

**Proposal for Parental Alienation Relational Problem
to be Included in
“Other Conditions That May Be a Focus of Clinical Attention”
in DSM-5-TR**

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Proposal for Parental Alienation Relational Problem to be Included in “Other Conditions That May Be a Focus of Clinical Attention” in DSM-5-TR

BRIEF DESCRIPTION OF PROPOSED ADDITION

This document proposes that parental alienation be considered a relational problem in the chapter of DSM-5-TR, “Other Conditions That May Be a Focus of Clinical Attention.” This is the proposed wording for parental alienation relational problem (PARP):

Z62.898 Parental Alienation Relational Problem

This category may be used when a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies strongly with one parent and rejects a relationship with the other parent without a good reason. The diagnosis of parental alienation relational problem usually requires five criteria: the child avoids, resists, or refuses a relationship with a parent; the presence of a prior positive relationship between the child and the now rejected parent; the absence of abuse or neglect or seriously deficient parenting on the part of the now rejected parent; the use of multiple alienating behaviors by the favored parent; and the manifestation of behavioral signs of alienation by the child.

JUSTIFICATIONS FOR THE PROPOSED ADDITION

Rationale for Proposed Addition

PARP is a serious mental condition that sometimes occurs when a child’s parents are engaged in a high-conflict separation or divorce. For the child, it is painful to be caught in the battleground between their parents. For the alienated parent, it is humiliating, traumatic, and extremely frustrating to be irrationally rejected by a child, with whom they previously had an enjoyable, loving relationship. Both clinicians and forensic practitioners need to be able to: identify this condition when it is presented in both evaluation and therapy sessions; take steps to prevent its progression when it is at the mild level; and devise appropriate interventions when it is at a moderate or severe level of intensity.

Historical Context for This Proposal

The concept of PARP has been around for centuries in legal literature^{1 p 284} and for decades in mental health literature.^{2 p 153, 3 p 63} The phenomenon of PARP has been called the “interdependent triad,”^{4 pp 48–49} “cross-generational coalition,”^{5 p 102} the “Medea syndrome,”^{6 pp 195–196} “programming” and “brainwashing,”^{7 p 8} “not-based-on-actual-interaction,”^{8 p 105} “divorce-

related malicious parent syndrome,”^{9 p 96} “an alienated child,”^{10 p 251} and “resist/refuse dynamic.”^{11 p 424}

In 1985, Richard Gardner introduced the term “parental alienation syndrome” (PAS).¹² In recent years, most writers have stopped using the word “syndrome” and simply referred to this phenomenon as “parental alienation.” For purposes of this proposal, we are using the term “parental alienation relational problem.”

When DSM-5 was being developed, a group of scholars proposed in a lengthy journal article¹³ and a book¹⁴ that this clinical entity be included as either “parental alienation disorder” or “parental alienation relational problem.” (Complimentary copies of the book, *Parental Alienation, DSM-5, and ICD-11*, are available for the DSM-5 Steering Committee upon request.)

During the development of DSM-5, the author of this proposal (WB) corresponded with members of the DSM-5 Task Force, including David J. Kupfer, M.D., Darrel A. Regier, M.D., William E. Narrow, M.D., Roger Peele, M.D., Daniel S. Pine, M.D., and David Shaffer, M.D. All these individuals agreed on the reality of parental alienation phenomena. Most of them repeatedly said, both publicly and privately, that parental alienation could not be considered a mental disorder because parental alienation does not “reside inside” the designated patient. Instead, they said that parental alienation was a mental condition—specifically, a relational problem—because it occurs between the designated patient (usually a child) and another person (usually a parent).

For example, Darrel A. Regier wrote:

Dear Dr. Bernet:

Many thanks for your follow-up letter to Dr. Kupfer, Dr. Pine, and me regarding the proposed criteria for Parental Alienation Syndrome (PAS). You are correct in your understanding of our rationale behind excluding PAS from DSM-5. As you note, we consider this primarily a relational problem covered under the V-codes in ICD-9-CM and Z-codes in ICD-10-CM. It is not a health-related condition that resides within an individual. ... Therefore, it does not meet our standard definition of a mental disorder. ... Thank you again for reaching out to us about these matters.

Best regards,

Darrel A. Regier, M.D., M.P.H.

(Letter from Darrel A. Regier to William Bernet, October 12, 2012)

Although the actual words “parental alienation” were not included in DSM-5, the concept of PARP was included in three different diagnoses in the chapter on “Other Conditions.” Each of these diagnoses paraphrased the meaning of PARP in their respective definitions:

- **Child affected by parental relationship distress (CAPRD)** = “... negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family.”
- **Parent–child relational problem** = “negative attributions of the other’s intentions, hostility toward the other, and unwarranted feelings of estrangement.”
- **Child psychological abuse** = “harming/abandoning people or things that the child cares about.”

Practitioners were advised that if they identified a case of parental alienation, they could use one or more of those terms to classify the client, depending on the focus of attention. That is, CAPRD was appropriate if the focus was on the mental condition of the child; parent–child relational problem was appropriate if the focus was on the relationship between the child and the rejected parent; and child psychological abuse was appropriate if the focus was on the alienating behaviors of the favored parent.

Following the publication of DSM-5, Bernet, Wamboldt, and Narrow¹⁵ published an article, “Child Affected by Parental Relationship Distress,” in the *Journal of the American Academy of Child and Adolescent Psychiatry*. In that article it was explained that CAPRD is a heterogeneous concept that covers at least four family scenarios: children exposed to intimate partner distress; children exposed to intimate partner violence; children experiencing intense loyalty conflict; and children experiencing parental alienation (see Appendix A).

Possible Negative Consequences of Proposed Addition

Critics of the concept of parental alienation have claimed that abusive fathers falsely assert that their children avoid having a relationship with them because their mothers have alienated the children against them. In this way, fathers are allegedly using the concept of parental alienation as a way to deflect responsibility for the child’s rejection of them. Of course, any psychiatric diagnosis that finds its way into legal proceedings may be abused by inept expert witnesses and unprincipled attorneys. For example, it has been said that posttraumatic stress disorder (PTSD) is the most widely misused psychiatric concept in legal settings. That does not mean that PTSD and PARP should be disallowed or dismissed, as that would cause more harm than good by denying the legitimate pain and suffering from those who actually have these conditions. It does mean that these terms should be used correctly by clinicians, forensic practitioners, lawyers, and judges. We believe that having a solid definition for PARP and criteria for the diagnosis of PARP will ultimately reduce the criticism and the polarization that has compromised the appropriate use of the concept of parental alienation. That is, if there is consensus definitions and diagnostic criteria it will be harder for it to be misused.

Controversies or Disagreements among Researchers and Clinicians

Even the most vocal critics of PARP agree that the phenomenon occurs. For example, Madelyn S. Milchman, Robert Geffner, and Joan S. Meier¹⁶ said:

One more important distinction must be made: None of the authors of this article dispute the need to identify, assess, and treat parent–child relationship problems where a parent may have manipulated a child to reject the other parent. ... However, we strongly object to using the label “alienation” as a diagnostic, scientific, or psycho-legal construct in place of an objective and comprehensive causal assessment, whether that assessment is done as a child custody evaluation or as a careful review of the facts by judges or other decisionmakers. (p. 342)

For some reason, these authors want to use the generic term “bad parenting” for the activities that most writers refer to as “alienating behaviors.” The term “bad parenting” is too general a term to be helpful here because there are many types of bad parenting that do not result in a child unjustifiably rejecting the other parent and it misses the intentionality and toxicity of typical alienating behaviors. Of course, everyone agrees that a custody evaluation should consist of “objective and comprehensive” procedures.

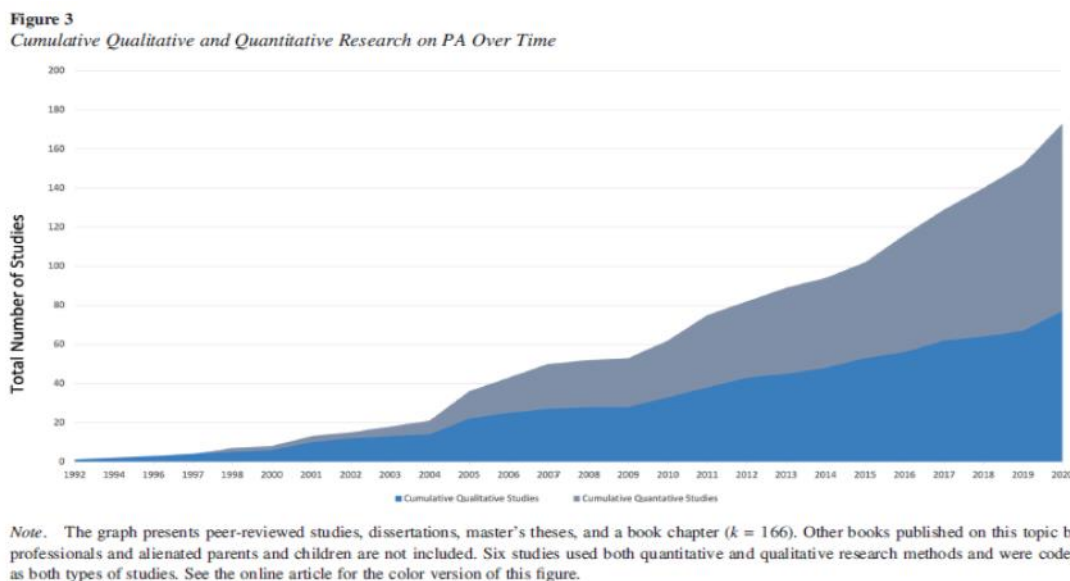
Some widely held opinions of critics of PARP are simply misunderstandings or misinformation regarding parental alienation theory. Critics have repeatedly made the false claim that proponents of parental alienation theory assume that every instance of contact refusal is caused by the alienating behaviors of the favored parent. That idea is misinformation that has been repeated over and over again in journal articles and book chapters by parental alienation critics.¹⁷ In truth, a foundational principle in parental alienation theory holds that not all instances of contact refusal are caused by alienating behaviors of the favored parent; and alienating behaviors by Parent A do not always cause children to reject Parent B.

The great majority of practitioners who are familiar with parental alienation agree on the basic principles of the theory. (See research described below.) There are relatively minor disagreements regarding diagnosis and interventions for PARP. There may be disagreements on how to distinguish mild, moderate, and severe levels of PARP. There may be disagreements regarding the interventions for these levels of severity. But these disagreements are not essential for the inclusion of PARP in the DSM. In fact, many conditions are included in the DSM for which there is disagreement regarding treatment.

MAGNITUDE OF PROPOSED ADDITION

We understand that the addition of a new condition to “Other Conditions That May Be a Focus of Clinical Attention” is considered a substantial change. Although PARP may represent a substantial change with regard to DSM nosology, it is not a large change with respect to the public awareness of this condition, the use of this concept by mental health practitioners, and the activities of researchers.

Harman et al.¹⁸ recently published a comprehensive review of the parental alienation literature. The authors identified more than one thousand articles and books that pertained primarily to parental alienation theory. Excluding the material that contained no data, they ultimately reviewed in detail 207 empirical research studies (see Appendix B). The following graph demonstrates how qualitative and quantitative research regarding parental alienation theory has increased over time:



More than 100 books have been published regarding PARP, most of them written by psychiatrists, psychologists, and other mental health professionals; some were written by alienated parents or formerly alienated children describing their lived experiences (see Appendix C).

The exact threshold for the requirement of empirical research to be included in “Other Conditions” is unclear. There has been an overwhelming amount of qualitative and quantitative research regarding PARP; only a fraction of those studies is explicitly noted in this proposal. Ironically, the novel diagnosis of CAPRD was added to the chapter on “Other Conditions” in DSM-5 even though there had never been a single peer-reviewed article regarding that condition prior to the publication of DSM-5 in 2013.

SUMMARY OF DATA ON CLINICAL UTILITY

Qualitative Research Regarding Parental Alienation Theory

There is vast professional literature regarding PARP, which relates qualitative research from diverse national, cultural, and ethnic groups. After parental alienation was described by Gardner and other writers in the 1990's and 2000's, psychiatrists and psychologists in countries on six continents reported that the same mental condition occurred in children and families in their own practices. Most of these articles constituted case reports of this mental condition; some authors commented on the intransigence of alienating parents and the difficulties encountered in trying to help alienated children have a good relationship with both parents.

Peer-reviewed publications regarding PARP have appeared in the professional literature in more than 50 countries (see Table 1). This demonstrates that there is a worldwide need for inclusion of PARP in the DSM. Practitioners and researchers in many countries will benefit from standardized definitions and diagnostic criteria for this mental condition. If practitioners identify and understand PARP, they will be able to help children and families who are struggling with this mental condition.

Quantitative Research Regarding Parental Alienation Theory

In addition to the qualitative research described above, there has been quantitative research that addressed the validity and reliability of PARP. The diagnosis of PARP is based on the following five specific factors^{19, 20} (see Appendix D):

- One: The child actively avoids, resists, or refuses a relationship with a parent.
- Two: Presence of a prior positive relationship between the child and the now rejected parent.
- Three: Absence of abuse or neglect or seriously deficient parenting on the part of the now rejected parent.
- Four: Use of multiple alienating behaviors by the favored parent.
- Five: Exhibition of many or all of the eight behavioral manifestations of alienation by the child.

There are rare exceptions to the requirement that all five factors need to be present for the diagnosis of PARP. For example, Factor Two (prior positive relationship) may not be present if Parent A withheld the child from Parent B starting with the birth of the child, so Parent B never had the opportunity to form a good relationship with the child. Factor Three (absence of abuse or neglect) may not apply if domestic violence occurred many years previously and the child subsequently enjoyed a healthy relationship with the formerly abusive parent. Factor Four (multiple alienating behaviors by the favored parent) may not be present if the alienating

Table 1. Parental alienation has been described in the mental health literature of the following countries:

Algeria	Hong Kong	Poland
Argentina	India	Portugal
Australia	Indonesia	Romania
Austria	Ireland	Russia
Belgium	Israel	South Africa
Brazil	Italy	Spain
Canada	Japan	Sweden
Columbia	Korea	Switzerland
Chile	Latvia	Taiwan
Costa Rica	Lithuania	Turkey
Croatia	Malaysia	Ukraine
Cuba	Malta	United Kingdom
Czech Republic	Mexico	Scotland
Denmark	Morocco	Wales
Ecuador	Netherlands	Northern Ireland
Finland	New Zealand	United States
France	Norway	Puerto Rico
Germany	Peru	Uruguay

behaviors were generated by a third party—such as a grandparent, a therapist, or a child protection worker—rather than by the favored parent.

Regarding empirical studies, the validity and reliability of Factors One, Two, and Three are untestable. They simply comprise the definition of PARP, so they are required for the diagnosis of this mental condition. The purpose of Factor One is to establish that there is in fact a problem in the relationship between parent and child. The purpose of Factors Two and Three are to establish that the cause of the child's rejection is unjustifiable. Factor Two establishes that the now rejected parent was capable of establishing a loving bond with the child; Factor Three determines that that parent did not do anything egregious to cause the child's disaffection.

The validity of Factor Four was established in the following studies:

Baker and Darnall (2006).²¹ Ninety-seven self-reported targeted parents completed a survey about the actions and attitudes of the other parent. Over 1,300 specific behaviors were mentioned, which were independently coded by the two authors. They were reduced to eleven categories of parental alienation behaviors.

Baker (2007).²² Baker was one of the first psychologists to conduct systematic research regarding parental alienation. In this research project, Baker collected the life stories of adults who had previously experienced parental alienation as children. The study identified primary parental alienation strategies used by the favored parent to foster the child's unjustified rejection of the other parent; and documented the life-long negative outcomes associated with alienation.

Baker and Chambers (2011).²³ One hundred five undergraduate or graduate students completed a survey regarding their recollections of exposure to parental alienating behaviors by a parent during their childhood. Results revealed that 80% of the sample reported some exposure and those whose parents were divorced reported statistically significant higher levels of exposure.

Baker and Verrocchio (2013).²⁴ Two hundred fifty-seven undergraduate students completed a survey, the Baker Strategies Questionnaire (BSQ) about their recollection of their childhood exposure to alienating behaviors by a parent as well as measures of current functioning. Results revealed statistically significant associations between exposure to parental alienating behaviors and current self-esteem, depression, alcohol abuse, self-direction, and cooperation.

Baker and Eichler (2014).²⁵ One hundred fifty-seven college students completed a survey about their recollections of childhood exposure to alienating behaviors by their parents. Those whose parents were separated/divorced reported higher levels as did those who reported that their parents' marriage was poor quality. The higher the rate of exposure, the greater the report of psychological maltreatment.

Verrocchio, Baker, and Bernet (2016).²⁶ Exposure to alienating behaviors was associated with maltreatment, which was associated with parental bonding, which was associated with each of the three mental health outcomes: depression, state anxiety, and trait anxiety. The authors conclude that exposure to alienating behaviors in childhood represents a risk factor for subsequent poor mental health.

The validity of Factor Five was established in the following studies:

Baker and Darnall (2007).²⁷ Sixty-eight parents were surveyed about the behaviors of their children from whom they reported to be alienated. Results revealed general support for the

presence of the eight behavioral manifestations of alienation as well as windows of opportunity when even the most alienated children demonstrate “cracks in the armour,” pointing toward avenues for intervention.

Baker and Eichler (2014).²⁸ One hundred fifty-seven college students completed a survey about their recollections of childhood exposure to alienating behaviors by their parents. Those whose parents were separated/divorced reported higher levels as did those who reported that their parents’ marriage was poor quality. The higher the rate of exposure, the greater the report of psychological maltreatment.

The reliability of the diagnostic criteria for PARP was addressed in the following studies:

Rueda (2004).²⁹ This was a small study of inter-rater reliability (14 participants for the test and 10 for the re-test). Rueda presented 5 case vignettes, some of which had 8 signs characteristic of parental alienation. He found that the manifest behaviors were recognizable and reliable for identifying parental alienation.

Morrison (2006).³⁰ Morrison replicated the Rueda (2004) study using the same vignettes. He concluded that the 8 manifest behaviors are reliable in identifying parental alienation. The sample size consisted of 32 raters for the test and 20 for the re-test.

Baker (2018).¹⁹ Sixty-eight mental health professionals completed surveys, which addressed the Four-Factor Model for the identification of parental alienation. Baker reported that reliability was quite high across the vignettes, coders, and factors. There was agreement that when all four factors are present the case is alienation and when one or no factor are present it is not alienation. (The Four-Factor Model evolved to the Five-Factor Model used in this proposal. The only difference is the addition of the new Factor One, the requirement that the child manifests contact refusal.)

Morrison and Ring (2021).³¹ Six vignettes related to parental alienation were presented to a panel of mental health professionals; the number of respondents ranged between 34 and 61 for each vignette. The authors said, “The Intraclass Correlation Coefficient indicated reliability with an average of 0.923 for all vignettes. The Cronbach Alpha values indicate consistency, with an average of 0.926.” Thus, the Five-Factor Model was determined to be a reliable assessment tool for parental alienation.

Parameters of Clinical Utility Such as User Acceptability, Clinicians’ Ability to Apply Diagnostic Criteria Accurately, Clinicians’ Adherence to Practice Guidelines

The acceptability of the concept of PARP can be addressed in four tiers: (1) the acceptance of the general concept of PARP by large professional organizations; (2) the publication of

information regarding parental alienation in major textbooks and reference works; (3) the acceptance of the general concept of PARP by groups of practitioners; and (4) the acceptance of the definitions of specific components of parental alienation theory by groups of practitioners.

American Academy of Child and Adolescent Psychiatry (AACAP). In 1997, AACAP published *Practice Parameters for Child Custody Evaluation*, an “AACAP Official Action” that was adopted by the governing body of the organization. The practice parameters explicitly referred to and explained this topic under the heading, “Parental Alienation.”³²

Association of Family and Conciliation Courts (AFCC). In 2005, AFCC published *Guidelines for Parenting Coordination*, which included a discussion of “Family Dynamics in Separation and Divorce.” The AFCC document addressed topics such as “dealing with high conflict parents” and “the dynamics of child alignments, estrangements and alienation.”^{33 p 18} In 2019, AFCC published *Guidelines for Parenting Coordination*. That document addressed the “continuum of parent–child contact problems (e.g., affinity, alignments, realistic estrangement, alienation, hybrid) and levels of severity in cases involving resist-refuse dynamics.”^{34 p 3} In 2022, AFCC published *Guidelines for Parenting Plan Evaluations in Family Law Cases*. In discussing the education, training, and competence of custody evaluators, that document stated: “Because of the many complex issues that arise in family law cases, evaluators should have education and training in the following foundational areas: (9) parent–child contact problems and resist-refuse dynamics, including possible underlying causes such as parental alienating behaviors ...”^{35 p 10}

American Academy of Matrimonial Lawyers (AAML). In 2015, AAML published *Child Centered Residential Guidelines*. That document does not include the words “parental alienation,” but clearly describes the problem: “A child may also resist parenting due to contrived or magnified concerns regarding a parent that may be supported by the non-rejected parent. In cases where the concerns are unsupported or exaggerated, early and ongoing Court intervention is imperative to halt the conduct of the parent and to provide immediate consequences for the violation of court orders.” The AAML *Guidelines* also lists several alienating behaviors.^{36 p 36–37}

American Academy of Pediatrics (AAP). In 2016, the AAP published a clinical report called “Helping Children and Families Deal with Divorce and Separation.” That report said, “Alienation of the child and the targeted parent is a frequent problem that needs practical professional input to correct the negative effects on all parties.”³⁷

National and international meetings and educational programs. Many professional organizations have accepted papers and symposiums regarding parental alienation at conferences for mental health and legal professionals:

- American Academy of Child and Adolescent Psychiatry (2010, 2012, 2017)
- American Academy of Forensic Sciences (2010, 2012, 2019)

- American Academy of Psychiatry and the Law (2010, 2014)
- American College of Forensic Psychology (2013)
- American Psychiatric Association (2011, 2013, 2022)
- American Psychological Association (2011, 2016)
- Association of Family and Conciliation Courts (2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020)
- Association Suisse Pour la Coparentalité (Switzerland, 2022)
- European Association of Parental Alienation Practitioners (Czech Republic, 2017; United Kingdom, 2018).
- VI Congreso Nacional de Psicología Jurídica y Forense (Spain, 2011)
- VI Congresso Lusobrasileiro Alienacao Parental (Brazil, 2022)
- European Association for Forensic Child and Adolescent Psychiatry (Switzerland, 2010; Italy, 2018)
- International Association for Relationship Research (Canada, 2016; USA 2018; UK, 2019)
- International Conference on Shared Parenting (USA, 2018; Greece, 2019; Canada, 2020)
- International Congress of Psychology (Japan, 2016)
- International Congress on Forensic Psychology (Brazil, 2022)
- International Congress on Law and Mental Health (The Netherlands, 2013; Czech Republic, 2017; Italy, 2019; France, 2022)
- International Society for Interpersonal Acceptance and Rejection (India, 2013; Spain, 2016; United States, 2022)
- International Conferences of Parental Alienation Study Group (United States, 2017; Sweden, 2018; United States, 2019; Belgium 2021).
- World Congress of Psychiatry (Spain, 2014).

Authoritative textbooks and encyclopedias. The topic of parental alienation has been discussed and explained in the following publications:

- *Psychiatry in Law / Law in Psychiatry*
- *Principles and Practice of Child and Adolescent Forensic Mental Health*
- *Salem Health Psychology and Mental Health*
- *Cultural Sociology of Divorce: An Encyclopedia*
- *The Handbook of Forensic Psychology*
- *Wiley Encyclopedia of Forensic Science*
- *The Encyclopedia of Clinical Psychology*
- *The SAGE Encyclopedia of Marriage, Family, and Couples Counseling*
- *Comprehensive Textbook of Psychiatry*
- *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*

- *Principles and Practice of Forensic Psychiatry.*

Keilin and Bloom (1986).³⁸ The authors surveyed 82 mental health professionals. They rated on a 9-point scale the importance of 21 factors in shaping custody recommendations, one of them was related to parental alienation: “Parent often attempts to alienate the child from the other parent by negatively interpreting the other parent’s behavior.” This was the second highest ranking factor, clearly indicating endorsement of the concept.

Ackerman and Ackerman (1996).³⁹ The authors surveyed over 200 mental health professionals and the ranking of the parental alienation item increased over time, indicating de facto support for the concept.

Quinnell and Bow (2001).⁴⁰ The authors surveyed close to 200 custody evaluators and found very high endorsement of the concept of “The willingness and ability of each of the parties to facilitate and encourage a close and continuing parent-child relationship between the child and the other parent,” which of course is the inverse of parental alienation.

Baker (2007).⁴¹ The author surveyed over 100 custody evaluators, 95% of whom said that they assess for parental alienation sometimes, often, or always. 100% said that it was somewhat or very much possible for a parent to turn a child against the other parent.

Baker, Jaffe, Bernet, and Johnston (2011).⁴² The authors surveyed participants at the parental alienation plenary session of the 2010 AFCC conference. Nearly 98% of respondents endorsed the question, “Do you think that some children are manipulated by one parent to irrationally and unjustifiably reject the other parent?” That question was intended to convey the essence of parental alienation.

Bernet, Baker, and Adkins (2022).⁴³ The authors surveyed 116 custody evaluators regarding 11 key definitions in the field of PA, including terms such as “alienation,” “estrangement,” “alienating behaviors,” and the “Five-Factor Model.” There was very little disagreement with any of the 11 definitions.

Data Regarding Clinical Outcomes

Interventions for PARP depend on whether the case is mild, moderate, or severe in intensity:

- **Mild PARP:** The child complains about spending time with the rejected parent, but goes and has a good time. In cases of mild PARP, the mental health professional may strongly admonish one or both parents to stop exposing their child to conflict and stop undermining the child’s relationship with the other parent.

- **Moderate PARP:** The child complains about spending time with the rejected parent and is oppositional during much of the time with the rejected parent, although there may be some opportunities for enjoyable activities between the child and the rejected parent. In cases of moderate PARP, it is usually recommended to design a comprehensive approach to help the favored parent, the rejected parent, and child to change their attitudes and behaviors. In some cases of moderate PARP, it is necessary to remove the child from the influence of the favored parent.
- **Severe PARP:** The child adamantly refuses to see the rejected parent and may threaten to run away from the rejected parent's household. The child's hostile or indifferent behavior may persist for months or years. Also, some children who have parenting time with the rejected parent may still be considered severe if: the child is persistently oppositional; the child manifests most or all of the behavioral signs of PARP; the favored parent continues alienating behaviors; and/or there has been no improvement after a traditional therapeutic intervention. In cases of severe PARP, it is almost always necessary to remove the child from the influence of the favored parent for at least a period of time following an intensive immersion treatment.
- **Extreme PARP:** Occasionally, the feelings associated with PARP become so intense that one of the participants of the pathological triad kills themselves and/or another family member: an alienated child killed their alienated parent⁴⁴; an alienating parent killed the child and themselves⁴⁵; an alienated child or alienated parent may become so hopeless and frustrated that they kill themselves.⁴⁶ Of course, there is no intervention for these tragic cases; our only hope is to prevent the onset of PARP and intervene before the cases progress to severe and extreme levels of intensity.

There have been peer-reviewed publications regarding interventions for PARP, which are listed in chronological order:

Warshak (2010).⁴⁷ The author found: "By the conclusion of the workshop, 22 of the 23 children, all of whom were severely alienated at the outset, and had prior failed experiences with counseling, had restored a positive relationship with the rejected parent as evidenced by the children's own statements, by the observations of the parent and workshop leaders, and by the observations of the aftercare specialist."

Reay (2015).⁴⁸ The author reported that: "The pilot revealed a 95% success rate (21 of the 22 children) in reestablishing a relationship between the children and their once-rejected parents between the second and third day of the retreat as evidenced by the children's statements, parents' statements, and observations of the multidisciplinary team at the retreat."

Walters and Friedlander (2016).⁴⁹ This article examines the guidelines both in and out of court for dealing with resist/refuse dynamics in families. It explains in detail the intervention called Multi-Modal Family Intervention, which they found to be appropriate for mild and some moderate cases of PARP.

Richard Warshak (2018).⁵⁰ This study involved 83 participants. At the workshop's conclusion, parents rated 99% of relationships improved; professionals rated 94% of relationships improved; children rated 74% of relationships improved." "Improved" meant "much better" plus "somewhat better." NOTE: In both Warshak studies, some children later relapsed, usually because of premature contact with the favored parent.

Jennifer J. Harman, Luke Saunders, and Tamara Afifi (2022).⁵¹ The authors said, "Improvements in the parent-child relationships were noted, and the TPFF helped to improve family members' communal coping scores. Participation did not lead to negative changes on any measure. This preliminary evidence indicates that TPFF, similar to other therapeutic structural interventions, is a safe and effective treatment option for severely alienated children."

SUMMARY OF DATA ON PREVALENCE OF PARP

Alienating behaviors (the activities of the alienating parent) are much more common than PARP (the mental condition of the child and their relationship with the rejected parent); most children who are exposed to alienating behaviors do not develop parental alienation.

Harman, Leder-Elder, and Biringen (2019)⁵² reported on three online surveys from the United States and Canada to determine the mental health impact of parental alienating behaviors. These surveys built on a state-level survey published in 2016 by the same authors. They found, again, that between 35% and 39% of parents in the U.S. reported being targets of parental alienating behaviors.

Bernet (2010)^{14 pp 96–98} and **(2020)**^{53 pp 19–20} estimated that between 0.5% and 1.0% of children and adolescents in the United States experience PARP.

SUMMARY OF DATA ON RELIABILITY WITH WHICH PARP CAN BE IDENTIFIED

Clinically Distinguishing PARP from Other DSM-5-TR Diagnoses

PARP refers to the disturbed relationship between an alienated child and the alienated parent. This diagnosis may be applied to the child and/or the parent who are experiencing the problem. This term is not intended for the alienating parent or other individual who is causing the PARP

to occur.

There are several DSM-5-TR diagnoses that may be confused with PARP in some circumstances, although these conditions can be distinguished in a careful clinical evaluation:

Child affected by parental relationship distress (CAPRD). The definition of CAPRD includes “... negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family.” However, CAPRD is a broad, heterogeneous concept that covers at least four family scenarios: children exposed to intimate partner distress; children exposed to intimate partner violence; children experiencing intense loyalty conflict; and children experiencing parental alienation (see Appendix A). On the other hand, PARP is a narrow concept with specific criteria for its diagnosis. If a practitioner is assessing a child who is displaying contact refusal, the initial diagnosis might be CAPRD, which encompasses several possible explanations for the contact refusal. As the evaluation progresses, it should be possible to clarify the underlying reason for the child’s contact refusal, which might be PARP or might be some other issue within the family.

Parent–child relational problem. The definition of this mental condition includes: “negative attributions of the other’s intentions, hostility toward the other, and unwarranted feelings of estrangement.” However, parent–child relational problem is a broad, heterogeneous concept that covers numerous difficulties that may occur between a child and their parent(s). If a practitioner is assessing a child who is displaying persistent conflict with one or both parents, the initial diagnosis might be parent–child relational problem, which encompasses several possible explanations for the persistent conflict. As the evaluation progresses, it should be possible to clarify the underlying reason for the persistent conflict, which might be PARP or might be some other issue within the family.

Child psychological abuse. The definition for this mental condition includes: “harming/ abandoning people or things that the child cares about.” However, child psychological abuse is a broad, heterogeneous concept that covers numerous methods by which a parent might engage in child maltreatment. In cases of severe PARP, it is likely that the persistent alienating behaviors of the favored parent constitute child psychological abuse. In such a case, it would be appropriate to diagnose PARP (with respect to the relationship between the child and the rejected parent) and child psychological abuse (with respect to the activities of the favored or alienating parent).

Delusional symptoms in the context of relationship with an individual with prominent delusions. This is DSM-5-TR terminology for the mental disorder that previously was called *folie à deux* and shared psychotic disorder. In some cases of severe PARP, the underlying explanation might be a delusional disorder in the favored parent, which that parent repeatedly discussed with the child and which the child ultimately adopted as their own. In such a case, the best

practice would be to diagnose the child with both PARP and delusional symptoms in the context of relationship with an individual with prominent delusions. It is remarkable that the earliest description of PARP in the *American Journal of Psychiatry* was “Mother–Son Folie à Deux: A Case of Attempted Patricide” (1977).⁵⁴ That case report clearly described PARP, long before the introduction of the term parental alienation.

Employing Objective Tests to Distinguish PARP from Other Conditions

Several psychological tests have been found to reliably distinguish alienated from nonalienated children. Some of these instruments were developed specifically for this task; others were older, established psychological tests that were newly applied to cases involving PARP. The following are listed in chronological order:

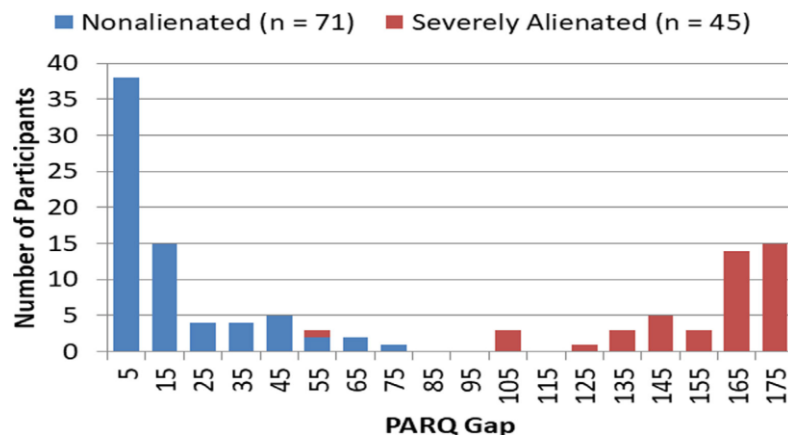
Baker, Burkhard, and Albertson-Kelly (2012)⁵⁵ The Baker Alienation Questionnaire (BAQ) is intended to identify alienated children using a paper-and-pencil measure that is short, easy to administer, and easy to score objectively. The authors found that the BAQ discriminated between alienated and nonalienated children at an 87.5% accuracy rate. See principal results below:

TABLE 1 Results of Reclassification Based on Coding of Baker Alienation Questionnaire (BAQ)

BAQ Ratings	Reunification Therapy	Not Reunification Therapy
Alienated	18	4
Not alienated	1	17

Rowlands (2019).⁵⁶ The Rowlands Parental Alienation Scale (RPAS) was administered to 592 parents along with measures of convergent and discriminant validity. The RPAS consists of six factors: campaign of denigration toward the alienated parent; independent thinker phenomenon; reflexive support of favored parent; presence of borrowed scenarios; spread of animosity to extended family of rejected parent; and lack of positive affect toward the rejected parent. Parents who reported either that a court evaluation or court findings had confirmed the presence of parental alienation scored significantly higher on all six RPAS factors as well as on the overall RPAS score.

Bernet et al. (2018)⁵⁷ and **(2020).**⁵⁸ The Parental Acceptance-Rejection Questionnaire (PARQ) was administered to 45 severely alienated children and 71 nonalienated children in Canada. It was found that severely alienated children engage in an extreme level of splitting, i.e., perceive the favored parent in very positive terms and the rejected parent in exclusively negative terms. The PARQ Gap (the difference between the child’s PARQ: Mother and PARQ: Father scores) was 99% accurate in distinguishing alienated from nonalienated children. See principal results below:



Blagg and Godfrey (2018).⁵⁹ The Bene–Anthony Family Relations Test (BAFRT) was administered to 16 alienated children and 17 nonalienated children in the United Kingdom. Children in the alienated group expressed almost exclusively negative feelings toward the rejected parent, while expressing almost exclusively positive feelings toward their preferred parent. See principal results below:

Table 2. Alienated children (group 2): Messages sent to their parents

	Positive messages			Negative messages		
	M	SD	t (15)	M	SD	t (15)
Preferred parent	21.63	6.55	10.24 ($p < 0.001$)	1.88	2.36	8.82 ($p < 0.001$)
Target parent	2.75	3.68		11.44	4.88	

M = Mean; SD = standard deviation; t = t-test.

SUMMARY OF DELETERIOUS CONSEQUENCES

Potentially Deleterious Consequences of Absence of PARP in DSM-5-TR

In the United States, there are hundreds of thousands of children and families that have experienced PARP. Occasionally, this amounts to a mild condition that resolves after a simple intervention accomplished by a mental health professional or perhaps a judge. In many cases, however, moderate and severe levels of PARP are extremely painful and damaging for the affected children and the alienated or rejected parent. It is our belief that most of these cases of PARP go undetected and untreated simply because this serious mental condition is not well known among psychiatrists, psychologists, social workers, and other mental health professionals and because of the misinformation that has been disseminated about it. In some instances, the process of alienation is even encouraged by naïve and poorly informed therapists and lawyers. This unfortunate state of affairs will continue until PARP is recognized by leading mental health organizations and then filtered down to front-line practitioners. The most direct method for

accomplishing that goal is for PARP to be accepted as a relational problem in DSM-5-TR, which will lead to educational programs for graduate students and trainees, as well as pertinent continuing education for practicing mental health and legal professionals.

Potentially Deleterious Consequences of Adding PARP to section on Other Conditions That May Be a Focus of Clinical Attention

The authors of this proposal predict that there will be unpleasant short-term reactions when this proposal is submitted for public comment and, subsequently, if PARP becomes a relational problem in DSM-5-TR. That is, a cadre of critics of parental alienation theory will strenuously object to any formal recognition of PARP. They will say that if PARP receives any kind of official status within the DSM system, abusive fathers will use this diagnosis in legal settings as a way to remove their children from “protective” mothers in order to continue their abusive practices. Although this concern has been repeated many times for at least 20 years, there has not been objective, systematic research demonstrating that phenomenon, and strong peer-reviewed scientific research indicates that the opposite outcome tends to happen: any allegation of abuse made by a parent substantiated or not, tends to result in their getting sole custody of children rather than losing it.^{60, 61}

The most severe critics of parental alienation theory back down when challenged. For example, Paul J. Fink, M.D., former president of the American Psychiatric Association, wrote a regular column for *Clinical Psychiatry News*. In 2010, Fink famously discussed controversies involving the development of DSM-5:

One such area is parental alienation syndrome (PAS). I am personally involved opposing the inclusion of this bit of junk science invented by a psychiatrist in the 1980s, the late Dr. Richard A. Gardner. ... In recent years, the ball has been picked up by “father’s rights” groups who don’t like to be interfered with when they are sexually abusing their children. This group has petitioned the DSM task force to include PAS in the publication.⁶² p 6

Several readers wrote to the editor of *Clinical Psychiatry New* and complained about Fink’s extremely inappropriate and irresponsible remarks. Fink quickly apologized and corrected his published statements, saying:

I apologize for suggesting that all fathers who accuse mothers of PAS are sexually abusing their children. That was clearly an overstatement that I retract. ... I had absolutely no intention of impugning Dr. Bernet, his colleagues, or Fathers & Families in any way. ... I do not deny that parental alienation occurs and that a lot of people are hurt when there is an alienator.⁶³ p 10

We agree with Dr. Fink that “a lot of people are hurt when there is an alienator.” We believe that in the long-term, there will be minimal negative consequences of including PARP as a relational problem in DSM-5-TR. We predict, instead, that in the future the various factions that have opinions about PARP—the proponents, the opponents, practitioners, researchers, legal scholars—will come together to share their respective expertise. They will find ways to study PARP in a collaborative manner in order to more fully understand the psychopathology of this condition, methods for its diagnosis, interventions for varying levels of severity, and perhaps ultimately its prevention. We agree, in fact, with Dr. Fink’s summation:

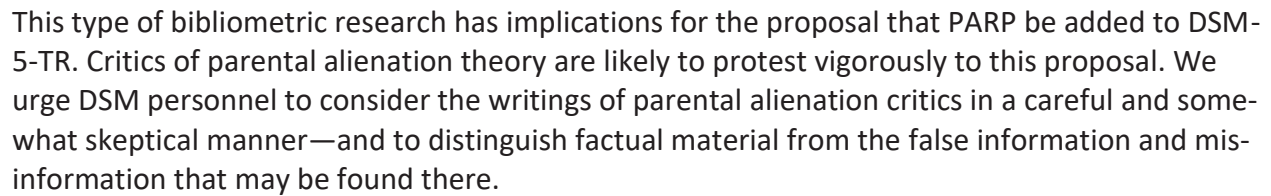
I hope we can all come to an agreement about what constitutes alienation, how to deal with PAS, and how to proceed in court hearings when someone alleges that one or another parent is an alienator or an abuser.^{61 p 10}

THE PROBLEM OF MISINFORMATION

An unusual feature of this topic is the extreme amount of misinformation that has been created by critics of parental alienation theory over the years. This misinformation—which was expressed in various forms—has been methodically clarified and refuted by proponents of parental alienation theory in book chapters^{64, 65} and in peer-reviewed journals.^{17, 66, 67, 68} Nonetheless, the proponents of false information continue to make inaccurate and inflammatory claims about the topic.

A dramatic example of chronic misinformation is illustrated in the figure below. In this research by Bernet and Xu⁶⁹, citation analysis was used to demonstrate a recurrent pattern of the *same misinformation* in journal articles, books, presentations, government documents, and legal briefs. The specific misinformation repeated many times was variations of the statement: “Parental alienation theory assumes that the favored parent has caused parental alienation in the child simply because the child refuses to have a relationship with the rejected parent, without identifying or proving alienating behaviors by the favored parent.” That is a serious misstatement of parental alienation theory; no legitimate parental alienation scholar has ever said that all cases of a child’s contact refusal are caused by the activities of an alienating parent.

In the diagram, 94 publications and other materials are indicated in chronological order from left (1994) to right (2022). Node size indicates the number of times an item is cited by subsequent items. Arrow direction of the edges represents the direction of the misinformation. Thus, the earliest example of misinformation (Wood 1994) only has outgoing edges; the most recent examples (e.g., Doughty 2022) only have incoming arrows.



This type of bibliometric research has implications for the proposal that PARP be added to DSM-5-TR. Critics of parental alienation theory are likely to protest vigorously to this proposal. We urge DSM personnel to consider the writings of parental alienation critics in a careful and somewhat skeptical manner—and to distinguish factual material from the false information and misinformation that may be found there.

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APPENDICES

Appendix A: Bernet W, Wamboldt MZ, Narrow WE: Child affected by parental relationship distress. *Journal of American Academy of Child and Adolescent Psychiatry*, 2016; 55(7):571–579. <https://doi.org/10.1016/j.jaac.2016.04.018>

Appendix B: Harman JJ, Warshak RA, Lorandos D, Florian MJ: Developmental psychology and the scientific status of parental alienation. *Developmental Psychology*, 2022. <https://doi.org/10.1037/dev0001404>

Appendix C: Two documents: “One Hundred Important Books and Book Chapters Regarding Parental Alienation by Mental Health and Legal Professionals” and “Seventy Important Books Regarding Parental Alienation by Parents and for Parents.” These documents are available on the website of the Parental Alienation Study Group (www.pasg.info) under Resources and the page, “PARP and DSM-5-TR.”

Appendix D: Bernet W, Greenhill L: The Five-Factor Model for the Diagnosis of Parental Alienation. *Journal of American Academy of Child and Adolescent Psychiatry*, 2022; 61(5):591–594. <https://doi.org/10.1016/j.jaac.2021.11.026>

Appendix E: Endorsements. This proposal has been endorsed by xxx individuals and groups in the following categories: Research Groups, Advocacy Groups, Professional Organizations, Individual Researchers, Individual Practitioners, Individual Child Advocates, and Adult Children of Parental Alienation. The list of endorsers can be found on the website of the Parental Alienation Study Group (www.pasg.info) under Resources and the page, “PARP and DSM-5-TR.”

Appendix A: Bernet W, Wamboldt MZ, Narrow WE: Child affected by parental relationship distress. *Journal of American Academy of Child and Adolescent Psychiatry*, 2016; 55(7):571–579. <https://doi.org/10.1016/j.jaac.2016.04.018>

CLINICAL REVIEW

Child Affected by Parental Relationship Distress

William Bernet, MD, Marianne Z. Wamboldt, MD, William E. Narrow, MD, MPH

Objective: A new condition, “child affected by parental relationship distress” (CAPRD), was introduced in the *DSM-5*. A relational problem, CAPRD is defined in the chapter of the *DSM-5* under “Other Conditions That May Be a Focus of Clinical Attention.” The purpose of this article is to explain the usefulness of this new terminology.

Method: A brief review of the literature establishing that children are affected by parental relationship distress is presented. To elaborate on the clinical presentations of CAPRD, four common scenarios are described in more detail: children may react to parental intimate partner distress; to parental intimate partner violence; to acrimonious divorce; and to unfair disparagement of one parent by another. Reactions of the child may include the onset or exacerbation of psychological symptoms, somatic complaints, an internal loyalty conflict, and, in the extreme, parental alienation, leading to loss of a parent–child relationship.

Results: Since the definition of CAPRD in the *DSM-5* consists of only one sentence, the authors propose an

expanded explanation, clarifying that children may develop behavioral, cognitive, affective, and physical symptoms when they experience varying degrees of parental relationship distress, that is, intimate partner distress and intimate partner violence, which are defined with more specificity and reliability in the *DSM-5*.

Conclusion: CAPRD, like other relational problems, provides a way to define key relationship patterns that appear to lead to or exacerbate adverse mental health outcomes. It deserves the attention of clinicians who work with youth, as well as researchers assessing environmental inputs to common mental health problems.

Key words: child affected by parental relationship distress, intimate partner distress, intimate partner violence, loyalty conflict, parental alienation

J Am Acad Child Adolesc Psychiatry 2016;55(7):571–579.

Appendix B: Harman JJ, Warshak RA, Lorandos D, Florian MJ: Developmental psychology and the scientific status of parental alienation. *Developmental Psychology*, 2022. <https://doi.org/10.1037/dev0001404>



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Developmental Psychology

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Developmental Psychology and the Scientific Status of Parental Alienation

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Theory and research have described developmental processes leading to damaged parent-child relationships, such as those that occur during a divorce. However, scholars dispute the scientific status of the literature on children who form unhealthy alliances with one parent against the other—termed parental alienation (PA). This comprehensive literature review tests competing descriptions of the PA literature. Accessing four electronic databases, we identified 213 documents with empirical data on PA published in 10 languages through December 2020. The results confirmed that the current state of PA scholarship meets three criteria of a maturing field of scientific inquiry: an expanding literature, a shift toward quantitative studies, and a growing body of research that tests theory-generated hypotheses. Nearly 40% of the PA literature has been published since 2016, establishing that PA research has moved beyond an early stage of scientific development and has produced a scientifically trustworthy knowledge base. This literature review documents the value of multiple research methodologies to this knowledge base. In addition, the growing body of research described in this review enhances our understanding of the association between interparental conflict and the breakdown of parent-child relationships in families where conflict differentially affects children's relationship with and behavior toward each parent.

Appendix D: Bernet W, Greenhill L: The Five-Factor Model for the Diagnosis of Parental Alienation. *Journal of American Academy of Child and Adolescent Psychiatry*, 2022; 61(5):591–594. <https://doi.org/10.1016/j.jaac.2021.11.026>

COMMENTARY



The Five-Factor Model for the Diagnosis of Parental Alienation

William Bernet, MD , and Laurence L. Greenhill, MD 

Although the phenomenon that we know as parental alienation (PA) had been described in the mental health and legal literature for many years, it was given its name—parental alienation syndrome—by Richard Gardner in 1985. As time went on, most writers abandoned the use of the word syndrome and simply referred to this mental condition as parental alienation. The definition of PA is a mental state in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies strongly with one parent (the favored parent) and rejects a relationship with the other parent (the alienated parent) without a good reason. Of course, it is a major loss for a child to experience the removal of a parent from their life in that manner. The purposes of this commentary are to explain definitions and distinctions related to PA; describe the Five-Factor Model (FFM) for the identification of PA; and offer clinical, legal, and training implications stemming from an understanding of PA.

been identified in a child or a family. For example, the diagnosis child affected by parental relationship distress can be used in cases involving PA.² Other diagnoses, such as parent–child relational problem and child psychological abuse, may also be used in cases involving PA. Likewise, with regard to *ICD-11*, the diagnosis of caregiver–child relationship problem can be used.

FIVE-FACTOR MODEL

The FFM is a method for diagnosing PA by understanding and identifying the components of this condition. Although all 5 factors are typically required to diagnose PA, there may be exceptions to this general rule. The features of the FFM are summarized in this commentary; additional information is available in Bernet³ and Lorandos and Bernet.⁴

Factor One