ADSS Cymru
Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru

National Assembly's Petitions Committee:
Parental Alienation (P-05-751)
Contribution by ADSS Cymru

Authority	Jenny Williams, President
Completed by	Paul Pavia, Policy and Research Lead
Date	12 April 2017

General Comment

The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of more than 80 social services leaders across the 22 local authorities in Wales.

As the national leadership organisation for social services in Wales, the role of ADSS Cymru is to represent the collective, authoritative voice of Directors of Social Services, Heads of Adult Services, Children's Services and Business Services, together with professionals who support vulnerable children and adults, their families and communities, on a range of national and regional issues of social care policy, practice and resourcing. It is the only national body that can articulate the view of those professionals who lead our social care services.

As a member-led organisation, it is uniquely placed as the professional and strategic leadership organisation for social services in Wales, to lead on national service development initiatives to ensure a consistent efficient and high standard of delivery for people who access care services across Wales.

ADSS Cymru is committed to using the wealth of its members' experience and expertise, working in partnership with other agencies, to influence important decisions around social care to the benefit of the people it supports and the people who work within care services.

Therefore, ADSS Cymru welcomes the opportunity to comment on the Recognition of Parental Alienation Petition that is currently before the Committee for consideration.

The angry alienation of a child from a parent following separation and divorce has drawn considerable attention in custody disputes for nearly three decades and only more recently, has generated considerable legal, psychological and media-based controversy. The debate about the tangible, medical existence of initially, Parental Alienation Syndrome (PAS), then, Parent Alienation Disorder (PAD) and more recently, Parent Alienation, is very complex. The concepts and theory behind the lexicon of each of the perceived conditions, have been played out in family courts and amongst clinical psychologists and psychiatrists for many years. Yet, there has and continues to be, a broad skepticism of the concept of PAS and a clear cause for caution in relation to the concept of parental alienation by both mental health practitioners and legal professionals.

What are the definitions of 'Parent Alienation Syndrome', Parent Alienation Disorder' and 'Parent Alienation'?

The term, '**Parent Alienation Syndrome**' **(PAS)**, was a label originally devised by American child psychiatrist, Prof. Richard Gardener, in the mid 1980s. Gardener coined the term to describe a diagnosable disorder in the child occurring in the context of a custody dispute and it is this entity that has generated both enthusiastic acceptance and a strong negative response. Gardner described PAS as a child's campaign of denigration against a parent that has no justification and that results from the combination of two contributing factors: the programming or brainwashing by one parent and the child's own contributions to the vilification of the target parent.[i] He identified eight fundamental behaviors or characteristics:

1. Campaign of denigration against the target parent;
2. Inconsistent, illogical, weak, or absurd rationalizations given by the child for rejecting the target parent;
3. Child's use of phrases, terms, or scenarios that do not reflect the child's experiences or are developmentally inappropriate;
4. Child's lack of ambivalence towards either parent;
5. Contention that the decision to reject the target parent is the child's;
6. Child's unconditional, automatic support of the alienating parent;
7. Child's significant lack of guilt over exploitation of the targeted parent; and
8. Spread of animosity and danger to include the extended family of the target parent.

There have been several key criticisms of PAS, which has discredited any attempt to formally adopt the concept as a diagnosable medical condition.

- First and foremost, PAS focuses almost exclusively on the alienating parent as the ethological agent of the child's alienation. This is not supported by considerable clinical research that shows that in high-conflict divorce, many parents engage in indoctrinating behaviors but only a very small proportion of children become alienated.[ii]

- In other cases, it can be shown that some children, especially adolescents, develop unjustified animosity, negative beliefs and fears of a parent in the absence of alienating behaviors by a parent. Hence, alienating behavior by a parent is neither a sufficient or necessary condition for a child to become alienated.[iii]

- As there is no commonly recognised, or empirically verified pathogenesis, course, familial pattern, or treatment selection of the problem of PAS, it cannot be properly considered as a diagnostic syndrome as defined by the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Disorders* (5th Ed. (DSM-5)), seen globally as the 'Psychiatrists Bible' and the benchmark by which all mental disorders are measured against.

The term, '**Parent Alienation Disorder**' (PAD), was a suggested modern replacement or reformulation of PAS promulgated by Dr. William Bernet, an American forensic psychiatrist. He was a proponent of having a defined medical model for the collection of symptoms displayed by a child experiencing acrimonious family breakdown and separation. He claimed that children who reject parenting time with one parent during separation or divorce, have a specific mental health problem that comes as a result of the non-rejected parent' s alienating behaviors toward the rejected parent.[iv]

He set out a diagnostic criteria table for PAD:

A. The child, usually one whose parents are engaged in a high-conflict divorce, allies himself or herself strongly with one parent and rejects a relationship with the other; thus, alienating one parent without legitimate justification.

   The child resists or refuses contact or parenting time with the alienated parent.

B. The child maintains the following behaviours:
   1. A persistent rejection or denigration of a parent that reaches the level of a campaign;
   2. Weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent.

C. The child manifests two or more of the following six attitudes and behaviours:
   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; and,
   6. spread of 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 contact with the rejected parent is without legitimate justification. That is, **parental alienation disorder** is not diagnosed if the rejected parent maltreated the child.

For Bernet, the child's alignment with the non-reject parent, along with the irrational fear and anxiety of the rejected parent was done so without any legitimate justification.

Critics who opposed this drive to designate a medical model, stated that the first and fundamental problem was the systematic labeling of children with a mental disorder, who may just simply be reacting with anger to the changes in their lives from the separation and divorce of their parents by rejecting one parent and aligning with the other.[v] They felt it was not appropriate to diagnose a child with a mental illness based on the parent's behaviour. Moreover, there were three other key reasons why it should be incorporated into DSM-5:

1. Insufficient empirical data to support the benefits of adding a new childhood disorder;
2. Insufficient data to differentiate the symptoms from trauma, specifically child abuse and domestic violence from PAD; and
3. Insufficient data to demonstrate the necessity of the court's using PAD to force reunification of children with an alienated parent in order for them to grow up healthy.

The term, '**Parent Alienation**', again is the most current reformulation of PAS, put forward by American psychologist, Dr. Douglas Darnell. Darnell used many of Gardner's ideas but avoided the term syndrome, simply referring to the concept as Parental Alienation (PA). Darnall defined PA as any constellation of conscious or unconscious behaviors that might induce a disturbance in the relationship between the child and the target parent. He distinguished PA from PAS, noting that PA focuses on the parent's behavior whereas PAS focuses on the child's behavior.[vi]

What is ADSS Cymru's view of recognising PA?

ADSS Cymru members, as professional social care practitioners, do not judge who is right or wrong after a relationship breaks down. Their role is firstly about ensuring child safeguarding measures are in place and then to establish the impact of what has happened, working with the affected child, their families and other relevant partners, to evidence a recommend to the courts, as to what should be done to end or lessen any harmful impact.

While the definition of PA itself, as a concept, continues to be debated, there is still a lack of credible and clear research data to understand the scale and impact of what in some quarters is perceived as a real problem. Despite differing views on the terminology, there is general consensus that alienating behaviours, displayed both parents and children, sit on a continuum of mild to severe with varying impact. ADSS Cymru believes that alienating attitudes and behaviours do not exist in isolation but form part of a complex, dynamic mix that require closer examination and understanding.

It is the job of social care professionals to work with families in crisis through a range of different, challenging behaviours, to find the most positive outcome, both for the child and the parents involved. Through our members work, we try to help parents understand the impact of their behaviour on the child and what they need to do to recover. This requires the support of both parents, who sometimes need help to exercise their parental responsibility.

For the child, even a child displaying the most aliening behaviours against a parent, will hold strong views of their own, in addition to those they may potentially have been coached to hold. ADSS Cymru is very clear that where there is a perception of PA, it is usually in the child's best interests to use the authority of the court to restore the relationship with the non-aligned parent. It is for the court to carefully balance its decisions to ensure that both children and adults are kept safe and ensure that children are able to maintain relationships with both parents where this is safe and in the child's best interests.

In relation to safeguarding, ADSS Cymru believe that there is sufficient legislation in place to allow social care practitioners to take action to protect the child of parents displaying difficult and challenging behaviours.

In conclusion, while we understand the call from some quarters to formally recognise PA, as service leaders in Wales, ADSS Cymru is confident that our professional members are fully aware of the complex behaviours and tensions on family relationships that can occur during separation and divorce. Our members look to positively manage such relationships to obtain the best possible outcome for the whole family, both children and parents; and we are confident that the appropriate training, guidance and legislation is in place to allow our members to do that.

Jenny Williams
President
ADSS Cymru

References

[i] Gardner. R. A., *Parent Alienation Syndrome* (2nd. Edition), New Jersey, Creative Theraputics, 1998.
[ii] Johnston, J. R., *Children of divorce who refuse visitation*, in C. Depner & J. H. Bray (Eds), *Non-residential parenting: New vistas in family living* (pp.109-135), California, Sage, 1993.
[iii] Bailey J. B. & Johnston J. R., *The Alienated Child: A Reformulation of Parental Alienation Syndrome*, Family Court Review Vol. 39, No.3 (pp.249-266), Sage, 2001.
[iv] Bernet W., *Parental alienation and the DSM-5*, The American Journal of Family Therapy (pp349-366), published online 13 October, 2008.

[v] Walker L. E. & Shapiro D. L., *Parental Alienation Disorder: Why Label Children with a Mental Diagnosis?*, Journal of Child Custody, Vol.7 Issue. 4 (pp. 266-286) 2010.
[vi] Walker L. E. & Shapiro D. L., 2010.