

# Can There Be a Bridge Between Interpersonal Violence/Abuse and Parental Alienation Proponents: A Response to Milchman

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Milchman in her article in this special section (2020) attempts to find common ground between those who are experts in interpersonal violence and abuse and those who advocate for parental alienation (PA) in child custody cases. This is a worthy endeavor, and we agree with many of her ideas and approach, but this is bound to fail because of the basic premises by those in these fields. Milchman begins by giving credit to PA experts and advocates as utilizing knowledge that is generally accepted in their field. However, the history of this term PA and how it is used (e.g., see Geffner & Sandoval, 2020, in this issue) cannot be ignored.

The use of the word *expert* implies that one has a knowledge base, research evidence, a recognized theoretical framework, and experience on which to rely. However, many PA proponents are not licensed clinicians, and as of yet, there is still no sound research to support so-called PA, in the first place, and definitely not a clear theoretical framework of any such condition or diagnosis. Therefore, to refer to this group as “experts” is misleading and dangerous as it may inadvertently legitimize PA. Using this term of PA to mean a parent intentionally attempting to turn a child against the other parent is a behavioral issue, and the actions are definitely inappropriate. However, to suggest there is a PA field that evolved from parental alienation syndrome (PAS) or parental alienation disorder (PAD) with a research and theory base is not accurate.

The main use of PA in child custody cases was actually noted over 30 years ago as parental alienation syndrome (PAS) by Gardner (1985) and later parental alienation disorder (PAD) by Bernet (2008). Leaving off the latter words of syndrome and disorder is a more recent occurrence in the past decade when the use of PAS/PAD was becoming more widely discredited. However, in 2002, Gardner wrote that PA should not be used but PAS should be in dealing with child custody decisions and cases because it was more accurate and specific. Nowhere in our mental health or in related fields are syndromes and disorders considered without appropriate research and criteria. Even the studies that attempted to support PAS/PAD did not follow generally acceptable standards of practice as they were often based on flawed methodology with self-selected biased samples, poor data analyses, and a lack of specific operational definitions (e.g., Drozd, Saini, & Olesen, 2016; O’Donohue, Beneuto, & Bennett, 2016; Walker, Brantley, & Rigsbee, 2004). Thus, no sound theory or framework has been produced, and no solid, peer reviewed research has been conducted in over 30 years that would support such a condition or diagnosis of PA.

Different constructs and labels have been used to discuss a child rejecting contact with a parent, and PAS/PAD/PA proponents assume that there is no justification for this refusal and negative reaction by the child so therefore it must be due to alienation. Many labels have surfaced in recent years by various authors (e.g., Allen & Hawkins, 1999; Drozd &

Olesen, 2004; Fidler & Bala 2010; Gaunt, 2008; Scharp & Thomas, 2016). Such terms as children's contact resistance and refusal (CRR), rejection, estrangement, gate keeping, and PA (without the syndrome or disorder included) have been used in various articles and in reference to supposed alienating behavior by a parent or resistance by a child to have contact with a parent. However, a consensus regarding a definitive cause other than interpersonal abuse (i.e., child maltreatment or exposure to intimate partner abuse) or poor parenting has not been established by these proponents. As Milchman noted, research suggests there are many different causes for CRR (e.g., Drozd & Olesen, 2004; Fidler & Bala 2010), which only provides further support for the importance of considering all hypotheses, conducting a thorough investigation, and considering all information to accurately conceptualize a case instead of putting any label on a situation where a child is resistant toward one parent (Garber, 2007; Lee & Olesen, 2001). Additionally, family discord or conflict, poor parenting boundaries, and a lack of parent-child attachment are just a few possible reasons for these situations, and that is not new. This has been identified in various editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (American Psychiatric Association, 2000; 2013) in order for clinicians to become aware of family dynamics and incorporate them into treatment plans. Clinicians would then utilize already existing modalities and evidenced-based or promising treatments, and appropriate diagnostic and assessment procedures, and therefore there is no need for specialized interventions or the trauma-inducing "parentectomy" recommended by PAS/PAD advocates (e.g., Gardner, 1998; Templer, Matthewson, Haines, & Cox, 2017; Warshak, 2015; Williams, 1990).

Milchman (2020) states that "specialized knowledge is also admissible and helpful to the court (p. 2)." However, specialized knowledge typically refers to an expertise and superior understanding of, or knowledge regarding, a certain topic. This kind of expertise and specialized knowledge is established through academia, experience, research, discourse, and so on. It has been established that research regarding PA is not sound and thus has not reached a level that could even include academia, discourse, or legitimate experience. In fact, some of the more vocal PA

advocates and researchers are not licensed clinicians as we have noted and therefore have very limited, if any, clinical experience working with the population they feel so inclined to opine on.

In her article, Milchman does point out some of the methodological issues related to PAS/PAD research and mentions that the symptoms that are claimed under this label (i.e., depression, anxiety, substance abuse, etc.) can have other explanations besides alienation. We strongly agree with her. This point can have far more emphasis considering what the field of psychology knows about trauma as well as years of research on adverse childhood experiences (ACEs) (Felitti et al., 1998). Research demonstrates high correlates and patterns of these symptoms claimed by PAS/PAD/PA proponents with childhood trauma and ACEs, as well as interpersonal violence and abuse (Saunders, Faller, & Tolman, 2016). Therefore, to claim these symptoms as something unique to or even significantly correlated with alienation is illogical. Milchman does an excellent job explaining various issues regarding discriminant and convergent validity, which to date have not been demonstrated in PAS/PAD research. This further complicates and hinders any legitimate use of a label such as PAS/PAD/PA in child custody cases.

Of greater importance is the impact of PAS/PAD in the forensic arena, which is also an area highlighted in her article. There appears to be confusion and a misunderstanding by some proponents of PAS/PAD that suggests that child sexual abuse (CSA) and negative parental behaviors by a protective parent cannot co-exist in a case. They definitely can co-exist. The key, though, is that the use of the terms PAS/D or just PA now has not only been used to counter, ignore, or minimize child physical or CSA, or exposure to domestic violence (DV), but is also used when there is any kind of interpersonal violence allegations by the child or parent.

PA advocates are so focused on mainstreaming PAS/D as some kind of formal diagnosis or phenomenon that they negate the implications and detriment it has caused many families and children. The courts and judges are typically at the mercy of the information provided to them by the "experts." However, too

often the PA advocates use these labels when they do not believe the interpersonal violence allegations and make assumptions about the situation without adequate research, observable behaviors, or facts in the case. As Milchman notes, these circular arguments by PA proponents who do not believe the abuse allegations in cases (without evidence that abuse did not occur) are not helpful or scientific. The allegations of PA take the focus away from the allegations of abuse, minimize them, or change the focus from the alleged offender to the child or protective parent/victim of DV, which is more often the mother. Recent research also notes that this approach tends to work more profoundly in favor of fathers when they use this approach in child custody cases than mothers (Meier & Dickson, 2017; Saunders et al., 2016; Silberg & Dallam, 2019).

Recently, proponents of PAS/PAD/PA have even labeled alienating behaviors as child abuse or family violence, despite a lack of research to define and identify these behaviors in a pathological way, or in association with negative parental influence (e.g., Harman, Bernet, & Harman, 2019; Harman, Kruk, & Hines, 2018). It is interesting that the proponents of PA have now tried to usurp the decades of research that exists concerning child maltreatment, including CSA and DV toward their own ends of promoting PA as a diagnosis of abuse or a separate type of family violence. As we stated in our article in this issue, it is clear there can be situations when a parent intentionally attempts to turn a child against the other parent in disputed child custody cases even when there are no interpersonal violence allegations. However, that should be ascertained by a comprehensive and objective evaluation of all parties without any assumptions (Benjamin, Beck, Shaw, & Geffner, 2018). At this point, with the 30-year historical context of PAS/PAD, the use of any labels is not productive, and even using the words PA is not helpful as a label due to the connotations. However, a lack of research has not precluded the proponents of PA to try to get it somehow included in the *International Classification of Diseases (ICD-11)* (World Health Organization, 2018) when they failed to have it accepted in *DSM-5* (Crary, 2012).

It is time for all of us to cease using labels, including PA or even alienation due to the history and

connotations, and get back to a focus on parenting behaviors, comprehensive evaluations, and appropriate interventions when unhealthy behaviors are found. Specific behaviors can already be identified in our current theories of psychology, child development, attachment, and family psychology without additional labels or diagnoses being added. This is especially important when they are used in cases where there are allegations of child abuse or domestic violence.

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