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Parental Alienation: A New Diagnosis for DSM-5

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Proposed Text for Parental Alienation Disorder in DSM-5

DIAGNOSTIC FEATURES

The essential feature of **parental alienation disorder** is that a child – usually one whose parents are engaged in a high-conflict divorce – allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. The primary behavioral symptom is the child's resistance or refusal to have contact with the alienated parent (Criterion A).

The behaviors in the child that characterize **parental alienation disorder** include a persistent campaign of denigration against the alienated parent and weak, frivolous, and absurd rationalizations for the child's criticism of the alienated parent (Criterion B).

The following clinical features frequently occur in **parental alienation disorder**, especially when the child's symptoms reach a level that is moderate or severe (Criterion C). Lack of ambivalence refers to the child's belief that the alienated parent is all bad and the preferred parent is all good. The independent-thinker phenomenon means that the child proudly states the decision to reject the alienated parent is his own, not influenced by the preferred parent. Reflexive support of the preferred parent against the alienated parent refers to the pattern of the child's immediately and automatically taking the preferred parent's side in a disagreement. The child may exhibit a disregard for the feelings of the alienated parent and an absence of guilt over exploitation of the alienated parent. The child may manifest borrowed scenarios, that is, rehearsed statements that are identical to those made by the preferred parent. Also, the child's animosity toward the alienated parent may spread to that parent's extended family.

The diagnosis of **parental alienation disorder** should not be used if the child's refusal to have contact with the rejected parent is justifiable, for example, if the child was neglected or abused by that parent (Criterion D).

ASSOCIATED FEATURES

Parental alienation disorder may be mild, moderate, or severe. When the **parental alienation disorder** is mild, the child may briefly resist contact with the alienated parent, but does have contact and enjoys a good relationship with the alienated parent once they are togeth-

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er. When the **parental alienation disorder** is mild, the child may have a strong, healthy relationship with both parents, even though the child recites criticisms of the alienated parent.

When the **parental alienation disorder** is moderate, the child may persistently resist contact with the alienated parent and will continue to complain and criticize the alienated parent during the contact. The child is likely to have a mildly to moderately pathological relationship with the preferred parent.

When the **parental alienation disorder** is severe, the child strongly and persistently resists contact and may hide or run away to avoid seeing the alienated parent. The child's behavior is driven by a firmly held, false belief that the alienated parent is evil, dangerous, or worthless. The child is likely to have a strong, severely pathological relationship with the preferred parent, perhaps sharing a paranoid worldview.

While the diagnosis of **parental alienation disorder** refers to the child, the preferred parent and other persons the child is dependent on may manifest the following attitudes and behaviors, which frequently are the major cause of the disorder: persistent criticisms of the rejected parent's personal qualities and parenting activities; statements that influence the child to fear, dislike, and criticize the alienated parent; and various maneuvers to exclude the rejected parent from the child's life. The behavior of the preferred parent may include complaints to the police and child protection agencies with allegations about the rejected parent. **Parental alienation disorder** may be the basis for false allegations of sexual abuse against the alienated parent. The preferred parent may be litigious to the point of abusing the legal system. The preferred parent may violate court orders that are not to his or her liking. Specific psychological problems – narcissistic personality disorder, borderline personality disorder, traumatic childhood experiences, and paranoid traits – may be identified in these individuals.

Also, the rejected parent may manifest the following attitudes and behaviors, which may be a minor or contributory cause of the disorder: lack of warm, involved parenting; deficient parenting skills; and lack of time dedicated to parenting activities. However, the intensity and duration of the child's refusal to have contact with the rejected parent is far out of proportion to the relatively minor weaknesses in the rejected parent's parenting skills.

Although **parental alienation disorder** most often arises in the context of a child-custody dispute between two parents, it can arise in other types of conflicts over child custody, such as a dispute between a parent and stepparent or between a parent and a grandparent. Sometimes, other family members – such as stepparents or grandparents – contribute to the creation of **parental alienation disorder**. On occasion, other individuals – such as therapists and child protection workers – contribute to the creation of **parental alienation disorder** by encouraging or supporting the child's refusal to have contact with the alienated parent. Also, **parental alienation disorder** does not necessarily appear in the context of divorce litigation, but may occur in intact families or years following the divorce.

DIFFERENTIAL DIAGNOSIS

It is common for children to resist or avoid contact with the noncustodial parent after the parents separate or divorce. There are several possible explanations for a child's active rejection of contact. **Parental alienation disorder** is an important, but not the only, reason that children refuse contact.

In the course of normal development children will become polarized with one parent and then the other depending on the child's developmental stage and events in the child's life. When parents disagree, it is normal for children to experience loyalty conflicts. These transitory variations in a child's relationship with his or her parents do not meet criteria for **parental alienation disorder** because they do not constitute "a persistent rejection or denigration of a parent that reaches the level of a campaign."

If the child actually was abused, neglected, or disliked by the noncustodial parent or the current boyfriend or girlfriend of that parent, the child's animosity may be justified and it is understandable that the child would not want to visit the rejected parent's household. If abuse were the reason for the child's refusal, the diagnosis would be **physical abuse of child** or **sexual abuse of child**, not **parental alienation disorder**. This is important to keep in mind because an abusive, rejected parent may misuse the concept of **parental alienation disorder** in order to falsely blame the child's refusal of contact on the parent that the child prefers.

In **shared psychotic disorder**, a delusional parent may influence a child to believe that the other parent is an evil person who must be feared and avoided. In **parental alienation disorder**, the alienating parent may have very strong opinions about the alienated parent, but is not usually considered out of touch with reality.

When parents separate or divorce, a child with **separation anxiety disorder** may become even more worried and anxious about being away from the primary caretaker. In **separation anxiety disorder**, the child is preoccupied with unrealistic fears that something will happen to the primary caretaker, while the child with **parental alienation disorder** is preoccupied with unrealistic beliefs that the alienated parent is dangerous.

It is conceivable that a child with **specific phobia, situational type**, might have an unreasonable fear of a parent or some aspect of the parent's household. A child with a **specific phobia** is unlikely to engage in a persistent campaign of denigration against the feared object, while the campaign of denigration is a central feature of **parental alienation disorder**.

When parents separate or divorce, a child with **oppositional defiant disorder** may become even more symptomatic – angry, resentful, stubborn – and not want to participate in the process of transitioning from one parent to the other. In **oppositional defiant disorder**, the child is likely to be oppositional with both parents in a variety of contexts, while the child with **paren-**

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tal alienation disorder is likely to focus his or her negativism on the proposed contact with the alienated parent and also to engage in the campaign of denigration of that parent.

When parents separate or divorce, a child may develop an **adjustment disorder** as a reaction to the various stressors related to the divorce including discord between the parents, the loss of a relationship with a parent, and the disruption of moving to a new neighborhood and school. A child with an **adjustment disorder** may have a variety of nonspecific symptoms including depression, anxious mood, and disruptive behaviors, while the child with **parental alienation disorder** manifests a specific cluster of symptoms including the campaign of denigration and weak, frivolous rationalizations for the child's persistent criticism of the alienated parent.

Parent-child relational problem (a V-code) is the appropriate diagnosis if the focus of clinical attention is on the relationship between a child and his or her divorced parents, but the symptoms do not meet the criteria for a mental disorder. For example, a rebellious adolescent may not have a specific mental disorder, but may temporarily refuse to have contact with one parent even though both parents have encouraged him to do so and a court has ordered it. On the other hand, **parental alienation disorder** should be the diagnosis if the child's symptoms are persistent enough and severe enough to meet the criteria for that disorder.

DIAGNOSTIC CRITERIA FOR PARENTAL ALIENATION DISORDER

- A. The child – usually one whose parents are engaged in a high-conflict divorce – allies himself or herself strongly with one parent and rejects a relationship with the other, alienated parent without legitimate justification. The child resists or refuses contact or parenting time with the alienated parent.
- B. The child manifests the following behaviors:
 - (1) a persistent rejection or denigration of a parent that reaches the level of a campaign
 - (2) weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent
- C. The child manifests two or more of the following six attitudes and behaviors:
 - (1) lack of ambivalence
 - (2) independent-thinker phenomenon
 - (3) reflexive support of one parent against the other
 - (4) absence of guilt over exploitation of the rejected parent
 - (5) presence of borrowed scenarios
 - (6) spread of the animosity to the extended family of the rejected parent.
- D. The duration of the disturbance is at least 2 months.

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- E. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
- F. The child's refusal to have contact with the rejected parent is without legitimate justification. That is, **parental alienation disorder** is not diagnosed if the rejected parent maltreated the child.