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BOOK REVIEW

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Review of: *Parental Alienation Syndrome, DSM-5, and ICD-11*

REFERENCE: Bernet W, editor. Parental alienation syndrome, DSM-5, and ICD-11. Springfield, IL: Charles C. Thomas Publisher Ltd., 2010, 240 pp.

In child custody disputes between hostile parents, one parent will sometimes try to alienate the children from the other parent. This can be done for legal purposes or may simply be done for psychological motives. "Parental alienation syndrome" (PAS) has not been accepted by the scientific community as valid and reliable. It has been advanced by some mental health practitioners who describe "PAS" as being when a child allies him or herself strongly with one parent and rejects a previously loving relationship with the other parent without an understandable, logical reason. This is a phenomenon that has been described by some mental health practitioners for decades. Despite the recognition of this phenomenon, the syndrome, that is the set of behaviors, associated with it, such as refusing to speak with the alienated parent, has never been incorporated into the Diagnostic and Statistical Manual of Mental Disorders (DSM). Despite this lack of official recognition, PAS as a unique entity has sometimes played a role in divorce and custody cases for the past few decades. In *Parental Alienation Syndrome, DSM-5, ICD-11*, Dr. Bernet lays out his argument for why PAS should be considered a valid and reliable diagnosis and should therefore be included in the forthcoming DSM-5 in 2013 and ICD-11 in 2015.

In this book of 240 pages including indices and appendices, a single chapter predominates. Chapter 2, entitled *Twenty Reasons Why Parental Alienation Should Be A Diagnosis*, is 128 pages and the heart of the book. In his *Twenty Reasons*, Dr. Bernet is systematic and thorough. He starts the chapter by listing the reasons before fleshing each one out with an admirable amount of references to research, case reports, and legal cases. Reasons #1–3 are related specifically to how the DSM-5 work group is approaching "Disorders Usually Diagnosed in Infancy, Childhood and Adolescence." The current work group is considering disorders that reflect the importance of developmental factors, relational disorders, and disorders that can be understood as dimensional. Dr. Bernet sees the issue of parental alienation as a developmental disorder in that it is a disorder of attachment. He recommends clustering attachment disorders together in DSM-5 the same way pervasive developmental disorders are clustered together in DSM-IV-TR. The attachment cluster would possibly include feeding disorders and oppositional defiant disorder among others. Dr. Bernet also sees PAS as a relational disorder and in addition to laying out the proposed criteria for PAS as an official diagnosis in Appendix A, he also lays out proposed criteria for parental alienation relational problem in Appendix B. In regard to the dimensionality, PAS has been previously described on a spectrum, with positive relationships at one end and completely alienated relationships at the other and can be described as mild, moderate, or severe.

Reasons #5–10 each begin with "Parental alienation is a valid concept," with its own supporting reason. He sites qualitative and quantitative research, which has been carried out and shows the presence of parental alienation in 23 different countries and different cultures. According to Dr. Bernet, there is even "a proposal in the National Congress of Brazil to adopt measures (Bill Number 4053/2008) that addresses acts of alienation, seeking to protect children and adolescents from this type of abuse" (p. 56). He recommends establishing diagnostic criteria so that PAS can be studied systematically on a larger scale.

Perhaps, the most interesting reason to the forensic community is reason #19: "Establishing diagnostic criteria should reduce the opportunities for abusive parents and unethical attorneys to misuse the concept of parental alienation in child custody disputes" (p. 19). Dr. Bernet acknowledges that the most frequent criticism of including PAS in the upcoming edition of the DSM is that the diagnosis has been and will be misused in legal settings. However, Dr. Bernet states that would be "throwing the baby out with the bathwater" (p. 124). He notes that posttraumatic stress disorder is the most commonly used and misused diagnosis in legal cases, and yet it would be unthinkable to suggest removing it from the DSM because it is misused in legal cases. Dr. Bernet asserts, "Having established criteria for the diagnosis of parental alienation will eliminate the 'Babel' of conflicting terminology and definitions that currently occurs when parental alienation is mentioned in a legal setting…there will be fewer opportunities for rogue expert witnesses and lawyers to misuse the concept in court" (p. 125). It is helpful to already have some concept of the complexity of PAS because simply from reading this book, it would be difficult to understand why this diagnosis is controversial. However, according to critics of PAS, abusive parents and spouses have legally asserted that they were wrongly alienated from their children and have been able to reunite with them even though they were, in fact, abusive.

As Dr. Bernet fleshes out each of the 20 reasons, the forensic mental health practitioner will particularly appreciate the fascinating legal cases. Dr. Bernet sites a case in Canada in which a mother takes her two daughters to spy on their father while he is on a date with another woman. The children subsequently resist any contact with their father or anyone from the paternal side of the family. They also began to withdraw from their peers because they felt that "everybody" knew about their father's infidelity. Abe Worenklein, PhD, evaluated this case for the court, which ultimately ordered

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reunification therapy for the daughters and father as well as individual psychotherapy for the mother.

While there are several diagnoses under consideration for being included in the upcoming DSM-5, PAS is not currently one of them. PAS is listed in a section of the DSM-5 work group website entitled, ''Conditions Proposed by Outside Sources,'' which means that it is under review for possible consideration (http://www.dsm5.org/ProposedRevisions/Pages/ConditionsProposedbyOutsideSources.aspx). In Appendix A, Dr. Bernet lays out what looks like a section of the DSM-IV-TR. The first section is the ''Diagnostic Features'' that describes the syndrome, what it is and what it isn't. The second section is ''Associated Features'' that describes the criteria for the modifiers mild, moderate, and severe, the features of the preferred and rejected parents and the contexts in which PAS frequently appears. The third section is ''Differential Diagnosis'' in which other reasons for why a child may resist contact with a parent are discussed. The last section is ''Diagnostic Criteria for Parental Alienation Disorder,'' which lays out the specific proposed criteria for the disorder, letters A–F. Criterion A is ''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'' (p. 151). Criterion B is ''The child manifests the following behaviors: (i) A persistent rejection or denigration of a parent that reaches the level of a campaign, (ii) Weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent'' (p. 151). Criterion C is ''The child manifests two or more of the following six attitudes and behaviors: (i) Lack of ambivalence, (ii) Independent-thinker phenomenon, (iii) Reflexive support of one parent against the other, (iv) Absence of guilt over exploitation of the rejected parent, (v) Presence of borrowed scenarios, (vi) Spread of the animosity to the extended family of the rejected parent'' (p. 151). Criterion D is ''The duration of the disturbance is at least 2 months'' (p. 151). Criterion E is ''The disturbance causes clinically significant distress or impairment in social, academic (occupational) or other important areas of functioning'' (p. 151). Criterion F is ''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'' (p. 151).

Clearly, this book is a wonderful contribution to the scientific literature regarding the concept of parental alienation in child custody disputes. Having proposed working criteria will make it easier to do research and establish sensitivity and specificity, helping to ensure validity of diagnosis. Reliability studies also need to be carried out to ensure that everyone would actually achieve the same diagnostic outcome with the same set of facts and findings. Before DSM-III was accepted, the Research Diagnostic Criteria were established by the National Institute of Mental Health to do precisely this, ensure validity and reliability of the diagnoses. This is probably the stage that PAS is at. It is an important concept and needs to be rigorously studied with adequate research. Many of us have had individual cases seen over the years, but larger studies and research will be quite helpful in identifying the problem and suggesting treatment to achieve the healthiest outcome possible for the children. We recommend this book to anyone working with families in divorce and separation.