2023

Clinical Social Workers' Perceptions and Experiences of Parental Alienation

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This is to certify that the doctoral study by

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Walden University
2022

Abstract

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by

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February 2023

Abstract

This qualitative research study aimed to explore clinical social workers' perceptions and experiences of parental alienation (PA). Using Bowen's family system theory as the framework, the research questions examined the problem from multiple levels of practice, including individual, family, institutional, and systematic. The individual interview approach aligned with the study goal by allowing participants opportunities to share their perspectives and experiences working with PA. The study used a purposive and snowball sampling of eight participants who were licensed social workers in the United States. Individual interview responses were transcribed and coded. Thematic content analysis was also used to analyze the data. The findings indicated two major themes: (a) information concerning the participants' perception of PA and (b) their experiences working with PA. A total of thirteen (13) categories emerged: (a) their definition of PA, (b) controversy, (c) validation of PA, (d) child insecurity, (e) PA perceived as child abuse and family violence, (f) training, (g) limited awareness and knowledge of PA constructs, (h) role of the clinical social worker, (i) mental health, (j), framework and interventions in addressing PA, (k) collaboration, and (l) involvement of legal system in PA. Recommendations of this study included increasing knowledge and understanding of PA concepts, theory of prevention and treatment, and specialized education and training on PA. The findings of this study may also be instrumental in bringing about positive social change by encouraging education/training, collaboration between clinical social workers and legal professionals, and scholarly advocacy for continued PA research.

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Dedication

I dedicate this doctoral research to my Lord and Savior, Jesus Christ. My relationship with Jesus is the basis for my life and pursuit of social work. I also dedicate this page to my bonus child, Kai, who was my inspiration for this doctoral study. I also dedicate this page to my children, Jacob, and Micheala, for their understanding and support. I dedicate this page to my siblings, especially Jamie and Marcus. I thank my mother figure, Otelia, and dear friend, Kendra, for providing emotional and practical support throughout my studies.

Acknowledgments

I want to acknowledge my Chair, Dr. Jaegoo Lee Walker. She blessed me with her knowledge and expertise throughout this process. I thank my second committee member, Dr. Colette Lynn Duciaume-Wright, and the URR, Dr. Debra Wilson, for their guidance, support, and helpful contributions throughout the process. I would also like to mention a dear friend, JC Thomas. He was a doctoral student who was with me on this journey. We supported and encouraged each other during the most challenging and trying times. I thank him for his continued support and prayers.

Table of Contents

i

iv

List of Tables

Section 1: Foundation of the Study and Literature Review

Introduction

Parental alienation (PA) is a phenomenon that disrupts the family system during and/or after separation when a parent, the targeted parent, is rejected by their child/ren for no justifiable reason (Lee-Maturana et al., 2021a). Clinical social workers are valuable resources when working with the child/ren and/or family systems (Balmer et al., 2018; Doughty et al., 2020; Harman et al., 2019a; Lee-Maturana et al., 2018; Mercer, 2019; Poustie et al., 2018). Clinicians need to know and understand PA to assist child/ren and families (Verrocchio et al., 2017).

PA was initially indicated in the literature in 1949 by Wilhelm Reich. In some cases, the concept of intra-parental conflict with children severely differentiated relationships with each parent (Baker et al., 2020; Lorandos & Bernet, 2020; Lorandos et al., 2013). Likewise, Wallerstein and Kelly (1976) described a clinical phenomenon they coined "pathological alignment," which described those children who were enmeshed in the animosity of one parent against the other. In this case, the child has an extreme alignment with one parent with an agenda to intentionally hurt the other parent. Wallerstein and Kelly (1980) later designated the parent as the "embittered-chaotic" parent.

It was child psychiatrist Gardner (1985) who used the term "parent alienation syndrome (PAS)." It later defined the phenomenon as a disorder that arises primarily in the context of child custody issues. This syndrome referred to the diagnosis that would be made based on eight symptoms corresponding to behavioral manifestations in the child

(Gardner, 2002): a) the campaign of denigrations; (b) weak, frivolous, and absurd rationalizations for the deprecation; (c) lack of ambivalence; (d) the "independent thinker" phenomenon; (e) reflexive support of the preferred parent/alienating inducing parent in the parental conflict; (f) absence of guilt over cruelty to and exploitation of the alienated/targeted parent; (g) presence of borrowed scenarios; and (h) spreading animosity to the extended family of the alienated parent. Additionally, Gardner (2002) claimed that systems should be considered according to three levels of alienation, mild, moderate, and severe but also aligned with a combination of parental programming (brainwashing) and the child's contribution to the vilification of the targeted parent.

Parental alienation syndrome opponents cited that Gardner's (1985, 2002) criteria were vague, subjective, non-diagnostic, and incongruent with grounded child-centered evaluation. PAS proponents frequently conclude speculation, correlation without valid causation, and inference without evidence other than their clinical connotation about how children internalize and externally behave post-separation or divorce (Lubit, 2019; Milchman, 2019; O'Donohue et al., 2016). Several supporters of PAS have often relied on qualitative methods (Baker & Chambers, 2011; Huff et al., 2017; Vassiliou & Cartright, 2001; Rowland, 2019) or have been grounded in theoretical arguments without more generalizable quantitative data (Drozd & Olesen, 2004; Huff et al., 2017; Rowland, 2019).

Despite varying objective and subjective opinions regarding the root cause of parental alienation, it is critical to establish the definition, outcomes, and appropriate identification of the phenomena. Parental alienation has been widely associated with

high-conflict divorce and separation. PA has also historically generated controversy and polarizing positions with the heterogeneous groups of professionals working with high-conflict child custody cases (i.e., child custody evaluators, psychologists, psychiatrists, therapists, court-ordered therapists, parenting coordinators, mediators, a family court attorney, guardian ad litems), whose perspectives and experiences working with PA have produced different outcomes (Fidler & Bala, 2010, 2020: Harman et al., 2019a). This diverse group of professionals working with PA faces challenges regarding what to call the phenomenon (Bernet et al., 2010; Gardner, 1985; Doughty et al., 2020; Harman et al., 2020; Johnston & Sullivan, 2020; Kelly & Johnston, 2001; Marques et al., 2020), what the exact criteria of PA are (Bernet et al., 2010), and whether PA should be considered a diagnosis, a disorder, a disease, a syndrome, or a "nondiagnostic syndrome" (Bernet et al., 2010; Kelly & Johnston, 2001; Lorandos & Bernet, 2020; Lorandos et al., 2013). The commonly used definition of PA refers to a child whose parents have been indoctrinated into refusing or resisting the parent-child relationship (Marques et al., 2020). Proponents and opponents have strong ideas of PA but remain stalled over the multi-level effect of PA (Fidler & Bala, 2020; Johnston & Sullivan, 2020). For this reason, further research on PA across interdisciplinary and professional organizations is critical.

A qualitative research approach allows the researcher to focus on how meaning is constructed, how people make sense of their lives and their world, and how to uncover and interpret these meanings (Merriam & Tisdell, 2016). Individual interviews will provide a venue for participants to share their perspectives and experiences on parental

alienation (PA). Data collected from this study will enhance the body of knowledge social workers used to work with children and families experiencing PA.

This study also aims to understand the social work problem resulting from the lack of information about how clinical social workers understand PA and their experiences working with PA. I asked clinical social workers questions to better understand their perceptions and experiences of PA, as determined through questions, data collection, and data analysis. As defined and guided by the National Association of Social Workers (NASW) Code of Ethics (2017a), social work ethics and values guided this study to ensure ethical research practices are upheld. This study's significance is in its ability to offer increased insight and information about how clinical social workers view the issue of PA, thereby assisting the research and clinical practice in addressing this social problem. This study is based on Bowen's family systems theory, which provided a lens for understanding how the family operates within a sub-system as part of larger systems that interact and influence one another. Bowen's family systems theory has been used extensively in all aspects of parental alienation, thus allowing insights into clinical social workers' perceptions and experiences working with PA. I conclude this section with a comprehensive literature review to further define the relevance of the research and PA issues.

Problem Statement

PA is entrenched in controversy regarding its existence, conceptualization, development, and use of assessment tools to measure its prominence and prevalence. There is not an agreed-upon universal definition of PA due to the complexities and the

heterogeneous terminology used to describe the phenomenon (Baker & Eichler, 2016:

Balmer et al., 2018: Poustie et al., 2018: Templer et al., 2017: Doughty et al., 2020: Lee-

Maturana et al., 2018: Mercer, 2019). It is common knowledge in the mental health and

family justice field that PA is widely associated with the context of high-conflict divorce

or separation and that heterogeneous groups of professionals work with child custody

issues (i.e., child custody evaluators, psychologists, psychiatrists, therapists, court-

ordered therapists, parenting coordinators, mediators, a family court attorney, guardian ad

litems), whose knowledge, orientation, and training may have different perceptions and

experiences with PA; these lead to different outcomes for family systems (Fidler & Bala,

2010; 2020: Harman et al., 2019a).

The estimated prevalence of PA among children is difficult to ascertain due to the

need for psychological assessments to determine the extent to which a child has been

indoctrinated into the alienation process (Harman et al., 2019b). In a study conducted by

Harman et al. (2016b), the researchers found that 13.4% of the sample indicated that they

were alienated from one or more of their children by the other parent. These findings

indicated that there are tens of millions of adults and their children that PA may impact.

Researchers are also now concluding that PA is much more severe than it was estimated,

which has prompted mental health professionals (clinical social workers) and legal

professionals to question whether PA should be identified as a form of family violence or

psychological maltreatment (Bentley & Matthewson, 2020: Harman et al., 2019b, 2020;

Rowlands, 2020).

Clinical social workers working with children and families, especially child custody issues, divorce, separation, and parent-child relationship distress, may encounter PA in a mild, moderate, or severe form (Harman et al., 2019a). Doughty et al. (2020) and Emery et al. (2005) identified that professionals working with PA must reflect on their "new roles" resulting from a systematic approach to working with divorced families and child custody disputes. Templer et al. (2017) noted that family litigation procedures had led legal and mental health professionals to take new roles and require greater collaborative therapeutic and court practices, especially in cases involving PA (Johnston, 2003). The literature indicated that professional roles, particularly the social worker role, were often unclear (Balmer et al., 2018; Doughty et al., 2020; Harman et al., 2019a; Lee-Maturana et al., 2018; Mercer, 2019; Poustie et al., 2018).

Clinical social workers play a vital role in the interdisciplinary team regarding decision-making, forensic and clinical assessments, and psychoeducational and clinical interventions for families going through divorce or separation. Therefore, the clinical social worker's knowledge of PA is necessary (Doughty et al., 2020: Fidler & Bala, 2020: Lee-Maturana et al., 2018: Mercer, 2019).

To date, the research has primarily focused on the subjective experiences of PA behaviors of the alienating parent, the perspective of the targeted child/adult target child exposed to PA, mental health, and legal professionals (Baker & Eichler, 2016: Lee-Maturana et al., 2018: et al., 2018: Poustie et al., 2018). Yet, no literature was explicitly found addressing the perceptions and experiences of clinical social workers working with PA (Bow et al., 2009: Doughty et al., 2020: Balmer et al., 2018: Poustie et al., 2018).

Current research has yet to explicitly examine the perceptions and experiences of clinical

social workers working with PA. This lack of experienced-based research has resulted in

the increased need for expanded knowledge regarding clinical social workers'

perceptions and experiences working with PA. The current study was conducted to begin

to address this gap in the knowledge base.

Purpose Statement and Research Questions

This qualitative study aimed to understand the perceptions and experiences of

clinical social workers working with PA. Fidler and Bala (2010, 2020) noted that

depending on the knowledge, orientation, and training of the professional involved, the

term alienation may have different meanings and variations in diagnosis interventions.

Jaffe et al. (2010, 2017) reported that even if there is an agreement on the nature of the

PA problem and its causes, there may be no agreement on the best clinical and legal

interventions. Through this qualitative study, I aim to understand better clinical social

workers' perceptions and experiences working with PA. The questions are specific to

social workers who provide services to children and families involved in PA:

RQ1: What are the perceptions of clinical social workers working with PA?

RQ2: What are the experiences of clinical social workers working with PA?

Definitions

I have provided definitions for key terms that will be used to increase the clarity of

this research study.

Parental alienation (PA): PA is a term used to describe situations in which a child

or adolescent in a high-conflict divorce or separation has a strong alliance and preference

for one parent and resists or refuses contact with the other parent, and in which multiple facts are also present or absent (Bernet et al., 2010; Bow et al., 2009; Gardner, 1985; Doughty et al., 2020; Harman et al., 2020; Johnston & Sullivan, 2020; Kelly & Johnston, 2001; Lorandos & Bernet, 2020; Marques et al., 2020; Mercer, 2019: Warshak. 2020).

Parental alienation syndrome: Within the context of high-conflict divorce or separation with regards to child custody issues, the syndrome refers to the diagnosis that would be made based on eight symptoms corresponding to behavioral manifestations in the child (Gardner, 2002): a) the campaign of denigrations; (b) weak, frivolous, and absurd rationalizations for the deprecation; (c) lack of ambivalence; (d) the "independent thinker" phenomenon; (e) reflexive support of the preferred parent/alienating inducing parent in the parental conflict; (f) absence of guilt over cruelty to and exploitation of the alienated/targeted parent; (g) presence of borrowed scenarios; and (h) spreading animosity to the extended family of the alienated parent. Additionally, Gardner (2002) claimed that systems should be considered according to three levels of alienation – mild, moderate, and severe – but also aligned with a combination of parental programming (brainwashing) and the child's contribution to the vilification of the targeted parent.

High conflict divorce or separation: High conflict separation or divorce is a longstanding high degree of conflict between parents that may manifest from verbal aggression, threatening violence, physical acts of violence or intimate partner violence, may involve child welfare services, and excessive and lengthy family court cases (Johnston & Roseby, 2005; Lorandos & Bernet, 2020; Lorandos et al., 2013; Shaw, 2017).

Alienation: The process of persuading the child to refuse or resist the other parent (Gardner, 1985, 1999, 2002, 2004; Goldin et al., 2020; Lowenstein, 2015: Mercer, 2019: Poustie et al., 2018).

Alienated parent: A preferred parent who has persuaded the child to detach from the other parent (Gardner, 1985, 1999, 2002, 2004; Goldin et al., 2020; Lowenstein, 2015, Mercer, 2019: Poustie et al., 2018).

Targeted parent: The non-preferred parent (Gardner, 1985, 1999, 2002, 2004; Goldin et al., 2020; Lowenstein, 2015: Mercer, 2019: Poustie et al., 2018).

Clinical social workers: A group of professionals identified within the mental health profession and assigned varied roles, such as therapist (individual or family). Clinical social workers are trained in family systems approaches and may provide important work in PA cases (Fidler & Bala, 2010, 2020; Lorandos & Bernet, 2020; Lorandos et al., 2013; Mercer, 2019).

Mental health professionals: A heterogeneous group of professionals involved in high-conflict custody cases (i.e., child custody evaluators, psychologists, psychiatrists, therapists, court-ordered therapists, parenting coordinators, mental health consultants, and reunification specialists) (Fidler & Bala, 2010, 2020; Lorandos & Bernet, 2020; Lorandos et al., 2013; Mercer, 2019).

Legal justice professional: A group of professionals in the legal setting providing services for PA in legal proceedings (i.e., guardians ad litems, family law attorneys, parenting coordinators, and family court judges) (Fidler & Bala, 2010, 2020; Lorandos & Bernet, 2020; Lorandos et al., 2013; Mercer, 2019).

Nature of the Doctoral Project

In this study, I used qualitative research methodology to collect qualitative data to understand the perceptions and experiences of clinical social workers working with PA, which is the focus of this study. I used purposive and snowball sampling techniques to identify clinical social workers who work with PA, especially children and families involved in high-conflict child custody cases, divorce, separation, and parent-child relationship problems. The clinical social workers must have had at least one or more years of clinical practice and be willing to participate in an individual interview via Zoom or recorded phone call. Individual interviews allowed for in-depth insight into the participant's perceptions and experiences when working with PA.

The individual interviews comprised about 6-12 master's degree-level licensed clinical social workers and followed guidelines for social distancing practices (Ravitch & Carl, 2020). I recruited clinical social workers through an informational announcement (see Appendix A) introducing the study and requesting volunteer participants from the north-central West Virginia psychotherapist group on Facebook, West Virginia University School of Social Work's community professional listserv, LinkedIn, and strategic locations such as community mental health centers and outpatient mental health counseling agencies. Finally, the individual interviews were conducted via Zoom video conference or recorded phone call, and a portable digital recorder for audio backup if a web conference system recorder or playback fails (Tuttas, 2014). Thematic content analysis was used to identify patterns and elements of consistency from the recorded data of the clinical social workers' perceptions and experiences working with PA. I also

listened to and compared transcribed data from the backup audio recording. All research materials, electronic data, recorded audio, and transcribed data were maintained in a locked cabinet and on a password-protected laptop in my home office. To protect the identity of participants, each participant of the study was assigned a three-digit number for identification and a pseudo name using participants 1-12. This set number was recorded on their informed consent form (electronic form). There was no identifiable participant information on any reports disseminated to the public. The data will be kept for five years; after this period, the paper data will be shredded and disposed of through a confidential document collection company, and recorded data will be erased.

Significance of the Study

This study is significant because it filled a gap in understanding by focusing specifically on clinical social workers' perceptions and experiences working with parental alienation. PA has been seen in both legal and therapeutic contexts, especially in child custody disputes, and impacts appropriately 10.5 million parents in the United States alone (Lee-Maturana et al., 2018: Harmon et al., 2016b). The literature indicated that PA is a major social problem and a social justice issue for children and families. PA is a complex, multiple, and interrelated factor phenomenon addressing cases of child abuse and family violence, indicating the need for increased systematic changes within various systems, such as clinical practice and legal context, to intervene more effectively (Friedlander & Walters, 2010; Johnston & Sullivan, 2020; Kelly, 2007; Kelly & Johnston, 2001; Marques et al., 2020; Saini et al., 2016; Warshak, 2020).

According to the National Association of Social Work (NASW) (2017b) and the

U.S. Bureau of Labor Statistics (2022), there are an estimated 650,000 to 670,00 active

social workers in the United States; significantly fewer are licensed. No single,

unduplicated master file of all social workers in the United States exists. While numbers

to indicate the exact number of licensed clinical social workers providing service in the

field are still being determined, the significant impact of PA is increasingly evident in the

estimated 10 million adults facing the issue within their families. The results from this

study will contribute to the field of social work and build on the existing body of

literature as it is an exploration of PA to assess clinical social workers' training in PA,

understanding of PA, and their views of assessing PA dynamics (Bow et al., 2009:

Poustie et al., 2018). The findings of this study will further provide essential insights and

information about how clinical social workers view the issue of PA, thereby assisting the

research and clinical practice in addressing this social problem (Doughty et al., 2020:

Lee-Maturana et al., 2018).

Theoretical/Conceptual Framework

The family systems theory has played an essential role in marriage and family

therapy development. Bowen's family systems theory was developed by Kerr and Bowen

(1988) and focused on patterns of behaviors developed in families to defuse anxiety. The

critical stress generator in families is the perception of too much closeness or distance

(Brown, 1999). PA occurs when a child aligns with one parent and contributes to a

campaign of unjustified denigration. For various reasons, the alienating-inducing parent

teaches their child to dislike and fear the targeted parent and avoid contact with the

targeted parent (Darnall, 2011). PA is a complex phenomenon that affects and deconstructs the entire family and their related social systems, such as extended family members, friends, school, and community support surrounding the affected family (Lee-Matura et al., 2021a).

Bowen (1978) noted that the family is both a relationship system and an emotional system whereby family members influence and are influenced by one another at the individual, dyadic, systematic, and intergenerational levels (Erdem & Safi, 2018). Alienation is a recurring family problem where disruptions in family structure, boundaries, and rules are evident (Fidler & Bala, 2010). PA manipulative tactics are used to strengthen the alignment between the alienating-inducing parent and child while eradicating the targeted parent's relationship with the child (Balmer et al., 2018). Similarly, Bowen (1978) depicted interlocking triangles occurring when two individuals (parents) in a family, characterized by a low level of differentiation, introduce a third party (child) to dissolve their mutual anxiety or tension. In PA cases, the child refuses or resists contact with one parent to reduce the stress or pressure in the hostile parental relationship (Baker & Eichler, 2016; Ellis & Boyan, 2010).

Bertalanffy (1969) proposed that a family is a unit of analysis and, as such, is governed by similar rules of other natural systems. Such a change in family functioning can predict reciprocal changes in functioning among other family members (Erdem & Safi, 2018). For example, when conflict and tension between parents are displayed, this could negatively impact the child/ren and the unhealthy coping behaviors of the child/ren who use ineffective coping skills before, during, and after their parent's divorce or

separation. PA reflects a direct violation of the appropriate parent-child relationship boundary as the parents create a powerful alliance between a child and one of their parents at the expense of the child's relationship with the other parent. Some authors suggest that PA tactics constitute a form of child abuse or family violence based on the idea that one parent uses abusive power over the other parent to control the child (Bentley & Matthewson, 2020; Harman et al., 2016a; Marques et al., 2020; Poustie et al., 2018).

Bowen's family systems theory has been used extensively in all aspects of parental alienation and formulated through a focus on observations and understanding how human relationships' general characteristics shape individual behaviors and functioning at the individual, relational, and family levels. Individuals within a family system influence and are influenced by each other, making relationships interdependent (Erdem & Safi, 2018). The dysfunctional relational and personal problems are transmitted to the next generation, which is particularly important when attempting to understand PA. Some authors suggest that children exposed to their parent's continuous PA behaviors will likely result in future adverse outcomes for children (Baker, 2005; Baker & Ben-Ami, 2011; Verrocchio et al., 2017). For example, adults who experienced PA in childhood have been found to have poor outcomes following their parents' separation or divorce, including anxiety, depression, and deviant behaviors (Baker, 2007). The targeted parents' experiences related to the adverse consequences of being exposed to alienating behaviors include anxiety, depression, high levels of suicidality, unresolved grief, and ambiguous loss (Baker & Verrocchio, 2016;

Balmer et al., 2018; Giancarlo & Rottmann, 2015; Harman et al., 2016a; Lee-Maturana et al., 2018).

Additionally, it is essential to remember that the family operates within a sub-system within larger systems, such as the community, which interacts with and influences one another and contributes to the maintenance of specific behavioral patterns. Social workers and other mental health professionals working with children and families often prioritize children's best interests when considering treatment or custody choices. However, as a family systems perspective emphasizes, a new family member's situation can affect all group members (Mercer, 2019; Lee-Maturana et al., 2021b).

 Bowen family systems theory has also been used in PA to assess the multiple and integrated factors influencing the child's response during and after family separation (Friedlander & Walters, 2010; Kelly & Johnston, 2001). Separation and divorce are adverse childhood experiences and the most traumatic processes a family can go through (Crouch et al., 2019; Goldin & Salani, 2020). All family members suffer (Smith, 2016; Lee-Maturana et al., 2021b), and PA is a phenomenon most understood through the perspective of the entire family system (Walsh, 2013: Fidler & Bala, 2020).

Values and Ethics

The National Association of Social Workers Code of Ethics (NASW) (2017a) provides the framework for ethics in research regarding social workers' perceptions and experiences working with PA. Ferguson and Clark (2018) state that ethical principles and social work mandates guide research. Social work researchers seek to aid research participants through ethical and fair investigation and knowledge acquisition (Merriam &

Tisdell, 2016). The NASW's Code of Ethics (2017a) offers the values, principles, and standards of practice by which social workers conduct themselves. The guidelines are the foundation for decision-making by social workers when there are ethical implications in research.

The core value of social justice relates to creating social change. Social change is purposeful actions that affect many aspects of the human condition. Social change involves the collective efforts of individuals close to a social problem to develop solutions to address those social issues through social learning that fosters competencies and skill sets to promote/activate social activities (Yob, 2018). This study embraces social change by exploring the perceptions and experiences of clinical social workers working with PA. The NASW Code of Ethics (2017a) stresses competence as a social worker's priority and value, thus improving the social worker's professional knowledge and enhancing the general body of social work knowledge. This research study provided data on the perceptions and experiences of clinical social workers working with PA. The participants were fully informed and provided consent to ensure confidentiality. The research data was reported accurately and disseminated to the clinical social workers who participated in the study. Integrity was maintained through respectful communication and confidential interactions before, during, and after the research study.

The values, ethics, and standards of the profession also served as a guide for this research. According to Sections 5.02 and 6.01 of the NASW Code of Ethics (2017a), this qualitative research study supports social workers' responsibilities to the broader society. This study supports the values and principles of the NASW (2017a) by exploring social

workers' perceptions and experiences working with PA. These findings will potentially add to the general knowledge base of social work, PA literature, and other professionals who provide services to children and families involved with PA.

Review of the Professional and Academic Literature

The social work practice problem is the lack of information about the perceptions and experiences of clinical social workers working with parental alienation (PA). The purpose addressed in this study begins with the need to understand divorce trends and parental conflicts connected with parental alienation, as well as the use of qualitative research of other professionals to inform the lack of clinical social workers' perceptions and experiences working with PA.

Relevant databases such as Academic Search Complete, Complementary Index, Family Law Review, APA PsycINFO, SocINDEX, Education Source, books, and Google Scholar linked to Walden University were the research tools to retrieve peer-reviewed and other scholarly literature on the relevant topic from 2016-present. Every keyword search contained the following words: *PA, parental alienation syndrome (PAS), parental alienation disorder), alienated parent, target parent experiences of clinical social workers working with parent alienation, social workers roles and responsibilities, social worker experiences, social workers, social/services/treatment/interventions, and mental health professionals working with PA or PAS, child custody evaluators and variations of these word themes.* Additional terms used in keyword searches included *parental denigration, parent-child alienation, parental contact refusal estrangement, parental alienation behaviors, high conflict divorce, children of divorce, divorced families, and*

psycho-legal community combined with the words clinical social work, perceptions,

experiences, and *PA or PAS.* Search results ranged from 213 to 830 articles that

addressed various topics related explicitly to PA or PAS; however, the searches resulted

in fewer than 11 resources that specifically addressed clinical social workers or mental

health professionals' perceptions and experiences working with PA.

Parental Alienation: High-Conflict Separation and Divorce

Divorce is a legal and emotional process that directly and indirectly affects all

individuals involved in the family system. In the United States, divorce is common, and

its effect on members of a family system, especially children, can be detrimental to their

overall development and well-being (Goldin & Salani, 2020). Children and adolescents

impacted by divorce may experience poor school performance, low self-esteem,

behavioral problems, distress, and maladjustment (Amato, 2000; Lucas et al., 2013;

Sorek, 2019).

Divorce can create emotional and intrafamily problems, despite previous stability

within the family system (Bow et al., 2009; Sorek, 2019; Wallerstein & Kelly, 1980). In

2018, the incidence of divorce declined to 14.59%; however, nearly 40-50% of first

marriages in the United States still end in divorce (Centers for Disease Control, 2020.).

Thus, the estimated number of children affected by divorce is about 1 to 1.5 million

annually. Approximately one-half of separations (48.7%) and nearly one-third (33.1%) of

divorces involve marriage with at least one child younger than the age of 18 years

(Goldin & Salani, 2020).

Divorce is a significant life event, and approximately 40% of all children will experience the effects of their parent's divorce. A substantial number of these divorces result in custody disputes resolved through judicial decisions (Goldin & Salani, 2020; Shafer et al., 2016). Hands and Warshak (2011) found that individuals who grew up in divorced families were likelier to experience parental alienation (PA) than those from intact families. However, there are only a small fraction of families litigating child custody issues; most can make custody decisions consensually (Levy, 1985; Milchman, 2019).

High conflict separation or divorce is a longstanding high degree of conflict between a child's parents (Lorandos & Bernet, 2020; Lorandos et al., 2013; Shaw, 2017). Although there may be variation in the manifestations of high conflict separation or divorce, the following behaviors or external markers are commonly observed: verbal acts, such as abusive language and threats of violence, physical acts, such as throwing things endangering others/pets, and slamming doors, actual or alleged intimate partner violence) or domestic violence, child(ren) experiencing emotional endangerment, history of access denial, family dysfunction, such as substance abuse/use, severe psychopathology, the involvement of child welfare services, an excessive number of simultaneous court cases, and lengthy case settlements (Johnston & Roseby, 2005; Lorandos et al., 2013).

Shaw (2017) argued that the term "high conflict" and the frequency of its use is often used for "abusive" relationships, especially if the dyad is in the middle of a custody dispute. The couple is in some conflict related to the separation, whether it is due to the child's custody or the division of assets. Nonetheless, not all disputes involving

allegations of abusive behaviors, such as physical, sexual, verbal, or emotional violence, are considered "high conflict." The author advocated for a clear distinction to minimize past or current abuse and the subsequent effects of being the victim of such abuse.

Research indicated that in the case of high-conflict divorces, abuse reports increase within child custody cases (Garber, 2011; Gottman, 1993; Johnston, 2003; Shaw, 2017). The courts have required high-conflict divorce parents to undertake parenting classes before a divorce is finalized. Parenting classes for high-conflict divorce allow parents to understand the divorce process, the divorce from their child's perspective, and how to co-parent adequately (Gottman, 1993).

Divorce is recognized as one of the most common adverse childhood experiences when it occurs in a child's life before the age of 18 and may be associated with family dysfunction, psychological disorders, trauma, abuse (physical and sexual), or neglect (Crouch et al., 2019; Goldin & Salani, 2020). Events occurring post-divorce or separation can also be critical for children's adjustment. The existence of any level of parental conflict children are exposed to and involved in has been identified as the single best predictor of outcomes for children post-divorce (Baker & Ben-Ami, 2011), depending on the degree to which the children are drawn the parental conflict (Scharp et al., 2020). Some effects of growing up in a dysfunctional family, especially with severe parental problems, include increased risk for psychiatric disorders, behavioral issues, and school-related problems (Bergman & Rejmer, 2017; Kelly & Emery, 2003). The lifelong ramifications might lead to the children developing mental health problems into adulthood (Bergman & Rejmer, 2017; Johnston & Roseby, 2005). Interventions and

support for parents involved in a custody dispute present many challenges for society as they can require numerous resources and effort (Bergman & Rejmer, 2017; Saini et al., 2012). The resilience levels depend on the individual's ability to sustain stress levels from mild to severe (Rowen & Emery, 2018a). Protective factors will diminish the impact of divorce on children, such as positive social supports, competent custodial parenting, involved and responsible non-custodial parents, sufficient contact, and high-quality parenting by the non-residential parent (usually the father is essential to the well-being of the child) (Amato, 2000; Hetherington & Kelly, 2002; Lucas et al., 2013; Sorek, 2019).

Parents going through divorce or separation often do their best to protect their children from undue stress and harm; however, the divorce process is often associated with heightened emotional states, and adults may use their children to fulfill their wants and needs (Goldin & Salani, 2020; Warshak, 2015). For example, when one parent perceives their child has a stronger emotional bond with the other parent and feels threatened by their relationship. The parents' distorted perceptions, coupled with the divorce or separation's psychological distress, might develop into the parent's campaign to indoctrinate the child to dislike and or/fear that parent. It is not uncommon for children to refuse a relationship with one of their parents during or after the parental relationship's dissolution (Baker et al., 2020; Bow et al., 2009; Wallerstein & Kelley, 1980). The parent may use triangulation, which refers to the process by which the conflicted parents attempt to win their child's sympathy and support through alignment against the other parent (Dickstein, 2005).

In the dissolution of the parental relationship, the child may align with the parent to whom they have a stronger attachment. This attachment is critical to the child's psychological and social-emotional well-being; the primary caregivers are typically the mother (Baker & Eichler, 2016). Subsequently, the attachment bond may manipulate the parent-child relationship with behavioral alienation strategies toward the other parent (Baker & Eichler, 2016; Bernet et al., 2015).

In most alienation cases, fathers are the targeted parent, thus creating adversity in the parent-child relationship (Baker & Eichler, 2016). The father's parental role is jeopardized, and the child's behaviors may become increasingly defiant, disrespectful, and fearful, ultimately resulting in the child refusing visitation (Baker & Eichler, 2016; Warshak, 2015). However, research consistently indicates that both mothers and fathers can be alienated from their children (Balmer et al., 2018; Meier, 2009), although, in the majority of cases, alienation is perpetrated by the parent with primary custody or primary caregiver role (most commonly the mother), making it difficult for a parent with limited access with a child to alienate a child from the primary caregiver (Balmer et al., 2018; Meier, 2009).

In the wake of a high animosity divorce, it is deceptively easy to assume that the child is simply mirroring a spiteful parent's attitudes, beliefs, and behaviors. It is common for high-conflict individuals to rewrite their narratives to illuminate the parent's anger, disappointment, grief, and humiliation. The family's narrative may be shared with others, including children. For this reason, PA as a phenomenon has a compelling and intuitive appeal that is not likely to end. Before assuming this singular motivation, PA

must be assessed to the extent to which the opposing perspective and any allegations are

founded in actual stressful life events and natural incidents of psychological, physical, or

verbal abuse and the time to which a parent's motivation may be legitimate (Baker, 2005;

Harmon et al., 2019b, 2020; Johnston & Sullivan, 2020; Meier, 2009).

History of Parental Alienation and Parental Alienation Syndrome

In the PA and PAS literature, researchers have focused on alienating parental

behaviors, and the impact on children has been identified in the literature for more than

60 years (Bernet et al., 2010; Gardner, 1985; Harman et al., 2019b; Rowland, 2019,

2020; Wallerstein & Kelly, 1976; Westman, 1970). PA is a phenomenon that occurs

before, during, and after post-family separation (Bernet et al., 2018). PA has been seen in

both legal and mental health contexts, especially in child custody disputes (Lee-Maturana

et al., 2018). However, the term is controversial and polarizing regarding its introduction

as a "syndrome." (Baker & Eicher, 2016; Clemente & Padilla-Racero, 2016; Emery et al.,

2005; Johnston & Sullivan, 2020; Lubit, 2019; Meier, 2009; Walker

& Shapiro, 2010). In some cases, mental health and legal professionals deny

the existence and prevalence of PA; it is poorly understood due to the lack of a universal

definition, lack of standardized assessment tools designed to identify PA, methodological

weaknesses, and validation of the PA constructs (Bernet et al., 2010; Darnall,

2008; Doughty et al., 2020; Garber, 2011, 2020; Johnson & Sullivan, 2020; Lee-

Maturana et al., 2018; Marques et al., 2020; Rand, 2010; Rowland, 2019) which may

contribute to the deficiencies in clinical practice, prevention, and

treatment/intervention outcomes (Balmer et al., 2018; Baker & Darnall, 2007a; Baker et

al., 2020; Bow et al., 2009; Lee-Maturana et al., 2018; Poustie et al., 2018; Warshak, 2015; 2016).

Nonetheless, there is an increasing number of studies investigating the conceptualization of the PA phenomenon, providing scientific data in support of the validity of this concept (Baker & Darnall, 2007b; Bernet et al., 2010; Harman et al., 2019b; Marques et al., 2020; Viljoen & van Rensburg, 2014; Wallerstein & Kelly, 1980). For more than 30 years, there has also been an accumulation of knowledge about PA, parental alienating behaviors, and the alienated child's psychology. The literature indicates more than 1,000 references from 35 countries have described the phenomenon of children's unjustified and unreasonable rejection of a parent (Bernet et al., 2010; Hands & Warshak, 2011; Lorandos et al., 2013; Mone & Biringen, 2006; Rowland, 2019, 2020; Warshak, 2020): a review of 58 studies concluded that parental alienating behaviors and a child's presence could be reliably identified (Saini et al., 2016; Warshak, 2020).

The first observation of alienation was in 1949. In some cases, Wilhelm Reich observed the concept of intra-parental conflict with children's severely differentiated relationships with each parent (Baker et al., 2020; Lorandos & Bernet, 2020; Lorandos et al., 2013). Likewise, Wallerstein and Kelly (1976) described a clinical phenomenon they coined "pathological alignment." The term described those children who were enmeshed in the animosity of one parent against the other. The child has an extreme alignment with one parent with an agenda to intentionally hurt the other parent. Wallerstein and Kelly (1980) later designated the parent as the "embittered-

chaotic" parent. Few topics regarding parent-child relationships and child custody have evoked as much debate as the concepts of alienating dynamics (Bow et al., 2009).

Richard Gardner, a forensic psychiatrist, formally introduced the term "parental alienation syndrome," primarily supported by his observations and child custody evaluations. He theorized parental alienation syndrome (PAS) as a childhood disorder that arises almost exclusively in the context of child-custody disputes. PAS is a psychological condition or mental state induced by one parent alienating (inducing parent) to eradicate the child from coexisting and bonding with the other parent (targeted parent). The child collaborates with the alienating inducing parent to fabricate allegations of abuse and illogical, exaggerated, or unfounded negative feelings against and reject the targeted parent due to the alienating inducing parent's influence (Gardner, 1985, 1999, 2002, 2004; Goldin et al., 2020; Lowenstein, 2015).

Gardner (2004) identified eight behavioral symptoms that accompany the definition of PAS. He concluded that the greater the number of symptoms, the greater the severity of the syndrome: (a) the campaign of denigrations, (b) weak, frivolous, and absurd rationalizations for the deprecation, (c) lack of ambivalence, (d) the "independent thinker" phenomenon, (e) reflexive support of the preferred parent/alienating inducing parent in the parental conflict, (f) absence of guilt over cruelty to and exploitation of the alienated/targeted parent, (g) presence of borrowed scenarios, and (h) spreading animosity to the extended family of the alienated parent (Baker & Darnall, 2007(a); Bernet et al., 2010; Cartwright, 1993; Gardner, 2004).

Gardner claimed that PAS was a diagnosable disorder that occurred along a spectrum of mild, moderate, and severe forms (Gardner, 1985, 1999, 2002, 2004). In the mild type, alienation is superficial, and the child has minimum contact resistance with a targeted parent but continues to enjoy the relationship and continues visitation; however, the child may make critical comments about the targeted parent and their household without severe intentions of harming the relationship with the targeted parent (Bernet et al., 2010; Gardner, 2002; Goldin & Salani, 2020; Lorandos & Bernet, 2020; Lorandos et al., 2013).

In the moderate type, alienation, the child strongly resists contact and is consistently oppositional and disruptive, and the campaign of denigration is continuous. The alienation is intentional and designed to undermine the targeted parent (Bernet et al., 2010; Gardner, 2002; Lorandos & Bernet, 2020; Lorandos et al., 2013; Goldin & Salani, 2020). Moderate type can manifest in ways that include the alienating inducing parent telling the child that the targeted parent's significant other cannot be trusted and asking intrusive questions about inappropriate behaviors such as looking at the child during bath time or touching intimate parts of the child.

In the severe type, the child is persistently hostile and adamantly refuses contact with the targeted parent, destroying the targeted parent-child's coexisting relationship. According to Gardner (2002), the severe alienation type will include most, if not all, of the eight manifestations. The alienating-inducing parent has little to no insight into their behaviors and is convinced that their actions are justified (Bernet et al., 2010; Lorandos et al., 2013; Goldin & Salani, 2020). For example, an alienating-inducing

parent might convince the child that the targeted parent's significant other is a sexual perpetrator. If the child feels uncomfortable, call 911 and state that they molested you.

PAS opponents cited Gardner's (1985, 2002) criteria were vague, subjective, non-diagnostic, and incongruent with grounded child-centered evaluation (O' Donohue et al., 2016). PAS opponents frequently conclude speculation, correlation without valid causation, and inference without evidence other than their clinical connotation about how children internalize and externally behave post-separation or divorce (Lubit, 2019; Milchman et al., 2020; O'Donohue et al., 2016). Several supporters of PAS have often relied on qualitative methods (Baker & Chambers, 2011; Huff et al., 2017; Vassiliou & Cartright, 2001; Rowland, 2019) or have been grounded in theoretical arguments without more generalizable quantitative data (Drozd & Olesen, 2004; Huff et al., 2017; Rowland, 2019).

Many scholars criticized parental alienation as a formal syndrome (Warshak, 2015) because it failed to meet the scientific burden of proof underlying the mental health construct and legal intervention (American Psychiatric Association, 2013; Clemente & Padilla-Racero, 2016; Emery et al., 2005; Lubit, 2019; Meier, 2009; Walker & Shapiro, 2010) and a lack of a research-supported method of diagnosing parental alienation (O'Donohue et al., 2016; Lubit 2019; Saini et al., 2016). However, some authors refer to the existence of this phenomenon as a near-universal agreement (Baker, 2005; 2007; Ben-Ami & Baker, 2012; Gardner, 1998; Vassiliou & Cartwright, 2001; Rowland, 2019, 2020; Viljoen & van Rensburg, 2014; Warshak, 2015).

Baker (2006) conducted a study with custody evaluators to validate Gardner's (1985, 2002) position. More than 70% of the professionals surveyed endorsed the legitimacy of PAS. Additionally, 75% of these professionals approved PAS measures to determine and assess critical child custody. Although the study found that custody evaluators endorsed the eight behavioral symptoms, only one-third of those surveyed believed PAS should be included in the DSM-5 (Bernet et al., 2010; Gardner, 2002, 2004; Lorandos et al., 2013).

Additionally, scholars have indicated that PAS exclusively focused on the alienating parent as the etiological agent (Kelly & Johnson, 2005). Moreover, disparities in acceptance of PA across interdisciplinary boundaries and professional organizations (APA, 2013; Emery, 2005; Gaber, 2020; Johnston & Sullivan, 2020; Marques et al., 2020; Kelly & Johnston, 2005; Walker et al., 2004; Lubit, 2019), PAS being biased against women (Bruch, 2002), PAS being viewed as "junk science" (Faller, 1998), PAS lacked adequate empirical study (Huff et al., 2017; Johnston & Kelly, 2004; Kelly & Johnston, 2005; Meier, 2009; Milchman, 2019; O'Donohue et al., 2016) and the successful argument that PAS is used by abusive fathers in litigation to win custody from mothers who are protecting their children from exposure to high-risk maltreatment and abuse (Bow et al., 2009, Warshak, 2015).

In response to these criticisms, some scholars have attempted to reformulate the concept of alienation dynamics. Darnell (1998) built upon Gardner's ideas but avoided the term syndrome, simply referring to the phenomenon as PA. He defined PA as any cluster of conscious or unconscious behaviors that might disturb the parent (targeted

parent) and child relationship. Baker & Darnall (2006) argued that Gardner tended to focus on the child while emphasizing alienating parents' behavior in their conceptualizations. The authors conducted an internet survey of 96 individuals who self-identified as targeted parents to identify the most frequently reported alienating behaviors. The authors found general badmouthing (74.0%), creating an impression that the targeted parent is dangerous or sick (62.5%), confiding in the child about court cases and child support issues (45.8%), saying the targeted parent does not love the child (44.8%); badmouthing targeted parent to authorities (31.3%); limiting visitation (29.2); confiding in the child about the marriage (29.2%); badmouthing targeted parent's new family or extended family (27.1%); intercepting calls and messages (22.9%); moving away or hiding the child (14.6%). Additionally, the study revealed no difference between the gender of the target parent and the gender of the child, meaning both parents were alienating parents, and both boys and girls were targets of alienation. The findings indicated that respondents were aware of PA and self-identified, which may have caused an overestimation of the PA behaviors.

Kelly and Johnston (2001) agreed that PA is a genuine phenomenon; they did not agree with PA's concept. The authors proposed an alternative framework for alienating dynamics; the authors renamed the concept "the alienated child" to focus clinical attention on the child rather than the parents' behaviors and how the parents' adverse actions impact the child's overall well-being. The authors also defined alienation dynamics as a multi-dimensional process rather than a syndrome, which explained the complex and interlocking factors that produce a child's parental rejection (Kelly, 2007;

Friedlander & Walters, 2010; Marques et al., 2020). Kelly and Johnston (2001) proposed that the parent-child relationship is on a continuum following post-separation and post-divorce. At one end of the continuum, children have a positive and rewarding relationship with both parents. For instance, the child willingly engages in scheduled visitation with each parent. On the other end, children have a non-existent relationship with the targeted parent, such as the child has completed the emotional and physical bond with the targeted parent.

Warshak (2015) identified three components that must be present for the identification of PA; (1) a persistent rejection or denigration of a parent that marks the level of a campaign: (2) unjustified rejection by the child, and (3) rejection by a child that is part the result of the alienation parent's influence. Initially, Warshak (2003) recommended that the concept of "pathological alienation" might bridge the literature with the medical model as a strategy to garner support for the phenomenon to be included in the DSM-5 (Fidler & Bala, 2010, 2020; Warshak, 2010).

Currently, the literature has shifted in the direction of referencing this phenomenon as PA, disregarding the implications that it constitutes a syndrome. Many authors agree with the reformulation of PA and its focus on the symptoms and behaviors of the alienated child and the term alienating behaviors describing the activities that contribute to the child's rejection of the targeted parent (Baker & Eichler, 2016; Bernet et al., 2010; Fidler & Bala, 2020; Johnston & Sullivan, 2020; Kelley & Johnston, 2001, 2005; O'Donohue et al., 2016; Rowland, 2019, 2020).

However, discarding the term "syndrome" does not solve the core problems of researcher's ability to carefully draft their differentiated concept of PA due to limited professional standards to authorize constraints and the continued use of inconsistent terminology to intervene with vulnerable children and their families (Johnston & Sullivan, 2020). Nonetheless, professionals and researchers across multiple disciplines use PA constructs responsibly to respond to complex and vexing problems (Fidler & Bala, 2020; Johnston & Sullivan, 2020).

Differentiating Parental Alienation, Parental Alienation Syndrome, and Other Parent-Child Contact Problems

PA and PAS literature concluded three major disagreements; what to call the phenomenon (Bernet et al., 2010; Gardner, 1985; Doughty et al., 2020; Harman et al., 2020; Johnston & Sullivan, 2020; Kelly & Johnston, 2001; Marques et al., 2020), what is the exact criteria (Bernet et al., 2010), and whether PA should be considered a diagnosis, a disorder, a disease, a syndrome, or a "nondiagnostic syndrome" (Bernet et al., 2010; Kelly & Johnston, 2001; Lorandos et al., 2013).

The terms PA and PAS have continuously caused confusion, controversy, and polarization in the fields of mental health and family law (Bernet et al., 2010; Bow et al., 2009; Gardner, 1985; Doughty et al., 2020; Harman et al., 2020; Johnston & Sullivan, 2020; Kelly & Johnston, 2001; Marques et al., 2020; Warshak. 2010). Gardner (2002) described PAS as a childhood disorder that arises exclusively in child-custody disputes. The PAS model places the primary responsibility for the child's rejection of the targeted parent on the alienating inducing parent behaviors. Gardner (1985) used

"syndrome" to refer to the diagnoses that would be made based on the eight symptoms that primarily manifest as the child's denigration campaign against the one parent, a movement that has no justification. PAS resulted from the programming (brainwashing) parent's indoctrination and the child's contributions to the targeted parent's vilification. Faller (1998) also indicated that PAS involved false allegations of sexual abuse. However, when genuine parental abuse and neglect are present, the child's animosity may be justified, and the parental alienation syndrome explanation is not applicable (Gardner, 1985, 1999, 2002, 2004; Lowenstein, 2015).

Baker and Darnall (2007a) collected data from 68 parents whose children were severely alienated from them; to study the frequency with which the eight criteria occur in individual cases of PA or PAS. The authors used a questionnaire to determine how often the participants observed eight symptoms of PAS listed by Gardner (2002; 2004). They found broad support for the presence of PAS's eight symptoms (Lorandos et al., 2013).

Lorandos and Bernet (2020) defined PA as an observable psychologic phenomenon consisting of distinct patterns of behaviors or a parental alienation disorder, the relational dysfunction of a child who experiences PA behavioral strategies regardless of the context, that is, with or without the intervention of a manipulative parent (alienating inducing parent) on the child against the other parent (targeted parent). The authors emphasized that PA's essential feature is the child, their behavioral symptoms, and mental health symptoms of irrational anxiety and hostility toward the targeted parent (Bernet et al., 2010; Harman et al., 2020; Lorandos et al., 2013).

Bernet et al. (2010, 2018) submitted a formal proposal to the DSM-5 Disorder in Childhood and Adolescence Work Group proposal to describe the constructs of PA, PAS, and parental alienation disorder's justification for inclusion into the Diagnostic and Statistical Manual of Mental Disorders 5th ed. (DSM-5) and the International Classification of Diseases-11 (ICD-11). The proposal included more than 50 citations and quotations from the mental health literature and more than 90 citations from the world legal literature. The authors' rationale for supporting the disease classification of PAS, PA, as parental alienation disorder: there is the ongoing production of qualitative and quantitative studies on the issues of PA among mental health professionals who have worked with children of divorced families. It is widely accepted that there is a high prevalence of PA in children whose parents are in constant and intense conflict; mental health trainees and clinicians should be trained on the prevalence and symptoms of PAS to enable the early detection of PAS in children and families. Submitting parental alienation disorder in the Diagnostic and Statistical Manual of Mental Disorders 5th ed. (DSM-5) and International Classification of Diseases (ICD) will increase awareness and understanding among professionals, and the consensus is an efficient way to prevent PA from being missed by the abusing parent. If PA has no diagnosis agreed upon or mental health professionals are not trained to detect and screen PA, it will be easier for an abusing parent to make allegations that the child has been manipulated (Bernet et al., 2010; Doughty et al., 2020; Lorandos & Bernet, 2020; Lorandos et al., 2013; Mercer, 2019).

The author's arguments were considered insufficient information on PA's validity as a specific mental condition, reliability, diagnostic criteria, and the prevalence of this disorder. Instead, in the respective edition, PA can be encompassed within the appropriate broader categories (i.e., V61.291 Child Affected by Parental Relationship Distress and V.61.20; Parent-Child Relational Problem and 99.51; Child Psychological abuse (APA, 2013; Bernet et al., 2010; Blagg & Godfrey, 2018). Proponents of PAS consider this to be the first step towards acceptance of PAS by the clinical community. However, no entities or professional organizations have endorsed PA as a syndrome or a disorder (Walker & Shapiro, 2010; O'Donohue et al., 2016). Consequently, parents, mental health professionals, and the courts accept no definition of PA, PAS, or alienation (Drozd & Olsesen, 2004).

Myers and Mercer (2022) argued that the lack of scientific and empirical data underlying PAS or parental alienation disorder construct and the inability to detect the multiple causes of parental rejection in combination with alienation and denigration by one parent against the other is potentially harmful to diagnose a child with a mental health disorder based on the behaviors of a parent during a high conflict or abusive custody battle.

In contrast, Gardner (1985; 2002) referred to PA as a broad array of symptoms designated in situations where a parent is perceived as colluding with the child to eliminate the other parent, particularly in the context of high-conflict separation and divorce. For example, PA can occur in children who have been abused physically or sexually. However, Gardner clarified that diagnosing PAS when there is abuse was

incorrect and provided guidelines for distinguishing between abuse and alienation (Gardner, 1999). Thus, alienation is not equivalent to denying child abuse or domestic violence/intimate partner violence.

Johnston (2004) defined the alienated child as expressing, openly and persistently, unreasonable negative feelings toward a parent significantly disproportionate to the child's experience with the parent. At the same time, Garber (2011, 2020) defined alienation as the convergence of relationship dynamics, when aligned, cause an individual to express unjustifiable and disproportionately adverse reactions to a targeted parent. For instance, a child rejects a parent on reasonable grounds, such as in response to neglect, and has freely expressed anger, hatred, and fear toward the targeted parent within a proportion to the situation's context.

Johnston (2003) presented empirical data regarding the correlations and interactions of factors in families where a child rejects a parent. The author's findings supported an agreement on some points of Johnston and Kelly (2004): PAS does not exist, and behaviors of what Kelly and Johnston (2001) called alienating parents do not solely cause the child's behaviors of rejecting the targeted parent. Meier (2009) indicated an inevitable overlapping between PA and PAS, and there are no empirical studies on PAS. The author aligned with Kelly and Johnston's (2001) "non-syndrome" concept, whose approach he considered more balanced.

Despite the controversies related to the use/non-use of PAS, many scholars and studies indicate the emergence of new concepts describing the same phenomenon. These names include PAS (Gardner, 1985, 1999, 2002, 2004), PA (Balmer et al., 2018; Baker &

Verrocchio. 2016; Kelly & Johnson, 2005; Jaffe et al., 2017; Johnston, 2004; Rowland, 2019, 2020), Parental alienation disorder (Bernet et al., 2010; Walker & Shapiro, 2010) divorce-related malicious syndrome (Turkat; 1995; Weigel & Donovan, 2006), threatened mother syndrome (Weigel & Donovan, 2006) and parent-child contact problems (Fidler & Bala, 2010, 2020).

It is noted that scholars have not offered a new definition for PA; many authors used and presented modifications of Gardner's (1985, 2002) definition when presenting an argument for or against the use of syndrome or alienation within the forensic settings, custody evaluation, and litigation (Gardner, 1985, 1999; Emery, 2005; Kelly & Johnston, 2001; Meier, 2009; Sanders et al., 2015).

Studies related to the definition and dimensions of PA and PAS found that there is no consensus yet regarding the use of the terms PA or PAS; however, there are common elements within the presented concepts (Baker & Darnall, 2006; Ben-Ami & Baker, 2012; Bernet et al., 2010; Giancarlo & Rottman, 2015; Wallerstein & Kelly, 1976; Viljoen & Van Rensburg, 2014). Most scholars prefer to use the concept of PA because they consider this term to describe the multifactorial deterioration of the parent-child relationship post-divorce or separation and the validation of the alienation construct by the clinical and scientific community (Baker, 2020; Ben-Ami & Baker, 2012; Baker & Eichler, 2016; Harman et al., 2019a; Lowenstein, 2015; O'Donohue et al., 2016; Rowen & Emery, 2018b). Reaching a consensus would improve service quality for children and families and communication among professionals across multiple disciplines.

Multi-Factor Perspective of Parental Alienation

The initial concept of PA has been viewed through a single model factor lens, asserting that the alienating-inducing parent is the primary source of the problem (Baker, 2005; Bernet et al., 2010; Friedlander & Walters, 2010; Gardner, 1985, 2002; Johnston & Sullivan, 2020; Kelly, 2007; Marques et al., 2020). The single model factor is most known when a child has a strong affinity for one parent and alienates from the other due to the alienating inducing parent's indoctrinating of animosity toward the targeted parent; regarding a child who makes a false allegation of abuse; most often associated in the context of a dispute between the parents involving the child's custody.

However, some researchers argued that this perspective is inadequate, overly simplified, and misleading (Darnall, 2011; Johnston & Sullivan, 2020; Kelly & Johnston, 2001; Marques et al., 2020). Johnston and Sullivan (2020) reported that a single-factor model relies on the fallacy that abuse and poor parenting on the part of either parent has been, or can be, ruled out as the sufficient reason for the child's rejecting stance. The authors argued that proponents of the single factor- primary causal relationship's outlook must show that: all other factors that potentially contribute to the child's negative position have been considered. If not ruled out, their combined contribution is exceeded by the contribution of the single factor-PA behavior; preceding a PA child in time, a consistent direct empirical relationship exists between PA behavior and the PA child characteristics.

As part of the alienation multi-factor process, the rejected parent's behaviors may contribute to the process (Bow et al., 2009; Johnston & Sullivan, 2020; Kelly &

Johnston, 2001). For example, the child's counter-rejection, passivity, and withdrawal, rigid and harsh parenting style, a critical and demanding demeanor, and diminishing empathy and compassion for the child may all collectively play a role (Poustie et al., 2018; Saini et al., 2016; Warshak, 2020). Furthermore, the authors posited that children display specific vulnerabilities to the alienation process, such as age, cognitive capacity, growth, developmental issues, personality, temperament characteristics, sense of abandonment, and the lack of external support (Lorandos et al., 2013; Marques et al., 2020; Johnston & Sullivan, 2020; Warshak, 2003).

Another factor can also arise during diverse types of conflicts, such as a dispute between a parent and grandparents; other family members- such as stepparents or grandparents- exacerbate disputes by engaging in alienating behaviors for control of the children (Jaffe et al., 2010). In some circumstances, other individuals or systems-such as mental health professionals, therapists, and child protection services- may cause PA to occur by unintentionally encouraging or supporting the child's refusal to contact the targeted parent based on the professionals' knowledge, orientation, training, and meaning of PA in diagnosis and interventions (Fidler & Bala, 2010; Jaffe et al., 2010; Lorandos et al., 2013; Whitcombe, 2017).

A considerable amount of literature has identified issues brought to the courtroom as part of the multi-factor approach. Johnston and Sullivan (2020) indicated that the problem with PA's single-factor theory could cause harm by implementing inappropriate interventions and treatments and wrongfully indicting parents in the family court system. The consequences of misdiagnosis and erroneous assumptions are issues for further

research, focusing on assessing factors that help repair and restore the child's relationship with the targeted parent (Johnston & Sullivan, 2020).

Some authors have described PA as a form of child abuse (Harman et al., 2019a; Harman et al., 2020; Kelly & Johnston, 2001; Lowenstein, 2015; Marques et al., 2020) or even family violence (Harman et al., 2019a, 2020; Poustie et al., 2018) based on the concept that one parent uses power over the other parent, manipulating contact with the child. This supports Kelly and Johnston's (2001) assumptions about intimate partner violence within the context of post-divorce or separation.

By contrast, PA's multi-factor models are more practical, valid, differentiated clinical predictions of children's resistance/rejection of a parent, informed by grounded and applied research on children and family systems. However, the multi-factor models are complex, difficult to assess, challenging to provide treatment/interventions, and arduous to argue in court (Johnston & Sullivan, 2020; Kelly & Johnston, 2001; Marques et al., 2020; Warshak, 2020).

PA has been recognized as having mental health as well as legal implications. The recourse for this can and often does involve both mental health professionals (therapist for the parent, psychological evaluators, court-appointed therapist for the child, custody evaluators, and so forth) and legal professionals (attorneys, judges, guardian ad litems (Baker et al., 2020; Bernet et al., 2010; Harman et al., 2020; Lorandos et al., 2013; Mercer, 2019). Like mental health professionals, courts determine whether evidence of PA or PAS is admissible. The landmark case Kilgore v. Boyd in 2001 was conducted to assess whether PAS satisfied the Frye standard, commonly known as the general

acceptance test, used to determine the admissibility of scientific evidence (Bernet et al., 2010; Lorandos et al., 2013; Rueda, 2004; Warshak, 2020). The court ruled that PAS in Tampa, Florida, had gained enough scientific acceptance to be admissible (Gardner, 2002), and in 2001, the District Court of Appeals confirmed the ruling. In 2008, the Illinois court also agreed that PAS satisfied the Frye Test criteria (Warshak, 2010, 2020). According to Rueda (2004), the Mohan Test, used in Canada in the same manner as the Frye Test in the United States, granted PAS admissible based on satisfying four criteria: a theory must be relevant, must be necessary to assist the court, must be allowable in court under the rules of evidence; and there must be a suitably qualified expert available to assist the court. Other courts, however, have held that PAS is not admissible because it is not sufficiently accepted in the professional community (Harman et al., 2020; Jaffe et al., 2017; Lorandos & Bernet, 2020; Lorandos et al., 2013). For example, in 2000, in *People v Fortin,* despite Gardner testifying at trial, the Nassauas County Court of New York found that the defendant did not establish that the professional community accepted PAS. Therefore, the evidence was not admitted (as cited in Lorandos et al., 2013).

Barriers to PA's admissibility and use in court proceedings, especially when allegations of child maltreatment emerge without objective evidence in the courtroom (Harman et al., 2020; Fidler & Bala, 2010, 2020; Jaffe et al., 2017). In this context, the alienating inducing parent may make false allegations of abuse in which this phenomenon is seen and can lead to legal decision-making cases that do not consider the multi-factors that play a role in the child's rejection of a parent, neglect, or lack of support for the interest of the child against the targeted parent to gain custody or change in custody

decisions that limited the targeted parent-child contact (Fidler & Bala, 2010, 2020; Jaffe et al., 2017).

PA allegations can also be used to respond to intimate partner violence/domestic violence or child sexual abuse allegations (Fidler & Bala, 2010, 2020). Professionals should make a comprehensive assessment of the case and all the factors involved to distinguish what are protective parenting behaviors and alienating parenting behaviors; and avoid making assessments that result in a false conclusion of PA when, in fact, the parent is protecting their child (Fidler & Bala, 2010, 2020; Johnston & Sullivan, 2020).

Prevalence of Parental Alienation

PA can impact individuals across all socioeconomic and demographic indicators, including gender, marital status, sexual orientation, education level, income, and racial group membership (Harman et al., 2016a; Harman et al., 2019b). PA is more likely to occur in highly conflicted, custody-disputing families than in community samples of divorcing families (Harman et al., 2019b). The estimated prevalence of PA among children is difficult to ascertain due to the need for psychological assessments to determine whether and to what extent a child has been indoctrinated into the alienation process (Bernet et al., 2010, 2015, 2018; Harman et al., 2019b). However, drawing from published research such as divorce literature and the use of deductive methods, Warshak (2015) and Bernet et al. (2010) found that an estimated 1% of all children in the United States are alienated from one parent. The authors identified determining whether a child has been alienated from a parent. A complete family history assessment is needed (Baker et al., 2014, as cited in Harman et al., 2019b); assessing prevalence using representative

samples of children is impossible to ethical-research issues. Thus, researchers rely on probability estimates based on factors such as the number of divorced families and the number of these families considered "high-conflict."

Harman et al. (2020) and Goldin and Salani (2020) agreed that most mental health professionals and legal professionals recognize alienating behaviors as a public health crisis affecting more than 22 million people in the United States based on the thousands of documented alienating behaviors of parents use to cause PA (Baker & Darnall, 2006; Harman et al. 2020).

In a random sampling of 610 adults, Harman et al. (2016b) found that 13.4% of the sample indicated that they were alienated from one or more of their children by the other parent regardless of socioeconomic or demographic factors. These findings suggest that there are tens of millions of adults and their children that PA may impact. Scholars are now concluding that PA is much more severe than it was estimated, which has prompted mental health professionals and legal professionals to question whether PA should be identified as a family form of violence or psychological maltreatment (Bentley & Matthewson, 2020; Harman et al., 2019b; Rowland, 2019, 2020). However, this is overestimated because their study focused on the experience of alienating behaviors, and there were no efforts to assess whether and how many participants were alienated from their children (Rowland, 2019, 2020).

Hands and Warshak (2011) suggested that around 29% of children from divorced homes experience alienating behaviors from one parent. In contrast, Fidler and Bala (2010) estimated that 11 to 15% experience such alienation. It is noted that the authors

estimated prevalence based on a small sample. Doughty et al. (2020), Harman et al. (2019b), and Saini et al. (2016) recognized that challenges with determining the prevalence or incidence of PA may be caused by the lack of a definition of alienation, the absence of samples that accurately represent the population, and complex behaviors and assessments associated with PA.

Given the variability in PA's legal and clinical definitions and the difference in how PA can be conceptualized, the exact prevalence of PA is unknown (Harman et al., 2016a; Harman et al., 2016b; Goldin & Salani, 2020). More research is needed to provide definable criteria for PA, early detection to enhance scholars' ability to give an accurate account of the prevalence of PA, the global prevalence of PA, and systematic collection of data related to the PA construct.

Barriers to Parental Alienation: Validation and Diagnosis

In the last decade, a growing body of empirical evidence designed to provide support for legal decisions and treatment has emerged and, more recently, Harman et al. (2019b) described that the PA research field is scientifically maturing as related to theory development, hypothesis testing, and integration of data and theories (Warshak, 2020). Harman et al. (2019a) agreed that most empirical studies explicitly addressing PA have used cross-sectional designs, convenience samples, and retrospective data, alienating parents and adults at this stage of PA development.

A systematic literature review undertaken by Marques et al. (2020) found a deficient number of instruments that can be used to perform an empirical, measurable assessment of the PA concept. The study revealed a predominance of quantitative

research (n=30, 69.77%) was found when compared to qualitative (n=8, 16.60%) and mixed studies (n= 5, 11.63%); and noted that the various studies' data collection and data analysis were primarily quantitative.

Saini et al. (2016), in a similar analysis, concluded that the 58 studies on PA review were methodologically weak. The literature suggests that PA research would benefit from more high-quality studies, including longitudinal studies and the development of valid and reliable assessment instruments. Nonetheless, professionals find peer-reviewed articles about protocols for understanding PA applicable despite many resources based on clinical and professional knowledge (Drozd & Olsesen, 2004; Warshak, 2020).

Reliability and validity are critical aspects of PA. They were mainly related to empirical science and litigation. Warshak (2010) and Bernet et al. (2010) described reliability as the consistency of a test, survey instrument observation, or other measuring devices. The authors indicated the difficulties for two different clinicians to diagnose if the diagnosis symptoms are vague and ambiguous. In such cases, a high degree of disagreement between clinicians will result.

For qualitative research, researchers may use methodological triangulation, which enables the researchers to account for the weaknesses of using a single research method (Bernet et al., 2010). However, in quantitative research, test-retest reliability refers to the test's consistency in measuring different administrations. Rueda (2004) conducted a study that assessed PAS's validity and therapists who were familiar with the phenomenon. In the study, respondents analyzed five vignettes using Gardner's (2002) diagnosis chart. The author found a significant level of agreement among respondents,

and low measures suggest the opposite. In addition to these findings, this study discussed the different generalized perspectives of clinicians due to PAS's relatively growing discovery. It is noted that the respondents within this small study were familiar with PAS, and therefore selection bias was high.

Clemente and Padilla-Racero (2016) argued that PAS is ideological- based on the appearance of eight symptoms that Gardner determined children have. Treatment is recommended based on ten symptoms presented in the mother (alienating inducing parent) and only secondarily depending on the child's symptoms. The authors reported that mental health professionals had published dozens of clinical studies reports purporting to support PAS diagnosis; however, the reports are based on clinical observation and ideology rather than empirical data or peer-reviewed research. Emery (2005) posited that authors should recognize and assume clinical experience, including case studies, has no empirical proof. However, case studies provide valuable hypotheses but do not confirm them (Clemente & Padillia-Racero, 2016).

The literature found that few empirical studies supported the validity of PA (Garber, 2020; Marques et al.; 2020, Milchman et al., 2020, Walker & Shaprio, 2010) and noted that formal recognition would complicate custody disputes and label children who are already suffering from their parent's separation and divorce. Doughty et al. (2020) argued that no mechanism for identifying PA had been found. Similarly, studies into interventions and treatments of PA tended to be small-scale and lacked practical evaluation. The authors noted that current tools are ineffective, poorly validated, and undermine the child's focus. The circular debate about PA's existence, defining it,

assessing, and providing treatment may provide an opportunity to mislead the court and clinical practice. On the other hand, Bernet et al. (2010) and Lorandos et al. (2013) argued to support the inclusion as a diagnosable syndrome: the cumulative production of evidence through qualitative and quantitative studies; and the uniform agreement in the diagnosis of PA that may be a way to prevent the misuse of the phenomenon.

Criteria for Diagnosis of Parental Alienation

The most widely known criteria for the PAS diagnosis were initially developed by Gardner (1985, 1999), who identified that children with PAS manifested some or all eight behavioral characteristics (previously outlined) accompanied by a severity level; mild, moderate, or severe. Lorandos et al. (2013) adapted Gardner's eight criteria for diagnosing PA. It is important to emphasize that PA's diagnosis is based on the child's level of symptoms, not on the symptoms level of the alienating parents.

Most recently, Bernet (2020) described diagnosing PA based on a five-factor model: the child actively avoids, resists, or refuses a relationship with one parent; the presence of a prior positive relationship between the child and the now targeted parent; absence of abuse or neglect or poor parenting on the part of the now targeted parent; use of multiple alienating behaviors on the part of the alienating inducing parent; exhibition of many or all of the eight behavioral manifestations of alienation by the child (Gardner's eight behavioral symptoms).

Baker and Darnall (2007a) studied the frequency with which the eight criteria occurred in individual cases of PA and PAS. The authors collected data from 68 parents

whose children were severely alienated from them; to study the frequency with which the eight criteria occur in individual cases of PA or PAS. The authors used a questionnaire to determine how often the participants had observed eight symptoms of PAS listed by Gardner (2002; 2004).

Ellis (2000, 2008) acknowledged that PAS had not gained formal acceptance by the APA. It has come to be accepted by clinicians working with families involved in post-divorce ad separation conflict. PA and PAS have been unclear because clinicians still confuse the child's symptoms with the parent's behaviors and the qualities of the relationship between the child and alienating inducing parent. She expanded on Gardner's (1985) eight behavioral criteria and suggested that the diagnosis of PAS should require that the child or adolescent manifest nine of the following twelve criteria: the child maintains a delusion of being persecuted by a parent; the child uses the mechanism of splitting to reduce ambiguity; the child denies any positive feelings for the targeted parent the attribution of negative qualities to the targeted parent may take on a quality of distortion of bizarreness; the child states recollections of events that occurred out of the child' presence; the child' sense of persecution by the targeted parent has the quality of a litany; the child, when faced with contact of the targeted parent, displayed a reaction of extreme anxiety; the child has a dependent and enmeshed relationship with the alienating inducing parent; the child highly cooperates with all adults other than the targeted parent; the child views the alienating inducing parent as a victim, there is a lack of concern about the targeted parent and the child's belief system is rigid, fixed, and resistant to traditional methods of interventions (Bernet et al., 2010).

Most studies described the importance of standardization of a specific method that will help evaluators complete reliable and valid conclusions about possible PA and help delineate between a child's estrangement, alienation, and other reasons for lack of parent-child relationships. It is noted that there is currently no empirical method.

Measures for Parental Alienation

Studies have indicated that there are some methods of assessment and early detection of PA. Baker and Chamber (2011) contributed to developing a helpful assessment tool for PAS, the Baker Strategy Questionnaire (BSQ), a 20-item measure comprised of 19 specific behaviors and one general behavior that parents might engage in as behaviors consistent with PA. In contrast, Bernet et al. (2018) conducted a 60-item questionnaire that children completed regarding their mothers and fathers; however, the evaluation tool was not developed specifically for children of divorced parents, although it has been used in child custody evaluations.

Ellis (2008) noted that initial screening could be conducted with the support of well-established criteria that allow the establishment of the onset of PA. However, the symptoms of PA become challenging to discern when other occurring behaviors exist during and after the parent's divorce or separation (Bernet et al., 2015). Gardner's (1985, 2002) listing of symptoms (previously listed) in combination with a level of severity (mild, moderate, or severe) work in concert to determine the extent of PA.

Rowland (2019, 2020) sought to develop an empirically valid assessment tool that can determine whether, from the parent's perspective, they had been alienated from a child, which could be an asset to identifying the targeted parent in future studies

(Marques et al., 2020; Warshak, 2019). Milchaman (2019) noted that assessment measures lack robustness due to biased participant recruitment processes and methodological challenges throughout PA research.

Mone and Biringen (2006) used the first empirical assessment instrument- the relationship distancing questionnaire (RDQ), which measured the perceptions of young adults regarding how they perceived PA experience during childhood from one or both parents. The authors used the eight criteria proposed by Gardner (1985, 2002) for identifying PA. The findings indicated a new dimension of direct alienating, highlighting the visible attempts parents can make to alienate the other parent.

Minnesota Multiphasic Personality Inventory-2 (MMPI-2) is an instrument considered by some authors to be a useful PA investigation instrument and is not purely dedicated to PA assessment. Therefore, it was found that the implementation of MMPI-2 allowed for the identification of the adult's primary defense that occurs in the case of the onset of PA, and the results obtained provide a vital link for defining PAS, as defined by Gardner (Gardner, 1985).

Saini et al. (2016) concluded that PA research is not definitive and may change as new and quality research develops. Researchers continue to invest in the high-quality production of evidence that allows the field to be more robust and credible within the scientific community (Bernet, 2020; Marques et al., 2020). The literature indicates a need for assessment tools that measure what they are designed to measure, for example, to avoid the assumptions that the alienating behaviors of the alienating inducing parent cause PA's outcome. Thus, an enormously consensual assessment tools protocol to

identify PA would eliminate confusion between protective parental strategies and a PA problem, contributing to professional development and training.

Gender Issues

Gender bias is a critical aspect of PA, and the concerns that professional decision-making may use gender as a vital component in their decision-making; when there is no substantial evidence that one parent is attempting to alienate the child from the other parent (Balmer et al., 2018; Darnall, 2011; Gardner, 2002, 2004; Harman et al., 2016a; Marques et al., 2020; Priolo-Filho et al., 2019). The literature found insufficient gender neutrality in custody and visitation decisions, and some authors have noted a potential bias that may influence how PA has been managed in family court (Marques et al., 2020; Priolo-Filho et al., 2019). Harman et al. (2016a), Priolo-Filho et al. (2019), and Saunders et al. (2015) agreed that court professionals view mothers as more alienating than fathers when they allegedly engage in the same PA behaviors. The court professional perceives mothers as more likely to make false allegations and alienate their children. Fathers are likely to do the same. The literature supports Gardner's (2002) reformulated gender ratio differences in PA.

Research does not provide vast data on gender differences in who alienates their children; mothers and fathers appear similarly likely to be perpetrators (Balmer et al., 2018; Harman et al., 2016a), but they may have different types of PA behaviors. Therefore, gender bias is essential in promoting PA deterrence (Darnall, 2011; Gardner, 1999; Harman et al., 2019b; Harman et al., 2016a; Marques et al., 2020; Priolo-Filho et al., 2019).

Parental Alienation: Treatments and Interventions

One major challenge confronting PA is the lack of consensus regarding measuring relationship changes. The identification of alienation has produced a set of findings from scholars with diverse perspectives (Marques et al., 2020; Saini et al., 2016), but there continues to be little evidence about whether these measures can reliably assess changes in the damaged parent-child relationship from before to post-intervention and differentiate among the various causes of resist/refusal dynamics (Doughty et al., 2020; Harman et al., 2019a; Lee-Maturana et al., 2018; Mercer, 2019).

Several studies have consistently drawn similar findings that indicated when children are in the middle of alienation dynamics, traditional therapeutic approaches grossly fail (Fidler & Bala, 2010; Reay, 2015; Warshak, 2010, 2019), frequently causing further harm (Reay, 2015; Warshak, 2019), and insufficient in serving the emotional and psychological supports of children affected by severe PAS (Dunne & Hedrick, 1994). According to Dunne and Hendrick (1994) and Reay (2015), conventional psychotherapy rarely succeeds in PA's severest cases. Dallam and Silberg (2016) analyzed 27 custody cases where court-ordered decisions placed the child in the custody of the alienating inducing parent with allegations of abuse, only to reverse the decision for the protection of the child. Lowenstein (2015) argued that treatment should require voluntary supportive counseling and allow the child to mature and recover from the damaged parent-child relationship without interference from the court of mental health professionals.

Several studies identified treatment models for children from high-conflict divorce or separation and PA experiences (Barnwell & Stone, 2016; Brummert et al., 2017;

Templar et al., 2017). As previously mentioned, PA has three levels of severity: mild, moderate, and severe (Gardner 1985, 2002). Mild symptoms of PA result in the programming of the alienated child but not impacting visitations and require parental teaching and awareness of the factors that could evolve if the parents do not take corrective action (Barnwell & Stone, 2016; Bernet et al., 2010; Brummert &Bussey, 2017; Lorandos et al.,2013). Moderate symptoms of PA involve both programming and challenges with visitations where the alienated child feels a need to protect and advocate for the alienating inducing parent, and judicial intervention may order a comprehensive treatment approach, usually after hearing the recommendations of a mental health professional (Barnwell & Stone, 2016; Bernet et al., 2010; Brummert & Bussey, 2017; Darnall, 2011; Lorandos & Bernet, 2020; Lorandos et al., 2013). Severe symptoms of PA may involve the child developing psychiatric disorders, such as anxiety or depression, along with the severed targeted parent-child relationship, indicating a need for specialized treatment (Barnwell & Stone, 2016; Bernet et al., 2010; Brummert & Bussey, 2017; Darnall, 2011; Lorandos & Bernet, 2020; Lorandos et al., 2013).

Harman et al. (2019a) and Reay (2015) indicated that PA is a form of psychological abuse for children and traditional therapy models are ineffective. In 2012, Reay (2015) developed the Family Reflections Reunification Program to treat severely alienated children and family relational dynamics. Reay's (2015) stance on treatment is separating the child from the alienating inducing parent and giving custody to the targeted parent or changing access to the parent with increasing visitations for the targeted parent. Ideally, changes in custody agreements will enhance the ability to treat

the child and eliminate further interference from the alienating-inducing parent (Reay, 2015). The program demonstrated a 95% success rate (Reay, 2015). However, there is a lack of evidence that in high-conflict cases, intervention like the Family Reflections Reunification Program combined with the termination of contact with the alienating inducing parent is better than leaving the child with the alienating inducing parent; such intervention undermines a child's sense of stability and security (Jaffe et al., 2010; Warshak, 2019).

Like Barnwell and Stone's (2016) research, Reay's (2015) agreed that judicial interventions were flawed and lacked a multi-factor approach to addressing the broad range of problems associated with divorce and separation for family systems and individual dynamics. Barnwell and Stone (2016) integrate Bowen's family systems theory and Kohut's self-psychology as an intervention approach to reduce stress levels and develop a coherent self. The intervention model used a group approach with parents from high-conflict divorce cases for eight weekly sessions for ninety minutes. The group's objective was to create empath within the group process, as found in Kohut's self-psychology.

Templer et al. (2017) analyzed various systematic family treatment approaches, including the Multi-Model Family Intervention, Family Reflections Reunification Program, Overcoming Barriers Family Camp, Parallel-Group Therapy for PA, and Family Bridges workshop. Each treatment program's primary purpose was to reduce further harm to the alienated child and restorative the family dynamics. Templer et al. (2017) used Reay's (2015) theory that changing custody will involve treatment because

transitioning family members and children becomes difficult. The authors

further supported the literature about how traditional individual and family therapy is

ineffective, and treatment must be individualized, such as specialized systematic family

therapy. The literature indicated few to no high-quality evaluations of interventions for

children and families is a small-scale study that failed to capture precise quantitative data

(Fidler & Bala, 2010; Mercer, 2019; Templar et al., 2017).

Mercer (2019) expressed concerns about the safety and effectiveness of parental

alienation treatment or reunification therapies. The author evaluated the research

evidence in published studies of parental alienation treatments and concluded that the

research is inadequate to support claims of effectiveness for these methods. Additionally,

the author noted that the plausibility and evidentiary foundation of the PA concept and

diagnosis have both possible risks and benefits of parental alienation treatments. Parental

alienation treatments should be understood before social workers use therapies targeting

PA allegations. The author further noted that parental alienation treatments could harm

children and their families and that no adequate evidence has been reported to support

claims that these treatments are beneficial (Mercer, 2019).

Fidler and Bala (2010, 2020) noted that depending on the professional's knowledge,

orientation, and training, the term alienation may have different meanings, with variations

in diagnosis interventions. Jaffe et al. (2010, 2017) reported that even if there is an

agreement on the nature of the problem (PA) and the causes, there may be no agreement

on the best clinical and legal interventions. The literature indicates that intervention

programs are in the early stages of evaluation, and further research is needed to assess outcomes in PA reunification approaches by independent researchers and clinicians.

The Child's Experience of Alienation

Children of divorce are commonly associated with PA; however, PA may occur in some intact families (Baker & Eichler, 2016). Within both domestic situations, children who experienced alienation from a parent reported having trauma/posttraumatic stress disorder (Huff et al., 2017; Mone & Biringen, 2006). Mild to severe symptoms of post-traumatic stress disorder may cause the youth to use maladaptive or dysfunctional emotional regulatory processes to reduce the distress the child experiences (Scott & Weems, 2017). Studies indicated that the most associated behaviors children experience from PA are also believed to occur because of the child's coerced participation in the denigrating behaviors of the targeted parent and not solely because of separation and the loss of the parental relationship (Baker & Eichler, 2016; Baker & Verrocchi, 2016; Mone et al., 2011).

Fidler and Bala (2010, 2020) postulated that data consistently found that alienated children are at risk for emotional distress and adjustment difficulties and are at a much higher risk than children from litigating families who are not alienated. These findings were based on the author's clinical observations, case reviews, and qualitative and quantitative studies consistently indicating that alienated children might exhibit internalized grief, shame, and emotional and psychological impairment (Harman et al., 2019b; Lorandos et al., 2013). In addition to the initial loss of the child's family of origins, the child can have a disruptive relationship with members of the targeted parent's

extended family, particularly grandparents, which is an integrated aspect of the alienating inducing parent's continued effort to sustain the child's devotion and loyalty (Baker, 2007; Claw & Rivlin, 2013).

Bernet et al. (2010) stated that children with PA should receive appropriate treatment. Despite the disagreement about conducting the therapy, every mental health professional would agree that one goal of treatment is to have a safe, healthy, and mutually satisfying relationship with their parents.

Parental Alienation: Short and Long-Term Impacts on the Family Systems

Families are the social foundation in every society and are considered one of the most compelling relationships individuals experience throughout their lifespan (Scharp et al., 2020). Many studies have documented the short and long-term psychological damages associated with PA (Baker & Ben-Ami, 2011; Baker & Verrocchio, 2016; Ben-Ami & Baker, 2012; Harman et al., 2019b). Baker and Ben-Ami (2011) found that PA was significantly associated with alcohol abuse and depression, and lack of independence. The authors expanded on their initial findings that individuals exposed to PA as children were at a higher risk of experiencing poor self-esteem, higher rates of major depression, and a greater likelihood of developing attachment issues and relational problems.

Bentley and Matthewson (2020) studied 10 alienated adult children to explore PA experiences during childhood. Using the Braun and Clarke (2006) thematic analysis framework, themes were identified: alienating behaviors and impact, mental health, relationship difficulties, learning and development, grief and loss, disconnection,

dysfunction, and coping and healing. The participants described experiencing anxiety, depression, low self-worth, guilt, attachment problems, difficulty in other relationships, and reduced or delayed educational and career attainment. These findings are consistent with prior research (Baker, 2006, Haines et al., 2020; Harman et al., 2019a). The results provide some evidence that PA should be considered a form of child abuse (Poustie et al., 2018; Templer et al., 2017). Mental health professionals must properly understand PA and its impact on working effectively with this population. Templer (2017) noted that ideal therapy components should address emotional regulation and attachment-related issues (Haines et al., 2020).

According to Raudino et al. (2013), the relationship between children and their parents during childhood is linked to emotional functionality in adulthood. The data indicated that the parent-child relationship quality is a significant predictor of developing substance abuse problems as they mature (Zhai et al., 2014).

Mental health professionals have considered PA behaviors implemented and modeled to children as a form of child abuse with possible lifelong ramifications. Several researchers have made similar observations and conclusions that are commonly associated with multiple forms of childhood abuse have been linked to alienation from a parent, including anxiety, depression, low self-work/esteem, and the foundation for insecure attachment styles (Baker & Ben-Ami, 2011; Fidler & Bala, 2010, 2020; Harman et al., 2019b; Mercer, 2019; Poustie et al., 2018).

 Verrocchio et al. (2017) conducted a study to seek the experience of a child alienated from one parent to long-lasting adverse harm that spans into adulthood (Baker

& Chamber, 2011; Ben-Ami & Baker, 2012). Research studies have widely reported the negative impact of PA on children, with outcomes ranging from the development of psychopathology (i.e., depression, anxiety, substance abuse, and conduct disorders) to declined academic performance, inability to trust, poor physical health, neurological damage, developmental delays, and low self-esteem (Harman et al., 2019b; Verrocchio et al., 2017).

Baker (2007) interviewed 40 adults who believed they had been subjected to a parent's alienating behaviors. Of the 40, all reported that they eventually realized that the alienating-inducing parent was manipulating them, and 75% did not know this until adulthood, with the average length of alienation being 20 years. However, many of these studies used self-reported retrospective samples, which do not allow causal relationships between adverse outcomes and alienation to be established. Thus, PA's long-term impact cannot be validated (Doughty et al., 2020; Lorandos et al., 2013; Marques et al., 2020; Mercer, 2019).

The Targeted Parent's Experience

Research has been focused mainly on conceptualizing PA, debating PAS diagnosability, or developing models to extrapolate the phenomenon rather than focusing on the targeted parent is lived experiences (Balmer et al., 2018; Drozd & Olsesen, 2004; Lee-Maturana et al., 2018; Meier, 2009; Poustie et al., 2018; Walker & Shapiro, 2010). Previous data about targeted parents have often originated from sources other than the target parent, such as targeted children and legal or mental health professionals (Baker, 2010; Bow et al., 2009; Viljoen & van Rensburg, 2014).

Studies have indicated that for targeted parents, the outcomes for PA appear to be like other forms of intimate partner violence, whereas targeted parents reported experiencing depression, anxiety, high levels of suicidality and unresolved grief, and ambiguous loss (Balmer et al., 2018; Giancarlo & Rottmann, 2015; Harman et al., 2019b; Lee-Maturana et al., 2018). These findings are consistent with Vassiliou and Cartwright (2001) conducted small-scale research into the targeted parents' lived experiences of PA (n=6), exploring target parents' thoughts and feelings. Findings included sabotaged relationships with children, loss of parental role and power, and dissatisfaction with the legal and mental health system.

Poustie et al. (2018) investigated the target parent's experience of PA and alienating behaviors. The authors used Braun and Clarke's (2006) thematic analysis framework to identify themes in the data. The authors found that targeted parents have six experiences: physical and emotional distance from their children, emotional and financial costs associated with their engagement with systems such as legal and child protection systems, poor mental health for the targeted parents, concerns for their child's psychological well-being, and targeted parents considered alienating behaviors to be a form of family violence. Balmer et al. (2018) conducted a study to examine 225 male and female target parents' perspectives to examine sex differences in target parents' experience. The results revealed that the target parents' mothers experience a significantly higher severity of exposure to PA than the targeted parent's fathers. The severity of exposure to PA tactics substantially increases in the appraisal of the PA situation as threatening. The authors noted contrasts to previous descriptions of targeted

parents as being rigid, controlling, distant, unskilled, passive, and emotionally detached (Balmer et al., 2018; Drozd & Olsesen, 2004; Friedlander & Walters, 2010, Johnston, 2003; Kelly & Johnston, 2001, Poustie et al., 2018).

Lee-Maturana et al. (2018) undertook a systematic literature review to identify and provide a narrative synthesis of data about targeted parents' characteristics and experiences from their perspective. The authors found discrepancies in the literature regarding the parenting role of target parents. Balmer et al. (2018) found that they perceived themselves as adequate and confident in their parenting skills and their ability to discipline their children. The authors also found gender differences, with mothers feeling more satisfied with being a parent than fathers. However, all genders generally have a positive attitude toward their ability. In contrast, Vassiliou and Cartwright (2001) described the targeted parents as losing their parental role and power due to PA. Further, the study is unclear whether mothers or fathers are likely to become target parents. Historically, it has been reported that fathers are more likely to be alienated from their children than mothers (Ellis & Boyan, 2010; Gardner, 2002, Johnston, 2003; Meier, 2009; Vassiliou & Cartwright, 2001). From this study, the typical age for children was 11-15. This is consistent with previous research indicating that older children are more susceptible to PA (Johnston, 2003) due to adolescents having the physical ability to stay with the parent alienating inducing parent. Moreover, children over the age of 12 are more likely than younger children to testify in court proceedings about their custody preferences (Barnett & Wilson, 2004; Lee-Maturana et al., 2018).

While there is evidence to support that targeted parents are beginning to acknowledge their lived experiences with PA, the failure to adopt a universal definition and common terminology of PA continues to negate a complete understanding of the complexities of interpersonal and systematic dynamics by clinicians and legal professionals (Poustie et al., 2018; Doughty et al., 2020; Whitcombe, 2017). The research suggests further investigation and consideration of empowering targeted parents within research to acknowledge and validate their experiences; and provide a more informed and shared understanding of PA amongst clinicians, legal professionals, and other systems levels that are potentially involved with improving the outcomes for children and families (Baker, 2010; Balmer et al., 2018; Poustie et al., 2018; Whitcombe, 2017).

Characteristics of Alienating Inducing Parent

The literature found that research primarily focuses on children and targeted parents, and little attention has been given to the alienating-inducing parent's characteristics, beliefs, and experiences (Marques et al., 2020; Poustie et al., 2018). Barriers may be due to limited access to parties within high-conflict divorce or separation or court-ordered treatment. Other factors may include demands of the court battle itself, such as the court proceedings, financial burden, time, and emotional and psychological distress (anxiety, depression, grief, and loss issues. Baker (2010), Vassiliou & Cartwright (2001), and Whitcombe (2017) described that alienating-inducing parents could experience a sense of powerlessness, frustration, and exposure to legal and financial threats (Meier, 2009), which further alienates the alienating-inducing parents from cooperating with systems designed to support the parent (court, social services, etc.).

Therefore, alienating-inducing parents identify as victims of the other parent's behaviors. For research purposes, it becomes convenient to obtain a sample group of "self-identified," which in PA research depends on such data (Harman et al., 2019b; Marques et al., 2020).

According to Ellis and Boyan (2010), alienating-inducing parents typically present with cluster B personality disorder (borderline, narcissistic, antisocial, or histrionic). The most displayed behaviors of overly emotional, dramatic, or lack of empathy for others. Due to a lack of insight, individuals with personality disorders seldom seek treatment or have a range of treatment availabilities (APA, 2013). Roma et al. (2020) examined the psychological features of alienating mothers (58 PA cases) according to their MMPI- 2 profiles. The results indicated that alienating mothers presented higher moral virtue and extroversion. The alienated mothers were more vulnerable to interpersonal stress and demonstrated poor self-representation. Therefore, the alienating-inducing parent-child relationship becomes fused due to inappropriate boundaries, making it difficult for them to differentiate themselves from the alienating-inducing parent, affecting the child's overall development and functioning.

Research suggests that mothers are more predisposed to become alienating parents. At the same time, fathers experience PA more frequently and more intensely, and fathers showed more aggressive in their attempts to destroy the mother's authority in the parent-child relationship (Balmer et al., 2018; Bow et al., 2009; Ellis, 2005; Gardner, 2002; Vassiliou & Cartwright, 2001). As previously stated, the researcher supports that mothers and fathers can alienate equally when PA occurs.

Parental Alienation: Professional Perspective

The research revealed several studies addressing PA from the professional perspective, experience, and operational work within PA (Baker, 2007; Bow et al., 2009; Marques et al., 2020; Rueda, 2004; Saunders et al., 2015). The research into subjective experiences of PA has primarily focused on the behaviors of the alienating parents (Baker, 2005, 2006; Ellis & Boyan, 2010. Garber, 2011; Poustie et al., 2018); the perspective of the alienated child (Baker, 2005, 2006; Baker & Chamber, 2011; Ben-Ami & Baker, 2012; Hands & Warshak, 2011; Johnston, 2003; Kelly & Johnston, 2001; Poustie et al., 2018) and the experiences of the targeted parent (Baker, 2010; Balmer et al., 2018; Lee-Maturana et al., 2018; Poustie et al., 2018).

A heterogeneous group of professionals collaborating with PA, such as clinical social workers, therapists, psychological evaluators, court-appointed therapists, child custody evaluators, attorneys, judges, and guardian ad litems (Bernet et al., 2010; Bernet, 2020 Loreandos et al., 2013). Doughty et al. (2020) and Emery et al. (2005) identified that professionals collaborating with PA must reflect on their "new roles" resulting from a systematic approach to working with divorced families and child custody disputes. Templer et al. (2017) noted that family litigation procedures had led legal and mental health professionals to take new roles and require collaborative therapeutic and court practices, especially PA (Johnston, 2003). The literature indicated that the professional roles, especially social work, were often unclear (Balmer et al., 2018; Doughty et al., 2020; Harman et al., 2019a; Lee-Maturana et al., 2018; Mercer, 2019; Poustie et al., 2018).

Role of Mental Health Professionals

Mental health professionals collaborating with individuals and families, especially in child custody, separation, divorce, and parent-child distress, may encounter PA in mild, moderate, or severe forms (Harman et al., 2019a; Lorandos et al., 2013). Mental health professionals might become involved in cases of PA involuntarily. For instance, a social worker might already be the therapist for a parent who then divorces and becomes the alienating-inducing parent or the targeted parent as the family becomes entrenched in the alienation process. Second, a school counselor might work with an excessively anxious child with continuous panic episodes when their parent's divorce, ally with one parent, and reject the other. In some cases, mental health professionals are directly involved in a PA case. A psychiatrist might agree to conduct a custody evaluation and, through the assessment, identifies that the child has begun to manifest PA symptoms. A psychologist and a reunification specialist might agree to reunify a child and a parent after being alienated from each other for several years.

The literature indicated that many mental health professionals are reluctant to become involved more than superficially due to the complexities of PA, such as legal challenges from each parent's attorney wanting the mental health professional to support the parent's position or from the parents (Lorenados et al., 2013; Johnston & Sullivan, 2020; Warshak; 2016, 2020). However, some mental health professionals become overly involved in PA cases. For example, mental health professionals attempt to be both the child's therapist and the custody evaluator, assuming a dual role of clinician and decision-maker (Bernet, 2020; Lorandos et al., 2013; Warshak, 2020). This may

constitute an ethical violation, and a formal complaint might be brought to the state licensing board. Fidler and Bala (2010, 2020) explained that it is difficult for mental health professionals to achieve outcome objectives and meet the various complexities, often completing the different family members' needs.

The literature also revealed several challenges mental health professionals face when diagnosing, assessing, and treating this service population. First, there is a lack of support and adequate training and education on PA or PAS-informed protocols, abandoning clinicians with limited conceptualization and definitions, if any, for PA (or, in some cases, PAS). According to Bernet et al. (2015) and Warshak (2019), many professionals lack foundational knowledge about the complexities and the multifaceted presentations that distinguish PA from other parent-child contact problems (Doughty et al., 2020).

Regarding clinicians' awareness of PA, Bow et al. (2009) published their research in which they surveyed 448 mental health and legal professionals about their knowledge of PA and PAS. They found their participants, as a group, to be knowledgeable about PA and aware of the controversies regarding the topic (71%). Interestingly, the percentages of attorney and child custody evaluators (45.5%) who responded to the survey are the same and much more significant than those of other responders (Bow et al., 2004; Gardner, 2004). As a result, PAS among attorneys and child custody evaluators was higher in other groups, which might be why they responded to the survey in disproportionally high numbers. According to these findings, court-ordered therapists and parenting coordinators also encountered PAS often, but the number of cases in which

court-ordered therapists are small. The authors found that, on average, their respondents have attended conferences and read books or articles that addressed PA. The study supports the literature that mental health professional and legal professional views varied according to their professional role, knowledge, and assigned meaning to PA or PAS. However, the study participants were identified through internet searches, causing concerns about the sample's representativeness.

Custody Evaluator

In high-conflict cases, providing support to the court in determining the "best interest" of the child can be a rewarding and complicated task. Evaluators must be cognizant of the interacting dynamics between immediate family members and the children's network of social support, such as stepparents, grandparents, friends, parents of friends, and school personnel (Baker, 2010; Bow et al., 2009; Lorandos et al., 2013; Templer et al., 2017).

Warshak (2020) has addressed the unique and pertinent challenges of conducting a custody evaluation involving PA cases, particularly the need to dispel false allegations with credible evidence. The evaluator is tasked to discern rumors, ideas, stories, and allegations from their origins for the truth or imagined happenings (Lorandos et al., 2013). Mental health professionals must be cautious in evaluating unintentionally serving the alienating inducing parent's purposes. Jaffe et al. (2017) and Warshak 2020 noted that mental health professionals who are perpetual false information without fact-checking might contribute to, rather than alleviate, a family's distress (Lorandos et al., 2013).

Baker (2007) surveyed 106 mental health professionals who conducted custody evaluations. The respondents reported that PAS occurred between 0% and 55% of their cases, with an average of 11.2% (SD=13). Baker found that the evaluators who identified PAS more frequently were more familiar with PAS's concept, were more likely to assess for PAS, and were more likely to believe that one parent can turn a child against the other parent and were more confident in their evaluations. The findings also revealed a historical argument and discord within the professional arena of whether PAS should be included in the DSM-5 and whether it meets the Daubert and Frye standards. Most participants agreed that PAS should not be included in the DSM-5 and did not meet the Daubert and Frye standards. The literature supports the findings of Bow et al. (2009), Rueda (2004), and Saunders et al. (2015).

Viljoen and van Rensburg (2014) conducted a small study (n=8) to explore the experience of psychologists working with PAS in private practice. The study revealed two themes: PAS's general understanding and the operational and practical experiences collaborating with PAS. The study aligns with the majority of PA and PAS literature; the lack of empirical accepted criteria for PAS makes it challenging to prove; PAS is described as a complex concept and has an elevated risk for ethic-based complaints; legal professionals have inadequate education about the dynamics of PAS, and they may indirectly promote alienating behaviors. It is noted that this is a small study size with selection bias, sample participants were not representative of the United States, and findings cannot be generalized throughout the larger population of psychologists.

Parenting Coordinator

Parenting coordinators were introduced to relieve the court of the burden of contentious custody cases and parents engaged in conflict (Shaw, 2017). A parenting coordinator is a trained mental health professional or family law professional (legal, mental health, or hybrid professional) that assists parents in the child-centered dispute resolution process. The primary goal is to resolve through combined assessment, case management, conflict management, educate parents, and make decisions within the scope of their court process and address parental complaints such as visitation and parenting disputes (Association of Family and Conciliation Courts, 2019; Lorandos et al., 2013).

The Association for Family and Conciliation Courts (2019) was developed to establish credibility and validity for parent coordinators as a professional practice. The Association for Family and Conciliation Courts published Guidelines for Court-Involved Therapy (2019) that defined and outlined court-ordered therapy as different and distinct from traditional psychotherapy. The guidelines were intended to serve several purposes: to assist members of the Association for Family and Conciliation Courts and others who provide treatment to court-ordered children and families, to assist those who depend on mental health services, or to the opinions of mental health professionals in promotion and implementation of effective treatment and to assess the quality of treatment services, and to assist the court to develop clear and compelling court-orders and parenting plans (Association for Family and Conciliation Courts, 2019; Coates et al., 2003; Lorandos et al., 2013).

Therapist for the Family

Alienation is a systematic family problem where disruptions in family structure, boundaries, and roles are evident (Fidler & Bala, 2010). A family systems approach is required in mild and some moderate PA cases (Fidler & Bala, 2010, 2020; Friedlander & Walters, 2010; Gardner, 2002; Lowenstein, 2015; Mercer, 2019; Sullivan & Kelly, 2001). This approach might be helpful for the family therapist to grasp the broader view of complex family systems. In a comprehensive overview of the literature on alienation and mental health professional intervention, Fidler and Bala (2010, 2020) concluded that counseling and psychotherapy are suitable for mild and some moderate cases. Warshak (2010, 2020) argued for several leveled options of court-ordered therapy. Traditional therapy is most likely effective in early phases with less severe problems and when the alienating-inducing parent and child are likely to cooperate.

Additionally, the literature indicated that many couple and family counselors had not received specific training regarding PA or PAS assessment and treatment (Vassiliou & Cartwright, 2001; Weigel & Donovan, 2006). Therefore, professionals working with PA must become familiar with PA's characteristics and experiences of all dysfunctional family system members. This would aid professionals in developing and implementing appropriate interventions/treatments.

Reunification Specialist

The reunification specialist or therapist's role is unique, distinct, and different from the mental health counselor or family therapist's traditional role. This role requires an interdisciplinary approach. Like forensic psychologists and forensic social workers,

mental health interfaces with the legal system must understand how the court operates, the laws, and their legal implications. These variables affect their professional role and function (Bernet et al., 2018). Saini et al. (2016) noted that reunification therapy could be outside the scope of what the clinician learned in graduate school and training (Lorandos et al., 2013). In 2013, a study by the American Bar Association found after following 1,000 cases that traditional therapy was ineffective in treating PA cases (Clawar & Rivlin, 2013).

Fidler and Bala (2010, 2020) and Lorandos et al. (2013) reported considerable confusion within the mental health field between individual, couple, and family therapy versus court-ordered therapy within the context of forensic treatment. Forensic treatment is conducted within the accountability of legal guidelines and role alignment. Court-ordered therapy and treatment are not flexible with theoretical orientation, therapeutic options, and discretion by the therapist to alter procedures, make referrals, and change goals according to what the mental health professional determines is most helpful to the client time services are provided. Consequently, the process of reunification also is different from the parenting coordinator, which is an alternative dispute resolution process to help parents in conflict make parenting decisions and comply with parents' agreements and orders (Association for Family and Conciliation Courts, 2019; Lorandos & Bernet, 2020; Lorandos et al., 2013).

Baker et al. (2020) conducted a study of mental health professionals about their work conducting court-ordered reunification therapy with moderate to severe cases of children's rejection of a parent. The authors examined four issues: assessment/screening

of alienation versus estrangement, development of treatment goals, definition and measurement of treatment success, and barriers to successful treatment. The findings indicated that screening was not a consistent reunification component; one-fourth of reunification therapists reported that they did not conduct assessments. One-third said that doing so is unimportant, and none reported using a standard screening tool.

The second findings are that only half of the clinicians always developed treatment goals. Only about half of the clinicians reported that correcting a child's distortions was essential. For clinicians who worked with estrangement cases, 98% said that only some instances were hybrids, meaning that some cognitive distortions are likely in their cases. The following notable finding was the high endorsement of numerous barriers and causes of treatment failure described by clinicians; lack of training, delays instituted by the alienating inducing parent, and targeted parent's efforts to sabotage the child's relationship with the clinician. Interestingly, clinicians noted that defining treatment success as "the resumption of parenting time between the child and the targeted parents,'' only one-fourth of the clinicians reported that parenting time was resumed in fewer than one-fourth of their caseload. The data strongly suggested the need for specialized training and support for clinicians providing reunification therapy for families affected by PA to include assessment and diagnosing all cases using reliable and valid screening protocols, which would increase treatment success and peer consultation to reduce bias (Baker et al., 2020).

Role of the Attorney

Attorneys may have several roles in cases that involve PA, but the most common is serving as the lawyer for one of the parents. Attorneys may also serve as guardians ad litem for the child or as "best interest" attorneys representing the child. Litigation of PA cases requires a skillset and knowledge of legal procedures beyond those used in less complex family law cases. Research has shown that attorneys for the parents, by their advocacy stance and limited perspectives, may exacerbate alienation processes based on a (Harman et al., 2020; Kelly & Johnston, 2001; Lorandos et al., 2013). Baker (2007) conducted a study of 76 self-identified targeted parents of PA for their attorneys' subjective experiences. The results found nearly uniform negative perspectives of their attorneys, such as attorney's lack of understanding of PA (60%), attorney's lack of systems associated with PA such as therapists, guardian ad litem, custody evaluators, psychological evaluations, and child protection services; respondents involved in multiple legal episodes (90%), various judges hearing the case (one-fourth were assigned four or more judges). It is noted that this study has selection bias, a small sample size, and may not represent the larger populations. However, the study quantified targeted parents' perceptions of their attorneys. The literature suggests that attorneys involved with PA cases should coordinate and engage in a multi-disciplinary team to systematically address PA's complexities (Sullivan & Kelly, 2001).

Role of the Court

The literature indicated many years of criticism regarding the management of PA cases in court, ranging from the adversarial nature of law to the rules and policies of

many courts to an individual judge's actions (Baker. 2010; Balmer et al., 2018; Lorandos et al., 2013; Lee-Maturana et al., 2018; Poustie et al., 2018). Sullivan and Kelly (2001) reported that many mental health professionals and legal professionals had expressed concerns regarding the absence of active case management, legal disputes that are prolonged for months to years, litigation that escalates conflict, litigation that supports PA behaviors, and multiple violations of court-orders (Lorandos et al., 2013). This supported Meier's (2009) claim that PA cases dominate the family court system in the United States, where an alienating inducing parent often makes false allegations of abuse against the targeted parent to ensure custody or change of residency. Darnall (2011) described alienating-inducing parents as putting pressure on their children to reject the targeted parent in court. Sullivan and Kelly (2001) have suggested that alienation cases require legal and clinical management with professional roles clearly outlined to enable families to function more effectively.

Fidler and Bala (2010, 2020) noted that the court has more power and influence than other mental health professionals and legal professionals to moderate or alleviate PA. The authors pointed out that a judge could be a prime motivator for change in many alienation cases. Most notably, the research indicated that PA is a genuine problem and is universally observed by judges, lawyers, custody evaluations, and therapists (Lorandos et al., 2013; Vassiliou & Cartwright, 2001).

However, professionals vary in the extent to which they support the court's involvement in alienation cases ranging from rarely to never involved (Bruch, 2002; Fidler & Bala, 2010) to sometimes limited for the more severe cases (Fidler & Bala,

2010; Jaffe et al., 2017) and including what may appear to be milder types initially to prevent the problem from getting worse (Fidler & Bala, 2010, 2020; Friedlander & Walters, 2010).

While in some cases involving PA, environmental changes may be highly effective in helping children overcome unreasonable negative attitudes (Lorandos et al., 2013). Clawar and Rivlin (2013) reported an improvement in children's relationship with the targeted parent in 90% of 400 cases, increasing the child's contact with the targeted parent was court-ordered. Fidler and Bala (2010) and Warshak (2020) agreed that the court needs to consider carefully what poses the most significant risk to children in particular family circumstances, noting the short and long-term detrimental effects of custody reversal. For some children, the least damaging long-term option is to place them with the parent most likely to promote an overall healthy psychological development and adjustment, including facilitating a healthy relationship with the other parent. For others, the reversal is the issue due to typical challenges within a healthy parent-child relationship, and the child has complaints about changes. Custody reversal might become an ethical issue of coercion. The child's rights and civil liberties are essential and must be considered, not just for custody reversal but with all treatments/interventions typically used in alienation cases. Warshak (2019) noted that it is the professionals' responsibility and their regulatory licensing board to determine where they stand regarding the ethics of recommending or providing services to children referred against their will. There has been little well-controlled research on positive or negative outcomes involving custody

reversal cases; further research is needed. (Ellis, 2000; Fidler & Bala, 2010; Mercer, 2019; Sullivan & Kelly, 2001).

Lee-Maturana et al. (2018), Poustie et al. (2018), and Templer et al. (2017) agreed that the "systems" of mental health professionals, legal professionals, family court, and other professionals who may be involved with children and families of PA require greater dissemination of PA research for widespread and shared knowledge and understanding; collaborative efforts between mental health professionals and legal professionals is critical and possibly the most effective and efficient way to manage alienation processes. This requires a better understanding of best practices (Harman et al., 2019a).

Role of the Clinical Therapist

Clinical social workers working with individuals and families, especially in high-conflict child custody cases, divorce, separation, and parent-child relationship distress, may encounter PA in a mild, moderate, or severe form (Baker, 2005, 2006, 2007; Baker et al., 2020; Balmer et., 2018; Bow et al., 2009; Darnall, 1998, 2008, 2011; Doughty et al., 2020; Gardner, 1985, 2002 Harman et al., 2019a; Poustie et al., 2018). According to the NASW (2017b) and the U.S. Bureau of Labor Statistics (2022), the most common types of social workers were child, family, and school social workers, followed by healthcare social workers. Clinicians need to have a degree of knowledge and understanding of this phenomenon to assist with the new roles, prevalence, collaborative efforts within the legal arena, PA scholarship, and effective PA treatment programs (Verrocchio et al., 2017). However, without a clear and uniform definition, method of assessment, and treatment of PA, clinicians may unknowingly

contribute to the dysfunctional familial dynamics of PA; and the other multiple system levels of services (Doughty et al., 2020; Lee-Maturana et al., 2018; Mercer, 2019).

Along with psychologists, counselors, and mental health professionals, clinical social workers may provide treatment as court-ordered or voluntary treatment with the alienating inducing parent and targeted parent (individual, group, or family treatment), supportive services therapy to children, working with the family before parental alienation treatment use, and providing aftercare of parental alienation treatment (Lorandos et al., 2013; Mercer, 2019).

Given that clinical social workers are among the professionals likely to be sought out to support family systems affected by PA. PA-validated strategies are critical to a clinician's ability to serve this population competently. Empirical-based information about PA problems needs to be universal across multiple disciplines of professionals working with children and families (Doughty et al., 2020). Effective prevention and intervention programs should be universally available to family systems affected by this form of psychological maltreatment (Balmer et al., 2018; Harman et al., 2019a; Harman et al., 2020; Poustie et al., 2018; Verrocchio et al., 2017). Working from a theoretical framework of the family-systems approach enables clinicians to grasp the broader perspective of relational dynamics operating within a dysfunctional family, enhanced abilities to discern typical systemic dynamics, and a more remarkable ability to discern fallacies in PA allegations (Bernet et al., 2018; Warshak, 2020).

Clinicians should have access to required resources and be able to provide informed, empirically based interventions and relevant services in detecting and

diagnosing PA's presence. Moreover, clinicians must uphold the professional ethics, values, and practices as a licensed social worker requires an individual to actively engage in the protection of the individual, families, groups, and society's most vulnerable populations (Bernet et al., 2018; Fidler & Bala, 2010; Lorandos et al., 2013; Marques et al., 2020; Warshak, 2019). This stance is echoed throughout the literature to support ethical and professional competence with an informed approach to PA and help ameliorate the adverse impact of PA's manifestation in family dynamics of power and abuse.

Clinical social workers who engage in custody evaluation must consider their ethical responsibilities within their scope of practice, especially in forensic practice. Myers and Mercer (2022) reported that clinicians must be familiar with the ethical standards of their profession and ethical standards and guiding principles specific to forensic social work practice. The author noted that clinicians performing child custody evaluation must differentiate between the therapeutic and evaluative roles. For example, the evaluator serves the court with the concept of the "child's best interest." The evaluator's role is not the treatment of symptoms. Still, it determines that treatment is indicated and referred to the appropriate treatment format (individual or family therapy). Therefore, the evaluator continues to have a responsibility to be objective and not function in a dual role. Non-evaluative roles include parenting coordinator, mediator, therapist, or court-appointed therapist (Gould, 1998; Luftman et al., 2005; Lorandos et al., 2013; Myers & Mercer, 2022). Clinicians in these roles must not function in distinct roles within the same case; if so, the clinician should refer the matter to another mental

health professional. According to the National Association of Social Worker's Code of Ethics (NASW) (2017a), the child custody evaluator must be able to function as an expert, possessing competent knowledge, skills, experience, training, and education to qualify as an expert, and should seek consultation or refer out of the scope of practice cases to the appropriate specialists (Myers & Mercer. 2022).

Most of the studies on PA come from a qualitative approach: theoretical, descriptive, and prospective (Baker, 2007) by obtaining knowledge from the subjective experiences of mental health professionals and legal professionals (Baker, 2007; Bow et al., 2009; Marques et al., 2020; Rueda, 2004; Saunders et al., 2015), the behaviors of the alienating parents (Baker, 2005, 2006; Ellis & Boyan, 2010; Garber, 2011, Poustie et al., 2018) and the perspective of the alienated child (Baker, 2005, 2006; Baker & Chamber, 2011; Ben-Ami & Baker, 2012; Hands & Warshak, 2011; Johnston, 2003; Kelly & Johnston, 2001; Poustie et al., 2018;) and the experiences of targeted parent (Baker, 2010; Balmer et al., 2018; Lee-Maturana et al., 2018; Poustie et al., 2018).

One reason for the dearth of information on the perceptions and experiences of clinical social workers working in PA is that to date, the focus of research in the field has been on a general heterogeneous group of professionals' perspectives on PA (i.e., child custody evaluators, attorneys, mediators, parenting coordinators, court-ordered therapists, guardian ad litems, psychiatrists, and psychologists) whose perspectives and experiences working with PA produces different outcomes (Harman et al., 2019a). Despite the lack of explicit focus on clinical social workers' perspectives, many of these studies provided some insight into the professional attitude of "mental health professionals." For example,

Baker (2007), Baker et al. (2020), and Bow et al. (2009), Sanders et al. (2015) conducted studies of mental health professionals and legal professionals. The main themes revealed in the author's studies concerned with: professionals' knowledge of PA and PAS, how professionals conceptualize PA, and their acceptance of it as a diagnosable "syndrome."; professional's perception regarding the prevalence of alienation between mothers and fathers, as well as alienated girls versus boys; professional understanding of evaluation processes, assessment tools, and procedures; and professionals' practices and decisions on PA cases and their subjective experiences regarding treatment/intervention. Knowing the perceptions and experiences of clinical social workers working with PA is critical to bridge clinical observation and social science research. This may assist with credible research, help with PA's prevalence, and clarify the specific features of PA to define diagnostic criteria, validity, and reliability of PA construct to support assessment tools for identifying PA for appropriate treatment/intervention. Researchers must provide high-quality, robust, updated publications to help the child and family-focused practice and the clinicians (Bernet et al., 2018; Doughty et al., 2020; Marques et al., 2020).

The literature supported the lack of information about clinical social workers' understanding of PA and their experiences working with it. The purpose of the study was to bridge the gaps in social work practice knowledge on the perceptions and experiences of clinical social workers working with PA.

Summary

For over 60 years, researchers have discussed the subject of PA and the ongoing debates and controversies, yet the problem still exists and is still growing. Despite the comprehensive research studies aimed at the existence and definition of PA, gaps remain. For example, high-quality empirical studies aimed at constructing and validating tools for the assessment of PA (Doughty et al., 2020; Harman et al., 2019b; Marques et al., 2020), PA as a form of family violence from a systematic perspective (Harman et al., 2019b), and accurate prevalence studies of the incidence of PA (Marques et al., 2020; Saini et al., 2016). Most of the studies on this topic come from qualitative studies: theoretical, descriptive, and prospective (Baker, 2007) by obtaining knowledge from the subjective experiences of mental health professionals and legal professionals (Baker, 2007; Bow et al., 2009; Marques et al., 2020; Rueda, 2004; Sanders et al., 2015), the behaviors of the alienating parents (Baker, 2005, 2006; Ellis & Boyan, 2010. Garber, 2011, 2020; Poustie et al., 2018) and the perspective of the alienated child (Baker, 2005, 2006; Baker & Chamber, 2011; Ben-Ami & Baker, 2012; Hands & Warshak, 2011; Johnston, 2003; Kelly & Johnston, 2001; Poustie et al., 2018) and the experiences of targeted parents (Baker, 2010; Balmer et al., 2018; Lee-Maturana et al., 2018; Poustie et al., 2018).

In Chapter 2, I provided an extensive literature review that yielded little data explicitly on the perceptions and experiences of clinical social workers working with PA; however, there are studies from the professional perspectives of mental health professionals and legal professionals with results of peer-reviewed journals published articles, books, and professional literature. This chapter also included an in-depth

discussion of PA complexities and controversies. A gap emerged, indicating the need to

go directly to clinical social workers to examine their perceptions and experiences

working with PA.

Section 2: Research Design and Data Collection

Introduction

This qualitative research study aimed to understand clinical social workers' perceptions and experiences working with parental alienation (PA). PA has profoundly impacted individuals and families (Baker, 2005; Baker & Ben-Ami, 2011; Baker & Verrocchio, 2016; Bernet, 2020; Marques et al., 2020). Clinical social workers play a vital role in the interdisciplinary team within the system providing social-emotional and social services to families going through divorce or separation. Therefore, the clinical social worker's knowledge about PA is necessary, especially when clinicians are offering recommendations regarding custody of the children, termination of parental rights, individual or family therapy, interventions, treatment, and other resources (Doughty et al., 2020: Lee-Maturana et al., 2018: Mercer, 2019). The theoretical framework for this study is based on Bowen's family systems theory.

I used a qualitative research design for this study with purposive and snowball sampling techniques to identify clinical social workers who work with PA, especially children and families involved in child custody, divorce, separation, and parent-child relationship problems. The participants discussed their perceptions and experiences working with PA through individual interviews. I used Zoom video conference or recorded phone calls and a portable digital recorder for audio backup if a web conference system recorder or playback failed (Tuttas, 2014).

The recordings were transcribed verbatim via Zoom's audio and transcription cloud, and themes were identified from the individual interviews. I used reflectivity and other tools for trustworthiness to help ensure ethical standards.

Section 2 included specific descriptions of the design, a review of the research methodology used, the data collection method, and the data analysis plans. To conclude the section, I presented how ethical research practice was implemented.

Research Design

This qualitative research study aimed to understand the perceptions and experiences of clinical social workers who work with PA, especially children and families involved in child custody, divorce, separation, and parent-child relationship problems. The primary research questions addressed the following: what are the perceptions of clinical social workers working with PA, and what are the experiences of clinical social workers working with PA? The qualitative research design included data collection, thematic content analysis, and individual interviews via Zoom audio or recorded phone calls.

Qualitative research allows the researchers to ask questions regarding human behaviors, personal bias, and the individual's understanding and opinions of other people's behaviors. Qualitative research aims to understand how individuals make sense of their lives and experiences (Merriam & Tisdell, 2016). Clinical social workers who provide PA services are valuable resources because of their knowledge of working with individual and family systems. A sample of clinical social workers helped communicate their perceptions and experiences working with PA for this study.

Clinical social workers who provide services to children and families involved in PA, high-conflict child custody cases, divorce, separation, and parent-child relationship problems volunteered to participate in semi-structured, individual interviews. The licensed clinical social workers selected for the study had competent PA knowledge and a multi-factor systematic approach to treatment/services. The 6-12 individual interviews were conducted to the point of data saturation, as no new data was discovered (Ravitch & Carl, 2020).

In qualitative research, the sample size should follow the concept of saturation until new data collection does not reveal any new insights into the phenomenon being investigated (Ravitch & Carl, 2020). Using a virtual research setting may have possible limitations in building rapport with the participants, which I attempted to alleviate by sharing my own experiences and asking simple probing questions such as, "How do you feel today? Are you comfortable with this setting?" I informed participants that they could discontinue the interview at any time. I simultaneously took field notes during the interview sessions and used the field notes to complement the significant and circumstantial or situational factors (Salanda, 2016).

Methodology

Data Collection

The method for collecting data in this study included individual interviews, which allowed me to collect data from licensed clinical social workers in the north-central region of West Virginia and examine their perceptions and experiences of working with PA. According to Kruger (1994), a focus group has six defining characteristics that will

benefit this study: (a) focus groups involve people; (b) they are conducted in a series; (c) participants are reasonably homogenous and unfamiliar with each other; (d) they are methods of data collection; (e) the data is qualitative; and (f) they constitute a focused discussion (Merriam & Tisdell, 2016; Ravitch & Carl, 2020). The data collected in response to the research questions in the individual interviews were used to analyze licensed clinical social workers' firsthand knowledge and insight into PA's complexities and enhance the PA knowledge base.

The individual interviews and I (the interviewer) served as the data collection tools. Ravitch and Carl (2020) noted that individual interviews provide a depth of information from everyone in a study; however, a focus group fosters thinking and understanding among individuals and subgroups. Due to the COVID-19 pandemic constraints of distance, concerns about confidentiality, the privacy of a virtual focus group, and the adverse effects of groupthink, individual interviews were a more successful methodology for collecting data (Ravitch & Carl, 2020).

The audio recording data were transcribed before being hand-coded in-vivo using Microsoft word and Nvivo-12 software program. Recorded data were stored securely in a cloud kept at my home office. All live interview recordings were saved within the audio recorder and downloaded onto my laptop. Audio recordings were password-protected via the cloud. Data will be kept for five years, an IRB requirement of Walden University; after five years, all paper data will be shredded by a documentation company, and all recorded data will be erased or factory reset.

I listened to the recordings and manually transcribed the audio recordings verbatim into written text. The transcription for the two methods were used to compare for accuracy (Merriam & Tisdell, 2016; Saldana, 2016). Member checking was implemented to increase the credibility of the research project. I provided the participants with a copy of the transcript to review the data collected (15 minutes). This procedure allowed me to make any necessary corrections or revisions to ensure the accuracy of the data (Merriam & Tisdell, 2016; Ravitch & Carl, 2020). The researcher provided participants with the research study's findings so they could share their feedback via phone or email (10-to-20 minutes).

The data collection and analysis processes of the study aligned with the theoretical framework, Bowen's family systems theory. Bowen's family systems theory views the family as an interconnected unit whereby family members influence and are influenced by one another at the individual, dyadic, systematic, and intergenerational levels (Erdem & Safi, 2018). Bowen's family systems theory guided the conceptual framework to review interviews as collected data to categorize clinical social workers' perceptions and experiences working with PA. The primary data analysis technique used for the qualitative study is a coding process. The coding process provided for themes in qualitative research by categorizing and describing data from the participants that aligned with the conceptual framework.

Sampling

I searched for 6-12 licensed clinical social workers employed in the north-central region of West Virginia to explore their perceptions and experiences working with PA.

These licensed clinical social workers collaborate with PA, especially with children and families involved in high-conflict child custody, divorce, separation, and parent-child relationship problems. I used both purposive and snowball sampling techniques to identify participants for this research (Creswell, 2013; Merriam & Tisdell, 2016). Snowball sampling is often used in studies where it is difficult to recruit participants, as it allows the researcher to ask eligible participants for referral information to other individuals interested in participating in the study (Merriam & Tisdell, 2016). Researchers using purposive and snowball sampling techniques might experience sampling bias (Merriam & Tisdell, 2016; Rubin & Rubin, 2012). For example, sampling bias might be introduced as not all interested licensed clinical social workers will have an equal chance of participating in the research study**.**

Participant Selection and Criteria

I recruited 6-12 licensed clinical social workers through an informational announcement (see Appendix A). Ravitch and Carl (2020) noted that a focus group should be small and consist of 6-12 participants. Still, it is advisable to plan for the maximum number of participants to be prepared for those recruited who may not show up.

Eligibility for this study required the participants to be (a) a licensed clinical social worker in the north central West Virginia region with five years of experience, (b) English speaking, (c) be in a job position that provides services to children and families, (d) each participant is willing and able to participate in an individual interview for at least 45-to-90 minutes, and (e) complete the written informed consent agreeing to

confidentiality and to be audio recorded via phone or Zoom, (f) must have access to the internet and have the necessary hardware to participate in web conference technology or phone, (g) a moderate level of technological comfort and competency, enabling the participant to follow instructions to log on and participant in a virtual environment.

Volunteer participants were recruited from the social media sites such as Facebook community groups, LinkedIn, and participant referrals. The announcement was posted for two weeks to provide a sufficient timeframe for a response from eligible participants. Once potential participants responded to the recruitment announcement informing them of the research study, a follow-up phone call or email telling the researcher of their interest in participating in the research study. The researcher communicated with potential participants via phone or email screening questionnaire (Merriam & Tisdell, 2016).

After establishing that those potential participants met the inclusion criteria, I obtained their consent to participate in the study. I provided each potential participant with an electronic copy of the informed consent form for review, asked any questions or expressed concerns, and response within two weeks of receipt of the document. Potential participants were directed to reply to "I understand that I agree to the terms described above" via email for participation in the study. A scheduled interview time was established after each potential participant agreed to participate. The individual interviews were scheduled based on each participant's schedule. The individual interview sessions occurred via Zoom audio or recorded phone call rather than in person due to the ongoing COVID-19 pandemic. Individual interviews are about 45- to 90-minute semi-

structured meetings. Zoom offered encryption for protection, ease of sharing document sharing with participants, and participants needed only to click the password-protected direct link sent to them to open the video for participation (Zoom, 2021). Participants who participate via Zoom video conference or the option for a recorded phone call choose a time from 90-minute time slots that I sent via email in advance. Participants who consented to a Zoom interview or recorded phone call were sent an email confirming the date and time of their interview within 24 hours of choosing a specific time slot and received an email reminder about the Zoom or recorded phone call 24 hours before the interview.

Before beginning each interview, participants were allowed to review the informed consent and discuss any questions or concerns. Each participant was informed of the use of audio or phone recording before the interview started.

Instrumentation

For this purpose, I collected the data by facilitating individual interviews using a semi-structured data collection instrument. There was a self-designed questionnaire; containing 15 open-ended and probing questions based on the literature review, the theoretical perspective, and my understanding of the topic. The questions identified in Appendix B were constructed to obtain meaningful information from the participants and serve as an instrument linking the research problem, research questions, and pertinent literature (Ravitch & Carl, 2020). The individual interviews produced a set of data based on their perceptions and experiences working with PA. The answers to those questions are provided for the thematic content analysis of this study. The 15 open-ended and

probing questions were reviewed and revised for quality and consent under my department chair.

Data Analysis

I used thematic content analysis to analyze the data collected from the individual interviews, consisting of 6-12 licensed clinical social workers' perceptions and experiences working with PA. Each licensed clinical social worker was provided with a three-digit assigned number for use during the individual interviews. This set number was recorded on their informed consent form (electronic form). The study participants were asked to identify themselves by this number before responding to the interview questions ensuring participants' confidentiality and privacy. The individual interviews were conducted via recorded audio Zoom conference or recorded phone call. Participants being interviewed via Zoom or by phone call were in control of their privacy and comfort level.

Participants were given a hyperlink within the informed consent form, and transcripts were removed from the Zoom cloud after participants completed member checking. I also manually transcribed the audio recordings verbatim into written text. The transcription for the two methods were compared for accuracy (Merriam & Tisdell, 2016; Saldana, 2016).

Member checking was implemented to increase the credibility of the research project. I provided the participants with a copy of the transcription to review the data collected. This procedure allowed the researcher to make any necessary corrections or revisions to ensure the accuracy of the data (Merriam & Tisdell, 2016; Ravitch & Carl, 2020).

Once each participant verified the accuracy of the transcript, I re-examined the transcribed (raw) data before initializing the thematic content analysis- the thematic content analysis involved an inductive technique. Per Merriam and Tisdell (2016), an inductive approach was used to define emerging codes in the data set.

According to Saldana (2016), thematic content analysis involves data condensation, coding, creating categories, and identifying themes. Data condensation was used to analyze the data collected to initiate familiarity with the data and understand how the data collected relates to the research (Merriam & Tisdell, 2016; Saldana, 2016). I reviewed the transcript for how well it described the perceptions and experiences. Then I recorded all relevant statements and identified and removed all statements that appeared redundant/overlapping with other statements.

The data collection and analysis of the study aligned with the theoretical framework using Bowen's family systems theory. Bowen's family systems theory views the family as an interconnected unit whereby family members influence and are influenced by one another at the individual, dyadic, systematic, and intergenerational levels (Erdem & Safi, 2018). Bowen's family systems theory guided the conceptual framework to review interviews as collected data to categorize clinical social workers' perceptions and experiences working with PA. Bowen's family systems theory was the best choice for this study, and the interpretation of the findings provided credibility during the data analysis and conclusions. Furthermore, my study aligned with the purpose, problem statement, research question(s), and theoretical framework.

Dependability is based on the researcher's ability to have stable data (Ravitch & Carl, 2020). I used dependability by recording and storing audio, and interview transcripts, taking notes, and journaling my study reflections. By qualitative analysis software programming, the data collected was managed correctly and stored in a safe location for a minimum of 5 years.

Confirmability is the researcher's willingness to seek confirmation of their data findings. Ravitch and Carl (2020) suggested that researchers include triangulation strategies. Researcher reflexivity processed and external audits in their study to explore and address any bias from their findings. I journaled any of my biases that occurred during the interview process in which I incorporated limitations of the study for replication.

Ethical Procedures

The established guidelines of Walden University and the Internal Review Board (IRB) will guide all research procedures. The IRB reviewed the research proposals for ethical standards and compliance with federal regulations. IRB approval (02-02-2022) was required before the data collection phase of the research project. The informed consent process included study participants receiving an electronic informed consent document that described the purpose of the study, eligibility criteria for their participation in the study, and an explanation of participants' rights, confidentiality, and how their information will be reported. The informed consent also described how participants might withdraw from the study at any point during the data collection process. Participants were asked to review the consent form and reply with the words "I consent" via email to

participants in the study. Consents were stored on my password-protected laptop in my home office. Participant identification was kept until all data collection was completed. Additionally, all personally identifiable information was concealed, and collected data were used in all documents and presentations.

All efforts were made to protect the identity of the participants. However, study data may be private since I needed to contact participants for additional information. During the data analysis process, each study participant was assigned a three-digit number for identification and pseudo name participant 1-12. This assigned number was recorded on their informed consent form (electronic form). The study participants were asked to identify themselves by this number before beginning the interview or participants 1-12. The three-digit coded numbers and pseudo names were transcribed to link participants with their responses to the research questions. Once data collection was completed, all personal identifying information was destroyed. Study data was stored in my locked home office. Then the data was entered into a password-protected word document and Nvivo-12 qualitative software on a password-protected laptop. The study findings were disseminated in written, electronic form, and oral presentations, omitting the inclusion of any personal information. The study data may be used in future studies, teachings, and training while upholding participants' privacy.

Walden University's IRB guided and structured the data collection process and provided an identification number when approved to collect data from participants. All research materials recorded audio, and transcribed data were maintained in a locked cabinet and password-protected cloud drive on a password-protected laptop in my home.

This data will be kept for five years. After five years, the data (paper) will be shredded and disposed of through a confidential document collection company. Recorded audio and stored electronic data will be erased or factory reset. I am a single researcher and the only individual with secure data access.

Summary

Purposive and snowball sampling, the non-probability sample of licensed clinical social workers, were selected based on shared characteristics of clinical social workers who work with PA, especially children and families involved in child custody, divorce, separation, and parent-child relationship problems. Licensed clinical social workers participated in individual interviews via Zoom conference call to understand their perceptions and experiences working with PA. These recordings were transcribed verbatim. The participants were allowed to review the transcriptions for accuracy. The data was coded using thematic content analysis to categorize data and identify themes. When all the material was coded, themes were identified to answer the research questions. The information collected from each interview will increase the understanding of the clinical social worker's perceptions and experiences working with PA. The research data will be shared with social workers to provide valuable service to children and families involved in child custody, divorce, separation, and problems due to parental divorce or separation. The following section will describe the study's sample characteristics and findings.

Section 3: Presentation of the Findings

Introduction

This qualitative research aimed to understand the perceptions and experiences of clinical social workers who work with PA. The research questions granted the opportunity to vigorously pursue information related to the perceptions and experiences of clinical social workers working with PA in the north-central region of West Virginia. Through this qualitative research study, I developed an understanding of the perceptions and experiences of clinical social workers working with PA. The research questions were as follows: What are the perceptions of clinical social workers working with PA? What are the experiences of clinical social workers working with PA?

I used comprehensive individual interviews to gather information relevant to the qualitative study's research questions. The qualitative research design included semi-structured individual interviews with 6-12 master's level, clinically licensed social workers from the north-central region of West Virginia who works with PA. There were 15 open-ended and probing questions to obtain meaningful data. The participants' responses were recorded via phone or Zoom conference call. The audio recording data were transcribed before being hand-coded in-vivo using Microsoft Word, Microsoft Excel, and the Nvivo-12 software program. The results were filtered down to determine the categories and themes relevant to answer the research questions.

Section 3 of this study includes data analysis techniques and findings. The Data Analysis Techniques section presents an overview of the data collection, data analysis process, validation procedures, and study limitations or problems. The Findings section

includes characteristics of the sample population, an analysis of the findings, how the findings answer the research questions, a discussion of how the findings impact the social work practice problem in this study, and any unexpected findings.

Data Analysis Techniques

I received Walden IRB approval on February 2, 2022, and recruitment for this study began on February 3, 2022. I first posted an informational announcement on social media sites such as Facebook, LinkedIn, and participant referrals. The geographic region targeted for this study's recruitment was clinical social workers in the north-central area of West Virginia.

After one week of posting the informational announcement, no participants were recruited. I completed a change in procedure form with Walden University's IRB and acquired approval for changes to the recruitment time before extending the recruitment posting to 6 weeks. Recruitment efforts continued to be challenging due to participants not meeting the study criteria. I consulted my Chair to expand the participant geographic area from north-central West Virginia to across the United States and extend the recruitment timeframe to 10 weeks. I requested a second chance at procedures with Walden University IRB. At this point, I acquired approval and continued with the recruitment process.

Twelve individuals responded to the informational announcement, and eight participants were interviewed. The data for this study were collected between February 3, 2022, and April 17, 2022. Per the consent of participants, interviews were completed through Zoom or recorded phone interviews. Participants included eight master's level

social workers who were licensed clinical social workers across the United States with a minimum of 1-year clinical work experience. All clinical social workers worked with PA, especially children and families involved in child custody, divorce, separation, and parent-child relationship problems. Each study participant received a $10 digital gift card from Amazon when the study was completed.

Once contacted by participants, I provided a detailed explanation of the study and completed a telephone questionnaire to ensure that participants met the inclusion criteria. When the participant met the inclusion criteria and expressed an interest in participating in the study, I sent a consent form and assigned a three-digit number via email. Participants were given two weeks to decide whether they were interested in the study. Participants consented to the study by replying with the words "I consent" to the emailed consent form. Other information included dates and times to schedule individual interviews with a choice for a recorded phone interview or Zoom conference. Each participant responded with dates and times that accommodated their schedules. A calendar invite was sent from my Walden University email account for the interview. Participants received an email reminder on the date of their scheduled interview.

The participant was emailed a copy of the interview questions on the day of the individual interview. The participant was informed of the zoom recording and the backup recording device used for the interview. Before I started the interview, I reviewed the importance of privacy and confidentiality. I confirmed the participant's understanding of the consent form and their right to withdraw from the study. I also informed the participant that the individual interview must not exceed 90 minutes per the approval of

IRB at Walden University. There were no questions or concerns, so I started the individual interview; most interviews lasted approximately 40 minutes.

Data Analysis Procedures

I used thematic content analysis for a qualitative study, which is helpful when exploring insider perspectives of the study topic (Merriam & Tisdell, 2016). I utilized six steps in the data analysis process as follows. In the first step, I transcribed the participants' interview audio via Nvivo-12 software. This strategy assisted in the organization of the collected data. The second step involved listening and reviewing each transcript for corrections and accuracy. Participants were emailed a copy of the completed transcript for their review of accuracy, clarification, or edits. Participants further confirmed accuracy through member checking (Merriam & Tisdell, 2016). Once the study participants responded with their input, the transcribed interview was printed and reviewed. I used the transcripts to formulate notes concerning initial patterns from the interview.

Thirdly, I printed all the interviews and began hand-coding line-by-line. I wrote in-vivo codes in quotation marks in the left margin of each transcript. Then I placed initial in-vivo codes into Nvivo-12 software to continuously assist with data organization and coding the data. This process took approximately three weeks and produced 403 initial codes. With consultation from my chairs, I decided to eliminate the use of value coding, which looks for the participant's values, beliefs, and attitudes, because the use of thematic content analysis would produce categories and themes relevant to the lived perceptions and experiences of clinical social workers working with PA. Once all the data

were analyzed, it also revealed the participants' values, beliefs, and attitudes about working with PA.

The fourth step in the data analysis process involved a review of the initial coding and the beginning of the second coding round. It also included organizing the data into segments and placing them into categories according to the participants' language. I used Nvivo-12 qualitative analysis software and produced the same themes the hand analysis generated.

I analyzed and synthesized the data into thirteen categories. The overall process of coding took three weeks. I developed two themes from the stated categories to further understand the research questions. I used in-vivo coding to identify keywords and terms used by the participants' interviews. Descriptive coding was then used to categorize the keywords and phrases. I identified themes following the coding process through the synthesis of the information.

The last two steps in the coding process involved putting the categories into themes and the themes into narrative passages to reveal a rich, detailed discussion of the themes, categories, direct quotes, and multiple perspectives from the interviews/participants' perspectives.

Using a reflexive journal helped me to be aware of personal bias and how this bias could affect the outcomes of the research. I used a peer debriefing process to help eliminate any bias. This peer was not a part of the research study, which helped to provide me with unbiased feedback. I communicated with my peer support weekly to discuss the coding process and synthesizing of data, including the categories and themes

identified. The peer debriefing process allowed me to process my thoughts and feelings related to the research process and analysis to ensure the accuracy of the data collected from the individual interviews to conclude the findings. I maintained the reflexive journal before the individual interviews, during transcription, coding, member checking, and data analysis.

Validation Procedures

To increase the validity of the research, I emailed participants a copy of the transcript, asking each of them to review the transcript for accuracy and report any needed clarifications or corrections. No participants contacted me with any corrections. I used an inquiry audit and audit trail information to confirm the researchers' dependability and confirmability. A copy of the transcripts and coding book were provided to my chair. Member checking and the copies of transcripts and audio recordings provide evidence of the research's validity.

<div align="center">

Findings

</div>

Characteristics of the Sample Population

Recruitment for this study focused on master's level social workers with advanced licensure. Participants practiced social work across the United States with a minimum of 1 year of experience working with parental alienation, especially children and families involved in high-conflict divorce, separation, child custody, and parent-child relationship problems. Eight licensed clinical social workers were selected: one from New York, two from Pennsylvania, and five from West Virginia. The participants consisted of one self-identified male and seven self-identified females. All participants

had varied work histories and worked in the private and public sectors. All participants worked with children and families. Participants were given pseudonyms, e.g., Participant 1-8.

In the following section, I share findings organized by the research questions. Participant responses were quoted verbatim from the individual interviews and supported by the literature review.

Emerging Themes and Categories

Clinical social workers working with PA face unique occupational challenges and experiences. From the data analysis, two major themes emerged: (a) information concerning the participants' perception of PA and (b) their experiences working with PA. Under the two major themes, thirteen (13) categories emerged, which helped answer the research questions: What are the perceptions of clinical social workers working with PA? What are the experiences of clinical social workers working with PA? See Table 1 for an outline of the categories and themes.

Table 1

Major Themes and Categories

Perceptions of PA	Experiences Working with PA
Their definition of PA	Training
Controversy	Role of the clinical social worker
Validation of PA	Prevalence of PA cases
Child insecurity	Mental health
PA perceived as child abuse and family violence	Framework and interventions in addressing PA
	Collaboration
	Involvement of the legal system in PA

Limited awareness and knowledge of
PA constructs

Research Question: What are the Perceptions of Clinical Social Workers Working

with PA?

The following categories were found under the theme of the clinical social

workers' perceptions of PA: (a) their definition of PA, (b) controversy, (c) validation of

PA, (d) child insecurity, and (e) PA perceived as child abuse and family violence.

Category 1: Their Definition of PA

The data relating to the perceptions of clinical social workers working with PA

revealed that the first theme of their definition of PA included degrading the character of

the targeted parent to reduce their importance and value. When participants were asked

about the meaning and definition of PA, the first and most frequently mentioned phrase

of disparagement of the targeted parent. Participant 3 shared how the alienating-inducing

parents' negative behaviors manifest PA, stating, "I would define parental alienation as

when a parent deliberately tries to sabotage the relationship between the child and the

other parent." Similarly, Participant 5 explained their understanding of PA about

devaluing one parent in front of the child: "I would define parental alienation as one

parent, and sometimes both parents, just kind of almost wanting the child to be on their

side."

Some participants remarked on the constant use of negative comments about the

targeted parent to the child and others in front of the child. Many of the comments were

general statements about the lack of worth of the person. According to Participant 8, "it is

when a parent or guardian makes another parent look weak or incapable." The alienating

parent seemed to operate under the assumption that if an individual is told something enough times, it becomes true in their minds, which seemed to be the case.

Category 2: Validation of PA

After the participants gave their perceived definition of PA, there were discussions regarding the validity of the PA concepts and their use in social work. The different responses about the reality of PA showed how participants believed that PA is a legitimate concept. However, there may be disparities in the acceptance of PA from their contemporaries. About 80% of the participants agreed on the fundamental structure of PA. Participants 2, 3, 5, and 7 shared their perceptions of PA's existence and their belief that PA is not generally accepted across interdisciplinary boundaries. Participant 2 stated, "It exists; I don't think it is necessarily generally accepted. And so, I think it is very much a real concept." Participant 3 shared the following:

> Now, that is a difficult question because I have to say that the few times that I have worked with other professionals, they have not really endorsed it. And I think it exists. I think it is accepted that it exists; however, on a case-by-case basis, sometimes people will convince themselves that it is justified.

Participant 5 asserted, "I 100 percent believe that it exists. I am not completely convinced that it is accepted as what it is." Similarly, Participant 7 reported the existence and acceptance of PA from a systems perspective involving the entire family and their related social systems. "Yes, it exists, and I think it is accepted, I think as far as parents' behavior. I mean, it may be reinforced by their family members, friends, or needs or wants."

One participant perceived PA to be misused in legal cases and had limited empirical evidence to support its existence. The participant asserted that PA is more related to dynamics between the child-parent rather than the diagnosis. Participant 6 stated:

This quote diagnosis unquote and use it to try to defend their clients and make kids see parents they don't want to see. And so that's one thing. And then, you know, I have seen kids who really have an intense dislike for a parent. And it is in contexts where the other parent has an intense dislike for that parent.

This participant also indicated that contemporaries from her practice do not recognize PA as a mental health diagnosis:

Most do not (endorse or accept PA). Yeah, when I told a mental health consultation group that I was participating in this study. And I told them that I was going to meet with you, and there was a little bit of explosion about, you know, that diagnosis, you know? Not very supportive of the diagnosis.

Category 3: Controversy

Disparities related to the acceptance of PA within the study revealed controversies of participants working with PA, their personal bias, and PA matters in court proceedings. Social workers described their perception of PA as controversial and emerged in the data 22 times. Participant 7 mentioned this in their interview:

I guess maybe that is where the controversy comes in, too, because, as a clinician. In the beginning, you do not want to, I mean, you want to be helpful, but kind of

that bias is there to shy away from these cases because a lot of times they turn

ugly in the courts.

Participant 5 mentioned that working with PA clients becomes controversial because it

involves psychological distress and dual mental health diagnosis:

I feel like there is a lot of controversy because it can be. So many other things

remind me, kind of like, are we looking at trauma or are we looking at ADHD,

ADHD? Are we looking at bipolar? All these symptoms can look the same, but if

we can get really into the source of it, we would be able to help it along much

quicker.

Category 4: Child Insecurity

Apart from being perceived as controversial, clinical social workers also

perceived the concept of PA as breeding child insecurity, and it was discussed by

participants 20 times in the data. According to their different reports, children involved in

alienation dynamics are often seen as unsafe. Some mentioned that children in this

situation experience many forms of abuse.

According to Participant 1, PA disrupts the family system, which makes the

family unorganized, thereby making children unsafe. "But you know it breeds distrust.

You know, there is a lag that causes a lack of structure in the family units where the kid

feels unsafe." For Participant 3, PA is detrimental to the targeted parent-child

relationship; according to their perspective, children should be allowed to experience the

love of being with both parents except when there are safety concerns. They noted, "And

I personally feel that it is something harmful to the child because I really feel that

children have a right to have a relationship with all their parental figures unless there is some real danger to the child."

Category 5: PA Viewed as Child Abuse and Family Violence

As explained in the data, most participants described PA as a form of child abuse or family violence perpetuated by alienating inducing parents against their children. According to participants, conflicting parents' behaviors often lead to negative consequences for their children. In one way or another, children of alienated parents often face abuse. Participant 7 stated:

I have worked with kids and how I usually get involved with something where this comes up is that they are more than likely there is a nasty divorce going on and child or children caught in that divorce and the nastiness between the parents. And we know that the nastiness precedes divorce proceedings, that there was possibly physical abuse, maybe substance abuse, just intense dysfunction within the family.

This participant also added that most of these kids often suffer sexual and other forms of abuse. Participant 4 reported:

Most of the kids that I see do have sexual abuse history. There is domestic violence, often in the family. So that is always a working piece of this too. OK. They like to make sure. Yeah, build safety into what I am doing.

Research Question 2: What are the Experiences of Clinical Social Workers Working with PA?

The second theme of the shared experiences of clinical social workers in PA revealed eight categories: (a) training, (b) limited awareness and knowledge of PA constructs, (c) role of the clinical social worker, (d) mental health, (e), framework and interventions in addressing PA, (f) collaboration, and (g) Involvement of legal system in PA.

Category 1: Training

Every professional requires training to perform optimally in their given profession. The data indicated that most clinicians had not been taught about PA in their initial or subsequent training but had learned about PA through their practice experience. About 80% of them reported having no formal training on PA and how to address/treat PA matters effectively. Many of the participants emphasized the need for formal PA training.

Participant 2 reflected on their PA experience, "really, there was very limited training in my social career, and a lot of the values that I have come to as far as parent alienation and the importance of involving parents has been through the trial-and-error experience." Participant 5 emphasized the need for in-depth training on parental alienation, its diagnosis, and treatment:

I do not know that I have diagnosed with parental alienation. It is more of I treat the child for what the child's symptoms are, and I should probably have more awareness of parental alienation, so to be honest, I am not sure how I would

address it as parental alienation and how to better help. I feel like I would need

more training around how to manage this- the identifying identity of parental

alienation.

Social workers who took part in this research continually mentioned a lack of

formal training on parental alienation; according to them, all they currently know is

because of their years of experience:

I do not have specific training in parental alienation. But I do like it. I would like

a better understanding or a more cohesive way to address kids that hate a parent.

And, you know, I mean, maybe it is because they've been taught to hate that

parent, although I do not know. But I would like to, you know, like I think back

on some of the situations that I have worked on in the past and wondered, like, did

those that parent and child ever find a way to find common ground? Hmm. No. So

I mean, if there is a way to bridge that gap, I would love to have more info about

it.

However, two participants in this study revealed that they had formal training in

PA. According to them, this training was acquired in their postgraduate studies:

I feel like it was good. I feel like my post master's degree program was

comprehensive in terms of all aspects of family forensics but obviously did focus

on parental alienation. I think that way, too few people know enough about this

problem in our field, and I think that the field is lacking, and I also think that it

changes over time.

Category 2: Limited Awareness and Knowledge of PA Constructs

Social workers are critical in working with children and families in PA matters. For this reason, the social workers' understanding of the phenomenon, its dynamics, its causes, and its consequences. Participants emphasized the need for more awareness, knowledge, and research on PA at every point. The theme emerged in the data 48 times. According to them, there is limited knowledge of PA, assessment/identification of PA, and treatment. This shows how important it is for clinicians to know and understand PA. Participant 1 indicated:

> I did not even know that there were mild, moderate, or severe types of PA. I just found out that there was a criterion. I think they need to know more about the criteria. If I do not know if there are any assessment tools, if there are, I would be interested in that. I just think it would be good.

Participant 4 asserted:

> Yes, to the extent that they are aware of it, many clinicians that I work with do not really understand or know about it; once I tell them about it, they buy into it. They are like, that makes little sense. But, there is just a lack of awareness and a lack of knowledge out there," likewise, participant 5 mentioned, "I think there needs to be more research. And I think there needs to be a lot more awareness of what it is, how it impacts the family, and how it impacts the child.

Participants called for more research on the concept of PA to further stress the need for awareness. Participant 1 stated, "I would say there is not enough research. I do not consider myself an expert in that, but I worked with children and young people most

of my career, which composes the dominance of my caseload. And I have never seen a study come across my desk about it. Participant 3 also stated that:

> There is so much research to be done on it. This happens, so people could read one or two articles and be like, OK, this is the thing, but others need more convincing. Or, perhaps there are some more complicated aspects to it.

Category 3: Role of the Clinical Social Worker

In the social work profession, clinicians must keep abreast of current advances in practice and research. The data revealed that the participants assume various roles when dealing with PA matters. The theme emerged in the data 31 times. A group of participants mentioned that sometimes taking the position of coaching aimed to provide psychoeducation for all family members on the nature and treatment of PA. Participant 3 indicated:

> Just kind of try to teach that parent how to respond to it (PA behaviors) and help your child to understand why the other parent is doing it. And, if my client is the parent doing it, I try to coach that period, and she must understand why that's not healthy or helpful and to help them deal with their feelings that are making them do that.

Similarly, participant 2 also discussed their coaching role: "So, I find myself taking on a bit of a coaching role." The report shows that some clinical workers serve as a family or mental health therapists and parent coordinators. The participants stated that their roles aim to protect the child from further harm caused by PA, challenge distorted thinking and support the child of a parent through the PA process. Participant 7 stated:

So, if I am working with the parents, it is to increase awareness of things that may be getting in the way of their co-parenting and the effects on the child. If I am working with the child. Well, building a neutral environment where they can feel safe and express how they feel with me, rather than worrying about, hopefully ideally worrying about parental expectations, what they are expected to say, and what the family wants them to say-just their own opinion.

Category 4: Prevalence of PA Cases

When participants were asked about the types of alienation cases they work with, the majority stated mild and moderate cases in their practices due to their various roles, the effect on the child-parent, and court involvement. Although a few have had to work with severe cases of PA, most participants mentioned that the cases are often moderate. Participant 1 stated:

I cannot think of anybody, so it is probably most of my cases that are mild. I would say. I just think the severe cases in my experience, and I would think probably rare were I just a kid, does not or, you know, is ordered somehow not to see one parent because of the other. Mild and moderate cases are common.

A participant explained that in mild cases, parents are more willing to work on things for a better relationship with their children. According to Participant 5:

I feel like I have seen all three of them in the milder cases; I feel like when the parents are willing and ready to work together, those things can be easily worked through as far as just having sessions with the child and helping the parent understand.

Participant 7 identified working with all three forms of alienation and severe

cases of PA were involved in the legal system:

> Yeah, you know, maybe I will do twenty percent mild cases, fifteen percent
>
> moderate cases, and twenty percent of cares are severe. And, because I think at
>
> the mild, I see. Parents are coming in where it is usually, for the for; I don't know.
>
> Maybe not intentionally. They may not realize that is what is affecting their child.
>
> By that point, schools may notice behaviors, withdrawal, or isolation and how it
>
> affects the child. So, more things are going on. So make that one, twenty-five
>
> percent, and then the extreme, by that point. I do not want to say often, but in my
>
> experience, they come in with an agenda, OK, which might be for the court.

Category 5: Mental Health

From the reports, it is observed that mental health issues are everyday experiences

when working with PA and emerged across the data 66 times. Most participants

discussed how clients often faced mental health problems, including anxiety, depression,

emotion dysregulation, attention problems, suicide ideation, and self-harm. These

difficulties involve children, alienating inducing parents, and the targeted parents who are

victims of PA.

Participant 3 emphasized that alienation does not only hurt children but affects

the way they turn out.

> And not only does it damage their relationship with the parent that is being
>
> alienated, but also; eventually, it backfires on the parent that's doing it. And it is

very hurtful to the child because they become very confused and mistrustful of

both parents.

As mentioned by Participant 4, working with PA clients who are battling depression

often becomes very tasking. According to these participants, these patients become

reluctant to seek treatment. In their report, she had this to say,

Those are the two factors that I would say rise to the level of a syndrome when

there is some coexisting mental health and when they're resistant to any

intervention or behavior change, even in the face of professional intervention.

Category 6: Framework and Interventions in Addressing PA

Participants were asked what framework/model they employed when working

with alienating clients. They mentioned quite a few frameworks and interventions.

However, the main point established is that the adopted framework is based on system

levels: individual (child or parent-focused) and family (whole-family approach).

Participants 4, 5, 6, and 7 shared their experiences using Cognition Behavioral Therapy

(CBT) to address PA when working with the alienated child, alienating inducing parent,

and the targeted parent. Participant 4 shared how focusing on the treatment of the

individuals' negative cognitions may reduce the conflict in PA processes:

Well, I am a fan of cognitive behavioral therapy in general because I am I do

specialize in trauma and high-conflict situations, and I think that. As you know,

whatever feelings control action. And so, many people are being influenced by

whatever circumstance either somebody, you know, left them and broke their

heart, or they stopped paying child support, or a lawyer is telling them they are

going to be particularly aggressive to achieve a particular goal.

Both Participants 5 and 6 declared that the use of CBT is based on the severity and

presence of alienation:

Depending on the severity, I can see where cognitive behavioral therapy, coping

skills, and teaching the child how to. What kind of filter all of those things, a sort

of communication and just being able to say this makes me feel uncomfortable

being able to find out their own needs so you know how big it would depend

(Participant 5). Participant 6 stated, "Well, it depends on the presenting issues; I

am a huge proponent of cognitive behavioral therapy.

Another group of participants also discussed their use of a framework and

interventions focused on the restoration of family relationships and family functioning.

Participant 2 indicated that:

Typically, I come from more of a structural family framework when working with

families. That is the framework I'm most comfortable with while addressing

family issues.

Participant 6 also mentioned using a framework that explored how the individuals

in the family affect the family system as a whole:

I would look at, you know, especially systemic, any systemic therapy. You see, it

is like, what, like where is the system breakdown or what like triangulation, is a

huge piece that I look out there.

Category 7: Collaboration

From social workers' experiences, they mentioned collaboration with the psycho-legal community to reflect the social workers' role, resulting from a systematic view of PA. According to some participants in this research, close coordination with other mental health therapists to aid in the continuity of care and maintaining ethical practice with coordinated efforts with legal professionals. Participants 4 and 6 shared their collaboration experiences with other clinicians with PA matters. Participant 4 indicated, "as far as collaborating with other clinicians, many times, people have therapists already involved. Children have outside therapists. But there is another clinician; I believe strongly in the continuity of care." Likewise, Participant 6 reported:

> And we are trying to work together to see what kind of understanding we both
> have about what is going on in the family and with the child. I also could work,
> you know, with all the consent signed, you know, with other therapists that might
> be working with, let us say, the parent that feels like they are being alienated and
> trying to coordinate services so that we can help with the relationship issues is
> oriented.

The participants also discussed their experiences on ethical issues associated with legal therapeutic coordination and how she conducts ethical, social work practices. Participant 4 stated:

> When I am the clinician, I am doing a therapeutic intervention. I cannot perform a
> therapeutic intervention involving a child without consulting with their existing

therapist. If there is one, because it does, to me, it is just unethical. It is not the best practice.

Category 8: Involvement of Legal System in PA

According to some participants, legal professionals promote the progression of PA and use PA in divorce proceedings and child custody cases as a legal strategy. Participant 3 indicated that legal professionals are ineffective when dealing with PA:

> They have sides with the custodial parent when the custodial parent has described the alienated parent as dangerous or harmful. They have decided and have not tried to make any efforts to reunite or even investigate the relationship between the child and the alienated parent or to assess the danger for the child to being with that parent.

Participants 4 and 6 shared experiences of lawyers using PA as a defense strategy. For example, Participant 4 indicated that lawyers target PA cases which strengthens the alienating process:

> So, I think some of it for lawyers is more strategic, whether they are buying into it or utilizing it. And some of it purely weaponized it. I know some lawyers whom every client I have ever known with, 10- 20 clients have all been alienated because that is the clientele they zero in on.

Similarly, Participant 6 stated:

> Anything more than lawyers who utilize it as a defense. Because that is where I see it most within the legal profession, I have worked with the child, trying to sometimes work toward it. Reunification with and sometimes that is helpful, but it

usually ends up, and I think this is one of my biggest problems with this quote;

diagnosis unquote is that it ends up being that. Then it becomes this whole legal

battle, and I feel like nothing can get accomplished that now. This one parent is

slamming the other parent, and we can never get what we need.

Unexpected Findings

There were several unexpected findings from this study. First, participants in this

study were able to provide their perceived definition of PA. However, many of them

failed to identify the context of PA, the relationship between the child and the targeted

parent is supposed to be satisfied before the parental disruptions, the attempt to damage

that relationship has no reasonable justification, and the child plays an active role in the

alienation process (Johnston & Sullivan, 2020; Marques et al., 2020). Only one of the

participants in this study commented on the definition of PA, including a healthy parent-

child relationship damaged by the alienating inducing parent and the child engaging in

the process of severing the relationship. This is important as the literature suggests that

PA is a complex dysfunctional family dynamic problem and is proposed to be viewed

through a family systems perspective (Lee-Maturana et al., 2021b).

Second, two participants interchanged the term PA and PAS: making

distinguishing between the two terms complex and confusing. However, all the

participants failed to identify in their perceived definition of PA the lack of a universal

definition of PA and how it contributes to the ongoing controversy surrounding PA's

structural validity. In the literature, the lack of a single definition makes the

conceptualization, and prevalence of PA challenging to identify, assess, and treat (Doughty et al., 2020; Lee-Maturana et al., 2021b; Saini et al., 2016).

Another unexpected finding in this study included the disconnect between clinicians' training, knowledge, and understanding concerning PA matters. The literature indicated that clinicians working with PA require training with specific knowledge and specific skills because working in the field involves the clinician participating as part of the interdisciplinary team making decision-making for children and families going through divorce or separation, forensic and clinical assessments, psychoeducation, clinical interventions and coordination with the family court (Doughty et al., 2020: Fidler & Bala, 2020: Lee-Maturana et al., 2018, 2021a: Mercer, 2019).

Lastly, when describing their use of framework and interventions for PA, participants appeared to associate or identify several framework models and intervention types. For example, when discussing frameworks used to view PA, participants described most of their experiences providing treatment/intervention on the individual level due to their operational work. The literature suggests that traditional individual therapy is ineffective when addressing PA matters (Lee-Maurana et al., 2021b; Marques et al., 2020). A specialized type of therapy that focuses on the restoration of family relationships and family functioning is required (Lee-Maurana et al., 2021b). Templer et al. (2017) analyzed various systematic family treatment approaches, including the Multi-Model Family Intervention, Family Reflections Reunification Program, Overcoming Barriers Family Camp, Parallel-Group Therapy for PA, and Family Bridges workshop.

Each treatment program's primary purpose was to reduce further harm to the alienated child and restorative the family dynamics.

Additionally, it is suggested that PA cases require a coordinated approach between therapists and legal professionals (Lee-Maurana et al., 2021b). Therefore, PA should be considered a phenomenon that affects the entire family. BFST views the family operates within a sub-system within larger systems, as the community, which interacts with and influences one another and contributes to the maintenance of specific behavioral patterns. Social workers and other mental health professionals working with children and families often prioritize children's best interests when considering treatment or custody choices. However, as a family systems perspective emphasizes, a new family member's situation can affect all group members (Mercer, 2019; Lee-Maturana et al., 2021b).

Summary

The research questions in this qualitative study focused on the perceptions and experiences of clinical social workers working with PA. Participants indicated their perceived definition of PA, controversial issues surrounding PA matters, validation of PA, child insecurity, and the perception of PA as child abuse and family violence. This shows that clinical social workers perceive parental alienation as a valid phenomenon with ongoing controversial issues in social work and its direct impact on children and the family system. Participants also indicated that PA is a form of child abuse, and as such, it is rightly a child that must be protected. Formal recognition of PA as child abuse would inform an appropriate response to its occurrence. Appropriate interventions should be

developed by mental health and legal professionals collaboratively (Lee-Maturana et al., 2021a).

Additionally, clinicians described their experience of PA training, their limited awareness and knowledge of PA constructs, roles of the clinical social worker, mental health issues involved with PA matters, framework and interventions used in addressing PA, collaboration, and the involvement of the legal system. All the participants in this study indicated the need for formal training of clinical social workers on the concept of PA and further research on the topic. Clinical social worker assumes various roles to address PA matters, which further echoes the importance of PA training, understanding and knowledge of PA constructs, and PA research. As part of their roles, clinical social workers commonly address mental health conditions when working with PA. Given that PA victims are described as having vulnerabilities, depression, and mental health challenges, they are likely to benefit from a family system framework approach to address the individual and family's needs. As PA is viewed through a systematic perspective, collaborative efforts between social workers and the legal system may advance the efforts of PA research to provide substantial backing for court decisions, mental health treatments, and interventions. Participants indicated conceptual issues of the enmeshment of mental health and legal professionals of PA matters and ethical dilemmas. Social workers and other professionals addressing PA need guidance and clarity regarding their roles in PA cases. Likewise, participants described their experience of the legal system promoting the progression of PA, providing alienating-inducing parents with defense strategies to allow alienating behaviors, and making the work done

by clinicians complex and tedious. In the next session, I will discuss how the findings

from this study may be applied to professional practices. Furthermore, I discuss how

understanding the perceptions and experiences of clinical social workers working with

PA may contribute to social change.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The study explored the perceptions and experiences of clinical social workers working with PA. In this qualitative research study, I used purposive and snowball sampling techniques to identify clinical social workers who work with PA, especially children and families involved in high-conflict child custody cases, divorce, separation, and parent-child relationship problems. Data were gathered through individual interviews. This approach allowed participants to discuss their perceptions and experiences working with PA.

A summary of the significant findings revealed two major themes: (a) information concerning the participants' perception of PA and (b) their experiences working with PA. From the two major themes, thirteen (13) categories emerged: (a) their definition of PA, (b) controversy, (c) validation of PA, (d) child insecurity, (e) PA perceived as child abuse and family violence, (f) training, (g) limited awareness and knowledge of PA constructs, (h) role of the clinical social worker, (i) mental health, (j), framework and interventions in addressing PA, (k) collaboration, and (l) involvement of legal system in PA. The information gathered in this research may help inform social work practice by contributing to the field of social work and building on the existing body of literature.

One of the most significant findings of this research included the disconnect between clinicians' training, knowledge, and understanding concerning PA matters. The literature indicated that clinicians working with PA require training with specific knowledge and specific skills because working in the field involves the clinician

participating as part of the interdisciplinary team making decision-making for children and families going through divorce or separation, forensic and clinical assessments, psychoeducation, clinical interventions, and coordination with the family court (Doughty et al., 2020: Fidler & Bala, 2020: Lee-Maturana et al., 2018, 2021a: Mercer, 2019).

However, as indicated in this study, most participants reported a lack of formal training and the need for more awareness, knowledge, and research on PA. These findings may help identify ways to support clinical social workers in the future, leading to enhanced competency, improved PA treatment, interventions, and improved outcomes among family systems, and furthering a collaborative practice between clinical and family law professionals. This section explained how these findings apply within the social work profession, outlined recommendations for social work practice, and elucidated action steps toward positive social change.

Application to Professional Ethics in Social Work Practice

According to the NASW (2017a), social work values related to the research study include the core values of dignity and worth of the person, the importance of human relationships, integrity, and competence. The findings regarding the perceptions and experiences of clinical social workers who work with PA demonstrated that social workers embrace the values of dignity and the worth of the person/family system and the importance of human relationships. Dignity and the worth of the person/family system and the importance of human relationships correlate with the working and treatment of clinical social workers provide to children and families of PA. Clinical social workers achieve this through unique experiences. Clinical social workers recognize the

importance of human relationships in their work with children and families as they seek to restore and enhance the parent-child relationship (NASW, 2017a).

Clinical social workers demonstrate integrity as evidenced by how they practice within their knowledge and maintain competency in professional expertise while working with children and families of PA (NASW, 2017a). Additionally, the clinical social worker participants exemplified the social work value of service, as demonstrated by their commitment to the family system (parent-child triad), despite the belief that systems do not appreciate or understand PA.

The NASW Code of Ethics (2017a) informs clinical social workers' practice when working with children and families of PA. The Code of Ethics guides research and protects research participants through the ethical responsibilities of the researchers (social workers) conducting research and evaluation. It ensures that the values of social workers are considered during data collection and analysis. Understanding the perceptions and experiences of clinical social workers working with PA can assist in further research, increase PA training, and promote PA prevention and effective treatment. This research honors the social work values of the NASW Code of Ethics (2017a).

Clinical social workers who provide treatment to children and families with PA encounter complex individual and family dynamics and treatment challenges. The NASW Code of Ethics guides clinical social work practice by encouraging social workers to improve services by utilizing the skills, knowledge, and values to help the people they serve and address social problems (NASW, 2017a). Clinical social workers desiring to work with PA must build on their knowledge and develop professional expertise and

skills. Regardless of their background or clinical experiences, each social work professional is ethically obligated to maintain the continuous acquisition of knowledge and skillsets.

Recommendations for Social Work Practice

Based on the findings of this study, two action steps are recommended for clinical social workers who work in PA matters while considering practice, research, and policy to underscore the importance of social workers' perceptions and experiences of PA. Clinical social workers play an essential role in PA matters, and legal professionals need input from well-trained, qualified, and experienced professionals to assist children and families involved in PA. The first recommended step is encouraging social workers, researchers, and the NASW to focus on developing studies to increase knowledge and understanding of PA concepts, prevention, and treatment theory. Future research should focus on both qualitative and quantitative research to construct and validate PA tools. The findings of such studies could provide more support for the acceptance of PA across disciplines, organizations, and policy developments.

The second recommendation is to provide clinical social workers with specialized education and training on the concepts of PA, as well as identification and treatment of PA, offered at the baccalaureate level of social work education. According to the Council on Social Work Education (CSWE) (2021), baccalaureate-level social work education contains foundational skills such as clinical components clinicians need to work directly with clients and help implement the policies and programs created by leaders in the field. Social work professionals will likely only identify PA cases with formal education and

training. Furthermore, clinicians are likely to provide treatment based on traditional psychotherapeutic principles, which is contraindicated in cases of PA (Fidler & Bala, 2010; Reay, 2015; Warshak, 2010, 2019).

Most of the clinical social workers in the study were in private practice. They had specialized training in specialty areas such as parent-child interaction, mental health, PTSD and trauma-informed approaches, and family therapy. Specialized training that allows clinical social workers to understand PA within the family dynamics and the social and psychological effects will help children and families minimize the damage and suffering of PA.

The findings from the study support that clinical social workers' perceptions and experiences of working with PA need continued knowledge and training on PA concepts. PA involves the entire family, extended family, social networks, and the legal system. Obtaining continued education and training on PA concepts and accessing credible research may increase and consolidate the clinicians' knowledge and ultimately improve interventions and treatment outcomes for children and families.

Conducting this study has helped improve my understanding and awareness of working with PA matters. Before this study, my knowledge surrounding PA matters was limited. My direct experience was derived from lived experiences as a licensed clinical social worker and the completion of the literature review for this study. As an advanced clinician, I must review my roles and responsibilities that align with the NASW Code of Ethics to inform my practice. In my current clinical practice, part of my responsibilities involves clinical supervision, peer consultation, and training of other social workers. The

findings encourage me to re-evaluate how social work information is disseminated to social workers and to invite and develop continuing education opportunities for PA to enhance social workers in their practice. The results of this qualitative research, when shared with the social work profession, will potentially lead to additional research, training/seminars, and practical applications of effective interventions.

PA continues to be a complex family dynamic issue involving the child, the alienating-inducing parent, the targeted parent, the extended family, and the entire social network surrounding the individuals affected. I aim to increase the awareness of PA through the clinical lens of social workers and how other systems involved in PA matters encompass a thorough understanding of PA, its dynamics, its causes, and its consequences on the entire family system. Working with PA requires trained professionals with specific knowledge and skills because of the multiple complexities for families and other professionals involved.

Transferability

Due to the small number of participants and data collected primarily from a specific geographic location, the transferability of this study is limited. For example, this generic qualitative research had eight licensed clinical social workers: one from New York, two from Pennsylvania, and five from West Virginia. Although the participants came from private practice settings, their views cannot be assumed to represent most clinical social workers across professional settings. Therefore, the small number of participants and limited geographic locations where data were gathered does not mean other clinical social workers are employed nationwide. As a result, the reader must best

determine transferability after considering the thick, rich data provided about the research process, the participants, and their connection to the literature. Even with a small sample, the application of this data may be helpful for other private practice and agency settings where children and families are offered PA treatment. The goal is to use the findings from this study as a tool to promote social change and knowledge regarding clinical social workers' perceptions and experiences of PA.

Usefulness of the Findings

Various findings from this study helped better understand clinical social workers' perceptions and experiences working with PA. First, this study provides evidence for the ongoing need to bridge empirically validated assessment tools for identifying PA, advancing efforts for a universal definition of PA about perceptions and experiences of working with PA. For instance, all participants noted varied definitions and the perceived existence of PA.

Furthermore, all participants reported that their experiences of PA were met with no formal training and limited awareness and understanding of PA constructs. As a result, the results of this study speak to the importance of integrating current PA-related literature and resources to advance PA research, validation of PA assessment tools to help clinicians identify PA, and support PA education and training to enhance clinical social workers' competencies to address PA in clinical practice.

This study also provided insight into the various role of the clinical therapist hold when working with PA. For example, several participants in this study experienced having other roles coupled with their assigned clinical social worker/mental therapist

role. Participants mentioned the role of a coach, parent coordinator, and therapist. They indicated their roles were aimed to protect the child from further harm from PA and to educate parents on the impact of the alienating behaviors.

Another takeaway from this study includes the framework and interventions in addressing PA and the varied approaches experienced by the participants. For example, most participants endorsed viewing PA on the individual and family levels. Participants support using CBT to address PA when working with children, alienating inducing and targeted parents. Several participants viewed PA from the family systems perspective. This aligned with the literature that PA affects the whole family system and that individuals behave and interact with each other. These interactions affect the family system (Haines et al., 2020; Lee-Maturana et al., 2021b).

Limitations of the Findings

In this research study there were several limitations present in this study. The study included eight licensed clinical social workers: one from New York, two from Pennsylvania, and five from West Virginia. The participants consisted of one self-identified male and seven self-identified females. All participants have varied work histories and have worked in the private and public sectors. At the time of the interview, most participants were in private practice. Limitations included: (a) sampling size, (b) lack of diversity in gender, (c) geographic location of participants, and (d) social desirability. Participants were recruited primarily from social media platforms. Purposive and snowball sampling encourages selecting participants who can provide specific data that aligns with the purpose of the study, as indicated by Merriam and Tisdell (2016). A

more diverse sample may have produced more insights into the perceptions and experiences of clinical social workers working with PA. The representativeness and generalizability of this study's findings are limited due to the small sample size. Receiving information from clinicians in private practice settings, as opposed to other social work settings, prevented a full scope of how clinical social workers perceive and experience working with PA. Social desirability bias within this study can be present due to participants' desire to offer socially acceptable responses as they perceived as relevant to the interviewer. I used open-ended and probing questions to reduce participant bias.

Recommendations for Future Research

Future research considerations should include expanding the number of clinical social work participants to increase transferability, representativeness, and generalizability. Including more participants will support the transferability of knowledge regarding the perceptions and experiences of clinical social workers working with PA. Future studies should also include clinical social workers from multiple geographic regions and more extensive scale studies. The study's findings were obtained from individual interviews. Future studies should consist of in-depth interviews and other focus groups to explore factors associated with clinical social workers' perceptions and experiences working with PA. Another recommendation would be to research forensic social workers' perceptions and experiences of PA. Recommendations for future research may address the limitations of this study.

Dissemination of the Research

The findings from this study will be disseminated to the study participants, clinicians within my practice, and local and national schools of social work. I will share the study digitally to allow clinicians and others interested in PA to access and share the study information easily. The findings may encourage clinicians to complete self-study on PA constructs and seek continuing education opportunities on PA matters. The dissemination of the conclusions of clinical social workers' perceptions and experiences of PA may create opportunities for dialogue amongst clinicians within practice settings. This dialogue could promote positive change on multiple levels and the client systems they serve, which is the primary purpose of this research study.

The study's findings can further be disseminated through the publication of this research study in journals such as the Journal of Child and Family, the Journal of Divorce and Remarriage, and the Journal of Child Custody. Disseminating information on a macro level is vital in creating sustainable social change and equipping social work professionals with the knowledge to address PA matters.

Implications for Social Change

This research has implications for positive social change on the micro, mezzo, and macro levels as well as in practice, research, and policy. Study participants provided their in-depth perspectives regarding their foundational social work education and continuing education opportunities and lack of adequate training that fully encompasses the skills and knowledge needed for PA social work practice. Most participants expressed a need for formal conferences and in-service PA training. As noted in the literature, there is a

lack of support and adequate training and education on PA or PAS-informed protocols, abandoning clinicians with limited conceptualization and definitions, if any, for PA. According to Bernet et al. (2015) and Warshak (2019), many professionals lack foundational knowledge about the complexities and the multifaceted presentations that distinguish PA from other parent-child contact problems (Doughty et al., 2020).

As previously stated, PA is poorly understood due to the lack of a universal definition, lack of standardized assessment tools designed to identify PA, methodological weaknesses, and validation of the PA constructs (Bernet et al., 2010; Darnall, 2008; Doughty et al., 2020; Garber, 2011, 2020; Johnston & Sullivan, 2020; Lee-Maturana et al., 2018; Marques et al., 2020; Rand, 2010; Rowland, 2019) which may contribute to the deficiencies in clinical practice, prevention, and treatment/intervention outcomes (Baker & Darnall, 2007a; Balmer et al., 2018; Bow et al., 2009; Lee-Maturana et al., 2018; Poustie et al., 2018; Warshak, 2015; 2016). Clinical social workers are ethically obligated to obtain ongoing training and seek educational opportunities that support the unique challenges of clinical practice.

The literature indicated that PA is a social problem requiring clinical social workers to be able to identify, assess, and treat parent-child relationship problems. Forensic social workers have specialized knowledge and skills when working with PA and child custody issues (Myers & Mercer, 2022). Some schools of social work offer forensic social work tracks or children and family courses that include topics on PA matters. The forensic course may enhance social workers' knowledge and understanding of ethical violations of dual relationships/roles within PA matters. One participant stated

that her master's degree program offered an extended term of aspects of family forensics that focused on PA matters. However, she noted that too few social workers in the field still lack adequate PA knowledge. The current research and future research involving clinical social workers' perceptions and experiences of PA may be used to affect positive change in the private practices where they are employed.

At the mezzo level, positive social change arises through understanding the collaboration between social workers and legal professionals. Tavares et al. (2021) stated that legal and psychotherapeutic support is required when PA is evident. It is critical when considering the restoration of parent-child relationships and the resolution of psychological symptoms. The findings highlighted the need for collaborative therapeutic-court practices with guidance and clarity regarding the professional roles in PA cases. The advance of this research may extend beyond the child and family system, receive more support from institutions, and have PA further recognized by society at a systematic macro level.

The social work profession is only partially responsible for solving complex social problems. Diverse disciplines such as family law, psychology, nursing, and other social science professions must develop interdisciplinary partnerships. Change on the macro level can also be achieved through scholarly research advocacy to establish a more precise, differentiated conceptualization of PA. This could support more accurate assessments of PA and may contribute to professionals' training in this specialized area.

Additional social change implications would be toward policy development. Though there are policies to identify and reduce incidents of abuse against children, PA is

not yet universally considered a diagnosable disorder or a form of child abuse. However, the ongoing production of qualitative and quantitative studies on the issues of PA, clinicians trained on the prevalence and symptoms of PA to enable the early detection of PA in children and families, the inclusion of parental alienation disorder in the Diagnostic and Statistical Manual of Mental Disorders 5th ed. (DSM-5) and International Classification of Diseases (ICD) will increase the awareness and understanding among professionals and consensus is an efficient way to may change the way PA is viewed by society.

The outcome of this study could assist in expanding the scope of PA literature to include enhancing the knowledge base of PA, developing seminars/training/ continuing education courses for social workers and other professionals, and future research on PA matters. Within the social worker profession, the results from this study can serve as a foundation of knowledge for clinicians to discern the impact PA has on the whole family system and efforts to acquire formal and continuing education training. The topic may be controversial in some systems. Still, perhaps because of this research, these clinical social workers have their perceptions and experiences represented, their voices accounted for, and, therefore, they may have access to resources, validation, current research to apply to real-world settings, and specialized practical training, interventions/ treatment outcomes, and effective collaboration between mental health and the family law.

Summary

In summary, eight clinical social workers were individually interviewed to capture their perceptions and experiences of PA. The goals of this research study directly focused on filling the gap in the literature about clinical social workers' perceptions and experiences of PA. This was established in Chapter 2 by various researchers discussing how there is scarce literature that primarily explores clinical social workers and PA (Balmer et al., 2018: Bow et al., 2009: Doughty et al., 2020: Poustie et al., 2018); despite clinical social workers who are most likely to address the impact of PA on the child and the family system.

This study presented the main themes and categories to understand better clinical social workers' perceptions and experiences working with PA. This research has provided valuable information about clinical social workers' perceptions and experiences working with PA, and it has contributed to the literature by enhancing and confirming evidence in the field of social work. Although research about clinical social workers working with PA is still limited, research about PA is growing. Due to the severe nature of the social problem, it is the interest of clinicians and researchers to generate more knowledge and understanding of PA.

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Appendix A: Social Work Research: Call for Participants

A new study called "Clinical Social Workers' Perceptions and Experiences of Parental Alienation." This research is meant to add to the current knowledge and promote improved social work in parental alienation through education and practice. Virtual individual interviews are part of the doctoral study for Martinek Evans, a Doctoral Social Work student at Walden University.

About the study:

Participants will discuss their perceptions and experiences working with parental alienation. Participants will engage on Zoom or recorded phone calls for about 45-to-90 minutes. Participants must meet these requirements:

- Licensed Clinical Social Worker in the U.S.

- Provides services to children and families involved in child custody, divorce, separation, and/or parent-child relationship problems.

- Access and use of Zoom conference technology or recorded phone calls.

If interested in participating, please contact Martinek Evans, MSW, LICSW at martinek.evans@waldenu.edu.

Appendix B: Individual Interview Questions

The overarching research questions that will guide this study are as follows:

1. What are the perceptions of clinical social workers working with Parental Alienation (PA)?
2. What are the experiences of clinical social workers working with PA?
3. How were you trained in PA?
4. How do you feel about the knowledge you obtained about PA?
5. How would you define PA?
6. How do you distinguish between PA and PAS?
7. What is your perception of PA?
8. In your view, is PA generally accepted? Please tell me more about your view.
9. How controversial are the concepts of PA, and do you think there is enough empirical research on PA? Can you please, tell me more?
10. Describe your experience working with PA and what your role is?
11. What form of PA cases are presented in your practice, and how do you assess, diagnose, and treat PA?
12. What is your perception of PA prevalence within your practice?
13. What theoretical framework do you use to address PA?
14. How do you view PA from this theoretical framework?
15. How do you collaborate and coordinate treatment with other professionals (i.e., legal, family court, other mental health professionals) about PA cases?
16. Do you think other professionals you work with endorse PA? Please tell me more about that.
17. What do clinical social workers need to understand further and conceptualize PA?
18. In closing, is there anything else you want to ask or add to the discussion?