still a dad

divorcedfather.com **parental alienation / rye hospital program**

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

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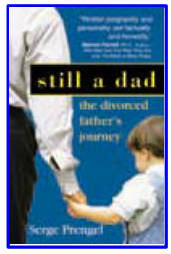
Introduction:

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.



Still A Dad: the divorced father's journey
"A deeply felt, well thought out guide for fathers who up to now have been neglected by the system."

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.

Edward M. Stephens, M.D.
Member, American Psychiatric Association
Committee on Juvenile Justice
Member, American Psychiatric Association
Committee on Mental Health in Schools

November 19th, 1998

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