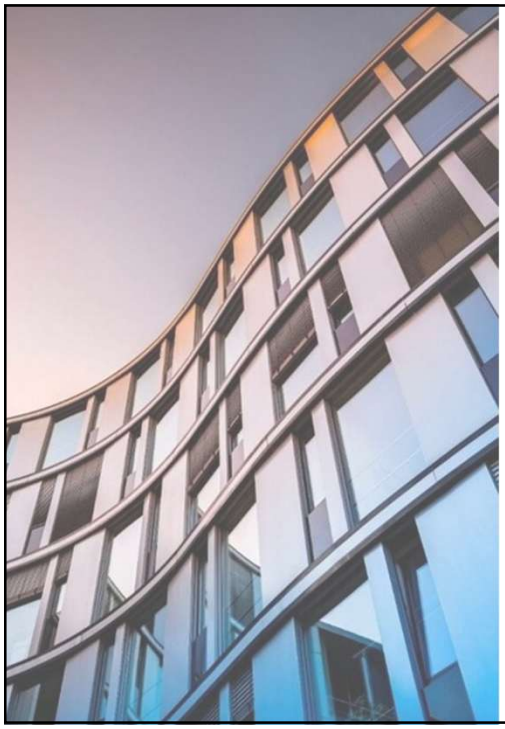
ALIGNING PROFESSIONALS: THEORIES, VOICES, AND ROLES IN PARENT-CHILD CONTACT CASES

April Harris-Britt, Ph.D.

October 23, 2026

1



Objectives

- Understanding different theoretical frameworks defining PCCP's.
- Identifying key variables in assessment of PCCP's, including the voice of the child.
- Examining intervention and strategies for multidisciplinary support.

2

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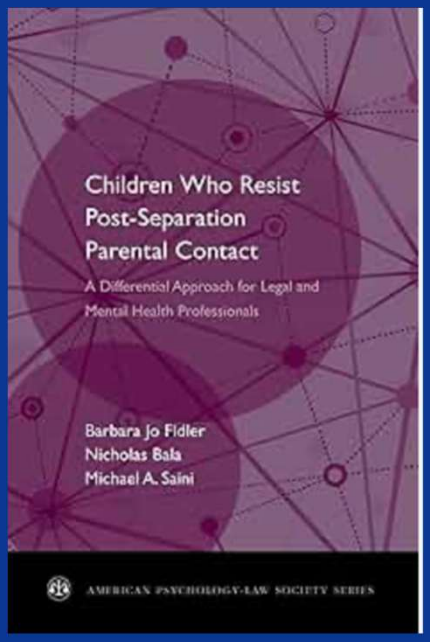
Parent-Child Contact Problems (PCCP)

- PCCP refers to difficulties or disruptions in the relationship between a child and one or both parents.
- PCCP is a descriptive term that encompasses a range of causes and does not, on its own, assume a specific cause or level of severity.
- PCCP is recognized as a complex and multifaceted issue that requires careful assessment.
- Resist or refuse dynamics are central in many court-involved cases.



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There has been increased controversy in academic literature and popular media on identifying, assessing, and responding to resist / refusal cases.

Narrow and polarizing gendered narratives mirror the inflexible, “all or none” thinking of families involved in child custody disputes.

(Fidler, Bala & Saini, 2013)

5

What are the some common views amongst this group or even jurisdiction?

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Attitude Polarization Test for PCCP (Saini, 2024)

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The Three Theories of PCCP

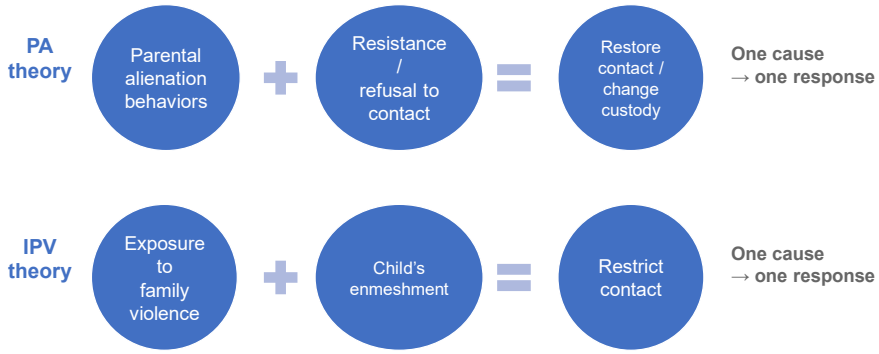
Single Factor	Focuses on one single factor as the sole cause of resistance/refusal.
Dominant Factor	Acknowledges multiple contributing factors but assigns more weight to one
Multiple Factor Approaches	Weighing each proportionally, considering multiple factors contributing to PCCP.

Adopted from Dr. Michael Saini (2024)

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Parental Alienation or IPV as Single-Factor Theories



Single-factor logic: one primary explanation is treated as sufficient.

Adopted from Dr. Michael Saini (2024)

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Risks of Single-Factor Theories

- Oversimplification: ignores complexity
- Error risk: false positives/negatives
- Weaponized in litigation
- Child's voice or safety overlooked

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Dominant-Factor Theories

- Multiple causes acknowledged but one is prioritized

Benefits: clarity, efficiency

Risks: bias, narrowed focus



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The PA Dominant Factor Theory



- Method for 'diagnosing' PA through behaviors (Bernet, 2020)

- Five Factors include:

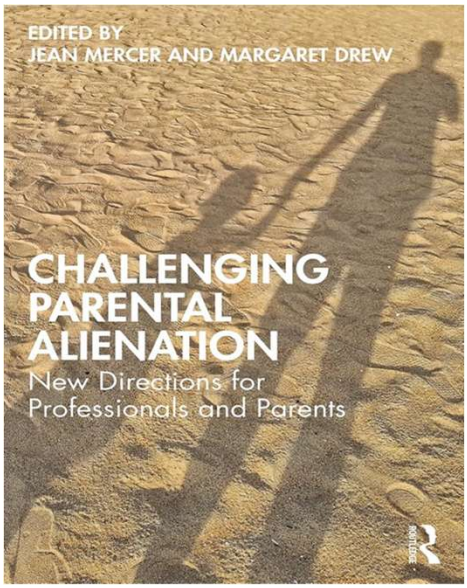
1: Contact refusal by the child;
2: Prior positive relationship between child and RP;
3: Absence of abuse, neglect, or seriously deficient parenting;
4: Alienating behaviors by the favored parent;
5: Behavioral signs of alienation in the child.

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The IPV Dominant Factor Theory

- Cites that PA was invented by Gardner to dismiss child sexual abuse allegations post-separation.
- If the child(ren) sides with the perpetrator of DV, it is considered part of the power and control dynamic and an extension of controlling behaviors.



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Risks of Dominant-Factor Approaches

A single favored explanation can progressively narrow the inquiry.

Confirmation bias
Selective evidence gains weight

Premature closure
Alternatives are dismissed too early

Creates a hierarchy of explanations
One explanation is elevated above others

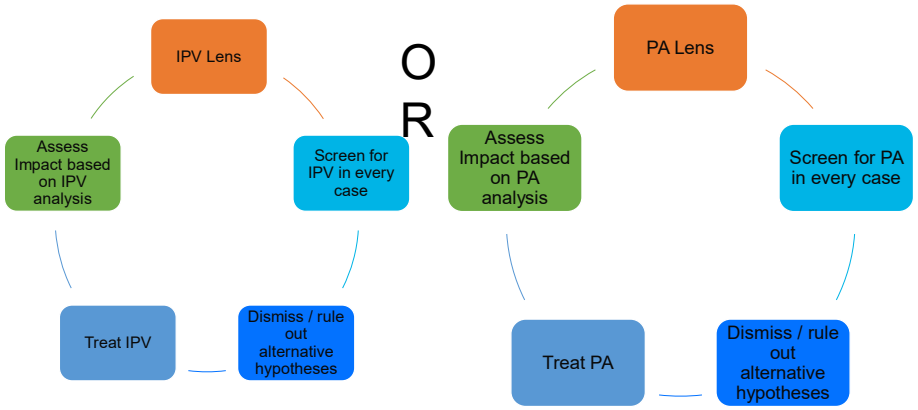
Anchor bias
New information is filtered through the anchor

Result: the initial frame becomes harder to unsee

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Anchor Bias and the Circular Argument



Adopted from Dr. Michael Saini (2024)

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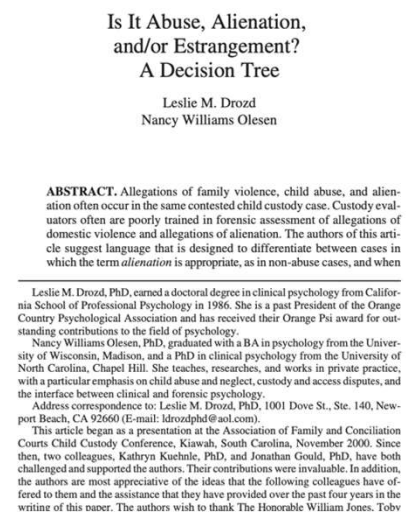
Multi-Factor Theory of PCCP

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The Multifactor Approach Is Not New

- "It is likely that the evaluator will find that the child's troubles in their relationships and/or their behaviors is the result of a combination of normal developmental variations, poor parenting (possibly including alienation), and/or abuse" (Drozd & Olesen, 2004, page 71)



Is It Abuse, Alienation, and/or Estrangement? A Decision Tree

Leslie M. Drozd
Nancy Williams Olesen

ABSTRACT. Allegations of family violence, child abuse, and alienation often occur in the same contested child custody case. Custody evaluators often are poorly trained in forensic assessment of allegations of domestic violence and allegations of alienation. The authors of this article suggest language that is designed to differentiate between cases in which the term *alienation* is appropriate, as in non-abuse cases, and when

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Nancy Williams Olesen, PhD, graduated with a BA in psychology from the University of Wisconsin, Madison, and a PhD in clinical psychology from the University of North Carolina, Chapel Hill. She teaches, researches, and works in private practice, with a particular emphasis on child abuse and neglect, custody and access disputes, and the interface between clinical and forensic psychology.

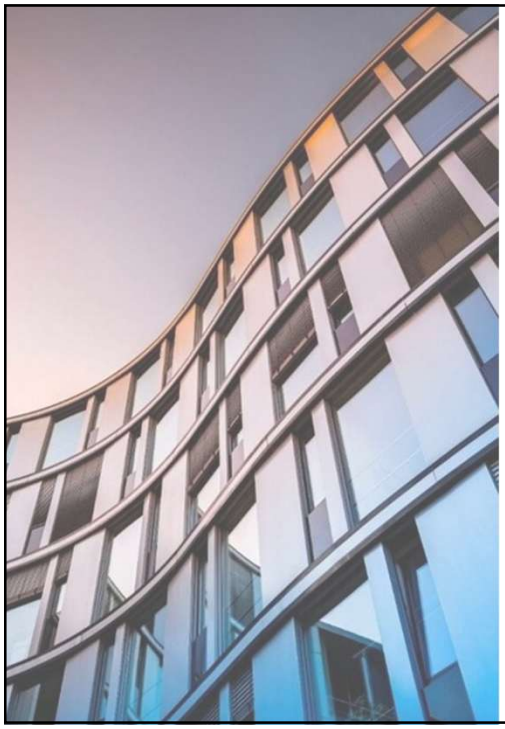
Address correspondence to: Leslie M. Drozd, PhD, 1001 Dove St., Ste. 140, Newport Beach, CA 92660 (E-mail: ldrozdphd@aol.com).

This article began as a presentation at the Association of Family and Conciliation Courts Child Custody Conference, Kiawah, South Carolina, November 2000. Since then, two colleagues, Kathryn Kuehnle, PhD, and Jonathan Gould, PhD, have both challenged and supported the authors. Their contributions were invaluable. In addition, the authors are most appreciative of the ideas that the following colleagues have offered to them and the assistance that they have provided over the past four years in the writing of this paper. The authors wish to thank The Honorable William Jones, Toby

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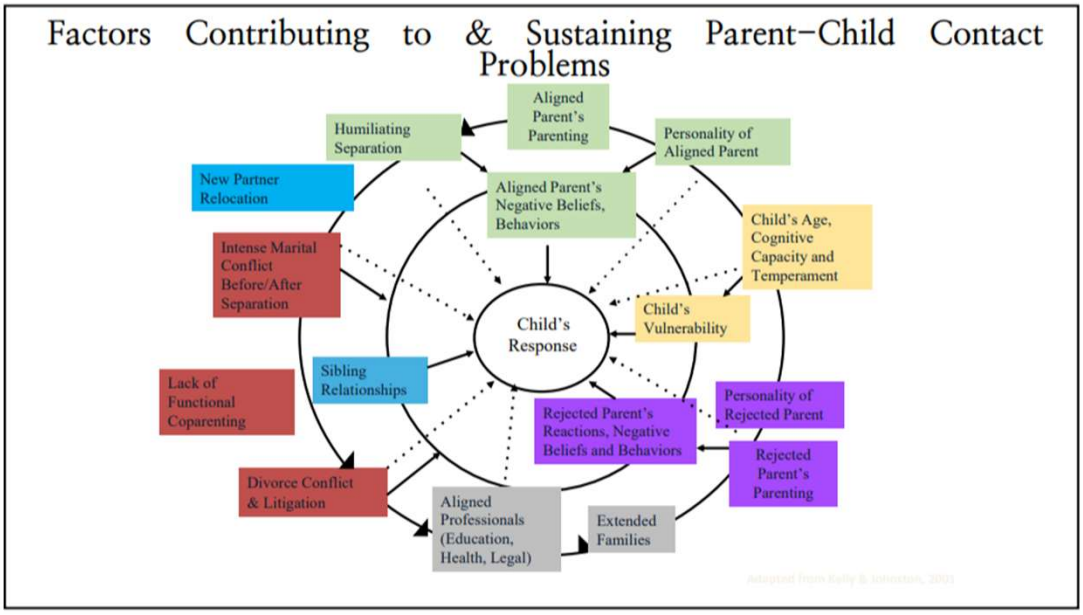


Multifactor Approach

- PCCP should be viewed as a family relational problem rather than an individual pathology of one parent or child.
- Assessment should include an ecological systems perspective, which includes an analysis of each family member and the interactions and relationships among these members (Polak & Saini, 2015)
- Not suitable for understanding this complex issue using a single-factor or dominant factor theory
- Need for a thorough assessment to understand the different factors that are involved in these families.

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Adapted from Kelly and Johnston, 2001

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Introducing the Adams Family…



THE PARENTS

MOM Initiated separation/divorce. Works outside the home, travels often, and has a large circle of family and friends.

DAD Works from home, is often unemployed, and coaches the kids' sports teams. Limited social support system.

THE CHILDREN

13 **PHIL** Resents post-divorce life changes and blames Mom.

10 **PHOEBE** School and social functioning are declining; she quit competitive dance.

5 **FAYE** Happy as a clam!

20

The Adams family moves from strain to refusal



BASELINE

Shared 50/50 parenting since the separation 1 ½ years ago.

Family context



EARLY SIGNALS

Phil blames Mom. Phoebe's school and social functioning decline; she quits dance. Faye is happy as a clam.

Child responses



RUPTURE

After conflict over chores, screen time, and homework, Phil runs away; Dad refuses to return him.

Parent–child break



SPREAD

Dad tells his therapist; the therapist reports to CPS. Phil tells siblings; Phoebe refuses Mom; Faye starts bedwetting and sucking her thumb.

Sibling/system impact

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What Goes Wrong for These Families?

Adult conflict takes over

1

Blame and adult allegations dominate the response.

The child lens is lost

2

Developmental needs receive too little attention.

Care is mistimed and fragmented

3

Therapy begins too late, is poorly structured, or is disconnected.

The conflict hardens

4

Investigation replaces action & labeling.

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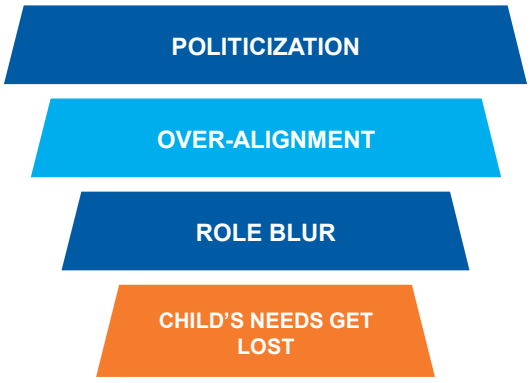
The Adams Family receives Interventions

1. **Coordinated reunification therapy**
   The family was court-ordered to a therapist who effectively coordinates with the therapists for each parent and the therapist shared by the children.
2. **Positive gains—then a change**
   After about 6 months, Dad unilaterally changes the children's individual therapist.
3. **A letter after four sessions**
   Mom learns about this when the new therapist writes a letter, addressed to Mom and Mom's Attorney.
4. **The process is challenged**
   The letter characterizes Mom as being abusive, that the family therapy process is not working and should be halted, and that the therapist supports Dad having primary custody.
5. **Emergency court action**
   Mom's Attorney uses the email to file a Motion seeking Emergency Custody and stopping the children from being seen by this new therapist.

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When Professional Roles Polarize



Advocacy eclipses objectivity
Professional identity becomes tied to one position.

Judgment narrows
The client's account receives disproportionate weight.

Functions become confused
Advocacy, treatment, evaluation, and decision-making blur.

Positions replace developmental needs
The child's stated position is treated as the whole picture.

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Emotional Repetition in Isolation (ERII)

- Polarization is an *emotional* phenomenon, not a logical phenomenon.
- Intense emotions grab our brain in a way that declares an emergency and shuts down our logical thinking.
- An excess of intense emotions triggers anxiety and an inability to manage our emotions.

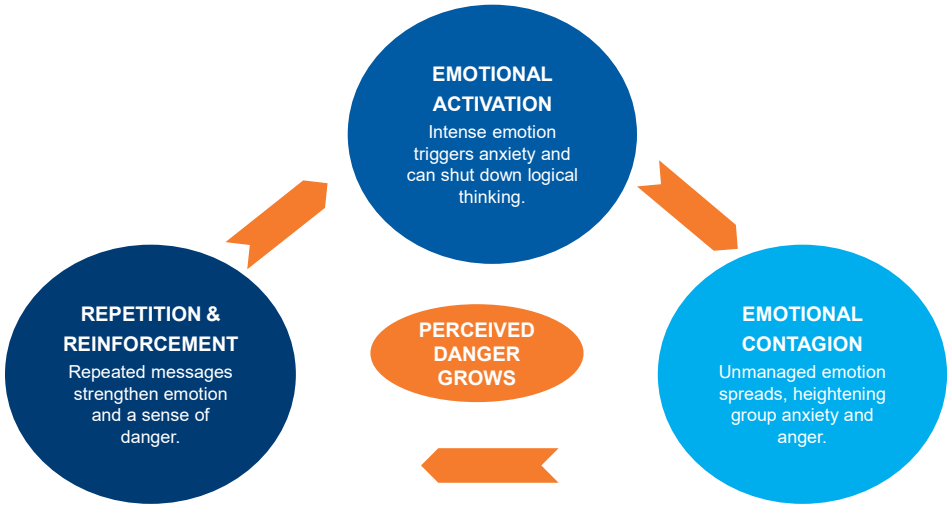


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ERII intensifies polarization via a reinforcing cycle



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Emotional Repetition in Isolation (ERII)



ISOLATION
Many cases start with No Contact orders.

REINFORCEMENT
Hearing only one side makes the team more certain, more public in expressing the view, and more resistant to contradictory information.

RESISTANCE
The team may defend the adopted viewpoint despite error; factual challenges from outsiders may not change their minds.

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Polarized children may demonstrate

- Unreasonable anger toward parent
- Intense, negative portrayal of parent
- Lack of ambivalence toward parent
- Use of adult language by the child
- Seemingly rehearsed material
- Age 8–14

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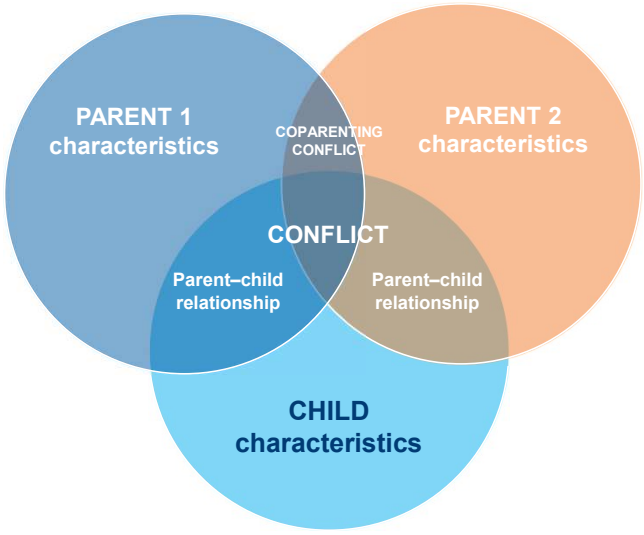
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Let's rethink the fractured family system.

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Parent and Child Characteristics Shape Family Dynamics

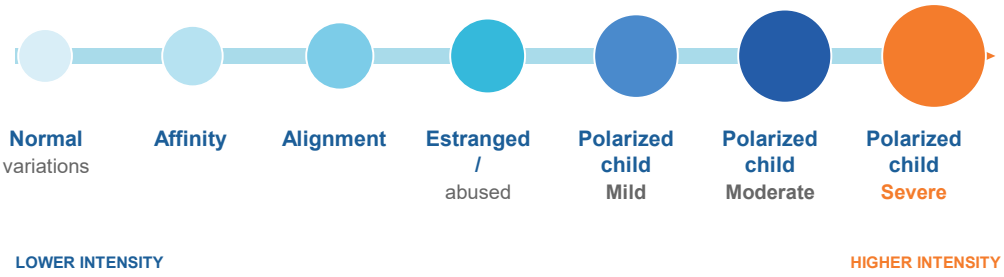


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Parent–Child Contact Continuum

From normal variations to severe polarization

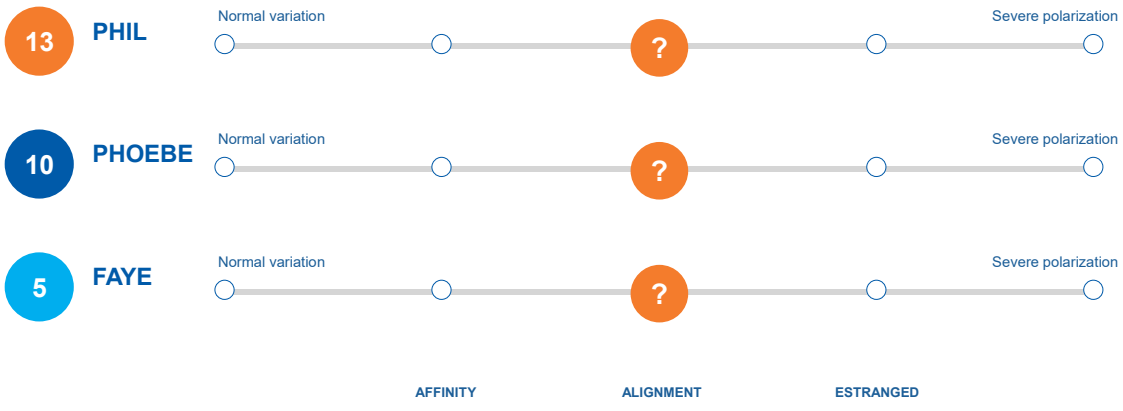


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Where is each child on the relationship continuum?

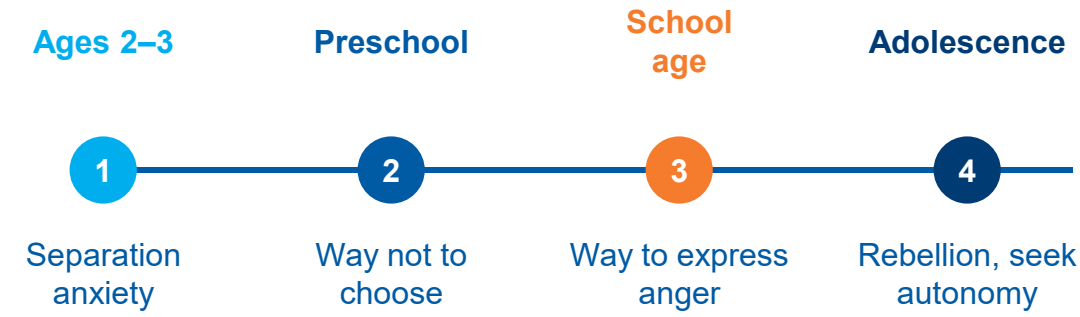
Place each child on the continuum.



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Typical developmental reasons for contact problems



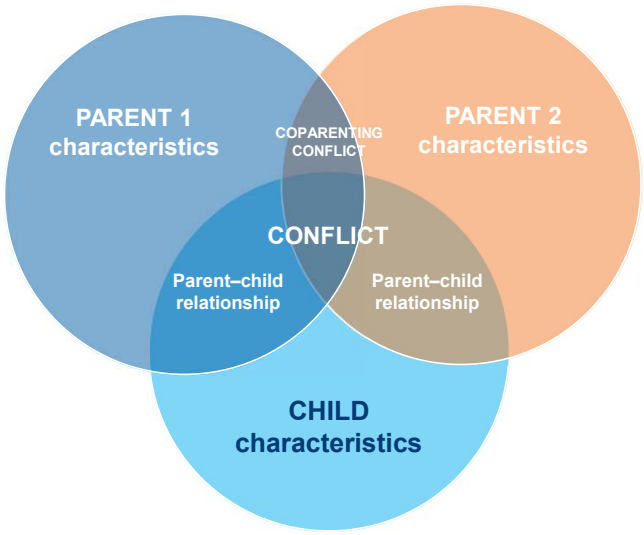
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Development and focus on relational security

Younger children	Transitions, routines, language, and dependence on caregivers may shape contact.
School-age children	Fairness concerns and loyalty pressures may become prominent.
Adolescents	Autonomy, peer life, accumulated experiences, and feasibility require attention.
Across ages	Culture, disability, neurodivergence, and communication needs change presentation or interpretation.

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Parent and Child Characteristics Shape Family Dynamics



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The family system reinforces conflict

AT DAD'S HOME
- Kids sleep with Dad in the family bed.
- No screen limits and no chores.

ADULT BOUNDARIES
- The older two kids read court papers in Dad's office.
- Both sets of grandparents discuss blame and fault with the kids.

CONFLICT FEEDBACK
- Mom is stern and lacks warmth.
- Phil acts aggressively toward Mom; Mom responds in kind.
- The kids compare food, clothes, toys, furniture, and yard size at Mom's.

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Mom Adams: Immediate action, limited direct repair

DOES

01 Calls her lawyer about Dad's violation of the custody order

02 Requests phone contact with Phil and the normal schedule with the other children

WHAT IS MISSING

Contact Dad to advise him of the incident

Immediately request counseling

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Dad Adams: Choice is emphasized; accountability is deferred

"THE CHILDREN CAN CHOOSE."

DOES

Tells the children they can choose whether to go to Mom's house

Calls the school to allege that Mom has been abusive

WHAT IS MISSING

01 Ask Mom what happened

02 Require Phil to complete the homework he avoided at Mom's

03 Immediately request counseling

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Preferred Parent's behavior may include:

BEHAVIOR PATTERNS

- May acknowledge devaluing
- Makes subtle verbal remarks to the child
- Directs subtle behaviors toward the child
- Use of indirect communications
- Externalizes and lacks insight

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Target Parent's behavior may include…

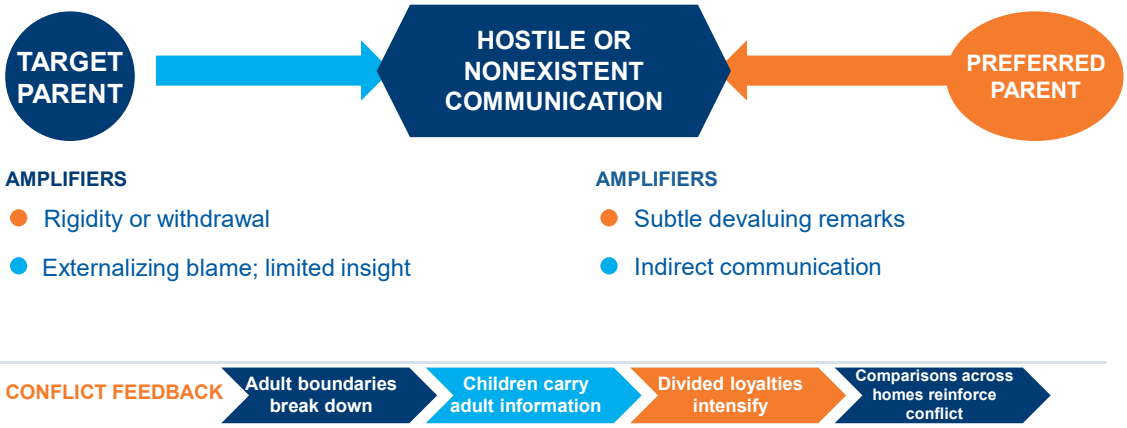
BEHAVIOR PATTERNS

- Too rigid
- Too lax
- Emotionally absent
- Physically absent
- Less skilled parenting
- Passive, avoidant
- Counter rejection of child

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Co-Parenting Dynamics



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Benefits of Considering the Voice of the Child

- Provides emotional validation
- Gives children a sense of agency
- Offers richer case information
- Builds trust in the process and decisions
- Children generally have better outcomes when they feel heard in decision-making processes

42

Considerations for the Voice of the Child

- Emotional burden on child
- Risk of retraumatization
- Heightened sense of divided loyalties
- Susceptibility to influence or coaching
- Potential distortion of best interests
- Risk of misuse in litigation

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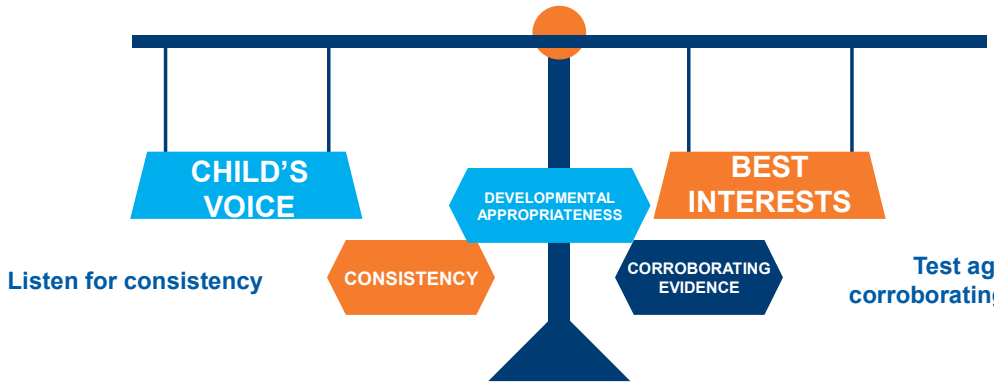
Various ways children's voices are heard

1. Testimony from parents or other adults
2. Assessment by a mental health professional
3. Parenting Plan Evaluation reports
4. Appointment of Children's Counsel
5. Children's GAL
6. Children's testimony
7. Judicial interview with a child
8. Child Inclusive mediation

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Decision Framework



Listen for consistency

Test against corroborating evidence

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So what can we do?

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Most families need

SOLUTIONS

before they need

ANSWERS

Solutions and answers are NOT mutually exclusive.

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System Obstacles

- Resource limitations
- Shortage of trained providers
- Poor interdisciplinary communication
- Poor integration with other services

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Professional Roles



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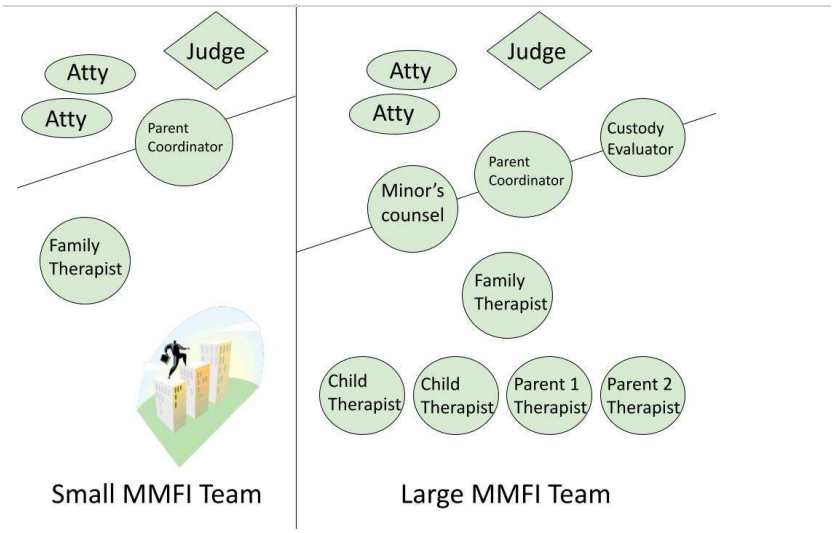
Professional roles and boundaries

Role	Primary task	Boundary to clarify
Attorney	Represent the client within legal duties	Advocacy differs from clinical inference
Evaluator	Answer the referral question impartially	Evaluation differs from treatment
GAL	Perform the appointed statutory or court role	Authority and duties vary
Judge	Determine facts and authorized orders	Clinical work requires suitable providers
Therapist	Treat the identified client or family	Treatment data have limited forensic reach

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Multimodal Family Intervention (MMFI)



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A team coordination guide

Purpose	Reduce conflicting instructions and identify the next authorized action.
Shared working record	Record established facts, disputed claims, hypotheses, and unanswered questions.
Role map	Assign decisions, clinical tasks, information collection, and communication.
Review plan	Specify observable outcomes, escalation criteria, and a review date.

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Team Approach

Distinct professions. One coordinated family response.



Parent Coordinator

COORDINATE



Therapists

SUPPORT



Lawyers

ADVOCATE



Judge

DECIDE

Clear roles • Direct communication • Coordinated action

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Roles for Individual & Family Therapists



- To support the client and help build coping skills needed to effectively.
- Individual therapists must be careful not to align with one parent's position/narrative or attempt to impede the family therapy process.
- Educate and support clients about likely outcome
- Participate in team coordination
- ⚠ **Consent and disclosure:** Explain foreseeable court involvement and communication limits.
- ⚠ **Opinion limits:** Discuss treatment progress within competence and available data.

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Roles for Attorneys



1. Collaboration is key so be wise in case selection!
2. Educate, counsel, and support clients about likely outcome
3. Team coordination

⚠ **Boundary pressure:** Avoid asking a treating clinician to infer disputed causation from limited treatment data.

⚠ **Constructive disagreement:** Challenge evidence or recommendations through the appropriate process.

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Roles for PC's



1. Educate parents about likely outcome
2. Team coordination
3. Assist family in connecting with best therapy resources

⚠ Notify Court EARLY when custody/parenting plan or recommendations are not being followed

⚠ Early intervention is crucial

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Roles for Judges

1. Emphasize the importance of following therapist(s) recommendations & PC directives
2. Clarify provider credentials and when the court must review a proposed change.
3. Specify the investigative scope, therapeutic roles, reporting route, and access.
4. Enforcement of the process

⚠ Review Approach – every 3 months?

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If all else fails….



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Contact information

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- AHB Forensics and Consulting, PLLC
- ahb@ahbpsych.com

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