

Article 46

The Tug of War Child: Counseling Children Involved in High Conflict Divorces

Paper based on a program presented at the 2013 American Counseling Association Conference, March 22, Cincinnati, OH.

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Abstract

An increasing number of children are involved in counseling due to high-conflict divorce and custody disputes (Baker & Andre, 2008; Ellis & Boyan, 2010). Parental alienation occurs when a parent repeatedly and intentionally denigrates the other parent to the child to impair the child's relationship with the opposed parent (Ben-Ami & Baker, 2012). Counselors who are not familiar with the dynamics among high-conflict divorce cases can ultimately do harm to the clients involved, as well as be at risk for legal and ethical ramifications. Thus, counselors must be able to identify parental alienation among children and provide effective treatment to prevent further alienation with the opposed parent. This article will describe the complex emotional symptoms often experienced by alienated children, as well as treatment implications. Particular emphasis will be given to multidisciplinary collaboration and relevant legal and ethical guidelines.

Keywords: divorce, parental alienation, multidisciplinary collaboration

Each year, large numbers of children become involved in counseling due to high conflict divorces and custody disputes (Baker & Andre, 2008; Ellis & Boyan, 2010). Ideally, parents bring children to therapy to help them process their emotions and cope with the multiple changes that occur before, during, and after a divorce. However, some parents have negative agendas and inappropriately involve their children in counseling to gain leverage in custody disputes (Gardner, 1989). Such involvement often results in divided loyalties, alignments, estrangements, and alienation among children (Fidler, Bala, & Saini, 2013).

Parental alienation occurs when a parent repeatedly denigrates the other parent to the child with the intent to cause impairment in the child's relationship with the opposed parent (Ben-Ami & Baker, 2012). Gardner (1985, 1989) discussed one particular outcome of parental alienation known as *parental alienation syndrome*, which involves a variety of complex emotional symptoms resulting from a parent's deliberate actions to distance the child from the other parent. Such actions destroy the familial bond and affectional ties that once existed (Gardner, 1989). Children who experience alienation from a parent often present with anger and hostility (Gardner, 1985, 1989). They also have difficulty with decision-making and emotional expression, and they can be highly resistant to therapy (Fidler et al., 2013). Thus, counselors who work with alienated children are challenged with the tasks of establishing a therapeutic connection and breaking through their emotional barriers. Counselors must also be armed with a host of creative counseling techniques in order to gain a realistic perspective of the child's emotional world, assess the severity of the child's emotional and behavioral symptoms, and facilitate emotional expression (Moore, Ordway, & Francis, 2012). Most importantly, counselors must maintain an allegiance to the child without being influenced by attorneys or parents (Snow & Cash, 2008).

Families involved in high conflict divorces are often in need of a variety of professional services, including counseling, evaluation, legal representation, and parenting coordination (Fidler et al., 2013). Therefore, multiple professionals will likely have simultaneous involvement in these cases. Counselors must be familiar with their specific role in the case and engage in regular communication with the other professionals involved (Snow & Cash, 2008). When counselors are unfamiliar with the complex dynamics that exist during high conflict divorces and do not consult with all of the professionals involved, the family's crisis may become more severe (Moore et al., 2012). Counselors are also more at risk for legal ramifications or ethical sanctions when they do not have an accurate picture of the family dynamics (Moore et al., 2012).

Understanding High Conflict Divorce

Each year, approximately 1.2 million marriages in the United States end in divorce (U.S. Census Bureau, 2013), and 10% of divorcing families have disagreements over custody of dependents (Luftman, Veltkamp, Clark, Lannacone, & Snooks, 2005). As a result, counselors may provide services to children who are involved in high conflict divorces (Baker & Andre, 2008; Ellis & Boyan, 2010). In order to provide effective treatment, counselors must have a clear definition of high conflict divorces (Moore et al., 2012). Not all divorces are high conflict divorces. Many children experience adjustment difficulties as a result of parental divorce. Such difficulties are normal reactions to the

multiple changes that have occurred in the family unit, and the symptoms generally diminish over time (Moore et al., 2012). However, high conflict divorces typically exist when there is a recent, up-coming, or potential custody dispute (Gardner, 1985). Such divorces may have had ongoing court involvement with multiple petitions for change of custody or visitation, and one or both parents may harbor feelings of bitterness and resentment toward the other (Gardner, 1985, 1989). Such ill-feelings lead to behaviors that alienate the child from the opposite parent (Gardner, 1985, 1989). For example, a parent may speak negatively about the other parent in the child's presence or discourage contact between the child and the other parent. Exposing the child to negative messages creates anger and confusion for the child. As a result, the child may refuse to visit the opposed parent and express feelings of anger toward that parent in counseling. The child's feelings are based largely on the negative messages given to the child from the alienating parent.

The first author once worked with a 5-year-old child whose parents had recently divorced and were involved in an ongoing custody battle. The child told the author in the first session that she did not want to visit her father, because he had done "bad things." When asked to elaborate, the child said, "He had an affair." The author stated, "Hmm. I'm not sure I know what an affair is. What is an affair?" The child stated, "I don't know. But, I know it's not good. It's really bad." In this case, the child had heard her mother speak negatively about her father which prevented her from wanting to spend time with him. Thus, counselors who are working with families involved in high conflict divorces must have a clear understanding of the existing family dynamics before entering into a therapeutic relationship.

Parental Alienation Syndrome

Gardner (1985, 1989) identified parental alienation syndrome (PAS) as being present among children when they have anger and hostility toward one parent, the targeted parent (TP), without justification. The alienating parent (AP) engages in behaviors to intentionally disrupt the bond that exists between the targeted parent and the alienated child (Gardner, 1985). An alienated child (AC) then develops complex emotional symptoms, depending on the severity of the alienating behaviors to which the child has been exposed (Gardner, 1985, 1989). Gardner (1985) posed three types of parental alienation which include mild, moderate, and severe.

Mild parental alienation. Children who suffer from mild parental alienation may be hesitant to visit with the targeted parent, but they generally adjust appropriately once they are there (Gardner, 1985). They exhibit few emotional or behavioral difficulties during the visit and have minimal levels of anger and hostility toward the TP (Gardner, 1985). In counseling, these children may express minor dissatisfaction in their relationship with the TP. For example, the first author once worked with a 7-year-old child who expressed anger toward her father. She said that she did not like to go for visitation, because her father was "selfish." When asked to elaborate, she said, "He's late with his child support each month but has no problem spending money on a new house." When the author asked the child what *child support* was, the child said, "It's just something my dad is supposed to do." The child did not have a thorough understanding of the financial arrangements, yet she adopted her mother's frustrations with her father. The child's level of alienation was mild, in that she was able to enjoy her visits with her

father and adjust fairly well during their time together. Her anger toward her father was transient and occurred primarily when she was in her mother's care.

Moderate parental alienation. Children who suffer from moderate parental alienation have a greater amount of anger and hostility toward the TP than children with mild parental alienation (Gardner, 1985). They experience difficulty transitioning to the TP's home during visitation and may be intermittently antagonistic during the visit (Gardner, 1985, 1989). The child may take on the alienating parent's beliefs about the TP and insist that no one has influenced the child's opinion (Gardner, 1985, 1989). For example, the first author once worked with a 9-year-old child and a 14-year-old adolescent who were alienated from their mother. The family was a member of the Jehovah's Witness community, and the mother decided to change religions when she got divorced. The father told the children that the mother had a boyfriend, and he was the reason that she changed religions. The father insisted that the mother abandoned them, as well as their religious community because of her relationship with her "boyfriend." However, the mother did not have a boyfriend. During a counseling session with the 9-year-old child, he stated that he hated his mother. When asked to elaborate, he mentioned that she would never have "everlasting life." He spoke at great length about his religious beliefs and how his mother betrayed the family and their religion. When visiting his mother, he became oppositional when she asked him to perform simple tasks such as brushing his teeth. The mother expressed frustration about his behavior but also indicated that there were moments during their visits when he seemed to enjoy his time with her. In his counseling sessions, he denied that his father, brother, or anyone else had ever spoken negatively about his mother. However, his disclosures in therapy were identical to those given by his brother except the brother's level of anger and hostility was much more severe.

Severe parental alienation. Children who suffer from severe parental alienation will likely present with intense feelings of anger and hostility toward the targeted parent with a much greater intensity than children with mild or moderate parental alienation (Gardner, 1985, 1989). They have extreme difficulty transitioning for visitation, and they often refuse to visit (Gardner, 1985, 1989). The child takes on the alienating parent's negative views of the targeted parent yet denies that such feelings have been influenced by anyone else (Gardner, 1985, 1989). The child may also harbor feelings of anger and bitterness toward extended family members with no justification (Darnall, 1998; Gardner, 1985). For, example, the first author worked with a 9-year-old child who had been severely alienated from the father. The child previously had a close relationship with her father, stepmother, and siblings in the blended family. The father wanted to have more time with his daughter during summer visitation; however, the mother refused to give him additional time. Therefore, the father decided to petition the court for an increase in visitation time, and the mother became enraged. The child suddenly refused to visit her father and developed an intense fear of the stepmother. The child locked herself in the bathroom when her father came to get her for visitation, and she hysterically refused to come out. Her father felt powerless and did not want to force her to visit. Therefore, he started accepting her refusal to visit. The child eventually refused gifts from him, as well as from her paternal grandmother. The child also began making statements about her hatred toward her 5-year-old half-brother with whom she always had a close relationship. When asked about her anger toward her father, she stated, "He only cares about himself."

She also added, “He loves his boys more than me.” When asked about her fear toward the stepmother, she stated that her stepmother was a “witch with a capital B.” However, she did not provide any further specifics. During the counseling sessions, the child had difficulty expressing why she did not want to go for the visits. Instead, she anxiously insisted, “I just don’t want to go. I just don’t want to go. I’m just not comfortable.” At one point during the course of therapy, the child had not seen her father for 6 months due to her refusal to attend the visitation. The author asked the mother about the child’s reasons for not wanting to go. The mother said, “I don’t know what is going on over there. But, there must be something, because she gets anxious and refuses to go.” The mother added, “And, there’s nothing that I can do about it, so he will have to figure it out himself.” The mother denied speaking negatively about the father in the child’s presence. However, the child later disclosed in therapy that her mother and maternal grandmother told her that her father “left” her mother when she was pregnant [with the child] and began dating the stepmother while “he was still married to my mom.” The child added, “He adopted those boys and took them as his own. I guess I wasn’t good enough.” Thus, the child had received extensive negative messages about her father, but she continued to deny being influenced by anyone else.

Types of Alienating Parents

Darnall (1998) stated that parents alienate children for different reasons, thus there are different types of alienating parents. Counselors should have a thorough understanding of the types of alienating parents to determine the best course of action when establishing a treatment plan.

The naïve alienator. A naïve alienator is generally passive in the child’s relationship with the other parent (Darnall, 1998). The naïve alienator does not intend to cause problems in the child’s relationship with the targeted parent; however, subtle negative comments may be made on an occasional basis (Darnall, 1998). For example, the first author once worked with a 6-year-old child in therapy who was having trouble transitioning for visits with her father. When the author met with the mother, she stated, “I’d be surprised if he even shows up. I know how he is. I was married to him for 7 years.” The mother often made similar comments in front of the child. And, while her comments were not meant to intentionally alienate the child from her father, the child experienced tension and anxiety when transitioning to her father’s home. The mother was accepting of feedback in the counseling sessions and gained an understanding of how her comments were negatively influencing the child and preventing her from adjusting appropriately. Naïve alienators are generally open to feedback and try to avoid making negative comments in the future (Darnall, 1998).

The active alienator. Active alienators recognize that they should not alienate the child from the other parent; however, they often react impulsively based on their unresolved feelings of anger, pain, and resentment (Darnall, 1998). Such parents often feel guilty after making negative comments about the other parent, yet they continue to engage in such behavior. For example, the first author once worked with an 8-year-old child in therapy. The child was having trouble adjusting to visitation with his father and often stated during their visits that he wanted to return to the mother’s home. The author met with the father to get an update on their recent visit. The father stated, “I need to tell you what happened this weekend. He [the child] asked me if I would let him go back to

his mother's house for the night instead of having to spend the night. I know I shouldn't have said it, but I did. I said, you think your mom is so great but she isn't. She is a selfish bitch who will do anything to get her way. You just wait. You'll see." The father knew that his comments were inappropriate; however, he was so angry about the divorce that he had difficulty refraining from making such comments. And, although the father felt guilty for making such statements, he continued to make such harsh comments in the child's presence.

The obsessed alienator. The obsessed alienator can pose significant challenges for the counselor (Darnall, 1998). Obsessed alienators want revenge against the targeted parent, thus they engage in behaviors to intentionally destroy the child's relationship with the TP (Darnall, 1998). Obsessed alienators are resistant to feedback and often insist that their actions are justified because the TP is somehow deserving of maltreatment (Darnall, 1998). For example, the first author once worked with a child in therapy whose parents had been involved in an ongoing custody battle for over 7 years. The father and stepmother had primary physical custody of the child because the mother agreed to the custody arrangement many years prior when she was abusing prescription drugs. The father and stepmother refused to send the child for visitation, because they insisted that the mother was "unsafe." And, even when the mother's drug addiction was in remission, they refused to send the child for visitation, because they felt that the mother would eventually resume using drugs. The author reminded the father and stepmother of the importance of following the court order, as well as their obligation to encourage the child's relationship with the mother. The father angrily stated, "I'm not going to encourage that relationship. I'm never going to encourage that relationship! She [the mother] deserves what she gets. She did this to herself!" Thus, the father had no intention of refraining from alienating the child from the mother. His anger and bitterness toward the mother prevented him from making rational decisions that were in the best interest of the child.

Alienating parents may vacillate between roles, in that an alienator may naively make comments to alienate the child from the TP in some instances, but during other times, the alienator may make active attempts to alienate the child (Darnall, 1998). Obsessed alienators tend to function solely with the purpose of destroying the TP (Darnall, 1998). Thus, once a parent becomes an obsessed alienator, the parent is unlikely to resist further actions to alienate the child (Darnall, 1998).

Parental Alienation Versus Parental Alienation Syndrome

There is debate among professionals as to whether parental alienation syndrome actually exists (Rand, 2011). In spite of many attempts to include parental alienation syndrome as an official disorder in the *Diagnostic and Statistical Manual of Mental Disorders*, it has not been included (Houchin, Ranseen, Hash, & Bartnicki, 2012). Thus, some professionals are hesitant to use the term *parental alienation syndrome* when it is not recognized as an actual mental disorder. Other professionals use the term *parental alienation* and recognize that there are complex emotional dynamics that exist among children who are involved in high conflict divorces; however, they feel that no specific set of symptoms has been consistently identified to classify a *syndrome* (Baker & Darnall, 2007; Carrey, 2011; Kelly & Johnston, 2001). Many feel that parental alienation

is more of a legal argument resulting from an adversarial process and is not a syndrome or disorder (Carrey, 2011; Houchin et al., 2012).

There are other professionals who do not believe that parental alienation syndrome exists, largely because of the criticisms associated with Gardner's work. Gardner has been criticized in the literature as being biased in favor of fathers who are involved in custody litigation (Walker, Brantley, & Rigsbee, 2004). Furthermore, many professionals feel that Gardner's work did not take into consideration that a child's resistance to visitation could be the result of serious issues that exist in the parent-child relationship, thus a child's resistance to visitation is not necessarily representative of parental alienation (Margolin & Lund, 1993; Walker et al., 2004). Gardner is also criticized for ignoring allegations of child sexual abuse in custody disputes and is felt to have quickly assumed that allegations of abuse made during custody disputes were an immediate sign of parental alienation (Walker et al., 2004). Children may have legitimate fears toward a parent, and those fears may or may not be exacerbated by the other parent (Margolin & Lund, 1993). Therefore, counselors should carefully explore children's fears without making assumptions about the cause of those fears. And even if a child's fear does not seem justified, the child's fear is real. Thus, counselors must convey empathy and understanding when validating a child's emotions without responding in ways to further alienate the child (Fidler et al., 2013).

Regardless of whether parental alienation is a diagnosable syndrome, children who are exposed to parental alienation present with strong feelings of anger, fear, and hostility (Moore et al., 2012). Counselors must be able to identify children who are affected by parental alienation, as well as find ways to break through the child's emotional barriers and establish a therapeutic connection (Moore et al., 2012).

Assessment of Parental Alienation

There are times when attorneys refer children and families who are involved in custody litigation to counseling (Moore & Simpson, 2012). Some parents may also seek counseling for their children independently and have hopes that the counselor will make a custody recommendation in their favor (Moore & Simpson, 2012). Unfortunately, many parents are not forthcoming with information about their court involvement, thus their hidden agendas may not be transparent. And, if the family was not referred by an attorney, the counselor may not be aware that the family is involved in a custody dispute or have a clear understanding of the complex family dynamics that exist. Counseling is unlikely to be effective if counselors are not aware that a high conflict divorce is occurring (Moore et al., 2012). Thus, counselors should be aware of the potential indicators that a high conflict divorce is present among a family.

Potential Indicators of High Conflict Divorces Among Parents

During the initial session with a divorced parent, a counselor may notice that the parent speaks negatively of the other parent (Darnall, 1998; Fidler et al., 2013). The parent may discuss, at great length, the problems that existed during the marriage hoping to negatively influence the counselor's view of the other parent. The counselor may also notice that the parent expresses strong feelings of anger, betrayal, and resentment toward the other parent. Many times, the parent will resist or refuse to involve the other parent in

the child's therapy (Gardner, 1989). Such behavior could potentially indicate that parental alienation exists, particularly if the child's presenting issue is anger toward the opposite parent or resistance to visitation. The parent may make excuses for not sending the child for visitation or engage in passive aggressive behavior when the child refuses to attend (Gardner, 1989). For example, the first author once had a parent say, "She [the child] hasn't seen her father in 3 months. I mean, what am I supposed to do when she refuses to go? It's not like I can make her go." In a different session with the same parent, the parent said, "She didn't see her father this weekend. She had a sore throat and was running a fever. I didn't want her to get out when she didn't feel well." The parent did not believe that the child's father was capable of taking care of the child when she was sick; therefore, the mother made excuses for not sending the child.

When counselors become aware that a family is going through or has recently gone through a divorce, they should ask about court involvement. Counselors should request a copy of the most recent court order to ensure that they have accurate information about visitation and custody arrangements (Moore et al., 2012). In many cases, both parents must consent to medical treatment (including counseling) before treatment is initiated. Thus, in order for counselors to avoid potential legal and ethical issues, they should be familiar with the terms of the court order and follow them precisely (Snow & Letzring, 2009). Counselors should also try to determine the level of severity of the child's symptoms, as well as the parent's reason for alienating the child (Darnall, 1998; Margolin & Lund, 1993). For example, is the child suffering from mild parental alienation as a result of a naïve alienator's subtle negative comments about the targeted parent? Or is the child experiencing severe parental alienation as a result of an obsessed alienator's desire to sever the child's emotional attachment to the TP? Such information is important when determining the assessment methods to be used, as well as in developing the treatment plan. Thus, counselors should conduct a thorough assessment with an emphasis on family systems and history (Moore et al., 2012).

Emotional and Behavioral Indicators of Parental Alienation Among Children

Children who have been exposed to parental alienation appear fairly comfortable in counseling when discussing their feelings of anger and hostility toward the targeted parent (Gardner, 1985). They may also express feelings of fear toward the TP with little hesitation or guilt and provide few facts to support the existence of their fears (Darnall, 1998; Gardner, 1985). Some children may make negative statements about the TP that seem scripted or coached (Darnall, 1998; Gardner, 1985, 1989). They may report additional psychosomatic complaints, such as headaches or stomachaches, particularly when it is close to visitation time (Darnall, 1998). Furthermore, alienated children may freely share a variety of trivial complaints about the TP's house (Darnall, 1998). For example, the third author worked with an alienated child who insisted that she did not want to visit the father's house, because "the dog stinks." The child's anger and discomfort was in excess of what would be typically expected in such a situation.

While alienated children can be verbally forthcoming when sharing negative feelings about the targeted parent, they may seem disconnected in the counseling relationship and resistant to the counselor's attempts to establish rapport (Moore et al., 2012). They may have blunted or flat affect and avoid questions related to their relationship with the TP (Gardner, 1989). Alienated children may become uncomfortable

or anxious during the session because they feel an obligation to respond in a manner that is encouraged or rewarded by the alienating parent (Gardner, 1989). Counselors should also remember that alienated children often have limited information, in that their disclosures are directly related to the alienating parent's negative messages. Therefore, a counselor's probes may trigger significant feelings of anxiety and confusion for alienated children because they have not been given the information necessary to provide further elaboration.

Treatment

Children who are exposed to parental alienation are likely to have relationship difficulties in adulthood if they are not involved in effective treatment during childhood (Baker, 2007; Ben-Ami & Baker, 2012). Baker (2007) found that adults who were alienated as children reported experiencing high incidences of depression, low self-esteem, mistrust, divorce, and alcohol and drug abuse. The participants attributed these issues to the emotional abuse and trauma that they experienced during alienation. Ben-Ami and Baker (2012) found similar findings to Baker (2007) but added that adults who experienced parental alienation as children reported having low self-sufficiency, as well as insecure attachment styles.

For children, the presence of intense anger and hostility toward a parent creates emotional turbulence and results in emotional dysregulation (Darnell, 1998). Alienated children have difficulty controlling their emotions, are more prone to experience symptoms of anxiety, and have problems managing their anger (Macklem, 2008). Such issues have been found to be directly related to serious psychological disorders in childhood (Macklem, 2008). Thus, not protecting children from exposure to parental conflict and alienation is detrimental to their emotional well-being. However, treating children who have been exposed to parental alienation is challenging. Ultimately, the goal is to facilitate emotional healing for the child while re-establishing the parent-child connection (Ellis & Boyan, 2010; Fidler et al., 2013). Counselors must maintain an allegiance to the child, while helping the child see the benefits of enhancing the relationship with the TP (Ellis & Boyan, 2010). Due to the child's resistance, counseling is often a slow, long-term process, and several counselors may be needed to meet the family's treatment goals (Margolin & Lund, 1993). For example, the alienated child needs individual therapy to work through feelings of anger and fear and gain support while adjusting to changes within the family unit. The targeted parent and the alienated child need family counseling to re-establish the parent-child connection and develop a meaningful attachment (Ellis & Boyan, 2010; Margolin & Lund, 1993). Moreover, both the alienating parent and the targeted parent need individual counseling to work through their feelings of anger, fear, betrayal, and hostility so that their emotions do not influence the child's ability to heal from the divorce (Darnall, 1998). The parents need to provide a safe environment where they can grieve the loss of the marriage, cope with the multiple life changes that have occurred, and find a new purpose (Moore et al., 2012). Thus, the treatment needs of the family are diverse, and having multiple counselors involved can ensure that counselors adhere to their designated role without developing conflicts of interest (Moore et al., 2012).

The Counselor's Role in Multidisciplinary Collaboration

Counselors will often have to collaborate with a variety of professionals who have been appointed by the court to service families who are affected by high conflict divorce and parental alienation (Fidler et al., 2013; Margolin & Lund, 1993). Multidisciplinary collaboration can be helpful, in that a comprehensive treatment plan can be created and implemented to build family cohesion (Moore et al., 2012). However, counselors must be cognizant of the fact that when court professionals do not engage in regular communication, a family's crisis may become more severe (Fidler et al., 2013). And, although multidisciplinary collaboration is essential when working with high conflict divorce cases, determining the specific roles of the professionals involved and creating a strategic family plan can be difficult (Ellis & Boyan, 2010; Fidler et al., 2013). Thus, counselors must have a clear understanding of their distinct role in the case and work closely with the members of the multidisciplinary team in order for treatment to be successful (Moore et al., 2012).

Counselors as Advocates

A counselor's role in traditional therapy is generally well understood by helping professionals. In that, counselors establish a therapeutic relationship, validate the client's feelings, and help the client sort through given options to reach a more desirable outcome. Counselors who work with high conflict divorce cases assume this same role in counseling with the added component of advocacy (Ellis & Boyan, 2010; Fidler et al., 2013). In high conflict divorce cases, one of the most challenging components of the therapeutic relationship involves being aware of the fine line that exists between validating and supporting a child through advocacy efforts versus further entrenching the child and the parents in the dysfunctional family dynamic associated with parental alienation (Ellis & Boyan, 2010; Fidler et al., 2013). In other words, some counselors may hear a child's story and adopt the story as being *the truth* instead of recognizing that the story is the child's perspective of *the truth* which could be based on outside influences. Thus, counselors may be quick to validate the child's feelings associated with the negative parental messages and inadvertently perpetuate resistance and cause the child to remain stuck in the familiar challenge. For example, the first author once had a supervisee who was counseling a five-year-old child who was alienated from his father. The father admittedly had an extramarital affair while he was married to the mother and continued the relationship after they were divorced. The father and his partner were planning to get married in the next 6 months. The mother insisted that the child was uncomfortable with the father's relationship and wanted the counselor to write a letter to her attorney recommending that the child not visit with his father, because the child was uncomfortable being around the father's partner. During one of the sessions, the child told the counselor, "I don't want to see my daddy. I don't like his girlfriend. I don't like being around her." Although he later told the counselor that his father's girlfriend was nice and discussed several "fun" things they did together, he insisted that he did not want to be around her. The child also stated that his father was "mean" because he "yelled at my mommy." During supervision, the supervisee asked the author if he should write a letter recommending that visitation be supervised until the child became more comfortable. The counselor was tempted to write the letter because he felt pressured by

the mother. He also felt that he was obligated to be the “voice for the child,” and the child clearly expressed that he did not feel comfortable visiting the father. However, the child had been significantly influenced by the mother’s negative messages. The author encouraged the supervisee to consider other ways to respond in the situation to avoid further alienating the child from the father. The supervisee began conducting family therapy sessions with the father and child which helped them re-establish their existing bond. The child also felt more comfortable when transitioning for visitation. This example demonstrates how a counselor who is untrained in the dynamics of high conflict divorce has the potential to promote further alienation by aligning with the child and speaking solely as the *child’s voice* when making recommendations instead of considering all of the extraneous variables.

Pertinent Legal and Ethical Considerations

Counselors should be aware of the potential legal and ethical issues that may arise in high conflict divorce cases (Moore & Simpson, 2012). According to the American Counseling Association’s *Code of Ethics* (ACA, 2005), counselors should function only within their designated role in the case (A.5.e). For example, counselors should not opine regarding custody when their role has not been one of a forensic custody evaluator (Moore & Simpson, 2012; Snow & Cash, 2008; Snow & Letzring, 2009). Counselors should also avoid changing roles in the case as much as possible. However, in the event that a change in role must occur, counselors must obtain informed consent from the client and make the client aware of the right to refuse the services related to the change (ACA, 2005, A.5.e). For instance, if a counselor is ordered by the court to conduct a forensic evaluation after being involved in a therapeutic relationship with the client, the counselor should explain the role change to the client. Ideally, it is best for counselors to avoid such changes in roles; however, when they are inevitable, counselors should take the necessary steps to keep the client informed of the potential risks involved and protect the client from harm. Moreover, counselors should only provide services within their boundaries of competence (ACA, 2005, C.2.a). Counselors should not assume a role in a case if they do not have the appropriate education and training to perform those duties. Counselors should remain clear of their role in a case and avoid giving recommendations that are outside of their role, especially in areas where they lack competence. Consider the following example. Suppose a counselor is conducting individual therapy with a child whose parents are involved in a high conflict divorce and custody dispute. The counselor has met with both parents separately on multiple occasions. The Guardian ad Litem asks the counselor to write a letter to the court giving a custody recommendation based on the counselor’s knowledge of the parents and their interactions with the child. The counselor has no training in custody evaluation or parenting coordination. If the counselor wrote such a letter, the counselor would be in violation of the code of ethics because the counselor would be operating in a new role that was outside the boundary of competence. Thus, counselors should be familiar with their role in high conflict divorce cases, make their role clear when collaborating with other professionals, and function only within that role (Moore & Simpson, 2012).

Conclusion

Counselors who work with high conflict divorce cases must have a thorough understanding of the complex dynamics that exist in these cases in order to provide effective treatment. Multiple counselors will need to be involved to provide comprehensive treatment, and multidisciplinary collaboration is essential to develop a strategic family plan to re-establish the parent-child connection (Moore et al., 2012). But, given the complex nature of these cases, how do counselors provide effective treatment, collaborate with other professionals, and maintain an allegiance to the client, while avoiding legal and ethical pitfalls? How do multiple professionals work together without contaminating the therapeutic process or doing potential harm to the child?

The authors feel strongly that multidisciplinary collaboration is essential in high conflict divorce cases. And, while the literature strongly supports the need for a multidisciplinary approach to treatment, there is little information in the literature specifically discussing how to create a multidisciplinary team, assign designated roles, and ensure that the team works together for the best interest of the child. Thus, additional research is needed in the area of parental alienation to address the gaps in the literature. The authors propose that by conducting comprehensive assessments, developing more effective treatment strategies, advocating for the rights of children, and creating a specific protocol for the multidisciplinary team, fewer families would suffer from the long-term effects of parental alienation.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm