Rye Hospital Program For Treating Children Affected by Parental Alienation Syndrome (PAS)

Introduction:

Intense interest in the well-being of children during the divorce process has led to an evolved understanding of the best interest of the child (BIC). New BIC standards go beyond financial support and securing their safety from physical harm and extend to the protection of the psychological well-being of the child. Absent a clear finding of fact that a parent is unfit to do so, it makes good sense that both parents participate in the child's life after the break up of the nuclear family. In other words, the BIC is now understood by judges, evaluators and therapists to mean the inclusion of both parents in the child's life after the divorce.

Parental Alienation Syndrome:

This condition arises as a distinctive form of psychological injury to children in high conflict divorce. It occurs when the child becomes aligned with one parent as a result of the unjustified and/or exaggerated denigration of the other parent. This leads to an impaired relationship with the alienated (target) parent and an absolute loss of parenting as a result of the hostility of the parent producing the alienation. In most cases of high conflict divorce, there are degrees of alienation. In severe cases, the child's once love-bonded relationship with the target/rejected parent is destroyed.

Diagnosis and treatment:

Whenever there is alleged, obvious or deep-seated parental alienation, the diagnosis and treatment must proceed swiftly to preclude the worsening of the condition. Diagnosis involves an estimation of the extent of the alienation and the nature of the causative factors. Attention is paid to rejecting behaviors on the part of the alienating parent that undermine the child's legitimate need for a relationship with both parents. Rejecting behaviors include: terrorizing factors by which the child may be bullied and verbally assaulted into being fearful of the target parent to the point where the child fears contact with that parent; relating factors where the alienating parent keeps the child from normal opportunities for parenting with the target parent, their relatives, friends and extended family; and corrupting influences where the child is mis-socialized and misinformed by the alienating parent about the real intentions of the target parent.

Treatment:

After careful assessment of the individual case as a result of the mandated
participation of both parents, a treatment plan is devised and tailored to the
degree of alienation documented. Mild and moderate degrees of alienation
are properly dealt with through family therapy and parent education.
Therapy is begun to support the child's healthy need for both parents, to
eradicate unhelpful contributions of the alienating parent and unwitting
contributing factors on the part of the target parent.

Severe alienation with a phobic or hysterical reaction of the child to the
target parent and alienation of the child to the point of prolonged visitation
refusal or cessation must be treated aggressively to have any hope of a
successful outcome. Separation from the alienating parent is often
mandatory. This separation can be accomplished by mandating the child to
foster care, the care of other relatives or to a hospital setting which has a
specially trained staff for rehabilitation, deprogramming and
reestablishment of the parent-child relationship.

The Rye Hospital Center staff is prepared to evaluate cases of PAS and
implement inpatient treatment for severely alienated children and their
families.

During a hospital placement for the treatment of PAS the hospital staff will
focus on the child's feelings about the alienating parent and the target
parent. The child will be educated to the healthy realities of attachment to
eliminate the distortions supporting alienation. Group sessions with other
alienated children will be used whenever possible. Intensive therapy with
the target parent will aim at the reintegration of the alienated child in a
loving relationship. In addition, while there may be minimal contact for a
significant period of time between the child and the alienating parent, an
intensive educational therapy will be used with the alienating parent to
create a correct understanding of that parent's responsibility for maintaining
a loving connection that keeps both parents in the child's life.

A post-hospital treatment plan will be devised to continue the reintegration
of the child with the target parent and his/her extended family and maintain
the changes in the alienating parent. The plan will include gradual
integration of the alienating parent back into the child's life, possibly
through supervised visitation and carefully monitored contacts. The
out-patient treatment may involve a change of residence for the child to the
custody of the former target parent until the court can be assured that the
behaviors that produced the alienation have been remedied.

Every case will be dealt with on an individual basis with treatment plans
carefully tailored to the needs of all the parties. The goal will be the
restoration of a relationship with both parents. The expectation of the
program is to produce life-long benefit to the child and enable the child to
have a normal psychological development even after divorce.

After-care plans describing the hospitalization, interventions and continued
treatment will be a routine part of discharge planning. Blueprints for an
ongoing treatment of all parties covered will be furnished to treating
personnel in the area to which the child returns.

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