

Campaign: Ask DSM to Include Parental Alienation in Upcoming Edition

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Round 2–We've Made Progress, but Need Your Participation Again (Update, 2/16/10)

Fathers & Families wants to ensure that the DSM-5 Task Force is aware of the scope and severity of Parental Alienation.

To this end, in December we asked our supporters to write the Task Force to urge them to consider including Parental Alienation Disorder in DSM-5.

As usual, your response was overwhelming. It also helped lead to progress—while as expected the newly-released draft version does not specifically include Parental Alienation Disorder, the DSM-5 Task Force has now listed Parental Alienation Disorder among the "Conditions Proposed by Outside Sources...that are still under consideration by the work groups."

The Task Force says it "welcome[s] your comments on whether available evidence indicates that the following [disorders] should be included in DSM-5."

Fathers & Families is asking its supporters to write to the Task Force and again emphasize that Parental Alienation Disorder is a large-scale problem—to do so, please click here.

As in Round 1, Fathers & Families will print out your letter and send it by regular US mail to the three relevant figures in DSM-V:

David J. Kupfer, M.D., the chair of the DSM-V Task Force;

Darrel A. Regier, M.D., vice-chair of the DSM-V Task Force; and

Daniel S. Pine, M.D., chair of the DSM-V Disorders in Childhood and Adolescence Work Group.

This isn't easy—as Dr. Kupfer recently told the media, "The door to get in [the manual] is pretty hard." But Parental Alienation Disorder does merit serious consideration.

Many observers have noted that hundreds of mental health professionals, doctors, educators, family law professionals and prominent citizens endorsed our campaign.

If you belong to one of these groups and would like to be publicly listed as an endorser, please see our endorsement statement in the right-hand column and submit your name, title, city and state to us at GlennSacks@FathersandFamilies.org.

The Pittsburgh Post-Gazette article Mental health professionals getting update on definitions (2/15/10) details the DSM-V process:

[There are] many questions that scores of mental health professionals wrestled with for nearly a decade, as they conducted their periodic update of the neuroses of an evolving society.

The result of their work was unveiled by the American Psychiatric Association last week, as a draft version of the new "Diagnostic and Statistical Manual of Mental Disorders."

Known as the DSM-5, because it represents the fifth edition of this exhaustive bible for psychiatrists, psychologists and others, it attempts to catalog [disorders]...

The first update since 1994 also includes descriptions of depression, sleep disorders, alcohol abuse and other common maladies, but everything gets a fresh look because of the volume of new research and science affecting how they're all regarded, said David Kupfer, the University of Pittsburgh psychiatry professor who chaired the DSM-5 task force.

The final product will go into the offices of all sorts of health professionals — from psychiatrists to family practitioners — while also influencing treatment payments by insurance companies, drug development by the pharmaceutical industry and future research by government and academia.

Dr. Kupfer, the longtime head of Pitt's psychiatry department before stepping down in October, said the manual remains a work in progress, with revisions based on public and professional reaction before final publication in 2013.

"We weren't out to make major changes, but so much has happened that we needed to address, that some may accuse us of being overambitious, " he said...Dr. Kupfer...said there is intense discussion during every update about what problems merit entering the manual for the first time...

"The door to get in [the manual] is pretty hard," Dr. Kupfer said.

"Once you're in the club, it's then hard to get out. All of us are a little tight about admitting people in the club."

Again, write to the DSM-5 Task Force by clicking [here](#).

Together with you in the love of our children,

Glenn Sacks, MA.Executive Director, Fathers & Families

Ned Holstein, M.D., M.S.Founder, Chairman of the Board, Fathers & Families

[From December 1, 2009]

A group of 50 mental health experts from 10 countries are part of an effort to add Parental Alienation to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V), the American Psychiatric Association's "bible" of diagnoses.

According to psychiatrist William Bernet, adding PA "would spur insurance coverage, stimulate more systematic research, lend credence to a charge of parental alienation in court, and raise the odds that children would get timely treatment."

Few family law cases are as heartbreaking as those involving Parental Alienation.

In PA cases, one parent has turned his or her children against the other parent, destroying the loving bonds the children and the target parent once enjoyed.

Fathers & Families wants to ensure that the DSM-V Task Force is aware of the scope and severity of Parental Alienation. To this end, we are asking our members and supporters to write DSM.

If you or someone you love has been the victim of Parental Alienation, we want you to tell your story to the DSM-V Task Force. To do so, simply fill in our form by clicking here.

Once you have filled out our form, Fathers & Families will print out your letter and send it by regular US mail to the three relevant figures in DSM-V:

David J. Kupfer, M.D., the chair of the DSM-V Task Force;

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Daniel S. Pine, M.D., chair of the DSM-V Disorders in Childhood and Adolescence Work Group.

DSM V is struggling with many weighty matters and as things currently stand, Parental Alienation might not get much notice or attention. By having our supporters write to leading DSM figures, we hope to draw attention to the issue.

Again, to tell your story, click here.

Supporters can send letters to DSM until the middle of 2010.

In 2011, DSM will be considering the issue. In 2012, DSM V will be written, and in 2013 DSM V will be published. When you write your letter, please:

- 1) Keep the focus on your child(ren) and how the Parental Alienation has harmed them.
- 2) Stick to the facts related to the Parental Alienation.
- 3) Be succinct.
- 4) Fill in all fields on our form.
- 5) Be civil and credible, and avoid any profanity or use of insulting language.

Again, to write the DSM Committee about your story, click here.

Running these campaigns takes time and money—the postage and supplies alone on this campaign will be several thousand dollars.

To make a tax-deductible contribution to support this effort, click here.

Together with you in the love of our children,

Glenn Sacks, MA. Executive Director, Fathers & Families

Ned Holstein, M.D., M.S. Founder, Chairman of the Board, Fathers & Families

Frequently Asked Questions about Parental Alienation

1) What is Parental Alienation?

Parental Alienation is a disorder that arises primarily in the context of divorce/separation and/or child-custody disputes.

Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. It results from the combination of a programming (brainwashing) of a parent's indoctrinations and the child's own contributions to the vilification of the targeted parent.

Parental Alienation is also sometimes referred to as "Parental Alienation Disorder" or "Parental Alienation Syndrome." To learn more, [click here](#).

2) Most claims of Parental Alienation are made by divorced or separated fathers. When fathers have custody of their children, do they sometimes alienate them from the noncustodial mothers?

Yes, both genders can be perpetrators and victims of Parental Alienation, but those hurt the worst are always the children, who lose one of the two people in the world who love them the most.

3) Do fathers (or mothers) sometimes make false claims of Parental Alienation against mothers (or fathers)?

Yes. There are parents who have alienated their own children through their abuse or personality defects, and who attempt to shift the blame to their former spouses or partners by falsely claiming the other parent alienated the children from them.

4) How common is Parental Alienation?

Parental Alienation is a common, well-documented phenomenon that is the subject of numerous studies and articles in peer-reviewed scholarly journals.

A longitudinal study published by the American Bar Association in 2003 followed 700 "high conflict" divorce cases over a 12 year period and found that elements of PA were present in the vast majority of the cases studied. Some experts estimate that there are roughly 200,000 children in the U.S. who have PAD, similar to the number of children with autism. To learn more, [click here](#).

5) Opponents of recognizing Parental Alienation claim that abusive fathers often employ Parental Alienation as a way to wrest custody from protective mothers in family court. They've promoted several cause celebre cases in recent years as a way to garner public sympathy and political support for their agenda. Is their portrayal of these cases accurate?

No—most of these cases are being misrepresented by opponents of recognizing Parental Alienation. Examples include:

Genia Shockome (publicized by Newsweek magazine and others);

Sadia Loeliger (one of the alleged heroines of a 2005 PBS documentary called Breaking the Silence: Children's Stories; and Holly Collins (publicized by Fox News, Inside Edition and others.)

In each of these three cases, opponents of recognizing Parental Alienation badly misrepresented the cases, turning reality on its head. To learn more about these cases, [click here](#) and [here](#).

Despite this, opponents of recognizing Parental Alienation push for reforms which will make it easier to deny parents shared custody or visitation rights based on unsubstantiated abuse claims. They also push for laws to exclude evidence of Parental Alienation in family law proceedings. One example is California AB 612, a bill that would have prevented target parents of Parental Alienation from raising PA as an issue in their cases. In 2007 and 2009, Fathers & Families' legislative representative Michael Robinson helped build a professional coalition to scuttle AB 612.

6) Opponents of recognizing Parental Alienation, as well as some mental health professionals, claim that Parental Alienation should not be recognized by DSM as a mental disorder.
What's Fathers & Families' position on this aspect of the issue?

Many intelligent, accomplished mental health authorities do believe that Parental Alienation Disorder should be considered a mental disorder, but there are also credible experts who do not. HTML clipboard DSM has accepted several relational problems, such as Parent-Child Relational Problem and Partner Relational Problem, and Parental Alienation is a typical relational problem. Any target parent of Parental Alienation would certainly believe that his or her child's sudden, irrational hatred constitutes some sort of a mental disorder. In Parental Alienation Disorder and DSM-V, numerous mental health authorities make the case for including PAD—to learn more, click here.

Dr. Richard A. Warshak explains:

PAS fits a basic pattern of many psychiatric syndromes. Such syndromes denote conditions in which people who are exposed to a designated stimulus develop a certain cluster of symptoms.

Nonetheless, Fathers & Families' emphasis is not on these technical aspects of the issue, but instead on the harm Parental Alienation does to children. The malignant behavior of alienating a child from his or her mother or father after a divorce or separation is a widespread social problem which merits a much more vigorous judicial and legislative response.

7) How will children caught in Parental Alienation be helped if Parental Alienation is included in DSM V?

Inclusion of Parental Alienation in DSM V will increase PA's recognition and legitimacy in the eyes of family court judges, mediators, custody evaluators, family law attorneys, and the legal and mental health community in general.

Psychiatrist William Bernet says that adding PA "would spur insurance coverage, stimulate more systematic research, lend credence to a charge of parental alienation in court, and raise the odds that children would get timely treatment." To learn more, click here.

8) What is the child's part in PAS?

The child denigrates the alienated parent with foul language and severe oppositional behavior. The child offers weak, absurd, or frivolous reasons for his or her anger.

The child is sure of him or herself and doesn't demonstrate ambivalence, i.e. love and hate for the alienated parent, only hate. The child exhorts that he or she alone came up with ideas of denigration. The "independent- thinker" phenomenon is where the child asserts that no one told him to do this.

The child supports and feels a need to protect the alienating parent. The child does not demonstrate guilt over cruelty towards the alienated parent.

The child uses borrowed scenarios, or vividly describes situations that he or she could not have experienced. Animosity is spread to the friends and/or extended family of the alienated parent.

In severe cases of parent alienation, the child is utterly brain-washed against the alienated parent. The alienator can truthfully say that the child doesn't want to spend any time with this parent, even though he or she has told him that he has to, it is a court order, etc.

The alienator typically responds, "There isn't anything that I can do about it. I'm not telling him that he can't see you." (excerpted from Dr. Jayne A. Major's Parents Who Have Successfully Fought Parental Alienation Syndrome).

9) Are there varying degrees of Parental Alienation?

Yes. Dr. Douglas Darnall, in his book *Divorce Casualties: Protecting Your Children from Parental Alienation*, describes three categories of PA.

The mild category he calls the naïve alienators.

They are ignorant of what they are doing and are willing to be educated and change.

The moderate category is the active alienators.

When they are triggered, they lose control of appropriate boundaries.

In the severe category are the obsessed alienators or those who are involved in PAS.

They are committed to destroying the other parent's relationship with the child.

In the latter case, Dr. Darnall notes that we don't have an effective protocol for treating an obsessed alienator other than removing the child from their influence.

An important point is that in PAS there is no true parental abuse and/or neglect on the part of the alienated parent.

If this were the case, the child's animosity would be justified. (excerpted from Dr. Jayne A. Major's Parents Who Have Successfully Fought Parental Alienation Syndrome).

The Case for Including Parental Alienation Disorder in DSM V

Parental Alienation Disorder and DSM-V was written by psychiatrist William Bernet, M.D., Wilfrid v. Boch-Galhau, M.D., Joseph Kenan, M.D., Joan Kinlan, M.D., Demosthenes Lorandos, Ph.D., J.D., Richard Sauber, Ph.D., Bela Sood, M.D., and James S. Walker, Ph.D. In it, they make the case for including Parental Alienation Disorder in DSM V.

Their proposal was submitted to the Disorders in Childhood and Adolescence Work Group for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition in August of 2008.

Below are some excerpts from their paper.

Bernet & Co. write:

Although parental alienation disorder has been described in the psychiatric literature for at least 60 years, it has never been considered for inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

When DSM-IV was being developed, nobody formally proposed that parental alienation disorder be included in that edition.

Since the publication of DSM-IV in 1994, there have been hundreds of publications (articles, chapters, books, court opinions) regarding parental alienation in peer reviewed mental health journals, legal literature, and the popular press.

There has been controversy among mental health and legal professionals regarding parental alienation...

Regarding our proposed diagnostic criteria, we say that the essential feature of parental alienation disorder is that a child – usually one whose parents are engaged in a hostile 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 visit or have parenting time with the alienated parent...

For purposes of this proposal, we are referring to the mental condition under consideration as parental alienation disorder (PAD). Depending on the context, we sometimes refer to parental alienation syndrome (PAS).

Our primary criteria for PAD are the attitudes and behavior of the child, that is, the child essentially has a false belief that the alienated parent is a dangerous person and must be avoided.

We reserve the word alienation for individuals with this false belief, whether the false belief was brought about by the alienating parent or by other circumstances, such as the child who avoids being caught between warring parents by gravitating to one side and avoiding the other side of the battle...

Bernet & Co. believe that PAD should be included in DSM-V for the following reasons:

Relational problems are being considered for DSM-V, and PAD is an exemplar of this type of mental disorder.

Despite controversies regarding terminology and etiology, the phenomenon of PAD is almost universally accepted by mental health and legal professionals.

Research indicates that PAD is a valid and reliable construct.

Establishing diagnostic criteria will make it possible to study PAD in a more systematic manner.

Establishing diagnostic criteria will reduce the opportunities for abusive parents and unethical attorneys to misuse the concept of PAD in child custody disputes.

Establishing diagnostic criteria will be helpful for: clinicians who work with divorced families; divorced parents, who are trying to do what is best for their children; and children of divorce, who desperately need appropriate treatment that is based on a correct diagnosis.

One of the important points that Bernet & Co. make is that PA is not new. They write:

The phenomenon of PAD has been described in the mental health literature for at least 60 years and the concept is almost universally accepted by psychiatrists, psychologists, and social workers who evaluate and treat these children.

Also, the concept of parental alienation is generally understood and accepted by legal professionals. The symptoms of PAD were described in the mental health literature long before Richard Gardner coined the term "parental alienation syndrome" (in 1985).

In 1949, Wilhelm Reich wrote in his classic book, *Character Analysis*, that some divorced parents defend themselves against narcissistic injury by fighting for custody of their child and defaming their former spouse.

These parents seek "revenge on the partner through robbing him or her of the pleasure in the child. ... In order to alienate the child from the partner, it is told that the partner is an alcoholic or psychotic, without there being any truth to such statements".

In 1952, Louise Despert referred in her book, *Children of Divorce*, to the temptation for one parent "to break down" their child's love for the other parent.

In 1980, Judith Wallerstein and Joan Kelly referred to an alliance between a narcissistically enraged parent and a particularly vulnerable older child or adolescent, who "were faithful and valuable battle allies in efforts to hurt and punish the other parent.

Not infrequently, they turned on the parent they had loved and been very close to prior to the marital separation".

Wallerstein and Sandra Blakeslee later discussed how court-ordered visitation can "be entangled with Medea-like rage."

They said, "A woman betrayed by her husband is deeply opposed to the fact that her children must visit him every other weekend.

... She cannot stop the visit, but she can plant seeds of doubt – 'Do not trust your father' – in the children's minds and thus punish her ex-husband via the children.

She does this consciously or unconsciously, casting the seeds of doubt by the way she acts and the questions she asks..."

Bernet & Co. write:

In 1994, the American Psychological Association published "Guidelines for Child Custody Evaluations in Divorce Proceedings"... the authors of the guidelines provided a bibliography of "Pertinent Literature," which included The Parental Alienation Syndrome and two other books by Richard Gardner.

In 1997, the American Academy of Child and Adolescent Psychiatry (AACAP) published "Practice Parameters for Child Custody Evaluations.

" This document, an "AACAP Official Action," referred explicitly to "Parental Alienation" and said, "There are times during a custody dispute when a child can become extremely hostile toward one of the parents. The child finds nothing positive in his or her relationship with the parent and prefers no contact. The evaluator must assess this apparent alienation and form a hypothesis of its origins and meaning. Sometimes, negative feelings toward one parent are catalyzed and fostered by the other parent; sometimes, they are an outgrowth of serious problems in the relationship with the rejected parent"...

There has been an enormous amount of research on the psychosocial vicissitudes of children of divorced parents, including children with PAS.

The most exhaustive single volume regarding PAS is The International Handbook of Parental Alienation Syndrome, published in 2006.

More than 30 mental health professionals wrote chapters for this book, including authors from Australia, Canada, Czechoslovakia, England, Germany, Israel, Sweden, and the United States.

PAS was the focus of major national conferences in Frankfurt/Main, Germany, in 2002 and in Santiago de Compostela, Galicia, Spain, in 2008.

A scholarly article by Warshak cited a list of references that currently numbers 213, most of which were published in peer reviewed journals (<http://home.att.net/~rawars/pasarticl es.html>)...

We conclude that mental health professionals (taken as a group) and the general public recognize parental alienation as a real entity that deserves considerable attention.

How common is Parental Alienation, and how many cases are there nationwide? Bernet & Co. estimate that there are roughly 200,000 children in the U.S. who have PAD, similar to the number of children with autism. They write:

In general, PAD is more likely to occur in highly conflicted, custody-disputing families than in community samples of divorcing families.

Even in highly conflicted divorces, only the minority of children experience PAD. The following studies indicate that approximately 25% of children involved in custody disputes develop PAD.

Johnston – in California – found that 7% of the children in one study and 27% of the children in a second study had "strong alignment" with one parent and rejection of the other parent. Kopetski –

in Colorado – found that 20% of families involved in custody disputes manifested parental alienation syndrome. Nicholas reported that 33% of families involved with custody disputes manifested parental alienation syndrome, based on a survey of 21 custody evaluators.

Berns reported a study of divorce judgments in Brisbane, Australia, and said parental alienation syndrome was present in 29% of cases.

The prevalence of PAD can be roughly estimated as follows.

The U.S. Census Bureau says approximately 10% of children under age 18 live with divorced parents. Approximately 10% of divorces involve custody or visitation disputes.

Approximately 25% of children involved in custody or visitation disputes develop PAD.

Multiplying these percentages yields a prevalence of 0.25%, or about 200,000 children in the U.S. For comparison purposes, this prevalence is the same order of magnitude as the prevalence of autism spectrum disorders.

Bernet & Co. believe that "controversies related to definitions and terminology have delayed and compromised systematic research regarding [PAD]" and that "Establishing diagnostic criteria will make it possible to study parental alienation in a more methodical manner." They write:

[Despite controversy] There is consensus among almost all mental health professionals who have written about parental alienation regarding the following:

- (1) PAD is a real entity, that is, there really are children and adolescents who embark on a persistent campaign of denigration against one of the parents and adamantly refuse to see that parent, and the intensity of the campaign and the refusal is far out of proportion to anything the alienated parent has done.
- (2) There are many causes of visitation refusal, and PAD is only one of them.
- (3) PAD is not the correct diagnosis when the child's visitation refusal is caused by child maltreatment or serious problematic behavior of the alienated parent.

Dr. Richard A. Warshak makes the case for accepting PAD/PAS:

PAS fits a basic pattern of many psychiatric syndromes.

Such syndromes denote conditions in which people who are exposed to a designated stimulus develop a certain cluster of symptoms.

'Posttraumatic stress disorder' (PTSD) refers to a particular cluster of symptoms developed in the aftermath of a traumatic event.

... These diagnoses carry no implication that everyone exposed to the same stimulus develops the condition, nor that similar symptoms never develop in the absence of the designated stimulus. ... Similarly, some, but not all, children develop PAS when exposed to a parent's negative influence. Other factors, beyond the stimulus of an alienating parent, can help elucidate the etiology for any particular child.

Bernet & Co. add "We hope that the Work Group will not reject this proposal simply because of this 20-year-old argument about the concept, the terminology, and the criteria for PAD. There is no lack of controversy regarding conditions that are quite prominent in the DSM."

Bernet & Co. also address the important issue of the misuse of PA/PAD. As we've often noted, claims of Parental Alienation can be used by abusive parents as a cover for their abuse, such as in the Joyce Murphy case.

More commonly, one parent may have damaged his or her relationships with his children due to his or her own personality problems, narcissism, substance abuse issues, erratic behavior, etc., but then, rather than assuming responsibility for his or her actions, instead blames the bad relationship on the other parent, under the rubric of Parental Alienation.

Fathers & Families sometimes hears from parents, usually mothers, who say that they are being unfairly blamed for the deterioration of their children's relationships with their former partners, who claim Parental Alienation. We believe that these are legitimate concerns.

However, as we've often noted, simply because false claims of Parental Alienation can and are made doesn't mean that Parental Alienation doesn't exist or isn't a problem. Bernet & Co. believe that acceptance of PA/PAD by DSM V will "reduce the opportunities for abusive parents and unethical attorneys to misuse the concept of parental alienation in child custody disputes." They write:

Having established criteria for the diagnosis of PAD will eliminate the Babel of conflicting terminology and definitions that currently occurs when parental alienation is mentioned in a legal setting. More important is that the entry regarding PAD in DSM-V will include a discussion of the differential diagnosis of visitation refusal.

It will be clear that the clinician should consider a number of explanations for a child's symptom of visitation refusal and not simply rush to the diagnosis of PAD.

Also, it will be clear that the diagnosis of PAD should not be made if the child has a legitimate, justifiable reason for disliking and rejecting one parent, for instance, if the child was neglected or abused by that parent.

We believe that when everybody involved in the legal procedures (the parents, the child protection investigators, the mental health professionals, the attorneys, and the judge) has a clear, uniform understanding of the definition of PAD, there will be fewer opportunities for rogue expert witnesses and lawyers to misuse the concept in court. What really matters is whether PAD is a real phenomenon, a real entity.

If PAD is a real clinical entity, it should be included in the DSM. If PAD is a real clinical entity, the possibility that the diagnosis will sometimes be misused should not be a primary or serious consideration.

They also note:

[T]he psychiatric diagnosis that is most misused in legal settings is posttraumatic stress disorder. In personal injury lawsuits, the diagnosis of posttraumatic stress disorder in an alleged victim is used to prove that the individual actually sustained a severe trauma.

Also, military veterans and workers' compensation claimants sometimes malingering posttraumatic stress disorder in order to receive disability benefits.

However, we are not aware that anybody has ever proposed that posttraumatic stress disorder should be deleted from the DSM because it is sometimes misused.

Recognizing PA/PAD/PAD will help children of divorce or separation. Bernet & Co. write:

Establishing diagnostic criteria will be helpful for: clinicians who work with divorced families; divorced parents, who are trying to do what is best for their children; and children of divorce, who desperately need appropriate treatment that is based on a correct diagnosis.

According to Barbara-Jo Fidler, clinical observations, case reviews and qualitative comparative studies uniformly indicate that alienated children may exhibit a variety of symptoms including poor reality testing, illogical cognitive operations, simplistic and rigid information processing, inaccurate or distorted interpersonal perceptions, self-hatred, and other maladaptive attitudes and behaviors. Fidler's survey of the short-term and long-term effects of pathological alienation on children reviewed more than 40 articles published in peer-reviewed journals between 1991 and 2007...

The authors of this proposal believe that if PAD were an official diagnosis, counselors and therapists from all disciplines will become more familiar with this condition.

As a result, children with PAD will be identified earlier in the course of their illness while it is more easily treated and even cured.

Also, if PAD were an official diagnosis (with clear criteria for the diagnosis and for severity of the condition), it will be possible to conduct coherent research regarding its treatment.

The Authors' Proposed Criteria for Parental Alienation Disorder is as follows:

A. The child – usually one whose parents are engaged in a hostile 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 visitation 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 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.

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 visitation with the rejected parent is without legitimate justification. That is, parental alienation disorder is not diagnosed if the rejected parent maltreated the child.

Send Your Letter to the DSM-V Task Force and Tell Them Your Story

To write your letter to the DSM-V Task Force, please fill out the form below.

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- 1) Keep the focus on your child(ren) and how the Parental Alienation has harmed them.
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Ned Holstein, M.D., M.S. Founder, Chairman of the Board, Fathers & Families

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Your Name

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City

State

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Occupation

Email Address

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Dear DSM-V Task Force:

We are writing to you concerning DSM's consideration of Parental Alienation Disorder for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders and your recent invitation for the public to respond.

We commend the Task Force for its recent listing of Parental Alienation Disorder among the "Conditions Proposed by Outside Sources...that are still under consideration by the work groups."

Few family law cases are as heartbreaking as those involving Parental Alienation Disorder. Yet Parental Alienation Disorder is a common, well-documented phenomenon that is the subject of numerous studies and articles in peer-reviewed scholarly journals.

For example, a longitudinal study published by the American Bar Association in 2003 followed 700 "high conflict" divorce cases over a 12 year period and found that elements of PA were present in the vast majority of the cases studied.

Some experts estimate that there are roughly 200,000 children in the U.S. who have PAD, similar to the number of children with autism. Both mothers and fathers can be perpetrators of Parental Alienation, but the true victims are always the children, who lose one of the two people in the world who love them the most.

DSM has accepted several relational problems, such as Parent-Child Relational Problem and Partner Relational Problem, and Parental Alienation is a typical relational problem.

Any target parent of Parental Alienation would certainly believe that his or her child's sudden, irrational hatred constitutes some sort of a mental disorder.

Dr. Richard A. Warshak explains:

PAS fits a basic pattern of many psychiatric syndromes.

Such syndromes denote conditions in which people who are exposed to a designated stimulus develop a certain cluster of symptoms.

Inclusion of Parental Alienation Disorder in DSM V will increase PA's recognition and legitimacy in the eyes of family court judges, mediators, custody evaluators, family law attorneys, and the legal and mental health community in general.

Children of divorce or separation-- who are among society's most vulnerable-- will benefit.

We urge you to consider inclusion.

Together with you in the love of our children,

Your Name

Occupation

Phone number

Address

Email

http://www.fathersandfamilies.org/?page_id=5372
