

# Parental Alienation and Children Exhibiting Visitation Refusal Behaviour

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There are multiple explanations for parental rejection in separated and divorcing families. In this dynamic, children and the parents they reject often struggle over a declining relationship and dissipating contact.

Frequently the child's parental rejection is mirrored in their pertinacious, visitation refusal behaviour and in extreme cases of parental rejection children have been known to terminate all contact on a permanent basis (Turkat).

Management of Visitation Interference, Ira Daniel Turkat, Ph.D., The Judges Journal, Number 36 p.17-47 Spring, 1997

In a Canadian legal study exploring parental rejection between 1987– 2009, a correlation was found between gender bias and visitation resistance. (Coleman) Trends Analysis, Gene C. Colman, 2009 CSPAS conference, Metro Toronto Convention Center.

This study examined 74 cases and found fathers to be biased as rejected parents by a statistic of 62%. Another similar, clinical study during 1985–2001 (which included 99 cases), found no bias at all. The gender ratio was closer to 50 - 50. (Gardner).

Parental Alienation Syndrome (PAS):Sixteen Years Later, Richard A. Gardner, M.D. Published in The Academy Forum , 2001, 45(1): 10-12 A Publication of The American Academy of Psychoanalysis.

Based upon the social science literature it is far more accurate to conclude that both genders share the same degree of high risk in being rejected by their children, and although there is still a substantial amount of public discordance over the issue of gender bias in the courts, the clinical data supports the fact that mother's and father's report the loss of child relationships in fairly equal proportion.

There are more than five hundred thousand children every year in divorced and separated families who have parents polarized by the issue of custody, and because of this conflict, many children are psychologically divided by behaviours that have three stages of adjustment. These stages are referred to as : Visitation Resistance, Visitation Pleasure and Visitation Confliction.

## **The First Stage – Visitation Resistance**

This pattern of behaviour is acute during pick up and drop off times, but can also be observed during telephonic visitation. The first stage begins when custody is transferred to the rejected parent. This transfer catalyzes the child's protestations and visitation refusal behaviour and every objection is goal oriented to remain in the custody of the aligned parent. Objections may also vary between verbal, and physical acts of resistance and the resistance might be mild, moderate or extreme.

### **The Second Stage - Visitation Pleasure.**

After the child is transferred over to the custody of the rejected parent ( far from the influence of the aligned parent ), the child demonstrates a favourable attitude about visitation, and a general reversal in animosities towards the rejected parent.

During this stage the child enjoys bonding with the maligned parent. They engage in activities and cooperate, they show respect and at times express love and affection for the parent.

### **The Third Stage –Visitation Confliction**

Shortly after the child is returned to the custody of the aligned parent, the loyalty testing begins. Many aligned parents look upon the child's *visitation pleasure* as an act of betrayal and this perceived betrayal triggers a repercussion for the child.

In this reverse pattern of rejection ( rejection directed at the child ), repercussions may vary. The aligned parent may resort to threats of abandonment, a suspension or cancellation of activities, the silent treatment, criticisms comparing them to the non-favoured parent, and acts of verbal or physical abuse.

As soon as the child learns the connection between visitation pleasure and how it elicits anger and rejection, they realize the need to shunt or eliminate any display of those feelings in front of the aligned parent and in doing so the child learns how to escape negative consequences.

Not all children reach this stage of visitation confliction. Many children never get the time or the opportunity to experience the stage of visitation pleasure, and also a large number of young children do not have the cognitive development to gain an understanding of this linkage and the insight to adjust their behaviour.

This third stage called visitation confliction begins just prior to the child's transfer back to the aligned parent. During this third and final stage, normally hours before returning home, the child undergoes a dramatic switch in mood, he or she may act despondent, upset, anxious or withdrawn, and not because of any negative interaction with the rejected parent, rather because it is symptomatic of the child's great *confliction* in returning home. These stages of behaviour have also been referred to as "splitting."( Waldron, Joanis ). Understanding and Collaboratively Treating Parental Alienation Syndrome Kenneth H. Waldron, Ph.D and David E. Joanis, JD, American Journal of Family Law, Vol 10, 121- 133 ( 1996 ).

Sometimes children have **justified** reasons for parental rejection. For example, the parent may have a history of being abusive or neglectful. Parents that earn this rejection may have other parenting deficits ( e.g. being overly rigid, being overly controlling, overly critical, or disinterested, etc. )

In regard to children who are victims of abuse, many try to cover up their injuries and take blame for the injuries they receive. A study that focused on *non*-abusive parents, found them to be supportive in helping their children to repair some of the parental estrangement. A term that's now referred to in the social science literature as realistic estrangement.

The opposite is true of alienating parents. Active or obsessed alienating parents have no interest in seeing a ruptured child - parent relationship repaired and in comparison to children of abuse, alienated children (who are victims of parental programming), have no inhibition talking about their alleged maltreatment, *and* they vilify the parent they reject. ( Darnell ) Three Types of Parental Alienators , Douglas Darnell, Ph.D., 1997

Clinicians that provide mental health services to children need to understand the etiology of children inculcated with parental programming. Practitioner's that fail to do so are prone to make diagnostic errors and implement therapeutic interventions that could potentially worsen the child's condition. This is a big problem for children because very few mental health professionals have the expertise to make this kind of differential diagnosis and even fewer lawyers involved in the custody case know where to find such professionals.

**There are significant differences between children who are true victims of abuse and the subset of children who are programmed to falsely believe it.**

There are also **unjustified** reasons for parental rejection.( Presently there are no studies comparing justified reasons for parental rejection to unjustified reasons, but such a study in the future, would be important in the efficacy of therapeutic interventions ).

Many times a child's unjustified reason for parental rejection, is directly linked to the negative influence of an aligned parent. This is referred to in the social science literature as *parental alienation* and the children who are afflicted with this condition are vulnerable to a long list of maladaptive behaviours, including personality disorders. ( Gardner, 1985, Bernet, 2010 ). There are also three ( 3 ), stages of parental alienation. The child becomes progressively more disturbed traversing from the mild, to moderate and then severe stages of alienation.

The psychological harm that results from splitting, and the more serious stages of parental alienation can be minimized with the early coaching intervention of a *parental alienation consultant*. This expert is best able to instruct the rejected parent how to better manage his or her relationships, within the family dynamic. ( Goldberg )

Things A Parental Alienation Consultant Can Do For You, Joseph Goldberg, CSPAS conference in NYC at the Mt. Sinai School of Medicine, Parental Alienation Syndrome: Past, Present and Future.

Parental alienation can also be a causal factor in self injuring behaviour in children, including eating disorders. Alienated children are at a high risk of drug and alcohol abuse, they may suffer from mood disorders, have low self esteem, they may be depressed, or anxious or trying to cope with persistent panic attacks and some alienated children have been misdiagnosed as asthmatic.

There are also alienating parents who put their children on medication they do not need. Parents that engage in this behaviour attempt to make it appear ( for custody purposes) that the child becomes adversely affected prior to, or shortly after their visitation with the rejected parent. Alienating parents will also go doctor shopping for mental health practitioners that support their view that the child's visitations should be terminated or limited to supervision. Lawyers may be partly responsible for also suggesting such strategies to alienating parents.

Whether the child is medicated or not, the mere threat of telling a child they need to be placed on psychotropic medication is cause enough to intensify visitation refusal behaviour. The struggle over medication abuse can be better avoided with the help of retaining a parental alienation consultant.

In addition, alienated children can have *other* unjustified reasons for rejection of a parent; reasons that have - *nothing to do* - with the negative influence of a favoured parent. For example an alienated child can have unjustified reasons triggered by the parent entering into a newly married relationship. Remarriage as a Trigger of Parental Alienation Syndrome The American Journal of Family Therapy, 28: 229-241, 2000 Richard Warshak, Ph.D.

Today, mental health professionals already recognize parental alienation as a serious form of child abuse and science has unravelled how a parent's negative influence can inculcate a child with parental alienation syndrome.

## **Psychological Associations have already started to identify**

### **Parental Alienation Syndrome**

### **as a diagnostic mental disorder.**

In 2010, the Psychological Association of Spain classified Parental Alienation Syndrome ( P.A.S. ) as a mental disorder. According to American psychiatrist Dr. William Bernet, who proposed Parental Alienation Disorder ( P.A.D. ) as a diagnosis to the DSM - 5 task force members, alienated children refuse visitation as a primary behavioural response. In collaboration with over four hundred clinicians, Dr. Bernet has documented that parental alienation is now a global reality.

## **In some parts of the world, it is a criminal offence to parentally alienate a child.**

Also in 2010 Brazil passed laws making it a criminal offence to alienate children. Published in the popular press.

Family law judges in dozens of countries refer to alienating behaviour and even when judges never use a term like parental alienation, they consistently order parents not to engage in acts of alienation. To illustrate this point, most judges warn parents not to "badmouth the other parent in front of the child," not to "expose the children to adult information," and not to "interfere with visitation." This proves that judges are not only aware of parental alienation, but how concerned they are that a parent's negative influence can be a threat to the child's well being. Many *Final Dissolution of Marriage* court orders also specify judicial boundaries that pertain to the contraction of alienation.

Due to the rapid development of parental alienation it's not surprising that most parents are completely unaware of it and later surprised to learn it has a diagnostic term. This is a distinction normally reserved for rejected parents, because it is not until that parent is overwhelmed by the child's denigrating behaviour, that they discover this nomenclature on the internet.

Social science has recently discovered that there's also a transgenerational relationship in parental alienation. New data now indicates that *alienated children* frequently marry spouses who divorce them and later turn their own children against them ( Baker 2009 ) *Adult Children of Parental Alienation Breaking The Ties That Bind*, Amy Baker, Ph.D, Published by Norton

Currently the American Psychiatric Association (A.P.A) is considering parental alienation disorder for inclusion in the DSM-5, and the ICD-11 is working with a parental alienation study group on the definitional terminology for its next edition. Parental alienation is also a very narrow sub-speciality in psychiatry, so very few clinicians know there are 3 possible classifications for its inclusion in the DSM-5.

In the opinion of many clinicians who support the new diagnosis the one that appears to be most favoured is :

### **Parental Alienation Relational Problem**

Even critics that do not believe Parental Alienation Disorder should be classified in the main body of Appendix A, **uniformly agree**, that it does deserve to be listed as a relational problem. If the A.P.A. agrees, P.A.R.P. will be assigned a DSM-5 diagnostic V Code.

Note: There are 3 possible ways for parental alienation to get into the DSM-5: in the main body of Appendix A as a mental disorder, in Appendix B as a relational problem or Appendix A in one of the appendices of DSM-5 under Criteria Sets and Axes for further study.

Children that advance to the more severe stages of parental alienation have delusional thinking. One such belief is that the parent they once loved and trusted, is now dangerous and unsafe to be with. The alienating parent maintains the same belief. This of course has a substantial impact on the child's visitation refusal behaviour. Many of the experts in parental alienation ( Caddy, Sauber, Worenklein, Bernet ), liken this relational problem to *shared delusional disorder* and numerous scientific articles do refer to alienated children as being in a " folie a deux " with the alienating parent.

One of the unique clinical features in severe parental alienation is the child's delusional belief that there *never was* a close or loving bond with the rejected parent. The child clings to this belief even after viewing photos or videos debunking their delusion. It is this aspect of the child's condition that makes Parental Alienation Disorder so worthy of inclusion in DSM- 5 as a mental disorder.

Whether the child believes there *never was* a close and loving bond with the rejected parent or expects the rejected parent to believe it, both sets of beliefs represent examples of delusional thinking. It is therefore accurate to conclude that these children have an abnormal and self harming set of beliefs.

For the victimized and rejected parent it is best to sum up their experience by saying:

**No loving, caring parent with a history of good relations with the child would ever accept at face value the child's false and delusional belief.**

Either the alienated child expects their view of reality to be accepted by the rejected parent or the child accepts their own disorderly thinking because they are unaware of the parental alienation. Imagine for just a moment someone telling you that the car you're driving is not a car, it's an alien spaceship.

**Only the genesis of the delusion is really at question, not the delusion itself.**

Going back to the topic of victims of abuse, many are in denial of their abuse and sometimes that denial can last for a very long time. Being in denial, is the same for alienated children ( who are the victims of parental programming ), the difference is that alienated children see their abuser as being " all good " Victims of abuse do not lack such a total ambivalence. Also alienated children want everyone to accept as they do, the symbiotic relationship they have with the programming abuser.

**Clinicians need to recognize this false-positive façade. The failure to do so only exposes the child to more programming abuse and suffering**

When a child expresses constant unjustified denigration of a parent, it strongly indicates the evidence of damaged critical thinking. More research is needed to quantify the extent of this damage, but what we do know is that the child's critical thinking is in short supply.

Another marker in understanding the alienated child is that they do not show any sign of guilt or remorse for the denigrating behaviour. It is important to have compassion for these children because they are not at fault for their delusional thinking. Rejected parents also need a great deal of empathy to help them understand why a loving child they once cared for and understood, now rejects them for unjustified, illogical reasons.

In response to and perhaps in defence of their actions, a rejected parent ( who doesn't know about parental alienation or fully understand it ) may respond in overly reactive ways. These parents suffer from an abundance of undeserved criticism. They may see their child as a victim of emotional abuse and programming and they worry about the well being of the child and how to restore them back to mental health.

Due to factors that vary between frustration and a lack of understanding, these parents may have situational times in which they lose control over their better judgment in responding to the child and or with the alienating parent. Many efforts are made by rejected parents to get their children to express apologies for their behaviour. Others try to elicit feelings of remorse in an effort to break down the child's wall of denial.

As an example, lets look at the widely publicized story about actor Alec Baldwin and his voicemail message referring to his daughter as " a rude little pig " Angry, frustrated parents like Mr. Baldwin could have benefited from the advise of a parental alienation consultant in pre empting such a reaction. Unfortunately there are not many lawyers who know about parental alienation consultants so very few parents ever learn how to find them.

**Even parents falsely accused of parental alienation, can benefit  
from a parental alienation consultant.**

The fact that so few alienating parents reach out for the services of a parental alienation consultant seems to indicate that the large majority of those being accused of alienation are in fact true alienators. What else could explain why someone being unfairly accused of such behaviour would not want an expert to disprove it ? One other possible explanation is that some family law lawyers may be concerned that the advise or suggestions that they have given to their clients, could implicate them in the alienation and therefore would not want a parental alienation consultant to detect it.

It also helps a rejected parent to get the right advise at the time it's most needed. It would be an understatement to say that rejected parents need experts to help them. They constantly have to cope with one crisis after another and the family law lawyer cannot fill this role because ( 1. ) they're not experts in parental alienation and ( 2. ) they're not available to advise their clients about daily chaotic events.

The alienated child is also frustrated. The goal for them is to convince the rejected parent to give up and walk away, to let them decide whether or not they want to be with them or not. In most cases they have already made up their mind *not to be with them*. When their efforts to separate from the rejected parent *fail*, it generates a great deal of frustration. In short, it becomes a zero sum game for the child. Winner take all !

An effort to separate from a rejected parent can also be a staged event to influence third parties ( e.g. a therapist, a school counsellor, a lawyer, a DCF investigator ). In the background and unbeknownst to third parties, an alienating parent coaches and empowers the child to represent and echo *their wishes*, as a freely individuated viewpoint.

Third parties have no insight themselves to how the child 's viewpoint got foisted upon them by a programming parent. Also, unbeknownst to the rejected parent, the alienated child is testing them to help shape and sharpen their own credibility.

Third parties (e.g. mental health professionals, ad litem, etc) only get an opportunity to hear a small portion of the history in assessing the parent-child relationship. They only learn what they do from unreliable discussions with the child and alienating parent ( or sometimes from the allies of an alienating parent ). Rarely do they get the real truth or all the facts. Some simply say that they are not the *trier of fact* therefore it's not up to them to look at all the forensic, historical data regarding how the alienation started and developed. This maintains the alienation in its place, and it reinforces greater visitation refusal behaviour.

Alienated children often use what they learn from " separation failure. " A term I prefer to use because it helps point to the child's coaching ( sometimes by an alienating parent other times with help from a naïve mental health professional ). The child uses the past experience to better assuage third parties. These children learn that third parties are frequently more likely to accept what they hear ( from them ) and see ( in them ) at face value.

The alienated child is also aware of many opportunities to use third parties to get *other* third parties to intervene. ( e.g. like when the child alleges abuse to a school counsellor who then reports it to the DCF ).

Frequently, third parties refer to the "*maturity* " of the child, the "*age* " of the child or the fact the child "*may be doing good in school*" to rubber stamp their beliefs that the child should be able to reject a parents contact. This is also the prayer being answered for an alienating parent. Some judges will allow 13 or 14 year old children to make up their own mind about a parental relationship.

Imagine allowing a 13 or 14 year old child to stay out as late as they want unsupervised or letting a 14 year old decide for themselves if they want or need to go to school ? Yet children this age are often times given authority to decide if they want to see and have a parental relationship with a parent that's never been proven to be abusive, neglectful, or been found guilty of any significant parenting deficits. This reinforces more visitation refusal behaviour. Isn't it easy to say that a parent can't force a child to get into a car for a visitation ?

Yet the same parent makes no complaints about the child being reluctant to follow other instructions they give.

Sadly, many third parties parcel out advise to rejected parents that maybe they should just give up the hope of having a parental relationship and just let the child comeback to them whenever they feel ready. Unfortunately, alienated children rarely come back on their own and they are never encouraged by the alienating parent to do so. If intervention does not occur, the child's visitation refusal is more likely to become permanent. These third parties offering such advise are badly mistaken. One has to wonder if it were their child being abused and implanted with false beliefs, would they just walk away ?

Clearly as more and more mental health professionals and as worldwide psychological and psychiatric associations acknowledge the reality of this parental alienation entity, the more advancement will be made in treatment services to alienated children, their parents, and to other family members.

In moderate and severe stages of parental alienation, the alienated child will reject all the other family members connected with the rejected parent. This total rejection spreads to grandparents, aunts, and uncles, cousins, friends of the family even the family pet will be abandoned by an alienated child.

### **What can be done to treat parental alienation ?**

Unfortunately, there is a great deal of false and misleading information on the internet relating to parental alienation. Various groups have polarized and overly opinionated viewpoints. Many are affected parents. Some have lost custody because they were found guilty of alienation, other parents are badly rankled because they're trying to prove that alienation is what's going on and that it's the cause of *their* lost relationship.

There are also many advocacy groups for father's rights organizations and some women's rights organizations pushing the debate even further saying that parental alienation is just junk science.

Many people in the past have voiced opposition to new diagnostic conditions. ( e.g. PTSD, AIDS ) but those professionals were never as vilified as are the professionals now involved in the study and science investigating parental alienation.

**The reason that this is so, is because of the legal quagmire that surrounds the custody and treatment interventions.**

No other mental health diagnosis is so rooted in a legal conflict as is the one involving parental alienation. This is the cause of much controversy. Some of the emphatic viewpoints being promulgated are simply biased. Others are based upon support for divergent agendas. Many people are spewing distorted and misleading facts because they fear the recognition of a disorder that could expose their behaviour from the past, in the present, and into the future.

**What comes around goes around.**

**It is not uncommon for alienated children to turn against the alienator's that programmed them.**

Some alienating parents suffer in silence over the fear that their children will one day turn against them. Many alienated children do, and this is even more likely to occur if the recognition of parental alienation is accepted in the DSM-5 and the ICD -11.

Imagine not only the influence of mental health professionals who begin to identify the diagnosis in larger numbers but the societal impact of movies and documentaries about parental alienation, add in books being published by famous celebrities telling their own stories about how parental alienation negatively influenced their life.

At some point in the not to distant future we may hear a very vocal outcry from tens of thousands of **rejected-alienators** pleading for treatment plans to help them restore *their* lost relationships with alienated children. For this reason, interventions should immediately address this reality because a large percentage of alienated children are disadvantaged in having already lost relationships with both parents.

Also, one very large movement is trying to change visitation so it's more **equal** to both the parents. Although equal parenting is certainly a positive step in giving children the maximum time with each parent, it won't stop or prevent the behaviour of an alienating parent.

In terms of treatment for alienated children, reunification has worked for children in situations where they were kidnapped and later given the chance to be reunified with a long lost parent. It has helped children repair relationships with parents who have been in jail for long periods of time, but reunification therapy for alienated children hasn't worked at all. In fact it has a high failure rate.

Traditional counselling is also failing. The social science literature shows converging data that traditional counselling offers no therapeutic gains for alienated children. Other data reports that traditional counselling actually makes things worse. It is unfortunate but true that most mental health professionals have no specialized knowledge or expertise in treating children who are victims of parental alienation and in an AFCC article in the Family Law Review it stated the following advise to the courts :

**" If parental alienation is even alleged, it is highly recommended that the court appoint an expert with specialized knowledge and expertise "**

The article in the family law review is: [Children Resisting Postseparation Contact With A Parent: Concepts, Controversies, and Conundrums](#), Barbara Jo Fidler and Nicholas Bala Family Court Review, Vol 48, Number 1 January 2010.

For families and third parties seeking professionals for treatment it is also sad but true that most mental health professionals avoid litigious cases involving visitation refusal behaviour and custody disputes in order to side step professional complaints that stem from disaffected parents.

**Due to this problem more and more practitioners are giving up and getting out of this line of work..**

Also many practitioners that do custody evaluations no longer want to be involved. They too, encounter complaints that are costly to defend. For this reason many families face the probability that the evaluator they turn to, is less likely to make the correct differential diagnosis.

There is however one organization taking giant steps in helping families that are in need of these professional services:

The Canadian Symposium for Parental Alienation Syndrome ( CSPAS ).

The CSPAS has a network of qualified mental health professionals who have special training and expertise in parental alienation and in understanding all the diagnostic factors why children reject parents.

They can refer parents and lawyers to custody evaluators or to mental health practitioners for counselling. They offer free referrals and free consultations. The professionals associated with the CSPAS Referral Service Center have qualified as more experienced in this field on the basis that they have ( 1. ) attended CSPAS conferences, or ( 2. ) purchased DVD clinical speaker resources for their practice, which they also share with patients or ( 3. ) have taken a CSPAS Continuing Educational Course on Parental Alienation ( already approved by the American Psychological Association for 18 CEC's. )

The website for this organization is:

[www.CSPAS.ca](http://www.CSPAS.ca)

In conclusion, the best advice for the prevention of parental alienation and to end the child's visitation refusal behaviour is for the rejected parent to assert control by surrounding him or herself with the right assembly of professionals. A more sensible starting point would be to retain a parental alienation consultant and to build the legal - therapeutic intervention around the guidance of that expert.

Many collaborative professionals in the divorce industry might argue that these matters are better handled with a more mediated approach, unfortunately, they overlook ( some for self-serving reasons ), the large population of alienating parents who are personality disordered individuals and as such, they have no insight to the harm they cause to their own children.

These parents do not follow court orders and they have even less interest in following separation agreements. They stall for time to be able to program their children. They use professionals only if it will further their own aims, they dismiss or fight against any professionals that do not take their side ( including their own lawyers ) and some professionals give them the seeds of knowledge either wittingly or unwittingly to achieve their goals.

Alienating parents often times use collaborative professionals to manipulate their former spouses into flawed agreements. In case after case, trusting parents ( who later end up rejected parents ) are encouraged to enter into separation agreements or a consent orders and in the process they give away far too much control and power to the alienating parent.

There is also validating research that parental alienation occurs in intact families. This is important to know because many alienators start the process of programming a child long before any collaborative process begins. All the alienating parent needs is a bit more time to finish the job. How can any collaborative lawyer or a family mediator ensure any better the protection of a child from parental alienation if the parental alienation is already going on under everyone's radar ? This is just another good reason to engage a parental alienation consultant early in the process of a separation or divorce. Three Types of Alienators, Douglas Darnall, Ph.D ( 1997 ).

Many family law lawyers and mental health professionals also skip over the ethical and professional codes of conduct in order to retain the clients that come through their doors. Most parents that enter into a high conflict divorce with children have no cognizance of this, and they have very limited funds. so they can ill afford to make mistakes or correct them at a later date.

Most family law lawyers would be disadvantaged in taking on parental alienation cases without the expertise of a parental alienation consultant. Not only do they need the help in finding the right mental health professionals for counselling and evaluations, they also need their clients working with a professional that can monitor and respond to every-day events.

Added to the complexity of this problem are professionals whose egos prohibit them from acknowledging their short comings and the greater need for them to step aside so that more qualified professionals can take their place.

Judges are also easy targets to blame when parents are disappointed but judges can only make rulings based on how a case is presented to them, and if the lawyer does not have an expert assisting them then it's not the judge's fault. In my opinion a majority of judges are exceeding brilliant and the enormous amount of derision they receive is undeserved.

In addition, family law lawyers would be able to litigate their cases more effectively with the help of a parental alienation consultant; even clients with small budgets should be advised to at least seek a free consultation from such a professional. As odd as it may seem to add more people to the litigation team, the fact is that when clients do retain such professionals, they save substantial amounts of legal fees because ineffective legal strategies are voted down at the starting gate. For the client this could represent savings in tens of thousands of dollars and a great deal of wasted time and heartache.

Also any client without this professional expertise is likely to bounce from one lawyer to the next as things go from bad to worse. Regardless of how other professionals become involved in these cases it will always be important for family law judges to have a solid education in parental alienation. It is the only way to maximize the best interest of children and to reassure the public that parental alienation *is* being better understood. The key to ending visitation refusal behaviour is to identify the true reasons why children reject a parent and then to apply the most appropriate therapeutic intervention.