

Alienation is just one piece of the puzzle: Understanding and responding to the needs of the polarized child

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In the process of evaluating a polarized family, one must consider many mutually compatible hypotheses including these (in the order presented):

Questions that must be asked	Associated interventions
1. Incidental temporal and proximal factors	(a) Does changing the time or place reduce the child's resistance? (b) Might transitional objects reduce the child's resistance? (c) Might contact with absent parent/sibs/friends via distance media reduce the child's resistance?
Is the child's resistance temporary and short-lived or consistent and chronic?	
Is the child's resistance event- time- or place-specific?	
2. Child-specific factors	(a) Multiple interviews in different relationship contexts are necessary (b) Psychological evaluation of the child will help to consider parent-child "fit" and "mis-fit" questions
Is the child saying and doing what the proximal parent needs to hear and see? (Chameleon child)	
Is the child's resistance due to temperament?	
Is the child's resistance due to diagnosable social, emotional, behavioral, and/or cognitive differences?	
3. Parent A-Child Dyadic factors	(a) Watch for affinity clues in shared characteristics, interests, habits. (b) Might encouraging Parent B to express interest in ("teach me") shared interests and activities reduce the child's resistance? (c) Co-parenting can help reduce discrepant parenting practices and thereby reduce the child's resistance.
Is the child's resistance due to a relationship AFFINITY appropriate to development and culture?	
Is the child's resistance due to Parent A's overly permissive parenting?	
Does the child resist all separations from Parent A (but manages separations from others)?	
Is the relationship enmeshed?	(a) Help Parent A redirect needs being foisted upon child to alternate healthier resources (e.g., psychotherapy, religion, book group, pet) (b) Get Parent A supports (e.g., substance abuse program) so that the need the child is fulfilling is relieved.
Is the child adultified?	
Is the child parentified?	
Is the child infantilized?	

	(c) Have a “graduation” event to thank the child for supporting Parent A but now ready to move on.
4. Parent B-Child dyadic factors	(a) Evaluate Parent B’s risk of danger (b) Evaluate child’s ability to advocate for self (c) Parent B in individual therapy, substance abuse treatment, medication consultation (d) “Reunification” therapies involve entire system in anxiety management and graduated exposure. (e) Supervised/therapeutic contacts
Did the child ever have a healthy relationship with Parent B?	
Has the child directly experienced Parent B as insensitive, unresponsive, abusive or neglectful?	
Has the child vicariously experienced Parent B as insensitive, unresponsive, abusive or neglectful?	
5. Co-parental factors	(a) Script F2F encounters at transition (b) Avoid F2F transitions – transition through school? Child therapy? (c) Involve trusted, safe surrogates at transition
Does the child anticipate and avoid her parents’ F2F encounters, e.g., at transition?	
6. Systemic factors	(a) Co-parenting can help to diminish “cultural” discrepancies so as to reduce the child’s resistance. (b) Any adult’s pressure (e.g., bribery, threats) is a selfish and destructive act that speaks to that person’s willingness and ability to put the child’s needs first. (c) Alienation calls for prompt, forceful, and salient consequences for the alienating adult and systemic “reunification” interventions (d) Intensive residential interventions and custody reversal are among possible interventions in extreme circumstances.
Is the child’s resistance an effort to avoid culture shock?	
Is the child’s resistance due to Parent A’s pressure?	
Has the child’s relationship with Parent B been damaged by exposure to Parent A’s unwarranted negative words, behaviors, and/or emotions about Parent B?	