Turning Points for Families - Texas (TPFF-T)

A Therapeutic Vacation

with

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

A 2021 research study confirmed TPFF to be a *safe and highly effective intervention* for healing the relationship between a severely alienated child and the child's alienated parent. It was undertaken by Harman, Saunders, & Affifi and has been published in the peer-review *Journal of Family Therapy*

Caveat 1: Please note, this is a ***generic*** protocol for treatment of the *typical* family dynamics occurring in severe cases of alienation or the unjustified rejection of a parent. Each family is individual and there can be some modifications and some additional requirements to this treatment protocol as required by the program's findings upon being informed by communications with and evaluations of the family members. These modifications and additions are based solely upon the standard of "the best interests of the child."

Caveat 2: Please note that the standards of clinical practice require that I make my own assessment/evaluation of the clinical conditions—meaning the family dynamics and other psychiatric conditions—when the family presents at arrival at TPFF. This is an ongoing assessment/evaluation requirement that applies throughout the entire intervention. Should I determine that the family dynamics are not what had informed as the basis of the Court's order for the TPFF intervention, I will immediately stop the intervention and notify all involved parties: the court, the lawyers, the other parent, and the professionals in the case. For example, should I determine that the rejected parent is a current risk to the child(ren) and/or that the favored parent had *required* the relationship between the other parent and their child(ren) absent a bona fide protective reason, then these would be criteria to immediately end the intervention.

Program Description

Turning Points for Families *(TPFF)—A Therapeutic Vacation*—is a four-day, transitional intervention to "jump-start" the healing of a severed or severely damaged relationship

between a child and a fit parent–due to the failure of the favored/alienating/pathologically-enmeshed parent to *require*—and *not merely encourage*—the child's relationship with the other parent. *TPFF* is a symbolic-experiential intervention that merges family systems therapy with psycho-education. The intervention is compelling because it involves human learning and growth in all three domains—cognitive, affective, and behavioral. Suspension of contact with the favored/alienating/pathologically-enmeshed parent is essential in order for the child to feel free to engage with and invest in the rejected/alienated parent and be freed from the loyalty web imposed on the child by the favored/ alienating/pathologically-enmeshed parent.

TPFF's intervention outcomes underwent a peer-reviewed research study for its safety and effectiveness: This 4/2021 research study was published in *The Journal of Family Therapy* and confirmed a 96% success rate for re-establishing a normal, meaningful relationship between a child and parent in cases of parental alienation or when a parent-child relationship had been unjustifiably severed or severely damaged. In the 4% of cases in which the parent-child relationship had not been restored, it was due to a failure of compliance with the treatment protocol—namely that the favored/alienating/pathologically enmeshed parent violated the no-contact order with the child. [1]

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[1] The term *parental alienation* describes a family dynamic in which a child inflexibly aligns with one parent (known as the favored or alienating parent) and rejects or resists a normal, meaningful relationship with the other parent (known as the rejected or alienated parent). This dysfunctional family dynamic occurs at the behest of the favored or alienating parent, who *programs and manipulates* the child against the other parent absent a *bona fide* protective reason. "Bona fide" means that the rejected parent's behavior rises to the level of clinical significance for abuse and/or neglect as determined by the *scientific method*. Of particular note, the rejected/alienated parent's behavior is utterly out of proportion to the child's extreme, anti-instinctual rejection of a parent. In severe cases, the alignment between the favored/alienating parent and child is characterized as "pathological enmeshment." THE PATHOLOGICALLY-ENMESHED RELATIONSHIP BETWEEN THE CHILD AND FAVORED/ALIENATING PARENT IS *NOT* HEALTHY BONDING. The "pathologically enmeshed" relationship between the child and parent is an exceedingly dysfunctional alignment that had been initially labeled and described by child psychiatrist, Salvador Minuchin, the pre-eminent founder of the Family Therapy movement in the 1950's. Dr. Minuchin and his colleagues named the dynamic of the pathological alignment between the child and one parent against the other parent as "triangulation." The favored/aligned parent was labeled as the "triangulating" parent. Remediating the family dynamic of "triangulation" spawned the birth of the Family Therapy Movement. "A Rose by Any Other Name is Still a Rose," and *TPFF* is therefore not wedded to any particular label for this dysfunctional family dynamic.

It is not difficult to recognize the family dynamics or interactions occurring in alienation/ triangulation—as long as one is willing to keep an open, *scientific* mind. These interactions include, but are not limited to: denigration of the rejected/alienated parent by the favored/alienating/pathologically enmeshed parent and child and justifying the denigration with weak, frivolous, and absurd reasons.

An alienated child is easily identified by assessing the child according to eight co-occurring signs that were first observed and labeled in 1985 by child psychiatrist, Richard Gardner. These signs have been subsequently researched and found to have an exceeding low known error rate. They are

Pathological Enmeshment

"Pathological enmeshment" is the term used to label the rigid over-alignment between a child and the favored/alienating parent. It is an extreme boundary violation by the favored/ alienating parent of the child that literally engulfs the child across all domains—cognitive, psychological, behavioral, and interpersonal so that the child adopts the favored/alienating parent's thoughts, beliefs, wishes, and opinions. Metaphorically, the favored/alienating 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 alienating parent's wishes to maltreat, spy on, and reject the other parent. Pathological enmeshment creates both pathological splitting—perceiving the world in black and white extremes—along with pathological dependency on the favored/alienating parent. Pathological enmeshment is truly a severe psychiatric condition for the child.

There are three forms through which pathological enmeshment is expressed:

> Adultification occurs when a parent shares parental issues and conflicts with the child; shares information about the legal, financial, and court proceedings; uses the child to spy on the alienated parent in order to obtain evidence in support of the alienating parent's custody goals; etc.;
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> Parentification occurs when the alienating parent manipulates the child to feel sorry for the parent by expressing that she or he may have been victimized by the other parent; confides emotional problems in the child, seeking validation from the child; manipulates the child to meet that parent's emotional needs; inflicts on the child parental responsibilities which are not commensurate with the child's age or reasonable for the child to assume. Parentification is a serious violation of healthy family hierarchy;
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> Infantilization occurs when the parent treats the child as if much younger thereby conveying to the child that the child is incompetent and incapable of age-appropriate self-reliance. This parental behavior keeps the child dependent so that the child will not feel confident to separate/individuate age-appropriately.

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widely accepted in the scientific community to identify an alienated child. These co-occurring signs are *not* seen in non-alienated children of divorce *nor* in adjudicated abused/neglected children.

An alienated parent can be assessed according to Baker and Fine's 17 research-validated alienating behaviors. These behaviors are also widely accepted in the scientific community to identify an alienating 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 effective, judicious, and sound: that is, people are most likely to change for those whom they love and for those who love them. Based on that principle, *TPFF* elevates the rejected parent into the position of the healer of the child. Ms. Gottlieb quotes from her 2012 book:

> No quantity or quality of words between the child and the therapist—who is nonetheless a stranger to the child—can possibly have as powerful and as meaningful an impact on the child as does the child's parent—with whom the child has had a loving and meaningful relationship prior to the rejection. No therapist, however skillful and well-intentioned, can possibly recreate a relationship with the child that rivals intimate family relationships—particularly the meaningful, 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 success in achieving healing; it is the rejected parent who is the holder of the family truths and is thus able to meaningfully correct the child's revisionist family history—known as the alienation narrative; it is the rejected parent with whom the child goes home and with whom the child must re-establish trust, respect, and a healed relationship.
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> The role of the *TPFF* therapist provides the environment in which emotions and healing experiences are released between parent and child. The therapist thus serves as a catalyst to the alienated parent and child by encouraging and guiding the creation of healthy communications, interactions, and experiences.

To facilitate the healing, child and parent are supported in their re-experiencing of each other through memorabilia and mementos of the family history and their relationship. Memorabilia include, but are not limited to, photographs, video recordings, cards, letters, drawings, gifts, etc. TPFF assists the rejected parent and child to travel down memory lane and engage emotionally by reliving their relationship prior to the onset of the rejection. This healing re-experiencing of their relationship inspires the child to re-connect with her/his genuine loving feelings and need for the rejected parent—feelings that had not been extinguished, only repressed. Through this moving experiential intervention, the child's instinctual loving feelings and need for the rejected parent spontaneously emerge to produce healing. Positive new experiences are formed to replace unhealthy, misjudged experiences and perceptions. *TPFF* appreciates the compelling effectiveness of experience over words to produce change.

To facilitate this experiential, memorabilia intervention, the rejected parent must bring to *TPFF* mementos of the family life and of the relationship with the child—beginning with the child's birth if obtainable. In many of these cases, regrettably, these mementos have been denied by the favored/alienating/pathologically-enmeshed parent to the rejected/alienated parent—who, in all too many cases, had been excluded for several years

from the child's life. Provisions must therefore be made the rejected/alienated parent to receive sufficient, meaningful mementos of the child's life.

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 from the toxic programming about the family history and about *both* parents, it is frequently not sufficient to counter the child's false and sometimes delusional beliefs. A factual but sensitive discussion of the family history is central to the healing process. It is also essential to challenge the pathological enmeshment if the child is to meet developmental milestones across the psychological, cognitive, behavioral, and interpersonal domains. Particularly when the distortions and fabrications involve false allegations of child abuse and child sexual abuse—as they so often do in severe cases—correction is essential to the child's short and long-term well-being and best interests. Indeed, research confirms that, should children falsely believe that a parent had abused them, they are likely to suffer the same risk factors for PTSD and other serious psychiatric disturbances as if the abuse had actually occurred. The rejected/alienated parent is therefore coached to sensitively correct the child's distorted, and often delusional thinking, but without pathologizing or defaming the source of the misinformation.

Correcting malicious misinformation and toxic allegations does not put the child in the middle—the child had already been place there by the favored/alienating/pathologically-enmeshed parent. Correcting such information and allegations frees the child from having to take sides.

The healing process is a give and take in which the child will be supported in expressing his/her own *genuine, unprogrammed* feelings for and beliefs about the rejected/alienated parent—as long as it is done so in a respectful and civil manner. But the child will not be granted an audience to denigrate and smear the rejected/alienated parent with a litany of scripted and brainwashed distortions 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/alienated 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 of some of these relationships that span several years, the child may require more developmentally mature ways of relating by the rejected/alienated 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 and rejected a parent.

The *TPFF* Therapeutic Vacation actualizes the healing experiences between the child and parent during the family's selected afternoon daily activities at *TPFF*. Throughout the activities, the parent assumes the parental roles of supervising, engaging with, and enjoying the child. The parent's roles include advocate, playmate, supporter, overseer, limit-setter, and more—all the parental roles that had been denied to the rejected/alienated parent by the favored/alienating/pathologically-enmeshed parent. Comporting with the philosophical underpinnings of family systems therapy, change occurs—*not* as a result of talking about

new experiences—but *actually creating new experiences.* The *TPFF* therapist accompanies the child and parent throughout these activities to provide support and encouragement as needed.

The rejected/alienated parent's nuclear and extended family members are invited to participate in the intervention. These family members help to facilitate the therapy. The rejected/alienated 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 vital parent/child relationship. Remaining with hatred and anger is not healthy under any circumstances and especially when directed at a parent.

2. How a child relates to and resolves conflicts with each parent are the single, most determinative factor in how the child will interact with peers, authority relationships, intimate and adult relationships.

3. A child cannot develop healthy self-esteem if she/he perceives a parent to be evil, abusive, unloving, worthless, etc. Expert consensus recognizes that children think very concretely—"I am half my mother and half my father." The qualities 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.

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

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

6. It is anti-instinctual to hate and reject a parent and to deny a 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 inappropriate treatment, and perhaps unnecessarily prescribed psychotropic, black-box-warning medications.

8. The rejection of a parent is essentially a loss—and one of the deepest kinds of all because the rejection generally involves rejection the 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 being situationally caused. As a result, the child is often needlessly treated with powerful, black-box warning, psychotropic medications.

9. Alienated children are vulnerable to suffering from punishing guilt from having rejected, maltreated, and sometimes physically abused a parent. And if that parent is unavailable or is deceased—in order to receive an apology and to reconnect, the guilt will last a lifetime.

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

11. In severe cases of alienation, the favored/alienating/pathologically-enmeshed parent is permitting and condoning—if not outright encouraging—the child to behave in an antisocial manner with how the child maltreats the rejected/alienated parent.

Intervention protocol at TPFF

The TPFF intervention protocol requires a minimum 90-day no-contact period between the child and the favored/alienating/pathologically-enmeshed parent. The no-contact period includes direct and indirect contact in all forms, including telephonic and electronic communication and should include all 3rd party co-alienators. The necessity of the no-contact period is based upon child-protection standards: there is no credible dispute in the scientific community that the phenomenon of parental alienation—regardless of label—meets all standard definitions of child psychological abuse.

I cite a fraction of the research and clinical literature that affirm the child psychological abuse of this family dynamic: the *DSM-5*, page 719; *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, the basic handbook for psychiatry students; the 2020 book, *Parental Alienation: Science and Law*, co-edited and co-authored by child psychiatrist, William Bernet, and lawyer and psychologist, Demosthenes Lorandos; *Litigating Parental Alienation* by Ashish Joshi, (2013), published by the American Bar Association; *Children Held Hostage: Identifying Brainwashed Children, Presenting a Case, and Crafting Solutions* by Clawar & Rivlin (2013), published by the American Bar Association; *Family Therapy Techniques* by Salvador Minuchin, MD, (1981); the US Child Abuse and Prevention Treatment Act (CAPTA) that governs the provision of child protection services

in the 50 states; and in one form or other and using one terminology or another, on the books in all 50 states.

The necessity for the no-contact period is, therefore, a protective separation for the child from the pathological enmeshment with the favored/alienating parent. *Their relationship cannot be characterized as heathy bonding*. The child must be temporarily relieved of that parent's power and influence in order to be psychologically free from the loyalty web which has trapped the child into feeling disloyal to the pathologically enmeshed parent should the child embrace the rejected/alienated parent. The no-contact period is a necessity beyond the 4-day intensive treatment phase in order to prevent the child's *regression and relapse*—which are a virtual certainty should there be even minimal contact with an unreformed pathologically enmeshed parent.

Lifting of the no-contact period is in the control of the favored/alienating parent, who must relinquish the offending behaviors—as in any other case of child abuse.

The Alienated Child

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

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

All this is to say that, in cases when bona fide abuse or neglect *has not occurred*, there is a high probability that alienation *is* the cause of a child's rejection of a parent. 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."[2] (p. 5/9)

We must therefore undertake an assessment of the child to determine if there had been any suggestibility or undue influence by the pathologically-enmeshed parent that has resulted in the child mimicking the feelings and beliefs of that parent. Unfortunately, this assessment is rarely undertaken by non-specialists in alienation—in violation of the standards of clinical practice. The result is that the child's rejection of the alienated parent is proffered as being *genuine* to the child. Jaime Rosen, Esq., exquisitely makes the point in her 2013 article entitled, "The Child's Attorney and the Alienated Child: Approaches to Resolving the Ethical Dilemma of Diminished Capacity" that the child's lawyer, by not ruling out for programming by the alienating parent, may invertedly be representing the alienating parent's wishes rather than those of the alienated child.

The child's threats of self-harm or running away—sometimes made upon the child being told about required contact with the alienated parent—should be taken seriously, of course. But there is no scientific or clinical support for such threats having been carried out. As Richard Warshak, PhD, reports in his 2015 article, "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy," published in *Professional Psychology,* there is not a single case in the clinical literature that documents a child acting on such threats when removed from the alienating parent for participation in a treatment program that requires the no-contact order. This is finding as been confirmed by the research study on *TPFF*.

Of particular note, virtually every child who had been placed on psychotropic medications and/or who had had a history of suicidal ideation/threats, anxiety, depression, running away, etc., prior to participating in *TPFF,* experienced marked symptom reduction, and many had their medications significantly reduced or removed by their treating psychiatrist subsequent to the intervention at *TPFF*. 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.

We would be remiss of we failed to acknowledge that acquiescing to an alienated child's threats would only serve to further empower an already overly-empowered child—hardly a therapeutic response and certainly not a response that would be acceptable should a child makes threats in any other situation. The scientific community has developed safe and effective measures to respond to a child's threats. Anyone who has been a parent knows exactly how manipulative a child can be should the child come to believe she/he can get away with it.

[2] Nevertheless, other factors must be considered before a finding is made for alienation. These other factors, for example, are identified in the Five-Factor-Model (FFM) developed by child psychiatrist, William Bernet, and research psychologist, Dr. Amy Baker, and include the alienating behaviors of the favored parent.

The Favored/Alienating/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 a week and that 23% of the children had been subjected to the programming/brainwashing process more than once per day. (P. 420, table 17.)

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

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

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

Normal parents *do not* perpetrate an alienation on their children; *normal* parents will not selfishly keep the child for themselves; normal parents will not drive a fit parent from their child's life; normal parents do not claim to be the only parent the child needs; normal parents do not convince their children to falsely believe that they had been abused by their other parent; normal parents do not defy the law by breaking court orders for the other parent's parenting time and oblige their children to do likewise; normal parents do not manipulate their children to maltreat, defy, and reject their other parent; normal parents simply do not do any of this to their children.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines a personality disorder as follows:

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

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

The Alienated/Rejected Parent

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

Physician and cognitive scientist, Steven G. Miller, states that, being a trauma victim from the alienation, the alienated parent may present as the 4-As: angry, agitated, anxious, and afraid. The alienating parent, on the other hand, has acquired certain "skills" common to

personality disorders. These skills are expertise in mimicking normal behavior and in impression management. Dr. Miller states that severe alienators present as the 4-C's: cool, calm, convincing, and charming.

The alienating parent's support letter to the child

The *TPFF* Therapeutic Vacation protocol has a requirement for the pathologically enmeshed parent to write a letter to each child indicating genuine, categorical support for the child's relationship and contact with the rejected/alienated parent *and* to absolve the child of guilt for having hurt the rejected/alienated parent. The child's guilt is a consequence of the false belief imposed on the child by the pathologically enmeshed parent of a choice to refuse contact and a relationship with the other parent. The primary purposes of the support letter, therefore, are required by the standard of the best interests of the child.

The support letter is *not* a precondition for admission of the rejected/alienated parent and child(ren) into the *TPFF* Therapeutic Vacation; but, when properly written, the support letter facilitates the child's best interests because it expedites the rebuilding of heathy family relationships all around. 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 pathologically-enmeshed parent in the support letter or letters. These issues should be tailored to each child's needs based upon the individual child's emotional and cognitive development, interests, gender, age, maturity etc. The five issues to be addressed are:

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

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 the long-term emotional, behavioral, cognitive, and interpersonal health of the child;

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 pathologically-enmeshed 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 pathologically-enmeshed parent from this false belief of a choice, then alienated children will most probably live with punishing guilt for their entire lives.

The pathologically-enmeshed parent's failure to accept responsibility for having influenced the child to engage in behaviors that meet the definition of "antisocial" 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.

Anyone who does not recognize the importance to the best interests of the child to hold the pathologically-enmeshed parent's feet to the fire does not understand the clinical issues involved. This is about freeing the child the excruciatingly painful self-perception of being a bad person—people who feel bad about themselves behave very badly. Als of clinical significance here is that the best way for parents to help children take responsibility for their mistakes is to model this responsibility for their children.

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 reject/alienated parent is a danger to them, the pathologically-enmeshed 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 letter may be requested on a case-by-case basis after *TPFF* has formed findings and opinions about the family dynamics from observations during the intervention and from discussions with both parents.

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. Moments like these reveal the true control that alienated/pathologically-enmeshed 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 along with competency as a parent but be unable to get the child to comply. Lack of genuineness or incompetency: Take your pick!

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

The apology letter

At some point during the alienating parent's therapy—hopefully upon having gained insight into the behaviors that had required the court order for the *TPFF* intervention—the alienating parent is requested to write an apology letter to the child and alienated parent. As with any other case of child abuse, child protection requires the relinquishment of offending behaviors prior to permitting contact between the offending parent and child. And one cannot fix what one does not deemed to be broken. I recognize that this letter has been misperceived to be punitive towards the alienating parent. The letter is not intended

to be so but is, instead, a necessity required by child protection. I ask that the reader to substitute sexual or physical abuse for parental alienation and then process the request for the apology letter according to these clinical conditions. Substantial research, such as the Adverse Childhood Experience (ACE) studies, i.e. Spinazzola (2014): *Unseen Wounds*; the previously referenced 2013 book published by the American Bar Association; and *Parental Alienation: Science and Law (2020)* have found that the risk factors of child psychological abuse are at least as damaging as physical abuse and some sexual abuse.

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 family healthy hierarchy is disturbed." Madanes described these abuses as "the ruthless striving for personal advantage" (P.18.) In her discussion of various corrective strategies for these abuses, Madanes declared, "The principle is simple: to make the consequence of the violence more unpleasant to the victimizer than to the victim" (p. 19.) Forgiveness by the injured parties, according to Madanes, can be granted only after an appropriate "ritual" by the abusive family member is provided to the injured family members (p.18.)

The apology letter 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. There are several purposes of the apology letter that comport with Madanes' prescription. I cite some of those purposes as follows:

1) Alienating/pathologically-enmeshed parents must exonerate their children from guilt for having maltreated, emotionally hurt and even physically abused their alienated parent. It is typical of pathologically-enmeshed 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. Pathologically-enmeshed parents claim that they had not instigated their child's grievances, complaints, and even child abuse allegations against the alienated parent. They callously place squarely on their children's shoulders the blame for the alienation—and for all the consequent family negativity, frustration, hostilities,

depletion of family assets, etc.—that such a devious and untruthful claim engenders. This defense of "plausible deniability" that pathologically-enmeshed parents claim is no better an example of visiting the sins of the parent on the child. How horrific!

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

Although the alienated parent and the therapist make it clear to the child during the *TPFF* intervention 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, therefore, to teach children to take responsibility for their mistakes and misadventures is for parents to model acceptance of responsibility for their own mistakes and misadventures. Parents must model for their children the appropriate ways in which to address mistakes—both big and small.

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

   Although it may be difficult for the pathologically-enmeshed 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 serves the child's best interests. A child cannot develop normally if falsely believing that a parent had physically or sexually abused him or her.

Although the *TPFF* intervention intervenes to correct the child's erroneous perceptions of the alienated parent, it is the pathologically-enmeshed parent who has the ability to *convincingly* correct the child's distorted belief system about the alienated parent and family history. The pathologically-enmeshed 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 pathologically-enmeshed parent's apology will significantly counter the propensity of alienated children to "seek love in all the wrong places" and to engage in repetitive behaviors of entering abusive relationships because of the erroneous belief that a parent had abused them.

4) Alienated parents are also be expected to apologize for their mistakes and for any hurts they may caused the child and other family members—typically resulting from emotions fostered by the trauma from the alienation. It is very difficult for alienated parents to apologize for their actual mistakes given the context of having had to continuously defend against false allegations of having committed horrific behaviors that frequently involve child abuse and child sex abuse allegations. (TPFF does, however, require that alienated parents apologize for their parenting mistakes, and the alienated parent has virtually always complied with the request.)

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

We are now, regrettably, in an environment in which self-interested, pseudo-scientists proffer *unscientifically*-supported attempts to codify into law censure of the peer-reviewed, *safe and effective* interventions for parental alienation. One of their common strategies is to perpetuate the ruse that the pathologically-enmeshed relationship between the alienating parent and child equates to healthy bonding. Another deceptive strategy that they proffer is the unscientific claim that, when father's allege parental alienation, they are almost always using it as a cover for their domestic violence behaviors. 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, that is an act of domestic violence by proxy—which is how this situation should be assessed; 3) science has developed the tools to correctly distinguish a true case of alienation from one of domestic violence.

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 pathologically-enmeshed parent.

Family Healing

TPFF is charged by the court to restore the relationships between alienated children and their unreasonably rejected parent. Accordingly, this was the criterion used to assess the safety and effectiveness of the TPFF Therapeutic Vacation intervention.

Additionally, *TPFF* encourages the alienating/pathologically-enmeshed parent to obtain the necessary treatment leading to expeditious lifting of the no-contact period—that is, obtaining the appropriate therapy to help the parent first recognize and then relinquish the behaviors that resulted in the court order for the TPFF intervention and thereby restore contact with the child as soon as possible; but restoration is dependent upon the alienating parent's cooperation and willingness to change. Selection of a therapist who is skilled in treating this family dynamic will facilitate recovery. Delays in recovery can be anticipated should the therapist not have the appropriate expertise to treat this exceedingly complex and counterintuitive clinical condition. Because effective therapy requires special skills, it is recommended that the TPFF program approves the selection of the therapist. TPFF collaborates with the alienating parent's therapist to facilitate the therapy—one goal of which is intended to overcome the barriers to lifting the no-contact period as quickly as possible. Through this collaborative effort, recommendations will be made to the court as to whether the no-contact period should be extended should the alienating parent fail to achieve the needed clinical insight and behavioral changes.

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

Requirements for admission:

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

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 practitioner. TPFF does exactly that: it is a combination of diagnosing/assessing and treating.

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

1) A temporary or permanent provision for the rejected/alienated parent to have sole physical and legal custody of the child(ren) for a minimum time of 90-days. No-contact in any form between the child(ren) with the favored/alienating/pathologically-enmeshed parent and with any co-alienators for the same minimum 90-days should also be a provision.

2) Before the 90 days has expired, and at the direction of the Court, the program will provide a treatment summary to include recommendations as to whether the no-contact period should be lifted or extended. Two clinical conditions should be met for contact to be restored in order to assure the children's safety and to prevent relapse: 1) the children must have resumed their prior normal relationship with their rejected/alienated and be sufficiently stable in the reconnection; 2) the favored/alienating/pathologically-enmeshed parent must have a) written two letters meeting the elements discussed previously in this protocol, e.g. letter of support for the child's relationship with the other parent and the apology letter; b) must provide documentation from the approved therapist of being ready, willing, and able to support the relationship(s) between the rejected/alienated parent and their child(ren); c) gained the appropriate emotional regulation, reality testing, cognitive improvements, and empathy for the child's need for the other parent.

3) Transitioning of the children to the physical custody to the rejected/alienated parent must be occur *prior* to arrival in Texas. More than 96% of the children who had participated in the *TPFF* Therapeutic Vacation had travelled under the auspice of their rejected/alienated parent. It is amazing how alienated children—despite their history of threatening self-harm and running away—cooperate with the travel to Texas. It is one of the most counterintuitive issues in alienation that, when the court imposes the no-contact order, it actually frees the child from the loyalty web that had required sacrifice of the relationship with the rejected/alienated parent in order to maintain a relationship with the pathologically-enmeshed parent.

4) a requirement for the favored/alienating parent to accept parent education services with TPFF program during the four-day intervention;

5) the expectation of the pathologically-enmeshed parent to write a letter in support of the child's relationship with the other parent—the specifics in the letter having been previously discussed. This letter is to be approved by *TPFF* before being given to the child;

6) the pathologically-enmeshed parent is to provide the alienated/rejected parent with any mementos, videos, pictures, and other materials indicative of the family history and of

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

7) the pathologically-enmeshed parent is to engage with a *TPFF*-approved therapist to address her or his behaviors that resulted in the damaged or severed relationship between the other parent and their child, to gain awareness about the damage done to the child from the loss of a meaningful relationship with the rejected parent, and to recognize that it is in the child's best interests for the other parent to be meaningfully in the child's life.

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

Travel to TPFF

Transition of the child from the alienating/favored parent's care to that of the alienated/rejected parent's care MUST occur prior to arrival in Texas.

More than 150 children traveled *without incidence* from across the United States to the TPFF Therapeutic Vacation in Texas under the auspices of the *alienated parent*. The child's love and need for the alienated/rejected parent had not been extinguished; it was only repressed in order to go along to get along with the alienating/favored parent. Counterintuitively, when the Court imposes the no-contact period, it frees the child from the abusive loyalty conflict that had been inflicted upon the child by the alienating/favored parent requiring the child's loyalty and alignment with that parent at the expense of the relationship with the other parent.

It has thus far been *unnecessary* for the TPFF program to rely upon professional transport services to bring any child to Texas. There was one instance, however, in which the Court had required professional assistance and support for the rejected/alienated parent and, in two other cases, the discharging residential program required such assistance. The professionals only *accompanied* the alienated parent and child.

The assistance of relatives or significant others to the alienated/rejected parent is welcomed and appreciated and will be meaningfully incorporated into the healing intervention.

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/pathologically-enmeshed parent is traumatic for the child. These claims lack any scientific support. These erroneous claims are generally made based upon the failure to abide by two clinical axioms to make findings: 1) to "use proper reasoning"—which means making clinical findings by a combination of intuitive and analytical reasoning. Giving weight exclusively or primarily to intuitive reasoning that the child and alienating parent are credible reporters violates this clinical axiom; 2) failure to develop a differential diagnosis by generating all plausible competing hypothesis to explain a clinical condition. What these practitioners fail to do

when claiming that the child will be traumatized by removal from the alienating parent and placement with the alienated parent to participate in a program like TPFF is to violate the clinical axiom to develop a differential diagnosis to explain why the child is presenting with trauma symptoms. The loyalty conflict is a credible hypothesis to explain the child's trauma symptoms—but these practitioners fail to rule it out as the correct hypothesis.

To the contrary that the child will be traumatized by the removal from the alienating parent and placement with the alienated parent, the research data on Turning Points for Families and on two other programs with these requirements reveals just the opposite: *that the repairing of the alienated parent-child relationship is in the child's best interests and is embraced by the child.* It must be pointed out that, as with any clinical intervention, a risk-benefits analysis must be undertaken. And extensive, respected peer-reviewed research finds that there is there is extensive, profound, long-term harm to children by remaining with the alienating parent. On the other hand, there is virtually no risk—if any at all, to the removal from the alienating environment (Warshak, 2015. "Ten Parental Alienation Fallacies that Compromise Decisions in Court and in Therapy." *Professional Psychology:* Amer*i*can Psychological Association.)

Intervention fee

The intervention fee includes pre-planning and some post-intervention services. Results of the intervention are enhanced if the alienating/favored parent is primarily, if not solely responsible, for the fee—wherever practically possible. A financial investment can be a significant motivating factor for gaining that parent's cooperation with the intervention—this is simply human nature. But at least some financial investment by the parent who had caused the case to get to this point is recommended although not required. If required to pay all or part of the program fee, the alienating/favored parent should be directed to pay the alienated/rejected parent, who will be expected to pay the full program 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 thereby be scheduled during that time slot—only one family participates at a time. However, as a courtesy, and in recognition that legal proceedings and other maneuvers may preclude the intervention from occurring at the scheduled time, the full deposit will be deemed as a credit that can be applied to a mutually agreeable rescheduled date.

Program Summary

A therapy session is provided daily on each of the 4 days and lasts for 3-4 hours. The balance of the day is also therapeutic—perhaps even more so; this is because the rejected parent and child will be engaging in 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 museums, amusement parks, gardens, swimming, boating, bowling, ice-skating, hiking, rock climbing, trampoline activities, and of course, toy and electronic

stores. The rejected parent's authority with the child is re-established as a result of the supervision, nurturing, and support being provided by her/him throughout the four days. I accompany the family on these activities, coaching and intervening when necessary and monitoring the developments. At the conclusion of the daily activity at dinner time, the family retires to their selected accommodations.

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

For a detailed, bullet-point description of the four days, please refer to that document, which is also available of the Turning Points for Families website.

After-care services:

As Turning Points for Families is a short-term intervention to "jump-start" the remediation of the damaged or severed parent-child relationship, after-care family treatment with a local, experienced family therapist assures the maintenance and enhancement of the child's relationship with the formerly rejected parent. The therapy includes the children and 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 exclusion from this very meaningful service to the child—exactly the opposite of the healing requirements for this clinical condition. 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. There may be some exceptions for individual therapy for the child to be evaluated on an individual basis.

TPFF serves in a collaborative role with all therapists providing aftercare treatment to the aftercare family therapist and to the therapist for alienating/pathologically enmeshed parent.

THE INTERVENTION IS VIDEO RECORDED AND IS PRIVILEGED—just as are psychotherapy notes

Treatment Protocol Regarding the Video Recording of the TPFF Intervention

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

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

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

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

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