journal of family therapy

Journal of Family Therapy (2017) **39**: 103–122
doi: 10.1111/1467-6427.12137

Recommendations for best practice in response to parental alienation: findings from a systematic review

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This study aimed to systematically review the literature pertaining to parental alienation to determine best practice for therapists and legal practitioners. Medline, Embase, and PsycINFO academic databases, the Cochrane Central Register of Controlled Trials and conference abstracts were searched. Included articles were peer reviewed journal articles or books published in English pertaining to a psychological or legal intervention for parental alienation. Ten articles were included in the review. It was found that changes in custodial or residential arrangements in favour of the targeted parent are effective in ameliorating parental alienation. Specialized family therapy addressing the alienation is effective in restoring family relationships and family functioning. A coordinated approach from therapists and legal practitioners is important in resolving parental alienation.

Practitioner points

- Parental alienation requires legal and therapeutic management to enhance family functioning
- Awarding primary parental responsibility to the targeted parent and providing specialized family therapy is effective in ameliorating parental alienation
- A specialized form of systemic family therapy for parental alienation can improve family functioning and prevent further parental alienation

Keywords: parental alienation; custody; residency; alienated parent; intervention; restorative.

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针对亲子疏远的最佳实践建议：系统综述的发现

该研究旨在对有关亲子疏远的文献进行系统回顾，以确定治疗师和法律工作者的最佳实践。为此，研究者查找了Medline, Embase, 和PsycINFO三个学术数据库，Cochrane Central Register of Controlled Trials和会议摘要。纳入综述的文献包括同行评审的学术期刊文章以及关于亲子疏远的心理或法律干预的英文书籍。综述包含十篇文章。研究发现，改变监护或者居住安排以有利对象家长，可以有效缓解亲子疏远。专门针对疏远问题的家庭治疗在重建家庭关系和家庭功能方面十分有效。要彻底解决亲子疏远，治疗师和法律工作者的共同干预是至关重要的。

对实务工作者的启示

- 亲子疏远需要法律上和治疗上的处理以增强家庭功能
- 将主要家长责任赋予对象家长并提供有针对性的家庭治疗可以有效缓解亲子疏远
- 一种针对亲子疏远的特定的系统家庭治疗形式可以改善家庭功能，避免进一步的亲子疏远

关键词：亲子疏远；监护权；住处；疏远的家长；干预；恢复性的

The term parental alienation is used to describe a process involving one parent (the alienating parent) teaching a child to reject the child's other parent (targeted parent), to experience fear when they are around that parent, and to avoid having any contact with them. The result of parental alienation is the breakdown of the relationship a child has with a parent or damage to that relationship (Darnall, 2011). There is currently no one definitive set of behaviours that constitute parental alienation; however, the defining feature is an attempt by the alienating parent to eradicate the relationship between the child and the targeted parent without reasonable justification (Meier, 2009). It is important to note that a child rejecting a parent on reasonable grounds, such as in response to parental abuse or neglect, constitutes estrangement (Garber, 2011) not parental alienation (Gardner, 2001; Reay, 2015). There has been considerable debate about the validity of parental alienation as a syndrome. There is a wealth of mental health and legal literature that debates the existence of

Parental Alienation Syndrome; however, there is consensus that parental alienation does indeed occur (e.g. Kelly and Johnston, 2001; Meier, 2009; Rueda, 2004; Walker and Shapiro, 2010; Warshak, 2001).

Parental alienation can be a central issue in child custody disputes, with Baker (2010) noting the cluster of alienating behaviours being misinterpreted too often as indications of the parent's loving and natural desire to protect their child from the targeted parent. Meier (2009) argued that parental alienation cases are dominating the family court system in the US, wherein alienating parents often make false allegations of abuse against the targeted parent to ensure custody or residency decisions in their favour (Meier, 2009). Additionally, Darnall (2011) suggested that alienating parents place pressure on their children to publicly reject the targeted parent during court proceedings, thus causing further distress for the child. Although no official guidelines appear to exist, Sullivan and Kelly (2001) have suggested that alienation cases require both legal and clinical management, with professional roles clearly outlined in order to enable families to function more effectively.

Darnall (2011) explained that judicial interventions may depend on the severity of the alienation. Unfortunately, they are often based on an ill-defined notion of an appropriate outcome for the child. Relying on advice from mental health professionals with differing opinions, a number of different decisions can be made. In the US or UK, these decisions may include: (a) making orders leaving the child with the alienating parent while the parents undertake individual and/or family therapy (Sullivan and Kelly, 2001); (b) setting in place strict visitation schedules; (c) threatening court sanctions to motivate parental compliance with orders; (d) altering custody or residency arrangements; and/or (e) making orders that the child live with the targeted parent (Darnall, 2011; Gardner, 2001). Further, mental health professionals may recommend to the court that no action be taken because of an expectation that the alienation will resolve without formal intervention (Bernet *et al*., 2010; Darnall, 2011; Darnall and Steinberg, 2008).

Darnall (2011) reported that due to a lack of research and outcome studies on the impact of the child's adjustment to a change in family arrangements, many legal professionals struggle without guidance in deciding whether a change in custody or residency arrangements is to the child's advantage (Darnall, 2011). Without evidence-based best practice guidelines, mental health professionals have little assistance to offer their legal colleagues in identifying appropriate courses of action.

There are a broad range of short and longer-term negative outcomes for children exposed to a parental alienation process (Baker *et al*., 2011; Bernet *et al*., 2010; Johnston, 2005). As a result, there is a need for effective therapeutic intervention (Toren *et al*., 2013). Interventions should aim to achieve positive outcomes for the child and the family, such as restoration of parent-child relationships (Darnall, 2011). Garber (2011) recommended using three guiding principles in treatment, namely, redirecting the alienating parents' needs, restoring the child's healthy role within the family, and avoiding blame. In doing so, Garber (2011) further suggested that similarly to legal interventions, psychological treatment should take into account the severity of alienation. To enhance the chances of an effective outcome, legal and psychology professionals should adopt a cohesive and collaborative approach to the management of parental alienation (Gardner, 1998). This requires a better understanding of best practice strategies.

Rationale and aims

Although a number of legal and psychological interventions for parental alienation have been described in the literature to date (e.g. Darnall, 2011; Ellis and Boyon, 2010; Gardner, 1998; Smith, 2016), the evidence base for each intervention is unclear or undetermined. This study aimed to systematically review all available literature pertaining to parental alienation to determine best practice responses to parental alienation from a psychological and a legal perspective. In doing so, the aim was to identify available interventions and determine their effectiveness in restoring relationships and resolving psychological symptoms.

Based on the outcome of this first aim, the second aim was to make recommendations about (1) therapeutic skills needed to achieve efficacious outcomes, and (2) effective intervention strategies for the restoration of relationships and the management of psychological maladjustment for all parties. These recommendations are relevant for Western English-speaking countries, such as Australia, the UK and the US, that have similar legal systems and psychological services.

Method

Design

A systematic literature search was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses

methodology (PRISMA: Moher, Liberati, Tetzlaff and Altman, 2009). These guidelines were selected as they are considered appropriate for systematic literature reviews, including evaluations of interventions (Moher *et al*., 2009).

A narrative approach was applied in synthesizing the extracted data using Guidance on the Conduct of Narrative Synthesis in Systematic Reviews (Popay *et al*., 2006). In this study, a meta-analysis was considered inappropriate due to the nature of existing literature containing a mixture of qualitative and quantitative approaches with a lack of randomized controlled trials (Garg, Hackam and Tonelli, 2008).

Procedure and search strategy

Literature searches were conducted through the following academic databases: Medline, Embase, and PsycINFO from their inception to August 2015. The searches were repeated during July 2016. The Cochrane Central Register of Controlled Trials and conference abstracts were also searched. The following search string formed the basis of the search and was adapted as needed for each database: (parental alienat* OR "parental separation" OR "parental conflict") AND (disorder* OR family OR reject* OR treatment OR therap* OR interven* OR outcome OR court OR custody OR divorc* OR depress* OR self-esteem OR anxi* OR well*). Medical Subject Headings (MeSH) terms were used when searching Medline, keywords were used when searching The Cochrane Library and Subject Headings were used when searching Embase and PsycINFO.

The authors of included articles were contacted for additional information regarding any unpublished research. Additionally, reference lists of all included full text literature were hand searched in order to locate any additional studies that may have been missed by the database searches.

Study inclusion criteria

For inclusion in this review, findings had to be peer reviewed journal articles or books published in English pertaining to a psychological or legal intervention for parental alienation. Studies had to investigate one of the following: the relationships of children with the targeted parent and/or alienating parent; attitudes or perceptions towards the alienating parent; changes of custody arrangements; or outcomes of therapy such as a reduction in psychological symptoms. There were no exclusion

criteria in relation to the study design; however, articles describing hypothetical cases, or that were directly relating to divorce with no reference to parental alienation were not considered directly relevant.

Data extraction

Data for included papers were independently extracted by one of three of the study authors and verified by another, with any discrepancies discussed with a third researcher. For each included study, data pertaining to the design, inclusion/exclusion criteria, participants, setting/context, specific intervention, time points, and study outcomes and results were extracted. Data were examined regarding the types of interventions discussed, with consideration given to the quality of studies in terms of limitations, handling of missing data, biases or withdrawals.

Results

For the first search, one researcher retrieved a total of 3,006 results, removed 900 duplicates and screened the remaining 2,106 records by title and abstract for relevance. At this stage, 2,025 results not meeting inclusion criteria were excluded. Full text publications were retrieved for the remaining 81 references, which were subsequently double screened by a second member of the research team. Any discrepancies were discussed with a third researcher. Of these, 72 were excluded for the following reasons: 37 did not refer to a specific intervention pertaining to parental alienation (recommendations or suggestions only); 13 did not refer to an outcome; 8 were published languages other than English; 7 were secondary publications; 2 were editorial/opinion pieces; 2 were hypothetical cases; 2 were not retrievable/published (thesis manuscript); and 1 article pertained to divorce. Following this, 9 separate studies met inclusion criteria and were subsequently included in this current review.

During July 2016, the searches were repeated. An additional 126 records were found. The titles and abstracts of these records were screened for relevance. The full text of one article was retrieved. This article was excluded because it was an opinion piece with hypothetical cases. No new articles met the criteria for inclusion in the analysis. The final search results are summarized in Figure 1.

A total of ten studies met the inclusion criteria for the review, with publications between the years 1990 and 2015. Articles were either

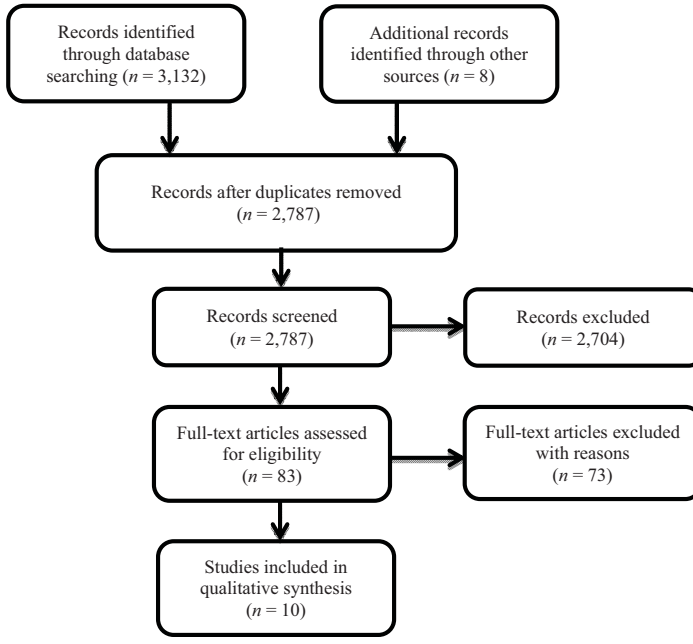

Figure 1. PRISMA flow diagram

published in the United States of America, Canada, or the United Kingdom. The studies included in the review outlined interventions for parental alienation that consisted of changing custody in favour of the alienating parent, and specialized family therapy/mediation designed specifically to meet the needs of families experiencing parental alienation. Table 1 contains a summary of the findings.

The results showed that awarding primary parental responsibility of the targeted child to the targeted parent can ameliorate parental alienation (Dunne and Hedrick, 1994; Gardner, 2001; Rand *et al*., 2005). Further, separating the child from the alienating parent was not harmful to the child (Reay, 2015). Results also showed that damage to the targeted parent-child relationship as a result of parental alienation can be addressed through specialized forms of family therapy. A number of therapeutic programmes were identified, including Multi Model Family Intervention (MMFI), Family Reflections Reunification Program (FRRP), Overcoming Barriers Family Camp (OBFC), Parallel Group Therapy for PA and the Family Bridges workshop. Although these programmes have different

TABLE 1 *Summary of Reviewed articles*

Author (year of publication)	Study design	Study population	Purpose	Intervention/methodology	Results
Dunne and Hedrick (1994)	Case series	21 children from 16 families who displayed behaviours consistent with Gardner's (1987) PAS	Aimed to analyse cases of PA and explore the characteristics of each case and how PA was addressed	Included cases were taken from the caseloads of clinicians working with divorcing families. Outcomes were based on clinical observations of changes in parental alienation. No objective outcome measures were used	PA was observed as "eradicated" in cases (n=3) when custody was changed in favour of TP Minor improvement or PA worse in cases engaged in traditional therapy with no change in custody
Friedlander and Walters (2010)	Case series	55 cases consisting of children who were considered on the basis of clinical judgement to be at risk of PA and who completed MMFI The majority of cases were hybrid cases involved family enmeshment and/or estrangement that was not a result of serious abuse. A minority of cases did not involve family enmeshment and/or estrangement	Aimed to describe MMFI and present preliminary outcome data	Included cases completed MMFI – therapy involving both parents and alienated child. Outcomes were based on clinical observations of changes in parental alienation. No objective outcome measures were used MMFI includes individual psychotherapy, family therapy, case management, education, and targeted intervention to reduce PA	Reduction of PA in some cases as indicated by an increase in time the TC spent with the TP or no further increase in PA post intervention In a small number of cases PA increased or therapy discontinued (number of withdrawals not provided)
Gardner (2001)	Case series	99 children who displayed behaviours consistent with	Aimed to describe cases of PA and compare outcomes of cases	TP was followed up 3 months to 19 years after the study author	In 22 cases custody was changed in favour of the TP. There was a

TABLE 1 *Continued*

Author (year of publication)	Study design	Study population	Purpose	Intervention/methodology	Results
		Gardner's (1987) PAS from 55 families and their TP	where custody was changed in favour of TP to those where the AP had residential custody	made recommendations to the court pertaining custody. TP were asked if the alienation had changed. Outcomes were based on clinical observations of changes in parental alienation and feedback from TP. No objective outcome measures were used	decrease in PA in all of these cases In 70 out of 77 cases where custody remained with AP, PA increased In 7 cases PA decreased
Johnston and Goldman (2010)	Case series	(1) 37 adults who experienced PA as children, attended counselling for PA as children (2) Case records of 42 children from 39 families who attended counselling for PA All cases had resisted or refused visitation with one of their parents without legitimate justification in the context of a custody dispute	Aimed to report outcome of a family counselling approach for PA	(1) Adults were followed up 20–30 years after therapy (2) Therapy records of these cases were reviewed All included cases participated in a family counselling approached aimed at reunification between the child and TP. Outcomes were based on clinical observations of changes in parental alienation and feedback from TP. No objective outcome measures were used	(1) Almost all cases reunified with TP in adulthood. Some resented the court for being ordered to attend numerous therapy programmes (2) Reduction in PA in half of these cases. In a minority of cases PA was resolved when intervention was early

TABLE 1 *Continued*

Author (year of publication)	Study design	Study population	Purpose	Intervention/methodology	Results
Lowenstein (1998)	Case series	32 families experiencing parental alienation consistent with high conflict and Gardner's (1987) PAS	Aimed to compare the outcomes of families involved in adversarial litigation (n=16) to families who completed mediation prior to litigation	Outcomes were based on clinical observations of changes in parental alienation for each group of cases Families gave satisfaction ratings of the intervention	Resolution of PA occurred in less than 3 years for mediation cases Resolution of PA occurred between 2 and 8 years for the adversarial cases Mediation cases reported greater satisfaction with the intervention than did adversarial cases
Rand, Rand and Kopetski (2005)	Case series	45 children who displayed behaviours consistent with Gardner's (1987) PAS from 25 families	Aimed to examine the efficacy of therapeutic interventions for severe PA	Cases were divided into 3 outcome groups (interrupted alienation, mixed outcome, completed alienation)and characteristic of each group described. No objective outcome measures were used	Alienation was interrupted when custody was changed in favour of TP Complete alienation or minimal reduction in alienation occurred when custody remained with AP and visitation with TP not enforced
Reay (2015)	Case series	22 children from 12 families who attended FRRP	Aimed to describe FRRP and present preliminary outcome data	FRRP aims to reconcile children with TPs. Clinical observation of re-establishing and maintaining contact with TP was made pre and post intervention and up to 12 months post intervention. No objective	21 out of 22 children re-established and maintained a relationship with TP Separation from AP was not observed as harmful to children

TABLE 1 *Continued*

Author (year of publication)	Study design	Study population	Purpose	Intervention/methodology	Results
				outcome measures were used	
Sullivan, Ward and Deutsch (2010)	Case series	10 families attending OBFC between 2008 and 2009 These families unable to agree on custody/residency and the children are resisting or refusing contact with a parent	Aimed to describe OBFC and present preliminary outcome data	OBFC is an intensive treatment programme for families experiencing PA. Self-report of satisfaction with intervention and changes in PA or custody arrangements post intervention were made	All were satisfied with the intervention 6–9 months post 2008 camp PA had decreased for 2 out of 5 families 2 out of 5 families reported minor reduction in PA 1 family reported complete PA No follow-up data reported for 2009 camp
Toren, Bregman, Zohar-Reich, Ben-Amitay, Wolmer and Laor (2013)	Quasi-experimental	22 children and their parents who completed parallel group therapy for PA 44 children who completed traditional individual and family therapy All children displayed behaviours consistent with Gardner's (1987) PAS	Aimed to assess the efficacy of parallel group therapy for PA	Parallel therapy is a short-term group programme for PA. Data were obtained from the Revised Children's Manifest Anxiety Scale (RCMAS); the Children's Depression Inventory (CDI); and the Bell Object Relations and Reality Testing Inventory (BORRTI). Outcomes were compared	Anxiety and depression decreased from pre and post group intervention and cooperation between parents improved post intervention. Outcomes were significantly better for the intervention group compared with the traditional therapy group

TABLE 1 *Continued*

Author (year of publication)	Study design	Study population	Purpose	Intervention/methodology	Results
				with the traditional treatment group	
Warshak (2010)	Case series	23 Children from 12 families who completed the Family Bridges workshop Children were included if they refused or were extremely reluctant to spend time with one parent. Children who were estranged from a parent due to abuse were excluded	Aimed to describe the Family Bridges workshop and present preliminary outcome data	Family Bridges is a workshop aimed at improving the target parent-child relationship after custody has been awarded to the TP and contact suspended with the AP Clinical observations of degree of the child's alienation were made. No objective outcome measures were used	Decrease in PA in 22 out of 23 cases post intervention Out of these 22, 18 maintained these changes at follow-up (2 to 4 years) Increase in PA in 4 cases at follow-up when contact with AP resumed

Note: PA = Parental Alienation; PAS = Parental Alienation Syndrome; TP = Targeted Parent; AP = Alienating Parent; MMFI = Multi Model Family Intervention; FRRP = Family Reflections Reunification Program; OBFC = Overcoming Barriers Family Camp.

structures and methods of delivery, they all aim to protect targeted children from further harm caused by the alienation and restore family functioning. These programmes are considered inappropriate for cases of estrangement where a child rejects an abusive parent. Results suggested that intervention for parental alienation needs to be court-mandated therapy with court sanctions for non-compliance (Lowenstein, 1998). None of the studies included in the review recommended waiting for spontaneous resolution of parental alienation, or letting the child decide custody or residency arrangement. Leaving the child with the alienating parent was found to exacerbate parental alienation (Gardner, 2001; Rand *et al*., 2005).

All but one study (Toren *et al*., 2013) included in the review were case series. In all case series there were no clear or defined outcome measures, no cases were matched with a control group and they were based on non-random samples, retrospective data analyses, and used only descriptive statistics. Toren *et al*. was a quasi-experimental study. This study included a treatment group and a partial control group; however, treatment allocation was not described. The sample size was small and there were some withdrawals prior to treatment commencing. As a result of the limitations of the included articles, the current authors were unable to determine which intervention was superior in terms of treatment outcomes. However, the results of this systematic literature review provide useful information on approaches to addressing parental alienation.

Discussion

This systematic literature review aimed to identify all available interventions for parental alienation and determine their effectiveness in restoring relationships and resolving psychological symptoms. Based on the outcome of this first aim, the second aim was to make recommendations about therapeutic skills needed to achieve efficacious outcomes, effective intervention strategies and ways in which mental health professionals can assist the courts in their decision-making process regarding parental alienation. Ten studies met criteria for inclusion in the review.

A number of therapeutic programmes were identified in the review. Each programme is a specialized form of systemic family therapy. They all aim to protect targeted children from further harm caused by the alienation; improve the targeted child's psychological

well-being; challenge the targeted child's distorted thinking and strengthen their critical thinking skills; improve the targeted parent-child relationship; prepare the alienating parent for an improvement in the quality of the targeted parent-child relationship and support them through this change; repair the co-parenting relationship; and strengthen family communication and healthy boundaries within the new family structure. Psychoeducation for all family members on the nature and treatment of parental alienation appears to be an important part of each programme.

Despite previous suggestions (e.g. Darnall and Steinberg, 2008), none of the studies included in the review recommended waiting for spontaneous resolution of parental alienation, or letting the child decide custody or residency arrangements. Additionally, leaving the child with the alienating parent does not appear to be an effective strategy (Gardner, 2001; Rand *et al*., 2005) in addressing parental alienation as described by Sullivan and Kelly (2001). Leaving the targeted child in the primary care of the alienating parent appears to enable the alienation to continue and become more severe. The consequences of continued alienation are further damage to the targeted parent-child relationship (Gardner, 2001) and negative psychological and social outcomes for the targeted child, such as major depressive disorder, low self-esteem, and insecure attachment styles as adults (Ben-Ami and Baker, 2012).

The weight of evidence from this systematic review suggests that leaving the child with the alienating parent exacerbates the alienation. Instead, the evidence supports changes in custody arrangements in favour of the targeted parent as an effective strategy for improving child-parent relationships and reducing distress in the child (Dunne and Hedrick, 1994; Gardner, 2001; Rand *et al*., 2005). Importantly, Reay (2015) observed that separating the child from the alienating parent was not harmful to the child. These findings are consistent with previous literature suggesting that courts should implement strict visitation schedules, changes in custody to the targeted parent or changes in child and target parent access arrangements (Darnall, 2011).

Lowenstein (1998) found that court-mandated therapy with court sanctions for non-compliance was effective in achieving a resolution to parental alienation. The evidence suggests that such interventions are most effective when implemented early before parental alienation is severe and the adversarial court process compounds the severity of the problem (Johnston and Goldman, 2010; Lowenstein, 1998).

Dunne and Hedrick (1994) and Rand (2005) suggested that traditional therapy alone was not effective in addressing parental alienation. The strongest evidence from the current review demonstrates that therapeutic programmes designed specifically to address parental alienation with court sanctions for non-compliance are most effective in addressing parental alienation (e.g. Friedlander and Walters, 2010; Reay, 2015; Sullivan *et al*., 2010; Toren *et al*., 2013; Warshak, 2010). Included articles show that such interventions can result in improvement in the targeted parent-child relationship as well as a reduction in psychological symptoms experienced by the targeted child. Specifically, this may be achieved via workshops, camps, retreats (Reay, 2015; Sullivan *et al*., 2010; Warshak, 2010), multidisciplinary family therapy (Friedlander and Walters, 2010), or via a parallel group therapy approach (Toren *et al*., 2013). Most included studies reported use of psychoeducation, parenting skills/coping skills, and therapy with all members of the family (Reay, 2015; Sullivan *et al*., 2010; Warshak, 2010), with the programmes being delivered by court-appointed psychologists or social workers and with the involvement of a parenting coordinator (Friedlander and Walters, 2010; Toren *et al*., 2013). Further, when these approaches were ineffective in resolving the alienation process and the effects of that process, a change in custody in favour of the targeted parent was warranted.

Current findings are in line with Sullivan and Kelly's (2001) suggestion that interventions for parental alienation should include both a legal and psychotherapeutic response to facilitate restoration of family functioning when parental alienation is evident. Further, it is consistent with Gardner's (1998) recommendation that high conflict cases of parental alienation classed as moderate or severe require a joint effort between the court and therapist/s. It would seem that despite the controversy that developed as a consequence of some of Gardner's views (e.g. Houchin *et al*., 2012; Waldron and Joanis, 1996; Warshak, 2001), his suggestion of a combined approach to resolution of the problem is a sound one.

Practice recommendations

Where a child/children may be resisting or refusing contact with a parent in the context of parental alienation, a family approach in therapy with inclusion of all members, alongside legal interventions is

recommended (Friedlander and Walters, 2010; Lowenstein, 1998; Reay, 2015; Sullivan *et al*., 2010; Toren *et al*., 2013; Warshak, 2010). Current literature shows that changing custody or residency arrangements in favour of the targeted parent can reduce and even ameliorate parental alienation. The available evidence suggests that the degree of change required may depend on the severity of the alienation. Awarding primary parental responsibility to the targeted parent when parental alienation is severe is an important step in ameliorating parental alienation. Research findings indicate that removing the targeted child from the care of their preferred parent does not harm them (Dunne and Hedrick, 1994; Gardner, 2001), even if transient distress is experienced. Indeed, removing the targeted child from the alienating parent will protect the child from further harm. It will also allow for an improvement in the targeted parent-child relationship without further interference from the alienating parent (Raey, 2015; Rand, Rand and Kopetski, 2005).

Inevitably, changing custody or residency arrangements will require adjustment for all the family members involved. Therefore, therapeutic support during this transition is important. Traditional family therapy, however, is ineffective and may cause further damage (Raey, 2015; Warshak, 2010). Instead the available evidence shows that systemic family therapy tailored to the needs of families experiencing parental alienation is essential. The evidence indicates that specialized family therapy for parental alienation should occur as soon as parental alienation is identified (Johnston and Goldman, 2010). Specialized family therapy needs to be court ordered and noncompliance with court orders needs to be sanctioned. Such sanctions will provide alienating parents with an incentive to engage in therapy and, thus, make therapeutic change.

The current review identified a number of specialized family therapy programmes. These programmes have different delivery methods but share the same aims. When the shared characteristics of the intervention programmes are considered, a number of recommendations can be made. Firstly, any family therapeutic intervention for parental alienation must involve the targeted child, targeted parent and alienating parent. Further, any family therapy programme for parental alienation should:

- provide each family member with psychoeducation about parental alienation and its sequelae;
- protect the targeted children from harm caused by the alienation;

- use therapeutic intervention that reduces the targeted child's distress and improves psychological well-being;
- use techniques that challenge the targeted child's distorted thinking and teach them critical thinking skills;
- work to improve the targeted parent-child relationship;
- prepare the alienating parent for an improvement in the quality of the targeted parent-child relationship and challenge their distorted thinking;
- employ conflict resolution techniques to repair the co-parenting relationship; and
- establish healthy boundaries and communication within the family.

In order to achieve these outcomes, mental health practitioners working with families must adopt a non-judgemental approach. Therapeutic rapport needs to be built with all family members. This can be achieved by providing each family member with a supportive environment in which to explore their presenting problems while remaining neutral to each family member's views about these issues (Rait, 2000). Therapy should offer sessions with family members together as well as sessions with individual family members so that both individual and systemic concerns can be addressed (Lebow and Rekart, 2007). Ultimately, the aim of family therapy is to achieve and maintain healthy parent-child relationships and to facilitate a new family environment that allows parents to maintain a healthy distance from each other with cordial communication on an "as needed" basis (Lebow and Rekart, 2007).

Of course, the challenge of implementing such therapeutic programmes lies in the reluctance of alienating parents to engage in a process that is likely to alter the nature of the parent-child relationships in a way that is contrary to their wishes. With successful therapeutic outcome being determined by the degree of engagement in the therapeutic process, it is essential that alienating parents be motivated to involve themselves in a programme that is aimed at improving their child's situation and commit themselves to actively participating in activities linked to therapeutic goals.

As these therapeutic goals seem to be contrary to the wishes of the alienating parent, it is necessary that the motivation to participate be externally driven. In this way, it is essential that courts adopt a strategy for managing non-compliance with therapeutic efforts that reflects a cohesive legal-psychological management approach.

Rejecting court directions that are aimed at improving the child's circumstances should be met with clearly defined and consistently implemented sanctions. This is based on the notion that it is better for the child to live with the targeted parent and have limited contact with the alienating parent than to remain with an alienating parent unwilling to make genuine effort in achieving therapeutic goals.

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