Proposal for a Correction and Clarification to Parent–Child Relational Problem in DSM-5-TR

Submitted to DSM-5-TR Steering Committee
September 1, 2023

Contact Information of Authors

William Bernet, M.D., DLFAPA
Professor Emeritus, Vanderbilt University School of Medicine
Dr. Bernet is a Researcher and Practitioner
Cell phone: 001-615-330-0124
Email: william.bernet@vumc.org

Amy J. L. Baker, Ph.D.
Teaneck, New Jersey
Dr. Baker is a Researcher
Cell phone: 001-201-321-9874
Email: dramyjlbaker@gmail.com

William E. Narrow, M.D., M.P.H.
Associate Professor, Johns Hopkins University School of Medicine
Dr. Narrow is a Researcher, Practitioner, and Administrator
Office phone: 001-410-550-9618
Email: wnarrow1@jhmi.edu

Marianne Z. Wamboldt, M.D.
Professor Emerita, Department of Psychiatry
University of Colorado Anschutz Medical Campus
Dr. Wamboldt is a Researcher and Practitioner
Cell phone: 001-303-946-6462
Email: marianne.wamboldt@cuanschutz.edu

Proposal for a Correction and Clarification of Parent–Child Relational Problem in DSM-5-TR

AUTHORSHIP OF THIS DOCUMENT

The principal authors of this document are William Bernet, M.D., DLFAPA, and Amy J. L. Baker, Ph.D. In this regard, Dr. Bernet and Dr. Baker are representing the Parental Alienation Study Group (PASG). PASG is a nonprofit, 501(c)(3) corporation with more than 900 members from 65 countries. The mission of PASG is to educate the public and mental health and legal practitioners regarding the causes, evaluation, prevention, and treatment of parental alienation. (See www.pasg.info.)

Additional authors—William E. Narrow, M.D., and Marianne Z. Wamboldt, M.D.—reviewed, edited, and endorsed this document. When DSM-5 was being developed, Dr. Narrow was the chair of the DSM-5 Research Group. Also, Dr. Narrow was the Chair and Dr. Wamboldt was a Contributor/Consultant for the chapter, "Other Conditions That May Be a Focus of Clinical Attention."

DIAGNOSTIC CATEGORY OR NAME OF DISORDER

This proposal pertains to the condition, parent–child relational problem (PCRP).

TYPE OF CORRECTION OR CLARIFICATION BEING PROPOSED

This proposal addresses the following correction and clarification:

(1) Ambiguity or lack of clarity in the wording of the text.
(2) Inconsistency or contradiction within the text.

BRIEF DESCRIPTION OF PROPOSED CORRECTION AND CLARIFICATION

This document proposes that one word be changed in the current definition of parent–child relational problem (PCRP) in the chapter of DSM-5-TR, "Other Conditions That May Be a Focus of Clinical Attention."

Current Definition of Parent–Child Relational Problem (page 829)

"For this category, the term *parent* is used to refer to one of the child's primary caregivers, who may be a biological, adoptive, or foster parent or may be another relative (such as a grandparent) who fulfills a parental role for the child. This category may be used when the main focus of clinical attention is to address the quality of the parent–child relationship or when the quality of the parent–child relationship is affecting the course, prognosis, or treatment of a mental disorder or other medical condition. Typically, the parent–child relational problem is associated with impaired functioning in behavioral, cognitive, or affective domains. Examples of behavioral problems include inadequate parental control, supervision, and involvement with the child; parental overprotection; excessive parental pressure; arguments that escalate to threats of physical violence; and avoidance without resolution of problems. Cognitive problems may include negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement. Affective problems may include feelings of sadness, apathy, or anger about the other individual in the relationship. Clinicians should take into account the developmental needs of the child and the cultural context."

Proposed Revision of Parent–Child Relational Problem

This proposal involves changing one word in the definition of PCRP, i.e., changing "estrangement" to "alienation." The revised text for PCRP is the following:

"Cognitive problems may include negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of alienation."

Regarding the correction of ambiguity or lack of clarity in the wording of the text.

The description of PCRP is lengthy and addresses many difficult or pathological scenarios that might occur between a child and a parent. The novel description of PCRP that was introduced in DSM-5 includes several words or phrases that express the meaning of parental alienation with different terminology. For example: "arguments that escalate to threats of physical violence," "negative attributions of the other's intentions," "hostility toward or scapegoating of the other," "unwarranted feelings of estrangement" and "anger about the other individual in the relationship."

The authors of the chapter for "Other Conditions"—including Marianne Z. Wamboldt and William E. Narrow—purposefully created a definition for PCRP that was a proxy for parental alienation, without using the actual words "parental alienation." That "compromise" was conveyed in the following publications:

Foran, Beach, Slep, Heyman, and Wamboldt (2013) published an important book, *Family Problems and Family Violence,* in which they discussed in detail the ICD-11 term, caregiver–child relationship problem. They said that the proposed criteria for caregiver–child relationship problem included “parental alienation, that is, the child allies himself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without cause” (p. 219).

Wamboldt, Cordaro, and Clarke (2015) wrote regarding the DSM-5 description of PCRP: “[A]n international group advocating for the inclusion of parental alienation . . . led by William Bernet, M.D., was strongly lobbying for inclusion of enough descriptors of this triadic parents and child dysfunctional relationship that they could use codes from the DSM-5 to describe this syndrome. The resulting compromise was that DSM-5 now includes a paragraph description of the ‘Parent–Child Relational Problem’ that reads as follows: [DSM-5 description of PCRP]” (pp. 44–45).

Bernet, Wamboldt, and Narrow (2016) published “Child Affected by Parental Relationship Distress” in the *Journal of the American Academy of Child and Adolescent Psychiatry.* They described the activities of the Relational Problems Working Group, which advised both DSM-5 and ICD-11 personnel regarding relational problems. Bernet, Wamboldt, and Narrow wrote: “[T]he Relational Problems Working Group recommended that it would be better not to include parental alienation as a specific relational problem but instead to use the appropriate broader category, that is, CAPRD, parent–child relational problem (PCRP), and/or child psychological abuse” (p. 576).

Thus, Wamboldt and Narrow created a way for clinicians to use the term, PCRP, when they wanted to identify a child or family as experiencing parental alienation. While well intentioned, that approach has created confusion among researchers, clinicians, and forensic practitioners. Although clinicians perceive the suggestion or hint that they can use PCRP as a diagnostic term for cases of parental alienation, that notion is not stated explicitly anywhere in DSM-5 and related publications. The resulting confusion can be corrected by changing one word—that is, “estrangement” to “alienation”—to the description of PCRP.

Regarding the correction of an inconsistency or contradiction within the text.

In the current definition of PCRP in DSM-5-TR, the phrase, “unwarranted feelings of estrangement,” is an oxymoron. The phrase, “unwarranted feelings of estrangement,” does not make sense because the definition of estrangement, as used by professionals in the field, involves *warranted feelings,* not unwarranted feelings of estrangement. In this usage, there is no such thing as “unwarranted feelings of estrangement.”

The current definition of PCRP is conflating the meaning of “estrangement” with the meaning of “alienation.” Almost all scholars who study and publish journal articles and book chapters regarding parental alienation reserve the term “estrangement” for situations when a child rejects a parent for a good reason, such as a history of abuse, neglect, or seriously deficient parenting skills; while they use “alienation” to refer to situations when a child rejects a parent without a valid reason, which is usually encouraged by the alienating behaviors of the favored parent. Therefore, the words “unwarranted feelings” and “estrangement” are inconsistent with each other.

This distinction between “estrangement” and “alienation” was introduced in a well-known and widely cited paper by Kelly and Johnston (2001), “The Alienated Child: A Reformulation of Parental Alienation Syndrome.” They said: “An *alienated child* is defined here as one who expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are significantly disproportionate to the child’s actual experience with that parent. . . . Children who are realistically estranged from one of their parents as a consequence of that parent’s history of family violence, abuse, or neglect need to be clearly distinguished from alienated children” (emphasis in original) (pp. 251, 253).

These definitions proposed by Kelly and Johnston 22 years ago have been universally adopted by parental alienation researchers and scholars in journal articles, book chapters, and presentations at professional conferences. According to PsycNet (a product of the American Psychological Association), the Kelly and Johnston article has been cited more than 300 times. There have been scores of published examples of the Kelly and Johnston definitions of “estrangement” and “alienation,” such as the following (in chronological order):

“Sometimes a child may reject a parent for no apparent rational reason, that is, the child does not have a reality-based reason for rejecting their parent. . . . The child in this situation would be called an alienated child, after the terminology developed by Kelly and Johnston (2001). On the other hand, sometimes children have good cause to reject a parent. . . . They are scared of the parent who has been abusive, and they have good reason to be. Using the terminology of Kelly and Johnston (2001), we are going to describe these children as *estranged”* (emphasis in original) (Drozd & Olesen, 2004, pp. 93–94).

“[Kelly and Johnston] define an alienated child as ‘one who expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are significantly disproportionate to the child’s actual experience with that parent.’ . . . Likewise many children have become estranged from the targeted parent as a result of that parent’s past behavior” (Ellis, 2007, p. 57).

"[I]t is critical that clinicians in decision-making positions are familiar with the differential diagnosis between estrangement and alienation and are sufficiently competent and courageous to identify alienation when it is present" (Baker, 2013, p. 2).

"Current divorce literature distinguishes between alienation, described as an extreme attempt to interfere with the relationship between the child and the accused parent, and estrangement in which the child has good reason, including abuse, to resist contact with a parent" (Milchman, 2015, p. 106).

"The majority of child custody evaluators in this sample did support the need to differentiate between alienation and estrangement . . ." (Sanders, Geffner, Bucky, Ribner, & Patino, 2015, p. 224).

"[I]t is important for both clinicians and forensic practitioners to distinguish parental alienation (rejection of a parent without a good reason) from realistic parental estrangement (rejection of a parent for a good reason, such as a history of abuse or neglect by that parent)" (Bernet, Wamboldt, & Narrow, 2016, p. 576).

"Parent–child contact problems can be conceptualized on a continuum: affinity, alignment, realistic or justified rejection (realistic estrangement), and unjustified rejection (alienation). Each type of contact problem can vary in intensity from mild to moderate to severe" (Judge & Deutsch, 2017, p. 16).

"Alienation and estrangement . . . are not interchangeable or synonymous concepts. . . . Rejection and denigration of a parent with a reasonable objective basis is estrangement; rejection and denigration without such basis is parental alienation" (*McClain vs. McClain,* 2017, p. 182).

"We follow the convention of most writers, who use *estrangement* to refer to warranted rejection of a parent and *alienation* to refer to unwarranted rejection (emphasis in original) (Bernet, 2020, p. 6).

"Parental alienation differs from what is typically understood to be parental estrangement. In the case of alienation, the child's rejection of the parent occurs in the absence of a reasonable justification for the rejection. In the case of estrangement, there is usually a sound rationale for the child's rejection of the parent. It has been proposed that parental alienation and estrangement may be differentiated using appropriate assessment techniques" (Haines, Matthewson, & Turnbull, 2020, p. 3).

"The two most important reasons for contact refusal are estrangement and alienation. *Estrangement* refers to a child's rejection of a parent for good cause, for example, because that parent had a history of neglecting or abusing the child. On the other hand, *parental alienation*

(PA) refers to a child's rejection of a parent without a good reason" (emphasis in original) (Bernet, Gregory, Rohner, & Reay, 2020, p. 1225).

"While the common denominator in both parental alienation and parental estrangement is the child's refusal to have a relationship with one of his or her parents, the distinguishing feature of parental alienation is that the child's rejection of the target parent is *without legitimate justification.* If, for example, a rejected parent has a documented history of family violence, abuse or neglect, the child's rejection of that parent could be justified. Most mental health professionals call this legitimate rejection of a parent by a child 'estrangement' or 'realistic estrangement'" (emphasis in original) (Joshi, 2021, p. 8).

"Currently, most authors use estrangement to refer to a child's rejection of a parent for a legitimate reason; alienation is used for rejection of a parent without a good reason" (Bernet & Greenhill, 2022, p. 592).

"In some cases, a child's reluctance to maintain contact with a parent may be based on the parent's behavior or actions, such as a history of abuse, neglect, or consistently poor parenting practices. In these situations, the child's rejection is deemed justified estrangement, and it is crucial to distinguish it from [parental alienation], where the rejection is unjustified and primarily driven by the alienating parent's actions" (Hine, 2023, p. 16).

SUMMARY: The phrase, "unwarranted feelings of estrangement," is bound to be misleading and create confusion among the users of DSM-5-TR. That problem can be easily corrected by changing the phrase "unwarranted feelings of estrangement" to "unwarranted feelings of alienation." It is obvious that "alienation" and "estrangement" have become terms of art within scholarly discussions of parent–child contact problems. It is the responsibility of the managers of DSM-5-TR to use these words in a way that is consistent with the rest of the academic world.

THE PROPOSED CHANGE WILL NOT PRODUCE A SUBSTANTIAL CHANGE IN CASENESS

PCRP is a widely and extensively used condition because it applies to a large number of problematic relational issues that occur within families. It has been estimated that the prevalence of PCRP was about 4.6% of children and adolescents in the general population (Schroeder & Gordon, 2002, p. 47); 34% among clinical participants consisting of both outpatients and inpatients (Wamboldt et al., 2015, p. 38); and 75% among a small sample of inpatients (Okeoma, 2018, p. 28). That amounts to more than 2,000,000 children and adolescents in the general population of the United States.

It is likely that some children and families that are experiencing parental alienation are already identified as manifesting PCRP, although we do not know how often that occurs. We predict

that if this proposal is adopted, an additional cohort of children and families that are experiencing parental alienation will be identified as manifesting PCRP, but we think that number will be small compared to the large population of youngsters that are already diagnosed with PCRP based on criteria unrelated to parental alienation.

Note Regarding the Scope of Parental Alienation Concept

"Parental alienation" refers to the disturbed relationship between an alienated child and the alienated parent. This term may be applied to the child and/or the parent who are experiencing the problem. However, the term "parental alienation" is not intended for the alienating parent or other individual who is causing the parental alienation to occur; that person is said to be manifesting "alienating behaviors." The prevalences of these distinct phenomena are quite different: *alienating behaviors* are very common among divorcing and divorced parents; but most children exposed to alienating behaviors do not reject the other parent, so *parental alienation* is relatively infrequent.

BRIEF ANALYSIS OF ADVANTAGES AND DISADVANTAGES OF PROPOSED CHANGE

Advantages of Proposed Correction and Clarification

(1) Both clinicians and forensic practitioners need to be able to: identify parental alienation 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. We will be able to achieve those goals more readily when DSM-5-TR provides a clear, explicit manner to identify children and families that are experiencing parental alienation.

(2) If the word "alienation" is included in the description of PCRP, it is more likely that the topic of parental alienation will be discussed in training programs for psychiatrists, psychologists, social workers, and lawyers. Subsequently, practitioners in those areas will be familiar with the topic of parental alienation and more likely to identify this condition in its earlier and milder stages.

(3) Mental health practitioners, legal professionals (both attorneys and judges), and alienated parents have all described the relentless progression of parental alienation from a mild level of intensity (when it is much more likely to be reversible) to a severe level (when it is almost always intractable). Adopting a method for identifying parental alienation (through the diagnosis of PCRP) will increase the chances of its early detection.

(4) Adopting this proposal is consistent with the opinions of the leadership 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. (conference presentations, correspondence, and personal conversations). All these individuals agreed on the reality of parental alienation phenomena, but they said that parental alienation could not be considered a mental disorder because parental alienation does not "reside inside" the designated patient. Instead, they repeatedly said that parental alienation was a condition—specifically, a relational problem—because it occurs between the designated patient (usually a child) and another person (usually a parent). (See below letter from Darrel A. Regier, M.D., M.P.H.)

Letter from Darrel A. Regier, Vice-Chair, DSM-5 Task Force to William Bernet, January 24, 2012

Dear Dr. Bernet:

Many thanks for your correspondence regarding the proposed criteria for Parental Alienation Syndrome (PAS). … One concern is whether PAS meets the standard definition of a mental disorder. Specifically, the requirement that a disorder exists as an internal condition residing withing an individual and not merely as a relational problem would be inconsistent with the current conceptualization of PAS. … The APA is open to assessing the current DSM-IV V code of Parental–Child Relational Problem … to revisions that would cover the issues raised by you and others relating to the concept of parental alienation.

Best regards,

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

---

(5) The DSM-5-TR Steering Committee has already agreed with the basic premise of the current proposal, i.e., that users of DSM-5-TR should realize that the concept of parental alienation is included in the description of PCRP. The Steering Committee recently stated, "It is not necessary to add the term 'parental alienation' as an example of parent/child relational problem, since the description of parent/child relational problems already encompasses the kind of interactions often designated as 'parental alienation'" (Email from Lamyaa Yousif, M.D., Ph.D., M.Sc., to William Bernet, M.D., July 27, 2023). However, the conclusion of the Steering Committee is fundamentally flawed because the PCRP description *DOES NOT* encompass the concept of parental alienation. Instead, the description of PCRP includes something called "unwarranted estrangement," a nonexistent entity. It is time for the Steering Committee to clear up this

misunderstanding once and for all.

(6) Parental alienation is not a free-standing diagnosis in either DSM-5-TR or ICD-11. However, personnel at ICD-11 have provided explicit guidance to the effect that children diagnosed with parental alienation may be identified as having the ICD-11 condition, caregiver–child relationship problem. The website of the World Health Organization states: “In situations in which an individual labeled with [parental alienation] presents for health care, other ICD-11 content is sufficient to guide coding. Users may classify cases to ‘caregiver–child relationship problem’” (https://www.who.int/standards/classifications/frequently-asked-questions/parental-alienation). In this respect, DSM-5-TR will be consistent with ICD-11 if this proposal is adopted.

SUMMARY: Senior personnel at DSM and ICD have repeatedly asserted since 2010 that the concept of parental alienation is included in the definitions of relational problems in their respective systems of diagnoses. It is time for the DSM-5-TR Steering Committee to validate the statements of DSM leadership by placing the word “alienation” in the description of PCRP.

Possible Disadvantages of Proposed Correction and Clarification

Critics of the concept of parental alienation have been concerned 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 to deflect responsibility for the child’s rejection of them. The authors of this proposal predict that there will be unpleasant short-term reactions if the word “alienation” is added to the description of PCRP in DSM-5-TR. That is, a cadre of critics of parental alienation theory will object to any recognition of parental alienation. They will say that if parental alienation receives any kind of status within the DSM system, abusive fathers will use this term in legal settings to remove their children from “protective” mothers in order to continue their abusive practices. Although this concern has been repeated many times by parental alienation critics for at least 20 years, there has been no 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 (Harman & Lorandos, 2021; Ogolsky, Hardesty, Theisen, Park, Maniotes, Whittaker, Chong, & Akinbode, 2022).

Of course, any psychiatric diagnosis that finds its way into legal proceedings may be abused by inept expert witnesses and unprincipled attorneys. That does not mean that parental alienation 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 that condition. It does mean that the concept of parental alienation should be used correctly by clinicians, forensic practitioners, lawyers, and judges. We believe that having criteria for the diagnosis of parental alienation using the Five-Factor Model created by Baker (2020) and widely endorsed (Bernet & Greenhill,

2022) 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 regarding definitions and diagnostic criteria, it will be harder for parental alienation to be misused.

Disadvantages of Failing to Act

The absence of the word "alienation" from DSM has been a bonanza for critics of parental alienation theory. For 20 years these critics have weaponized the silence of DSM regarding parental alienation into assertions that the American Psychiatric Association has concluded, in effect: parental alienation is unscientific; parental alienation is a pseudo-concept; parental alienation is a hoax. Here are several examples of this pervasive meme of misinformation:

"[Parental alienation syndrome] is not listed in *The Diagnostic and Statistical Manual of Mental Disorders,* the compendium of all mental health illnesses. Therefore, anyone who labels a protective mother as having PAS is, in effect, diagnosing a nonexistent disorder, a point that should be raised, strongly and repeatedly, by the mother's attorney" (Goldstein, 2010, p. 18-26).

"[Parental alienation syndrome] is not listed in the *Diagnostic and Statistical Manual of Mental Disorders,* which includes all valid diagnoses, so, in effect, any expert claiming a mother has PAS is diagnosing something that does not exist" (Brigner & Goldstein, 2016, p. 6-21).

In attempting to discredit parental alienation theory: "PAS/PAD was never included in any version to the *Diagnostic and Statistical Manual of Mental Disorders,* including the latest fifth edition" (Benjamin, Beck, Shaw, & Geffner, 2018, p. 34).

"Internationally, the scientific community has criticized [parental alienation theory] and defined it as 'junk science.' Furthermore, the American Psychiatric Association has never included it in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)" (Feresin, 2020, p. 58).

In attempting to discredit parental alienation theory: "In 2012, [parental alienation theory] was definitively rejected—after extensive contention—for inclusion in the *Diagnostic and Statistical Manual of Mental Disorders"* (Meier, 2021, p. 880).

SUMMARY: The critics of parental alienation theory have thoroughly taken advantage of the absence of the word "alienation" in DSM. Their success in promoting this misinformation has compromised the work of clinicians in identifying and treating this mental condition. It is time for the DSM-5-TR Steering Committee to correct this unscientific and unjust state of affairs by changing one word in the description of PCRP.

Controversies or Disagreements among Researchers and Clinicians

Even the most vocal critics of parental alienation theory agree that parental alienation phenomena occur. For example, Milchman, Geffner, and Meier (2020) said: "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" (p. 342). Therefore, it is safe to say that much of the opposition to its inclusion is based on perceived political/strategic reasons rather than science.

Some opinions held by parental alienation critics are simply misunderstandings or misinformation regarding parental alienation theory. For example, 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 misinformation has been propagated repeatedly in journal articles and book chapters by parental alienation critics (Bernet, 2023; Bernet and Xu, 2022). 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. There are minor disagreements regarding criteria for the diagnosis of parental alienation. There may be disagreements on how to distinguish mild, moderate, and severe levels of parental alienation. There may be disagreements regarding the best interventions for these levels of severity. But these disagreements are absolutely not necessary for and unrelated to the inclusion of the word "alienation" in the description of PCRP.

The concept of parental alienation has been accepted by professional organizations: the American Academy of Child and Adolescent Psychiatry (1997); the Association of Family and Conciliation Courts (2005, 2019, 2022); the National Council of Juvenile and Family Court Judges (AFCC & NCJFCJ) (2022); the American Academy of Matrimonial Lawyers (2015); and the American Academy of Pediatrics (Cohen & Weitzman, 2016).

Parental alienation theory has also been discussed in authoritative textbooks and reference works such as: *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; Kaplan and Sadock's Comprehensive Textbook of Psychiatry;* and *Principles and Practice of Forensic Psychiatry.*

Employing Objective Tests to Distinguish Parental Alienation from Other Conditions

Several psychological measures have been found to reliably distinguish alienated from nonalienated children. These tests will help in evaluating children with PCRP, to distinguish children with parental alienation from those without parental alienation. The following are listed in chronological order:

Baker, Burkhard, and Albertson-Kelly (2012). 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.

Rowlands (2019). 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, Gregory, Rohner, and Reay (2018) and (2020). The Parental Acceptance-Rejection Questionnaire (PARQ) was administered to 45 severely alienated children and 71 nonalienated children in the U.S. and 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.

Blagg and Godfrey (2018). 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.

REFERENCES

AFCC and NCJFCJ (2022). Joint statement on parent-child contact problems. https://www.ncjfcj.org/publications/afcc-and-ncjfcj-approve-statement-on-parent-child-contact-problems/

American Academy of Child and Adolescent Psychiatry (1997). Practice parameters for child custody evaluations. *Journal of American Academy of Child and Adolescent Psychiatry, 36*(10):57S–68S.

American Academy of Matrimonial Lawyers (2015). Child centered residential guidelines.

Association of Family and Conciliation Courts (2005). Guidelines for parenting coordination.

Association of Family and Conciliation Courts (2019). Recommendations for comprehensive training of parenting coordinators.

Association of Family and Conciliation Courts (2022). Guidelines for parenting plan evaluations in family law cases.

Baker AJL (2013). Introduction. In Baker AJL and Sauber SR (Eds.), *Working with Alienated Children and Families,* pp. 1–7. New York, NY: Routledge.

Baker AJL (2020). Parental alienation and empirical research. In Lorandos D & Bernet W (Eds.), *Parental alienation – Science and law,* pp. 207–253. Springfield, IL: Charles C Thomas.

Baker AJL, Burkhard B, & Albertson-Kelly J (2012). Differentiating alienated from not alienated children: A pilot study. *Journal of Divorce and Remarriage, 53*(3):178–193.

Benjamin GAH, Beck CJ, Shaw M, & Geffner R (2018). *Family Evaluation in Custody Litigation: Promoting Optimal Outcomes and Reducing Ethical Risks,* 2nd Ed. Washington, DC: American Psychological Association.

Bernet W (2020). Introduction to parental alienation. In Lorandos D & Bernet W (Eds.), *Parental Alienation – Science and Law,* pp. 5–43. Springfield, IL: Charles C Thomas.

Bernet W (2023). Recurrent misinformation regarding parental alienation theory. *American Journal of Family Therapy, 51*(4):334–355.

Bernet W & Greenhill L (2022). The Five-Factor Model for the diagnosis of parental alienation. *Journal of American Academy of Child and Adolescent Psychiatry, 61*(5):591–594.

Bernet W, Gregory N, Reay KM, & Rohner RP (2018). An objective measure of splitting in parental alienation: The Parental Acceptance-Rejection Questionnaire. *Journal of Forensic Sciences, 63*(3):776–783.

Bernet W, Gregory N, Rohner RP, & Reay KM (2020). Measuring the difference between parental alienation and parental estrangement: The PARQ-Gap. *Journal of Forensic Sciences, 65*(4):1225–1234.

Bernet, W, Wamboldt, MZ, & Narrow WE (2016). Child affected by parental relationship distress. *Journal of the American Academy of Child and Adolescent Psychiatry, 55*(7):571–579.

Bernet W & Xu S (2022). Scholarly rumors: Citation analysis of vast misinformation regarding parental alienation theory. *Behavioral Sciences and the Law*. https://doi.10.1002/bsl.2605

Blagg N & Godfrey E (2018). Exploring parent–child relationships in alienated versus neglected/emotionally abused children using the Bene–Anthony Family Relations Test. *Child Abuse Review, 27*:486–496.

Brigner M & Goldstein B (2016). Improving judges' responses to domestic violence custody cases. In Hannah MT & Goldstein B (Eds.), *Domestic Violence, Abuse, and Child Custody: Legal Strategies and Policy Issues,* Vol. II, 6-1 to 6-31. Kingston, NJ: Civic Research Institute.

Cohen GJ, Weitzman CC, AAP Committee on Psychosocial Aspects of Child and Family Health, & AAP Section on Developmental and Behavioral Pediatrics (2016). Clinical report: Helping children and families deal with divorce and separation. *Pediatrics, 138*(6): e20163020.

Drozd LM (2004). Is it abuse, alienation, and/or estrangement? A decision tree. *Journal of Child Custody, 1*(3):65–106.

Ellis E (2007). A stepwise approach to evaluating children for parental alienation syndrome. *Journal of Child Custody, 4*(1/2):55–78.

Feresin M (2020). Parental alienation (syndrome) in child custody cases: Survivors' experiences and the logic of psychosocial and legal services in Italy. *Journal of Social Welfare and Family Law, 42*(1):56–67.

Foran HM, Beach SRH, Smith Slep AM, Heyman RE, & Wamboldt MZ (2013). *Family problems and family violence: Reliable Assessment and the ICD-11.* New York, NY: Springer.

Goldstein B (2010). Recognizing and overcoming abusers' legal tactics. In Hannah MT & Goldstein B (Eds.), *Domestic Violence, Abuse, and Child Custody: Legal Strategies and Policy Issues,* pp. 18-1 to 18-32. Kingston, NJ: Civic Research Institute.

Haines J, Matthewson M, & Turnbull M (2020). *Understanding and Managing Parental Alienation.* London: Routledge.

Harman JJ & Lorandos D (2021). Allegations of family violence in court: How parental alienation affects judicial outcomes. *Psychology, Public Policy & Law, 27*(2):184–208.

Hine B (2023). *Parental Alienation: A Contemporary Guide for Parents, Practitioners, and Policymakers.*

Joshi A (2021). *Litigation Parental Alienation: Evaluating and Presenting an Effective Case in Court.* Chicago, IL: American Bar Association.

Judge AM & Deutsch RM (2017). *Overcoming Parent–Child Contact Problems: Family-Based Interventions for Resistance, Rejection, and Alienation.* New York, NY: Oxford University Press.

Kelly JB & Johnston JR (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review, 39*(3):249–266.

McClain v. McClain, 539 S.W.3d 170 (2017).

Meier JS (2021). Denial of family violence in court: An empirical analysis and path forward for family law. *GW Law Faculty Publications, 110:835–898.*

Milchman MS (2015). The complementary roles of scientific and clinical thinking in child custody evaluations. *Journal of Child Custody, 12*(2):97–128.

Milchman MS, Geffner R, & Meier JS (2020). Ideology and rhetoric replace science and reason in some parental alienation literature and advocacy: A critique. *Family Court Review, 58*(2):341–361.

Ogolsky BG, Hardesty JL, Theisen JC, Park SY, Maniotes CR, Whittaker AM, Chong J, & Akinbode TD (2023). Parsing through public records: When and how is self-reported violence

documented and when does it influence custody outcomes? *Journal of Family Violence, 38*:543–555.

Okeoma BC (2018). Lean perspectives: A case for implementing parent–child problem screening. *Journal of Psychosocial Nursing, 56*(9):27–32.

Rowlands GA (2019). Parental alienation: A measurement tool. *Journal of Divorce and Remarriage, 60*(4):316–331.

Sanders L, Geffner R, Bucky S, Ribner N, & Patino AJ (2015). Perceptions and attitudes about intimate partner violence in child custody cases: A qualitative study of child custody evaluators' beliefs and opinions. *Journal of Child Custody, 12*(3/4):205–230.

Schroeder C & Gordon B (2002). *Assessment and treatment of childhood problems: A clinician's guide.* New York, NY: Guilford.

Wamboldt M, Cordaro Jr. A, & Clarke D (2015). Parent–child relational problem: Field trial results, changes in DSM-5, and proposed changes for ICD-11. *Family Process, 54*(1):33–47.