My experience of reading Foundations, Craig Childress’s fine work which he has defined as the answer to the problem of parental alienation, is that it prompted me to ask more questions than it answered. It also provided me with a paradigm shift of my own, the realisation that in my work with children affected by alienation, the magic wand that we hold is the power of our ability to differentiate between the causes of the alienation reaction, combined with our ability to relate effectively to children who are in an alienated state. It is that combination which allows us to decide upon and utilise available liberation routes, plus the knowledge that to get the right route to the family, there is another layer of resistance to overcome in the UK court process. If I believed that Craig's work was the answer and spent all of my time promoting that, I would fall far short of the successful reunions that I have supported this year, all of which have required different tools and different interventions to achieve the outcomes we seek.

There is much in Foundations however which chimes with our work at the Family Separation Clinic in London. At the Clinic we routinely assess for attachment disorder, we examine for role corruption and we actively look for trauma re-enactment. When we find it in cases where children display all of the eight signs of alienation, we evidence our assessment with it. This allows other mental health professionals to understand our argument that the child is being emotionally abused. In the UK Courts however, even if a child is being emotionally abused and that is accepted, achieving a separation protocol as a matter of course is impossible. In most cases we work in, transfer of residence (separation from the alienating parent) can only be achieved after a significant and prolonged court process. And even then, the transfer remedy can be foiled by professionals lacking insight into alienation. Building teams of alienation aware professionals around the family is a difficult thing to do in the UK where most social workers and many therapists are schooled in feminist (women's rights first) beliefs. The utopian ideal which is proposed by Craig in Foundations, of separation protocols being the norm in these cases, is a far away dream in our country.

And in many respects I am pleased that it is a far away dream because my experience tells me that separation from the aligned parent in a case of hybrid alienation for example,
is often destined to fail. Especially if the child is in the age group of 8-14 and especially if the rejected parent does not show understanding of contributory behaviours. Having worked in several such cases over the past decade, it is very clear to me that the work of Bala and Fidler¹ and their categorisation of hybrid and pure – (conscious/unconscious) is a powerful differentiation tool in matching treatment to remedy. At the Family Separation Clinic we only accept cases of rejection of a parent for therapy in hybrid cases, if parents fall into a narrow band of behaviours which demonstrate the ability to understand the need for behavioural change. Outside of that narrow band we would combine parenting co-ordination with compulsion through court, we know from experience that separation in such cases has a high risk of failing. Why does it fail? Because there are many cases of alienation in a child which are not the result of trauma re-enactment, a fact which does not seem to be recognised in Foundations. Reading through the book for evidence of how a wide spectrum of rejecting behaviour is approached by Craig Childress, I came to realise that what he is talking about in his work is what Bala and Fidler would call Pure alienation. For that reason Foundations cannot give me all of what I need as a practitioner working with alienation, but it can give me some of it.

I also realised as I worked through the book that all of it is focused upon alienation in a child being the result of only one thing, trauma re-enactment in trans-generational transmission of behaviour patterns. Trans-generational transmission of trauma is something we routinely assess for in our work at the Family Separation Clinic and where we find that problem we flag it. However, we also use several other differentiation tools to confirm what we are looking at before we begin work with a family. These are drawn from the excellent compendiums written by Baker et al² and Lorandos, Bernet and Sauber et al³, both of which provide a wealth of information which allows for sophisticated analysis of cases and design of treatment routes which bring swift liberation for the child. If I were a new practitioner in this field and I was introduced to Foundations as the answer, all of this work on differentiation would be lost to me. This is why I find the promotion of the work as the answer to the problem so difficult to understand.

The promotion of the book as the answer is also problematic in our work with targeted

parents. In the UK as in other countries, many targeted parents are better read in the field of parental alienation than the practitioners who work with them. We now regularly encounter parents who have marched into the office of their family court practitioner with the book Foundations tucked under their arm, determined that this is the answer to the problem that they face. Sadly what happens in such cases, is that the lack of alienation awareness in the practitioner (plus a cultural dismissal of the reality of parental alienation), leads to the parent being seen as obsessed and fixed in thinking. This contributes to the strategy of the alienating parent who simply sits back and claims that they are being victimised by a fanatical ex who is fixated on parental alienation.

Much of what we do at the Family Separation Clinic in the early days of working with targeted parents, is educate them about how to interact effectively with the family court system. In the UK it is still not widely acceptable to use the term parental alienation outside of the London courts and so teaching parents how to use acceptable terms and how to build effective strategies, now includes schooling them out of their belief that Foundations is the only answer. This is something which I consider Craig has overlooked in his promotion of Foundations as the answer to parental alienation.

The ironic thing about parental alienation in the UK courts is that the way it was discussed and approached when I first began work in the field, was exactly how Craig describes it in Foundations. In reports by mental health professionals, attachment disorders were the focus and alienation was not mentioned anywhere. In hybrid cases, the alienation reaction in the child was recognised as being loyalty conflict and in pure cases, role corruption, shared delusional disorder and fused dyads were regularly discussed. The problem with that approach was that it meant that the only people who were working with such families were psychiatrists and only a handful of those were able to work outside of London. The work that has been done in the UK to raise awareness in the family courts of the issue of parental alienation and extend services to support families, has largely been achieved through the combination of target parents working with mental health professionals and the Judiciary. Additional work by practitioners in individual cases, helped to bring about increasing awareness in the UK Courts. Significant success in this work was achieved in 2010 in a case I worked in, which established acceptance of parental alienation as
mainstream, in which the Judge⁴ reflected that -

“The concept of alienation as a feature of some high conflict parental disputes may today be regarded as mainstream.

and that

There is no professional or expert consensus as to the approach the court should take with an alienated child. The solutions tried in this case had failed. The case demonstrated that there could be no 'one-size-fits-all' solution.

Alienation will only be a feature in a small number of cases and may be out with the experience of the care professionals. In cases involving an alienated child it is "essential that the court has be benefit of professional evidence from an expert who has personal experience of working with alienated children."

It was this case and subsequent others which have allowed the development of services to support families where alienation is a feature and which has established an acceptance in the UK courts of the work that is done by a wider range of practitioners.

Developing an evidence base of successful outcomes at the Family Separation Clinic has further enhanced the Judiciary's understanding of how such cases can be resolved. The development of this work has been informed by the widest range of thinking across the world, combined with our own expertise and awareness of alienation. These successes, which this year total 16 children reunited with previously rejected parents, demonstrate to the Judiciary that parental alienation is real and can be treated effectively using proven strategies. This success has allowed us to move into education and training of family court professionals as well as social workers and next year we will begin work on training to the Judiciary in understanding and treating parental alienation. This is a significant breakthrough after many decades of resistance to the concept of parental alienation and it has been hard fought for and achieved not through the use of one magic answer, but the collective work that has been done by all of the people in the field across the world. Work which we have drawn upon and shaped to fit the UK requirements.

Now is not the time to reverse the progress we have made in raising awareness of the wide spectrum problem of parental alienation in the UK, but to demonstrate the efficacy of highly skilled practitioners, informed by the very best practice in working with alienation from around the world, utilising tools which are proven to bring successful outcomes for children.

This is why Foundations will be one of the tools we continue to use in our work at the Family Separation

⁴ [Re S (Transfer of Residence) 2010 1 FLR 1785]
Clinic, but it will not be the only one.

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