternoon activities, which are selected by the child with the approval of the alienated parent. Throughout the activities, the parent assumes the parental role of engaging with and enjoying the child—and vice versa. The parent resumes the once-prized role of being the child's advocate, playmate, educator, supporter, overseer, limit-setter, supervisor, and more—all the parental roles that had been denied to the rejected parent by the favored parent. In compliance with the philosophical

underpinnings of family systems therapy, change occurs—*not* as a result of talking about new experiences—but by *actually creating new experiences.*

The *TPFF* therapist accompanies the child and parent and other participating family members throughout these activities to provide support and encouragement as needed. The *TPFF* therapist further creates a memory record of the activities by taking pictures of the family members, and the *TPFF* therapist will also provide pictures of the child and activities to the favored parent.

The rejected parent's nuclear and extended family members are invited to participate in the intervention—after all, the alienation typically has extended to the rejected parent's entire family. Loving grandparents have had their gifts returned unopened; typically, grandparents do not receive a call on Mother's Day or Father's Day or on their birthdays. Aunts and uncles are inexplicably shunned. Cousins become incredulously avoided. The alienated parent's extended family members help to facilitate the therapy. The rejected parent determines who should be invited to participate in the intervention.

Necessity to remediate this form of child psychological abuse

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

2. How a child relates to and resolves conflicts with parents are the single most determinative factors in how the child will interact with peers, deal with authority relationships, and handle adult and intimate relationships.

3. A child cannot develop healthy self-esteem if she/he perceives a parent to be evil, abusive, unloving, worthless, and rejecting, etc. Expert consensus recognizes that children think very concretely—"I am half my mother and half my father." The qualities and characteristics that the child attributes to parents are therefore those very qualities and characteristics introjected by the child and are experienced as dispositional to her/him. So if a child feels negatively about a parent, the child will feel negatively about oneself, and those who feel negatively about oneself generally behave very badly and form exceedingly unhealthy relationships.

[1] *TPFF* wishes to respond to criticism that the program is alienation in reverse. *By definition* it is *not* alienation when a parent is engaging in behaviors of clinical significance for abuse and/or neglect. An alienating parent is engaging in child psychological abuse by all standard definitions. Nonetheless, *TPFF* always has had, and is in the process of intensifying, a component for aiding and assisting the alienating parent in seeking the specialized treatment services needed for recovery in order to lift the sequestration period as soon as it is clinically appropriate—and not a second later.

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/alienated parent and about the favored/alienating parent—particularly in severe cases of alienation—are so extreme, often bizarre—that they often represent the child's break with reality. The child's cognitive and emotional stability become diminished and therefore put the child at great risk.

6. It is anti-instinctual for a child to hate and reject a parent and to deny the need for a parent—especially a loving parent. The child must therefore create an elaborate delusional thought system to justify the hatred and rejection.

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 contraindicated treatment, by having to take unnecessary psychotropic, black-box-warning medications.

8. The rejection of a parent is a loss—and one of the deepest cuts of all—not only because of the loss of an irreplaceable parent, but because the loss generally involves that parent's entire nuclear and extended family, to include grandparents, aunts, uncles, and cousins. 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 having been situationally caused. As a result, the child is often needlessly treated with additional powerful, black-box warning, psychotropic medications.

9. Alienated children are vulnerable to suffering from punishing guilt as a result of having rejected, maltreated, been cruel to, and sometimes been physically abusive to a parent. After all, the favored parent asserts that it was the child who had *unilaterally and autonomously* chosen to reject and maltreat a parent—as if the child were truly a free agent. This is a cruel burden imposed upon the child by the favored/alienating/pathologically enmeshed parent. Should this parent not genuinely and convincingly absolve the child from this guilt, the child almost certainly cannot have a favorable prognosis in life. This is truly a cruel and cowardly example of visiting the sins of the parent upon the child.

   And if rejected/alienated parent is no longer available or is deceased—and thereby cannot receive apologies from the child—the child's punishing 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 most severe cases of alienation, the favored parent is permitting and condoning—if not outright encouraging—the child to behave in an antisocial manner by how the child is encouraged and allowed to maltreat and hurt the rejected parent. If this behavior is not corrected in a timely manner, such behaviors can become characterological—meaning irreversible. This is one of several reasons that the scientific community deems alienation to be a form of child psychological abuse. Those of us who intervene in child welfare have a professional, moral, and ethical obligation to facilitate the child to engage in and adopt our societal norms, expectations, and behaviors.

Rational for the 90-Day protective separation/sequestration period

It is accepted in the scientific community consisting of specialists in alienation that the family dynamics occurring in the dysfunctional family phenomenon of alienation are examples of several Adverse Childhood Experiences (ACEs)—also making alienation a form of child psychological abuse. The *TPFF* intervention protocol therefore typically requires a minimum 90-day sequestration period between the child and the favored parent—the basis for the sequestration thereby being a protective separation for the child. There is no credible dispute in the scientific community that the family dynamics occurring in parental alienation meet all standard definitions of child psychological abuse. The necessity for the no-contact period is, therefore, a protective separation for the child from the pathological enmeshment with and influence of the favored parent. The sequestration includes all in-person and indirect contact in all forms, including all telephonic and electronic communication and should include all 3rd party co-alienators.

The relationship between a pathologically-enmeshed, severely alienating parent and child cannot be characterized as heathy bonding. This relationship is, instead, a severe psychiatric condition for the child. As such, remedy requires a protective separation from the favored parent so that the child can re-establish and nurture her or his own psychological, cognitive, and interpersonal autonomy. The sequestration further serves to relieve the child of the loyalty conflict that had been imposed by the favored parent so that the child can thereby be able to embrace the rejected parent without feeling disloyal to the enmeshed favored parent.

Subsequent to the 4-Day intensive treatment phase, the sequestration period is necessary in order to intensify the healing of the severed or impaired parent-child relationship and to prevent the child's *regression and relapse*—which are a virtual certainty should there be even minimal contact with an unreformed alienating parent. It is important to emphasize that the *TPFF* intervention only jump-starts the healing of the dysfunctional family relationships. TPFF cannot undue in a mere four days what has been occurring, on average, during four years—or 1460 days! Which raises the point, why is there such a hullabaloo

over a possible 90 days of no-contact between the alienating parent and child while there had been virtual no concern for—and certainly no redress for—the lack of contact between the child and alienated parent for 1460 days or more?!

Early lifting of the 90-day protective separation/sequestration

TPFF therapists are hopeful for early lifting of the sequestration period—not a moment later than is clinically appropriate for the children's recovery. Accomplishment of the early lifting is primarily in the hands of the favored parent, who must be able to genuinely and unequivocally demonstrate that she or he is ready, willing, and able to support the relationship(s) between the other parent and their child(ren).

TPFF personnel are frequently asked how we are able to assess the favored parent for being "genuine" and "unequivocal." We respond by affirming that we can readily make that determination by noting any behavioral changes in the children upon reading the favored parent's letter in support of the child's relationship with the alienated parent. Information about the alienating parent's Letter of Support is discussed under ***Expectations of the Favored Parent on p. 18.*** There is no dispute that alienated children will flip like a light switch to enthusiastically embrace their alienated parent when given genuine permission by the favored parent to do so.

In providing support and encouragement for the favored parent's recovery, the *TPFF* therapist will facilitate the favored parent's connection to an appropriate therapist, who must be skilled in treating this family dynamic. It is important to recognize that treatment for the dynamics occurring in alienation is highly specialized—just like there are levels of specialization in medicine. Entering treatment with a non-specialist will only delay recovery—if it happens at all. Very often alienating parents request to remain with a current or prior therapist. More than likely, the therapist lacks the appropriate skills and experience or else the favored parent would have recovered before the Court determined that the *TPFF* intervention was needed and appropriate.

It is important to convey here that there have been actual *TPFF* case examples of having *dramatically* shortened the sequestration period—even having reinstated, on Day-5, the original Court-ordered parenting plan for both parents' contact and involvement with the children. In other cases, the favored parent was immediately approved to participate in the after-care family therapy with the other parent and their children, and the sequestration period was soon lifted. *TPFF* staff are elated when this occurs. We recognize this to be our legacy!

In the case examples discussed above, the favored parent knew exactly *what* message to send the children and exactly *how* to send the message so that the children knew the parental conflict had ceased and that the favored parent was unreservedly *requiring* them to resume their once normal relationship with their other parent. The children who received such a message from the favored parent flipped on a dime to embrace their alienated parent. It is important to note that the alienated child's love and need for the alienated parent have

not been extinguished but only repressed in order to go along to get along with the favored parent.

Lifting of the no-contact period is therefore primarily under the control of the favored parent, who can choose to relinquish the alienating behaviors. On the other hand, should the alienating parent remain wedded to the alienation narrative and to committing alienating behaviors, the *TPFF* program would have no option—due our obligation to ensure child protection—but to recommend to the Court the necessity to extend the sequestration period.

The Alienated Child

Alienated children are victims—intensely unhappy victims. They are caught up in the loyalty conflict—a dysfunctional family situation that had been inflicted upon them by their favored parent and which requires them to sacrifice their relationship with their other parent in order to maintain the love and approval of their favored parent. Children do not unilaterally ask for nor desire having to choose between parents. When parents separate or divorce, children want assurances that their life will continue as close to normal as possible. Normalcy includes having a meaningful, ongoing relationship with each parent. It is unimportant to children—and should be irrelevant to their best interests—that the parenting had been unequal during the marriage. That was then, and this is now, and parents who subvert their own needs to the best interests of their children will cooperatively restructure the arrangement that had been decided during the marriage regarding the division of financial support and parenting responsibilities. In the family's transition from marriage to separation and divorce, children desire—and require—the stability that can be obtained only from meaningful contact with both parents.

It has been erroneously claimed that children favor a consistent relationship with their same bed and desk over a consistent relationship with the non-residential parent. That is pure, unsupported nonsense. Uninfluenced children do not value property over people—especially when the people are their parents. Moreover, children are quite capable of easily transitioning from one parent's custody to the other's—should both parents send a supportive and unified message to the children that this is the new arrangement and that they are expected to comply. The fact is, children are highly adaptable to change—as long as the parents send a unified, consistent message about the new family arrangements. Without a doubt, this is in the child's best interests.

It cannot be overemphasized that the need—and therefore the desire—for a parent is part of the child's instinct for survival. There are several reasons for this, not the least of which is that the length of our dependency period requires that. An uninfluenced child will therefore rarely, if ever, reject a parent. In this regard, alienated children present nothing like adjudicated abused and/or neglected children—who, counterintuitively, do not reject their parents as one might expect. To the contrary, adjudicated abused children engage in attachment behaviors to their abusive parents and resist disruptive behaviors with them. Anyone who has worked with an adjudicated abused and/or neglected foster care population experienced just how rare it is for a child to reject a parent. Indeed, research

reveals that foster children are quite protective of their abusive parents—typically denying or minimizing the abuse. In fact, those who have experience working with a foster care population have been so informed by this experience to recognize that the alienated child's rigid, over-alignment with a parent—in the absence of bona fide abuse by the other parent—is a cue that the aligned parent is an alienating parent.

The findings derived from having worked with foster children regarding their attitudes towards, feelings about, and interactions with their abusive parents have been resoundingly confirmed by several highly respected research studies. One such study is of an estimated 17,500 moderately to severely physically abused children, undertaken by Baker, Miller, and Bernet (2019) entitled, "The Assessment of the Attitudes and Behaviors about Physically Abused Children: A Survey of Mental Health Professionals" and was published in *The Journal of Child and Family Studies.*

Identifying an alienated child

Although outside the scope of this treatment protocol, it is briefly affirmed here that respected peer-reviewed research and prodigious knowledge from evidenced practices—including those of the *TPFF* therapists—rely upon Gardner's eight manifestations to identify an alienated child. Identification of an alienated child is not at all problematical—should the mental health practitioner have sufficient pattern recognition for an alienated child and further relies upon the manifestations, which have an exceedingly low known error rate. Because of their low error rate, the manifestations are widely relied upon in the scientific community for being reliably predictive of an alienated child.

Regrettably, it is all too common for non-specialists in alienation—including many seasoned mental health practitioners—to rule out for alienation in a particular case without having assessed the child according to the eight manifestations (and their causality). When this occurs, it is a violation of the standards of clinical practice, which require the ruling in or the ruling out for a clinical condition by assessing it according to its generally accepted signs and symptoms.

Giving weight to the voice of the child—how, when, and why not?

With respect to respecting the "voice of the child" and giving weight to the child's expressed wishes, it is critical to assess the child for any undue influence by one or both of the parents. Doing this assessment is necessary if one is to ascertain the child's *true* wishes because the programming in alienation is akin to the programming in a cult. Additionally, the alienated child's wish to remain in the care of a pathologically enmeshed parent—and typically 100% of the time—is a request for ongoing exposure to child abuse. Jaime Rosen, Esq., exquisitely makes this point in her 2013 article entitled, "The Child's Attorney and the Alienated Child: Approaches to Resolving the Ethical Dilemma of Diminished Capacity" published in the *Family Court Review.* Ms. Rosen affirms that an alienated child has diminished emotional and cognitive capacity so the Attorney for the Child must override the "client centered model" of representation in favor of the "best interests of the child model." Ms. Rosen states:

> The ABA *[American Bar Association]* Standards also recognize that children are susceptible to intimidation and manipulation and the child's decisions may not reflect the child's actual position…The attorney also has a duty to prevent the child client from pursuing decisions that would not be made but for the brainwashing techniques employed by the alienating parent.
>
> Under the influence of an alienating parent, the child may not be cognitively or psychologically able to make a judgment that is in his or her best interests. In cases of parental alienation, the parental brainwashing of the child is the true culprit. The child's opinion is replaced with the desires and objectives of the parent who exercises the most influence over him or her. Further, as more weight is accorded to the child's stated preferences, the risk of manipulation or pressure by a parent increases. (Pp. 333-334, 336.)

Removal from a pathologically-enmeshed parent does not traumatize a child

We must address two issues that frequently arise should the *TPFF* intervention be proposed. The first issue raised is that the requirement for the child's removal from the favored parent—the parent to whom the child is unhealthily bonded—will be traumatizing to the child. The second issue that arises is the fear that the child will carry out the threats of self-harm or of running away because of the removal and/or any contact with the alienated parent. Tragically for the child, non-specialists in alienation—even those practitioners claiming to have expertise in alienation—proffer these speculative, unscientifically-supported beliefs.

First, we must recognize that the bonding between the child and the severely alienating parent is not healthy bonding; it is an example pathological enmeshment—a severe psychiatric condition for the child that requires remedy according to child protection standards. Second, there is no scientific or clinical support for either claim.[2] Richard Warshak, PhD, declares the lack of scientific support for these claims in his 2015 article, "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy," published in *Professional Psychology:*

> No peer-reviewed study has documented harm to severely alienated children from the reversal of custody. No study has reported that adults, who as children complied with expectations to repair a damaged relationship with a parent, later regretted having been obliged to do so. On the other hand, studies of adults who were allowed to disown a parent find that they regretted

[2] We would be remiss if we failed to state that acquiescing to an alienated child's threats would only serve to further empower an already overly-empowered child—hardly an appropriate response to threats and certainly not a response that is employed when a child makes threats in other situations. The scientific community has developed safe and effective measures to respond to a child's threats. Any competent parent knows exactly how to manage a manipulative child should the child come to believe she/he can get away with things based upon such threats. A child who makes such threats should be treated accordingly.

> that decision and reported long-term problems with guilt and depression that they attributed to having been allowed to reject one of their parents. (p. 10)
>
> Custody evaluators should avoid offering opinions that reflect sensationalist predictions lacking a basis in established scientific and professional knowledge. When previous interventions have proved inadequate, a wide range of options should be considered to assist families with alienated children, including placing a child with the rejected parent, temporarily separating a child from the favored parent, or apart from both parents. (pp. 11-12)

The 2021 research study on *TPFF* under the auspices of Harman, et. al. confirms that the *TPFF* intervention—which requires the removal from the pathologically-enmeshed parent—is not merely effective *but is safe.* Of particular note, virtually every child—if not every child—who had been on psychotropic medications and/or had had a history of suicidal ideation/threats, anxiety, depression, running away, or had been psychiatrically hospitalized, etc., prior to participating in the ***TPFF Therapeutic Vacation***, experienced marked reduction in the symptoms that had required the medications; many had their medications significantly reduced or totally removed by their treating psychiatrist subsequent to the intervention; and not a single child had to be psychiatrically hospitalized subsequent to the *TPFF* intervention. One would have to throw science out the window not to make the connection between the pathologically-enmeshed parent's influence over the child and the child's initiation of psychiatric symptomatology.

The Alienated Parent

Alienation is one of the most counterintuitive clinical presentations that Ms. Maase has encountered in her 30 years of practice working with children and families. For example, it is a grievous counterintuitive conclusion to assume that the rejected parent must have done something awful to warrant the child's rejection—exactly because it is so anti-instinctual for the child to reject a parent. Invariably, when making their erroneous finding that the rejected parent had brought the rejection upon himself or herself, non-specialists commit several cognitive and clinical errors. Three of these errors will be addressed here —two cognitive and one clinical.

First, the erroneous finding that the alienated parent had caused the child's rejection is due in part from the cognitive error of failing to have undertaken a causal analysis for the rejection. Invariably, the alienated parent's behaviors cited for the rejection were either: 1) typical parenting mistakes—probably currently distorted and exaggerated—that had not been an issue prior to the onset of the alienation and may also be the very parenting mistakes made by the favored parent, who has not been rejected or even criticized for committing; or 2) parenting mistakes that are a *reacti*on to the trauma from the alienation; for something to be the cause of the dependent effect, however, it must have *preceded* the effect.

Second, psychopathology or serious problematic parenting behaviors are attributed to the alienated parent as being characterological flaws; and thus these traits are claimed to have caused of the child's rejection. Invariably when this occurs, the mental health practitioner has committed the cognitive error known as the "fundamental attribution error." What this

means is that the alienated parent is diagnosed for having a dispositional/internal disorder when, instead, the alienated parent's presentation is a "reaction" to trauma from the alienation. Alienated parents are trauma victims; they are *reacting* to the rejection, humiliation, pain, and maltreatment by their beloved children and often have to deal with defending against false reports of domestic violence, child physical abuse, and child sexual abuse. Alienated parents are attempting to manage one family crisis after another. Surely, it is an example of blaming the victim when professionals criticize and pathologize the alienated parent for having had *a normal human reaction*—such as anger, fear, anxiety, or any other symptom that is commonly associated with trauma. Physician and cognitive scientist, Steven G. Miller, states that, being a trauma victim, alienated parents *may* present with the 4-As: angry, agitated, anxious, and afraid.

Third, the erroneous finding that the alienated had either caused or primarily caused the child's rejection results from committing the clinical error known as the failure to "consider severity." This error occurs when the rejected parent's behaviors, that are totally out of proportion to the exceedingly anti-instinctual clinical condition of "child rejection of a parent", are labeled as the cause of the child's rejection. Failure to abide by this clinical axiom further results in the favored parent—whose behaviors have been severe, extreme, and even bizarre—being totally left off the hook for contributions to the child's rejection and the dysfunctional family dynamics.

All this is to say that, in cases when bona fide abuse or neglect or other *extremely* negative parenting behaviors have *not occurred*, there is a high probability that alienation *is* the cause of a child's rejection of a parent. As Jordan Trager, Esq., points out in his 2019 article entitled, "Parental alienation—a Broader Perspective," published in the prestigious *New York Law Journal*, "Absent a reasonable explanation why a child would not want to have a relationship with a parent, parental alienation must be considered as a strong probability as to the underlying reason." (p. 5/9)

The Favored/Pathologically-enmeshed 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 weekly 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 describe as follows the characteristics and behaviors of moderate and severe programming/brainwashing parents (another label for severely alienating parents and for pathologically enmeshed parents.) Their disturbing findings about these parents provides justification for the judicial system to treat alienation cases seriously, recognize it for the child psychological 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 min*e] cranking up litigation accelerating rumors, and heightening allegations are just a few examples of what may take place. (P. 276)

Treatment of severe alienators/pathologically-enmeshed parents therefore requires specialized skills and knowledge. Extensive research confirms Clawar and Rivlin's findings and further elaborates upon this by affirming that severe alienators almost always present with profound psychopathology and with one or more personality disorders—borderline, narcissistic, antisocial, and paranoid. (Lorandos & Bernet, 2020; Warshak, 2018, 2015; Reay, 2015; Baker, Bone, & Ludmer, 2014; Miller, 2013; Gottlieb, 2012, 2013; Macfie, 2009; Gordon, Stoffey & Bottinelli, 2008; Darnall, 2008; Johnston, Walters, & Olson, 2005; Kelly & Johnston, 2001; Siegel & Langford, 1998; Lampel, 1996; Heard & Lineham; et. al. 1993)

Someone with a personality disorder is an expert at mimicking normal behavior and at impression management. Dr. Miller states that severe alienators present with the 4-C's: cool, calm, convincing, and charming.

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.

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 that the child needs; normal parents do not brainwash 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 compel their children to do likewise; normal parents do not manipulate their children to engage in antisocial behaviors to include maltreating, defying, rejecting, emotionally hurting, and even physically abusing their other parent. Normal parents subvert their desire to hurt the other parent to their child's best interests.

It is unconscionable how so many experienced, seasoned mental health practitioners fail to comply with the clinical axiom to "consider severity" when confronted by favored/alienating/pathologically enmeshed parent's exceedingly abnormal behaviors.

In sum, severe alienators/pathologically-enmeshed parents are highly resistant to change and rarely relinquish their alienating behaviors voluntarily and expeditiously. These parents are likely to support the relationship between the other parent and their child *only in the face of meaningful legal consequence*s—such as loss of time and contact with the children, financial penalties, and sometimes only jail time.

Nevertheless, the standard of the best interests of the child requires that *TPFF* therapists reach out to the favored parent and attempt to motivate the parent to attain the help they need in order to resume timely contact with their children. The TPFF therapist will make every effort possible to help identify, recommend, and consult with qualified mental health professionals in the favored parent's location in order to assist the parent obtain best-practices therapy. The mental health profession is founded on the principle that people can change. *TPFF* is committed to being a meaningful part of this process.

Expectations of the Favored Parent

Therapy: In compliance with the ***TPFF Therapeutic Vacation*** treatment protocol, the favored parent is required to engage in therapy with someone skilled at treating this family dynamic. The basis for the requirement that a specialist in alienation be the treatment provider is to speed recovery and to best enable the favored parent to meet the criteria of the 4-As: to acknowledge, apologize and atone for, and abandon alienating behaviors. Engagement with a therapist who specializes in this treatment serves to hasten the favored parent's recovery so that the sequestration period can be lifted sooner. We are well familiar with the need for a specialist for certain medical conditions; the same need applies when treating the sub-specialty of alienation within the specialized discipline of family therapy.

The Support Letter: The TPFF treatment protocol requires the favored parent to write an individualized letter to each child for the purposes of: 1) conveying genuine, categorical guilt for having initiated the rejection, maltreatment, pain, and defiance of the alienated parent. The child's guilt is a consequence of the false belief imposed on the child by the favored parent that the child had freely chosen to reject a normal—that is, once loving and

meaningful relationship—with the alienated parent. If not absolved by the favored parent for this false belief, the child will most likely be psychologically damaged for life for having engaged in behaviors to hurt, defy, and resist a parent.

The support letter is *not* a precondition for admission of the rejected/alienated parent and child(ren) into the ***TPFF Therapeutic Vacation****;* however, when meaningfully written, the support letter facilitates the child's healing of the family relationships all around along with being absolved of guilt. Ideally, an approved letter can be read to the child during the four-day intervention.

There are five *critical* issues to be addressed by the favored parent in each child's support letter. These issues should be tailored to each child based upon the individual child's emotional and cognitive development, interests, gender, age, maturity, and prior relationship with the rejected/alienated parent. The five issues to be addressed are:

1) genuine and categorical support for the child's relationship and contact with the rejected/alienated parent citing reasons for the support;

2) the parenting qualities that the rejected/alienated parent has to offer the child—citing several examples from the child's history with the rejected/alienated parent;

3) the importance to the child of having the rejected/alienated parent meaningfully in her or his life—such as for the child's long-term emotional, behavioral, cognitive, and interpersonal health;

4) absolving the child from the false belief of having unilaterally and freely chosen to reject, maltreat, and/or defy the rejected/alienated parent. Alienated children are not free agents but have been influenced by the favored parent—through words and behaviors—to believe that they had had a choice to decide whether or not to have a relationship and contact with their rejected/alienated parent. If alienated children are not convincingly absolved by the favored parent from the false belief of a choice, then alienated children will most probably live with punishing guilt for their entire lives.

If the favored parent fails to accept responsibility for having influenced the child to engage in rejecting and hurtful behaviors towards the alienated parent—some behaviors meeting the definition of "antisocial"—this is truly an example of visiting the sins of the parent upon the child. It is in the child's best interests to be freed from bearing such punishing guilt for behaviors which the child had *not* freely chosen and for which an uninfluenced child would not have chosen.

Also of clinical significance here is that the most effective means for parents to help children take responsibility for their mistakes is to model this by accepting responsibility for parental mistakes.

5) Should *false* allegations of child abuse have been alleged against the rejected/alienated parent or should the child(ren) have been influenced to believe that the rejected/alienated

parent is a danger to them, the favored parent must convey to the child that the child is safe now and has also been safe in the care of the rejected/alienated parent;

Additional issues to be addressed in the support or apology letter may be requested on a case-by-case basis after *TPFF* has been informed about the family dynamics as the intervention proceeds and from contact with the favored/alienating parent.

I am 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 surprisingly 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. Events such as these reveal the true control that favored parents have over their 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 and also competency as a parent yet being unable to get the child to comply with this healing therapy.

Another persuasive criterion by which to judge that the favored/alienating parent has relinquished alienating behaviors is when the alienating parent requires a child who has reached majority to re-establish a relationship with the alienated parent.

The Apology Letter: At some point during the alienating parent's therapy—hopefully upon having gained insight into the behaviors that had required the Court order for the *TPFF* intervention—the favored parent is required to write a second letter, an apology letter, to the child and to the alienated parent. 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. Although some may misperceive the apology letter to be punitive towards the favored/alienating parent, it is not intended to be so but is, instead, necessary to the healing of all the family relationships—including the relationship between the favored/alienating parent and child. To wit:

In her book, *Sex, Love, and Violence*, Cloé Madanes HDL, LIC (1990), addresses the therapeutic necessity of apologies to the process of 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 healthy family 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 required by 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's emotional, cognitive, and interpersonal injuries from the alienation. There are several purposes of the apology letter that comport with Madanes' prescription. I cite some of those purposes as follows:

1) Favored parents must exonerate their children from guilt for having maltreated, emotionally hurt and even physically abused their alienated parent. It is typical of favored parents to claim that they had only responded and acceded to their child's wishes to not have a relationship with the alienated parent—their attempts at claiming plausible deniability. Favored 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, cowardly, and untruthful claim engenders. This defense of "plausible deniability" is no better an example of visiting the sins of the parent on the child.

   Each and every child who had participated in the *TPFF* intervention shouldered the blame for the family crisis and drama by stating it was her or his choice not to have a relationship with and to hurt, 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 horrendous burden the alienating parent has inflicted upon the child! No child should have to carry the guilt for having been manipulated to maltreat and hurt a parent. Only the favored parent has the influence and power to definitively absolve the child of blame, responsibility and of the consequent guilt.

   Although the alienated parent and the *TPFF* therapist make it clear to the child that it was not the child's fault, this is necessary but usually 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 of teaching children to take responsibility for their mistakes and unacceptable behaviors is for parents to

model acceptance of responsibility for their own mistakes and unacceptable behaviors. Parents must model for their children the appropriate ways to address and apologize for pain caused to other family members and for 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 favored 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, minor mistake, and even warranted discipline but which the favored parent so distorts or exaggerates that the abuse allegation bears no resemblance to what the alienated parent had actually done. Or the favored parent may totally fabricate an abuse allegation and then manipulates the child to confirm the allegation(s). Imagine the intensity of a 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 favored parent to assume responsibility for the role played in instigating the false claims of child abuse and to apologize to the alienated parent and child for having done so. Doing so is clinically warranted because a child cannot develop normally if believing false physically or sexually abusive act or acts by a parent.

   Although the *TPFF* intervention intervenes to correct the child's erroneous perceptions of the alienated parent, it is the favored parent who has the ability to *convincingly* correct the child's distorted belief system about the alienated parent and family history. The favored 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 favored parent's apology will significantly counter the propensity of alienated children to "seek love in all the wrong places" and to engage in behaviors of entering repetitive adult abusive relationships in a futile attempt at "undoing" the believed false abuse act or acts by a parent.

4) It is expected of the alienated parent to acknowledge and apologize for typical parenting mistakes and for any negative behaviors resulting from the 4-As. It may be very difficult for alienated parents to do this given the context of having had to continually defend against falsehoods, exaggerations, and abuse allegations. *TPFF* does, nonetheless, require that alienated parents apologize for their parenting mistakes, and the alienated parent has virtually always complied with the request—many having already volunteered apologies.

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

Unscientific criticism

Regrettably for children, we are presently in an environment in which self-interested pseudo-scientists proffer *unscientifically-supported* claims about alienation in order to codify into law custody regulations and statutes that will undermine and prohibit the Courts from ordering one of the known safe and effective treatment intervention programs for dysfunctional family relationships. These pseudo-scientists further proffer their *unscientifically-supported* claims about alienation in Court proceedings in order to distract the Court's attention from the true matter before it. When this distraction is permitted, the child abuse goes unaddressed—however unintentionally; but the alienation deniers do, intentionally, attempt to prevent the Courts from ordering the removal of the child from the favored parent, placement with the rejected/alienated parent, and appropriate treatment for this dysfunctional clinical condition.

Among the pseudo-scientists' strategies is to instill fear and doubt into the judicial system by perpetuating the falsehood that the pathologically-enmeshed relationship between the alienating parent and child equates to healthy bonding. Nothing could be further from the truth. Several points are imperative to note here: the bonding between a child and a pathologically-enmeshed parent is *not* healthy bonding; it is actually a severe psychiatric condition for the child and therefore a form of child psychological abuse; 2) when the pathologically-enmeshed parent tolerates, permits, and/or actively encourages a child to emotionally and physically abuse the other parent and treat that parent cruelly, that is an act of *domestic violence by proxy*—which is another key way to address this dysfunctional clinical condition.

It is a perversion of the dynamics occurring in alienation cases, *as well as a rejection of science,* to give weight to the false claims by the pseudo-scientists—a modern version of the flat earthers—to buy into their calculated, self-interested diversion antics to distract the Court's attention from the harm that is being caused to the child by the alienation dynamic.

Family Healing

TPFF is charged by the Court to restore the relationship between the alienated child and the unreasonably and unjustifiably rejected parent. This was the primary criterion upon which to assess the safety and effectiveness of the ***TPFF Therapeutic Vacation***.

According to the clinical axiom to develop treatment priorities, child protection must be the number one priority goal when treating alienation. The secondary goal is to heal the severed or impaired relationship between the child and alienated parent. These are the two intended goals of the Court when issuing the order for the *TPFF* intervention. However, in compliance with the standard of the Best Interests of the Child, *TPFF* is hopeful that, at the conclusion of the *TPFF* intervention and its aftercare component, it also has achieved

the healing and repair of the child's relationship with the favored parent. Of course, the Courts are hopeful for this as well.

There are two clinical criteria for lifting the sequestration period. Summarizing this criteria: 1) the favored parent's unequivocal support for the relationships between the other parent and their child(ren); 2) the children's recovery of their normal relationship with the alienated parent. The TPFF therapist is *not* a therapist to the alienating parent but rather a "parenting coach" to guide the writing of the support letter and then to work collaboratively with the parent's therapist.

As with any clinical presentation, *TPFF* is continually informed by each intervention and adapts to new information, suggestions from the family members, collaboration with other professionals, and by self-examination. To this end, *TPFF* has an ongoing process for incorporating new strategies and interventions to promote family healing. We are currently attempting to reach out to the mental health community for how to more effectively incorporate the favored parent in the intervention so that the sequestration period can be lifted expeditiously—and in compliance with the clinical needs and requirements of the child(ren). The *TPFF* family thereby welcome any suggestions to achieve this goal. Please contact us through our website.

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 Therapeutic Vacation*** intervention. The transition can be should be coordinated with the *TPFF* program administrator.

Requirements for admission:

TPFF relies upon the findings of the Court, which heard testimony and received evidence regarding the family dynamics. *TPFF* therefore operates on the premise that the Court has determined: 1) the child is safe in the care of the rejected parent, and 2) the favored parent has, at a minimum, interfered with and/or had not adequately supported and *required* the relationship between the other parent and their child. Nevertheless, it is a standard of clinical practice for practitioners to undertake their own assessment of the individuals and family when they appear before the clinician. *TPFF* does exactly that: it is a combination of diagnosing/assessing and treating.

TPFF is not suitable for and does not accept referrals for cases of current bona fide protective causes for the rejection.

Given all of the above and given the known requirements for a safe and effective intervention, the Court order needs to include the following stipulations:

1) A stipulation for at least temporary sole legal and physical custody to the rejected/alienated parent for a minimum time of 90-days—with the conditional

stipulation that the *TPFF* program can shorten the time frame based upon clinical justification;

2) A simultaneous 90-day no-contact period—either in-person or in any indirect form—between the child(ren) and the favored parent and with any co-alienators;

3) Transition of the children to the physical custody of the rejected/alienated parent *prior* to arrival at the program. The most desirable arrangement is for the transition to be the result of parental cooperation. The *TPFF* therapist arranges a joint Zoom meeting with the parents upon receipt of the Court order in order to facilitate the parents in developing the transition arrangements along with guiding the parents in determining how to present the intervention to the children.

   Extended family of the alienated parent may also be helpful resource for the transition.

   Of particular note, more than 95% of the children who had participated in the ***TPFF Therapeutic Vacation*** had travelled without incident to New York or Texas under the auspices of their rejected/alienated parent. It is amazing how alienated children—despite their history of threatening self-harm and running away—cooperate without incident with the travel to TPFF under the auspices of their rejected parent. It is one of the most counterintuitive issues in alienation that, when the Court imposes the sequestration order, it actually frees the child from the loyalty conflict and frees the child to accept that parent's authority.

4) Given, however, how some alienating parents have become so emboldened as to sabotage the transition despite the Court order; to posting inflammatory untruths about the case on social media; to seeking and receiving support for their public demonstrations; and even to threatening the safety of the professionals in the case and even the judge; measures should be taken to reduce risk to the transition by imposing a protective order prohibiting all parties from disclosure of the case information via all means and to any party who does not have direct involvement in the case;

5) As a backup measure for transition arrangements in some extreme cases in which the favored parent has been particularly difficult and defiant of the proceedings, it may be necessary for the transition of the children to occur in the Courtroom;

6) For the favored parent to engage with a *TPFF*-approved therapist to address her or his behaviors that had resulted in the impaired 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 usually that parent's entire extended family; to recognize that it is in the child's best interests for the other parent to be meaningfully in the child's life; and to address any other related unhealthy parenting issues that may arise.

   Of particular note, alienation is a *sub-specialty* within the *specialty* of the discipline of Family Therapy. Highly specialized knowledge, skills, and experience are required to

provide effective treatment for this clinical condition. Just as physicians specialize in various clinical conditions in medicine, the same applies to mental health conditions. Should the favored/alienating parent engage in treatment with a therapist who does not have the required expertise, recovery will likely be delayed—if it occurs at all. A goal of the *TPFF* intervention is for the no-contact period to be lifted sooner rather than later—but that is contingent, in part, on the favored/alienating parent's recovery.

Another common request by the favored/alienating parent is to remain in treatment with the current therapist. This too will likely delay recovery—if at all. It stands to reason that if the treatment by the current therapist still necessitated the *TPFF* intervention, it is highly probable that the current therapist does not possess the necessary expertise to effectively treat this clinical condition.

As mentioned above, The TPFF therapist will make every effort possible to help identify, recommend, and consult with qualified mental health professionals in the favored parent's location in order to assist the parent in obtaining best-practices therapy.

7) For the favored/alienating parent to accept parent education services with the *TPFF* program therapist during the 4-Day intervention around the requirements of the support letter, selection of an appropriate therapist, and to address any parenting issue that may arise during the intervention.

8) For the favored parent to provide the rejected parent with any mementos, videos, pictures, and other memorabilia indicative of the family history and of the rejected parent's involvement with their child—should the rejected parent not have this in her or his possession;

9) *Preferably* for the favored parent to be responsible for the program fee—having been the cause of the family dynamics resulting in the Court order for the *TPFF* intervention. The *TPFF* program does recognize that ultimately the Court will determine the responsibility for the program fee. And should the Court assign all or part of the program fee to the favored parent, the favored parent must sign an agreement prohibiting any efforts to chargeback the payment at a later time;

10) Before the 90 days has expired, and at the direction of the Court, for the program to provide a treatment summary to include recommendations with reasons as to whether the sequestration should be lifted or extended based upon safety concerns for the child. To reiterate, two clinical conditions are expected to be met for the program to recommend that contact to be restored: 1) the children must have resumed their prior normal relationship with their rejected/alienated, be sufficiently stable in the reconnection, and have substantially relinquished the alienation narrative and false beliefs about the rejected parent; 2) the favored parent must have: a) written approved support and apology letters; b) provide documentation from the approved therapist of being ready, willing, and able to support the relationship(s) between the rejected parent and their child(ren); c) gained the appropriate emotional regulation, reality testing, cognitive improvements, and empathy in recognition of the child's need to have the

other parent to be meaningfully in the child's life; d) have relinquished all alienating/non-supportive behaviors. In other words: to have acknowledged, apologized, atoned for, and abandoned all alienating/non-supportive behaviors.

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

Travel to TPFF

The rate of alienated children who have participated in the ***TPFF Therapeutic Vacation*** and had traveled *without incidence* to Texas or New York under the auspices of the *alienated parent remains steady at 97%*. The child's love and need for the alienated/rejected parent emerges when the Court imposes the sequestration stipulation, which frees the child from the loyalty conflict.

It has thus far been *unnecessary* for the *TPFF* program to rely upon professional transport services to bring the children to the program location. The assistance of relatives or significant others to the alienated/rejected parent are welcomed and appreciated and will be meaningfully incorporated into the healing intervention.

Science Matters

In the absence of any scientific support for their claims, some mental health practitioners and other professionals have alleged—*based upon pure speculation and belief*—that the child's removal and the 90-day separation from the favored is traumatic for the child. This fallacy has been credibly disputed by Richard Warshak in his 2015 article published in *Professional* Psychological and is entitled, "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy." This is fallacy number 10.

The research data on Turning Points for Families and on two other programs requiring the sequestration period credibly dispute the speculation that the child will be traumatized by the removal from the alienating parent and placement with the alienated parent to attend an intervention with the 90-day sequestration period. It must be pointed out that, as with any clinical intervention, a risk-benefits analysis must be undertaken to determine the pros and cons of a treatment. Respected peer-reviewed research, such as the Adverse Childhood Experience (ACE) studies document the profound, long-term harm to children from the numerous dysfunctional family dynamics that occur in alienation. One such study found that ACEs result in permanent brain damage to the child, and another study found that ACEs result in premature death in adulthood from medical conditions, such as heart attacks and cancer. And yet a third study found that the risk factors from child psychological abuse are equal to the risk factors from physical and sexual abuse.

On the other hand, research has found that there is virtually no risk—if any at all—from the removal of the child from the alienating environment (Warshak, 2015. "Ten Parental

Alienation Fallacies that Compromise Decisions in Court and in Therapy." *Professional Psychology:* American Psychological Association.)

Intervention fee

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

Program Summary

A "talking" therapy session occurs daily in the morning on each of the 4 days and lasts for approximately 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 restorative *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 amusement parks, water parks, Sea World, the Ice Cream Factory, Top Golf, The Oasis destination-resort restaurant, Volente Beach water park and restaurant, High Five Indoor Arcade, swimming, boating, kayaking, ziplining, hiking, hiking around the lake downtown and having lunch or dinner on one of the many Highland Lakes, rock climbing, trampoline activities, escape rooms, toy and electronic stores—and much more documented on the Turning Points For Families - Texas website. The rejected parent's authority with the child is re-established as a result of the supervision, nurturing, guidance, and support being provided by her/him throughout the four days. The *TPFF* therapist accompanies 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. *(Please refer to the activities bulletin and the 4-Day Sample Intervention both posted on this website.)*

The *TPFF* therapist is on call after the separation around dinner time should services be needed in an emergency.

After-care services:

As Turning Points for Families is a short-term intervention to "jump-start" the healing of the impaired or severed parent-child relationship and other family relationships, 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 includes the children, alienated parent, all other adults and children living in the household—especially another parental figure. In general, individual therapy for the child is *contraindicated*—meaning forbidden. In brief, induvial therapy becomes a forum for the

child to vent the alienation narrative—thereby perpetuating the child abuse, however inadvertently. Individual therapy also inadvertently disempowers the alienated parent because it reinforces the parent's exclusion from this very meaningful service to the child and conveys to the child that the parent does not have parenting abilities to help the child—exactly the opposite of the healing requirements for this clinical condition. There may be some exceptions for individual therapy for the child to be evaluated on an individual basis.

While behavioral improvements are noted generally by the end of Day-1 and intensify over the course of the four days, the alienation script takes much longer to relinquish—just as in the programming in a cult. The program's effectiveness should thereby be evaluated by behavioral changes.

TPFF serves in a collaborative role with all therapists providing aftercare treatment, such as to the aftercare family therapist and to the therapist for the favored/alienating parent.

Treatment Protocol Regarding the Video Recording of the TPFF Intervention

The intervention is video recorded upon consent of the alienated parent—who is the identified patient—and who is free to withdraw consent at any time.

Of particular note, the videos reflect the same material as do psychotherapy notes, and are therefore privileged. Furthermore, the videos, like a forensic evaluation, are exceedingly sensitive—and are actually so much more sensitive do to how graphic the videos are. It would certainly not be in the best interests of the child to disseminate such a video that invariably reveals an alienated child's characteristic behaviors of defiance, aggressiveness, hostility, cruelty, and other such behaviors that could be viewed as antisocial—a video that could carelessly and unexpectedly turn up at a child's college or employment interview, etc.

Because of these factors, the videos are discarded upon the program's review so as to:
1) create a safe, protected, confidential environment for the child to invest in and reconnect to the alienated parent; 2) observe and assess the quality of the interactions, the body language, and the affect of the participants in the sessions; and 3) create an accurate contemporaneous written summary for the Court that accounts for the general themes that had occurred during the intervention.

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