Debunking the Alienators expert witness and therapist by Linda Gottlieb

The "expert" witness and the therapist that the alienator hires is generally a psychologist, who not have expertise in family dynamics unless specialized training above and beyond the Ph.D training is obtained. To disqualify the "expert," the following questions could be asked at trial:

In your professional opinion, on a scale of 1 to 10, with 10 being the highest, what is the influence of parents on children prior to adolescence? (this should be a high #, and if not, the expert/therapist should be asked to justify a low # eg. who has the great influences.)

And after adolescence? (this should be a relatively high # at least)

Do you believe that parental conflict generally has an adverse effect on children and/or causes the child to react negatively in response? Please rate that effect on a scale of 1-10. (this should be a high #, as even the lay person would acknowledge the impact of parental hostility on children. If the expert doesn’t give a high #, he/she should be asked to justify the answer.)

So you would (or would not---depending on prior answers) agree with Christopher Barden, PhD., JD., who has received 2 national research awards in psychology and a law degree with honors from Harvard Law school, when he stated, “There can be no credible controversy about the power of parents to influence children.” (The International Handbook of Parental Alienation Syndrome, p. 420)?

Would you also agree with Barden when he stated that custody cases require “the critical obligation to carefully review the influence of parents, therapists or other adults on the attitudes, beliefs and memories of children.” (pp. 419-432)?

Could you describe what some of these effects are?

Can you give some examples as to how children get caught up in their parents’conflicts.

You have just confirmed that you recognize the great influence of parents on children as well as the detrimental affects on children due to being exposed to the parental conflict. Yet I did not hear you express how you acquired your expertise in family dynamics. In fact, is it true that you are not licensed in your state of X as a Marriage and Family Therapist?

Can you state what training in family dynamics you had in your education for your psychology degree? (I can confirm that they had no more than family therapy 101, IF they had that at all. The LMFT degree, in virtually all states, requires 60 credits, including 2 internships in the provision of family therapy services.)

Are you aware of your X State’s criteria for obtaining this expertise and being qualified as a specialist for the licensing of a marriage and family therapist. How much of that criteria do you meet?

So could you please state how you are qualified as an expert in assessing family dynamics as well as the adverse effects on children resulting from the dysfunctional parental dyad?

What has been your experience in the treatment of families?

What is the difference between individual therapy and family therapy?

What % do you practice in family therapy and in individual therapy?

How many families have you treated?

How do you justify individual treatment of the child outside of assessing the influence of the parental conflicts on the child?

Have you published books and/or articles on family therapy?

Are the X children being reared in a family?

Could the behaviors and reactions of the children in this case be indicative of being triangled into the parental conflicts?

What causes the symptoms for which you are treating the X children? (Individual therapists will be unable to account for the causes of a child symptoms because there is no empirical evidence for the existence of intra-psychic or biochemical disorders. A family therapist, on the other hand, has much empirical evidence as a family's therapist can see how the child negatively reacts to the parents’ arguing when observing the family in the session.)

What is your empirical evidence for the causes you have just expressed?

Could you describe any parental interactions which have affected the children in this case?

Do you know how the discipline of family therapy labels the family interactional pattern which puts children in the middle of the parental disputes?

(It is called triangulation. Child psychiatrist, Murray Bowen, labeled it the “pathological triangle. ” Indeed, Bowen and was so convinced about the family’s role in creating and maintaining the child's symptoms, that when he hospitalized the child, he also hospitalized the entire nuclear family.)

Are you aware, Dr. X, that the psychiatrist, Murray Bowen, was so convinced that the parents’ conflict and this triangulation was at the root of the child's symptoms so that when he hospitalized a child, he simultaneously hospitalized the entire nuclear family?

Have you heard of child psychiatrist, Salvador Minuchin? (In 2007, he was rated by a research study of therapists as being one of the 10 most influential therapists in the history of psychotherapy. He has written more than 11 books on family therapy. There would not be even a single person trained in family therapy or child psychiatry who has not heard of him.)

Do you know what Dr. Minuchin stated about the adverse effects of triangulation on children? (He asserted that it is the basis of virtually all dysfunctional family relationships adversely affecting children, and the concept of triangulation can be readily found in his book entitled, Family Therapy Techniques, 1981. Dr. M actually labeled this triangulation as a cross-generational alliance between the child and a parent who is in conflict with the other parent. This is the key interactional pattern in the PAS family.)

So as you confirmed that the X children are being reared in a family, on what basis do you claim your expertise to justify making recommendations for the X children regarding their relationship with their targeted/alienated parent?

You really don't have any expertise in family dynamics, do you, to make any assessments and recommendations for the X children and their parental relationships?

You testified that the children in this case have reservations about, fear of, and hatred for their targeted/alienated parent. Can say with any certainty that they were not influenced by their other parent?

How does the pathological triangle or family dynamics in this case influence what the children say and do?

Do you believe that children the age of the X children are cognitively competent and emotionally mature enough to make decisions in their own best interests?

What does Piaget state about the cognitive development of a child the age of: (give age of each child). ------Until the age of adolescence, children do not have the ability to think for themselves, and abstract thinking only begins at age 13. (Piaget wrote the bible on the development of epistemology in children as follows:

0-2 sensorimotor

2-7 preoperational

7-12 concrete operational

13-adulthood formal operational = abstract thinking.

Given the immature level of these children's cognitive abilities, how do you distinguish the alienating parent’s influence on them their own ideas and feelings?

Can you rule out with any certainty that the alienating parent is not influencing them adversely against their targeted/alienated parent?

Have you observed the interactions between the children and their targeted/alienated parent?

How can you diagnose for a relationship you have never or virtually never observed?

Would a doctor recommend heart bypass surgery without having examined the heart?

Should a child decide whether to go to school? To medical appointments?

Would you say that deciding whether to have a relationship with a parent is as at least a significant decision as attending school or medical appointments?

Then why should they decide on whether to visit a parent or to have a relationship with a parent?

What specific examples did the child cite to justify the adverse opinions about and refusal to have a relationship with the targeted/alienated parent? (Generally these (experts) do not follow-up with questions for specific information. If they do, they an answer like “She/he lies. She/he is annoying, etc.” The expert should be questioned about her/his willingness to accept such frivolous rationalizations.)

How reliable is client self reporting? (It is not at all, and we accept that as truth in the mental health profession.)

Would it not be logical to conclude that the immature emotional and cognitive development of a child would make their reporting even less reliable?

Do you know any research on the effects on children if a parent is not meaningfully involved in their lives?

When a parent is significantly minimized and excluded from a child's life, what do you think children fill that emotional vacuum with?

(Educate the “expert” about such research by using the statistics from Fatherneed and the SPARC statistics. A summary is in the PAS help file which I previously sent to anyone who had requested it.)

Would you not then conclude that having a parent eradicated from a child's life leads to emotional distress and behavioral difficulties for the child?

And if such eradication was facilitated, either consciously or unconsciously, by the other parent, would you not consider that to be emotional child abuse?

Are you aware of any tactics the alienating parent/residential parent employed to interfere with the visits and/or relationship with the child and the targeted parent? (This is a case specific question and should be supported by documentation from the particular case by citing examples of the alienating behaviors.)

You made reference to the alienator’s many allegations against the other parent. Do you have no independent verification of those allegations? You really don't, do you?

Why would you accept such allegations carte blanche without independent verification?

In your professional opinion, what would be the justification or motivations of the residential parent for not encouraging the relationship between the child and the other parent?

Do you believe that children are generally healthier if 2 parents remained meaningfully in their lives?

You have recommended that contact between the child and the nonresidential parent the only gradually reinstated? What is the research that supports this gradual reunification? (There is none! The propensity for the judicial system to only gradually reinstate visits is not supported by any research whatsoever.)

How do you explain that children of military families and who never met their deployed parent, excitedly run to, hug, smile at their deployed parent when that parent returns home from deployment?

Is it not true that it is because the caretaking parent talks up the deployed parent and enthusiastically encourages the child to greet the deployed parent explains it?

Is it not also true that the psychological and instinctual need and desire to have a relationship with a parent is so overwhelmingly strong that children will easily accept meaningful involvement from a parent from whom they have been estranged?

I have no more questions of this witness.