

The Five-Factor Model for the Diagnosis of Parental Alienation

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

It is important to distinguish PA from parental alienating behaviors (ABs). PA refers to the behaviors and signs manifested by the alienated child; ABs refer to the activities of the alienating parent that contribute to the child's rejection of the alienated parent. Thus, the alienating parent is the parent who is indoctrinating or influencing the child to fear or reject the other parent. On the other hand, the alienated parent is the parent that the child refuses to visit or communicate with.

Another difference between PA and ABs is their prevalence. ABs are very common; many divorced parents engage in ABs to some degree, such as bad-mouthing the other parent and interfering with the other parent's time with the child. However, PA occurs less frequently. Harman *et al.*¹ reported that more than 30% of parents in the United States described being the target of multiple ABs, while only 1.3% of parents described being moderately or highly alienated from a child. Many children are exposed to ABs, but only a few develop PA.

Although the words parental alienation are not in *DSM-5* or *International Classification of Diseases 11th Revision (ICD-11)*, the concept of PA is found in those manuals. In *DSM-5*, there are 3 diagnoses that can be used when PA has

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

FIVE-FACTOR MODEL

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

Factor One

The Child Manifests Contact Resistance or Refusal, ie, Avoids a Relationship With One of the Parents. The first factor is inherent in the definition of PA, ie, that the child is refusing or resisting a relationship with the rejected parent. There are several causes of contact refusal, and it is necessary to conduct an evaluation to determine whether the cause in a particular case is PA or some other issue within the child or the family. Other causes of contact refusal include an understandable preference the child might have for one parent over the other; avoiding a loyalty conflict by gravitating to one parent and shunning the other; being worried or depressed, such as experiencing separation anxiety; being overly stubborn or oppositional; and estrangement due to previous maltreatment.⁵

Factor Two

The Presence of a Prior Positive Relationship Between the Child and the Rejected Parent. This factor requires that the rejected parent was an involved and loving parent before the breach, even if imperfect, as all parents are. The favored parent and the child may claim that the rejected parent never

TABLE 1 Factor Four of the Five-Factor Model

Factor four requires that the favored parent has manifested several of the 17 common alienating behaviors that have been observed in cases of parental alienation.⁵

- Bad-mouthing the rejected parent
- Limiting the child's contact with the rejected parent
- Interfering with the child's communications with the rejected parent
- Limiting mention of the rejected parent
- Withholding approval when the child shows an interest in the rejected parent
- Telling the child that the rejected parent does not love them
- Allowing the child to choose between their parents
- Creating the impression that the rejected parent is dangerous
- Forcing the child to reject the alienated parent
- Confiding in the child about adult topics
- Asking the child to spy on the rejected parent
- Asking the child to keep secrets from the rejected parent
- Referring to the rejected parent by their first name
- Referring to a stepparent as "Mom" or "Dad"
- Withholding medical, social, or academic information from the rejected parent
- Changing the child's name to remove association with the rejected parent
- Undermining the authority of the rejected parent

had a good relationship with the child—a common refrain from alienated children and their favored parents. However, it is usually easy for the evaluator to determine whether factor two is present in the family. There may be photographs and videos showing the parent and child enjoying vacations together and being affectionate with each other. There may be information from neutral third parties (eg, teachers, babysitters, family friends, therapists, clergy) who say that the parent was involved in their child's life and that the parent and child had a healthy attachment to each other.

Factor Three

The Absence of Abuse, Neglect, or Seriously Deficient Parenting on the Part of the Rejected Parent. It is essential to determine whether the now-rejected parent engaged in the types of abusive or neglectful behaviors that would justify fear, hatred, and rejection by the child. This factor requires that the child's rejection of the targeted parent is far out of proportion to anything that the parent has done to justify the rejection. The inquiry regarding factor three requires a detailed history from the parents and the child (as appropriate) regarding possible domestic violence and child maltreatment; information from relatives and family friends; and a review of records from medical personnel, child protection agencies, and law enforcement. Currently, most

TABLE 2 Factor Five of the Five-Factor Model

Factor five requires that the child, who is engaging in contact refusal, has manifested some or all of the common behavioral signs of parental alienation.⁸

- Campaign of denigration, whereby the child repeats their list of criticisms of the rejected parent to counselors, evaluators, attorneys, and, ultimately, the judge
- Weak, frivolous, and absurd rationalizations for the child's rejection of a parent
- Lack of ambivalence regarding both the favored parent and the rejected parent, ie, the child considers one parent all good and the other parent all bad
- The independent thinker phenomenon, whereby the child strongly professes that the decision to cut off the rejected parent is theirs alone
- Absence of guilt about their rude, hurtful treatment of the rejected parent
- Reflexive support for the favored parent in parental conflict
- Presence of borrowed scenarios, ie, making accusations about the rejected parent that use phrases and ideas adopted from the favored parent
- Rejection of the rejected parent's extended family

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.

Factor Four

The Use of Multiple Alienating Behaviors on the Part of the Favored Parent. For a child to be considered alienated, the child must be exposed to ABs by the favored parent or some other person. It is not appropriate to assume that ABs are occurring simply based on the behavioral signs of PA in the child. Rather, the ABs must be observed through the actions and attitudes of the alienating individual, their written statements and social media posts, interviews of the parents, reports from collaterals, and so forth. The premise underlying factor four is that the actions and attitudes of one parent can influence the child's perception of the other parent. The process of interpersonal persuasion has been studied extensively. Baker and Chambers⁶ developed the Baker Strategies Questionnaire by operationalizing a list of behaviors and iteratively piloting the list with community samples of adults who had experienced ABs as children. That process resulted in a list of 17 primary ABs, which are presented in Table 1.

Factor Five

The Child Exhibits Many of the Eight Behavioral Manifestations of Alienation. The 8 generally accepted behavioral signs of PA, which were originally identified in Gardner's

seminal paper,⁷ are listed in Table 2. The 8 signs of PA are manifested by alienated children, while the 17 common ABs are manifested by the favored or alienating parent. Various authors have described the behaviors typical of PA, and the clinician or forensic practitioner should consider these signs of PA in the context of the particular case being evaluated. Baker et al.⁹ developed the Baker Alienation Questionnaire (BAQ), which has 2 identical sets of items, one about the mother and another about the father. Items were designed to elicit the child's thoughts and feelings about each parent in a way that would map onto the key signs of PA. Each pair of items was scored for extremeness. For example, a child could claim to have not one good memory of one parent and nothing but good memories of the other parent. When the alienation-consistent responses were summed, the researchers used the scores to classify the children as alienated or not with a 96% accuracy rate.

ACCEPTANCE OF THE FIVE-FACTOR MODEL

The Four-Factor Model—the precursor of the FFM—was found to be a reliable instrument by Baker,¹⁰ who studied the opinions of 68 mental health professionals who rated 16 variations of a vignette. The FFM consists of the Four-Factor Model plus factor one, ie, the threshold requirement that the child manifests contact refusal. Bernet et al.¹¹ found that more than 85% of 119 child custody evaluators agreed or strongly agreed with the definition of the FFM discussed in this commentary. Although use of the FFM for the diagnosis of PA is new, all the individual components of the model have a long history in the PA literature; the model is simply a compilation of preexisting terms and concepts, not a new creation.

CONTROVERSIAL TOPIC

While most practitioners and researchers agree with the basic premise of PA—ie, that one parent may inappropriately influence a child to reject the other parent—some aspects of PA theory are controversial. Meier,¹² one of the most vigorous critics of PA theory, wrote, “Nothing is more polarized in the family law field than the debate over domestic abuse and parental alienation [p 220].” Meier and her colleagues are concerned that PA theory may encourage skepticism regarding abuse allegations against fathers and inappropriately attribute children's contact refusal to ABs of their mothers. A balanced analysis holds: child abuse is real, although false allegations of abuse sometimes occur, and PA is real, although false allegations

of PA sometimes occur. Of course, everyone votes for precision and accuracy in conducting complex evaluations. For example, Warshak¹³ addressed “false positive identifications of parental alienation—concluding that parental alienation exists in cases where it really does not. Such mistaken conclusions ... contribute to skepticism about the concept.”

CONCLUSIONS

The FFM appears to be a reliable way to identify PA; it can be used to differentiate between alienation and estrangement. Research regarding factor four and factor five was summed up by Saini et al.,¹⁴ who stated, “There is remarkable agreement about the behavioral strategies parents can use to potentially manipulate their children's feelings, attitudes, and beliefs in ways that may interfere with their relationship with the other parent. The cluster of symptoms or behaviors indicating the presence of alienation in the child can also be reliably identified [p 423].”

Clinicians need a reliable way to identify PA, especially as a correct diagnosis drives the choice of a suitable intervention and may influence the outcome of contentious hearings and trials. The FFM may become a useful tool for both mental health clinicians and forensic practitioners to identify PA in children and adolescents. At this stage, more research needs to be done to further strengthen the reliability of the FFM. Also, trainees in mental health and law will benefit from a clearer understanding of PA, its impact on child development, and information on psychiatric and legal interventions that are most helpful.

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