Prior to entering private practice I was the Clinical Director for an early childhood assessment and treatment center. Our primary population of clients were children in the foster care system and we worked with some of the most severely abused children. Children who were physically and sexually abused, children of methamphetamine addicted parents, children who were severely neglected, children who were prenatally exposed to drugs and alcohol.

Given this background, it is my professional judgment as a licensed clinical psychologist and as a child and family therapist that the interpersonal processes of a parental alienation dynamic represent a severe form of psychological child abuse commensurate with the most severe forms of child physical and sexual abuse and neglect.

It is also my professional judgment that the parental alienation dynamic represents a severe form of emotional-psychological domestic violence perpetrated on both the targeted parent and the victimized child.

It is my professional judgment that the legal and mental health response to a professionally established clinical diagnosis of a parental alienation dynamic be commensurate with the legal and mental health response to severe child abuse and domestic violence. This legal and mental health response should be supported by the force of explicit legal statutes commensurate with those governing other forms of severe child abuse and domestic violence.

It is my professional view that as soon as an alienation dynamic is professionally identified, the child should immediately be removed from the custody of the alienating parent and should be placed in the full custody of the targeted parent or trusted relatives of the targeted parent.

The alienating parent has a severe psychological disorder. The targeted parent is the psychologically healthier parent. The severe psychological disorder of the alienating parent creates a severely abusive situation for the child that is commensurate with the severest forms of physical and sexual abuse and neglect, and is commensurate with the severest forms of domestic violence toward both the targeted parent and the child. The legal and mental health response should reflect this fact.

Parent-child “alienation recovery” therapy should begin with the child and targeted parent to challenge the child’s false belief system and restore the child’s relationship with the psychologically healthy parent. Visitation between the child and the psychologically unhealthy alienating parent should be severely restricted immediately upon professional diagnosis of the alienation dynamic, and visitation should be professionally monitored and should only be allowed contingent upon the alienating parent’s regular participation in separate individual “alienation recovery” therapy to address the psychologically abusive nature of the alienation process.
Negative Parental Influence and Spousal Conflict


Not all parent-child conflict associated with divorce, or negative parental influence on a child, represents a parental alienation dynamic. By its very nature, divorce involves spousal conflict. Parents may not agree about parenting issues, and parents may feel angry and hurt toward each other regarding spousal relationship factors. Spousal conflict and parenting disagreements do not necessarily represent a parental alienation dynamic.

Parents may also covertly develop inappropriate alliances with a child, triangulating the child into the marital conflict. This represents a dysfunctional family relationship process but also does not necessarily represent a parental alienation dynamic, although even in its lesser forms this would represent a family relationship dynamic of grave clinical concern. This alliance and triangulation process nevertheless represents a common family psychotherapy issue that is extensively discussed by Salvador Minuchin within a Structural Family Systems model of family therapy, and would represent common clinical practice for a competent child and family psychotherapist.

Parent-child conflict associated with a divorce, inter-spousal conflict, parental conflict, and even negative parental influence do not necessarily represent a parental alienation dynamic (although these factors would all represent areas of clinical concern that may warrant professional psychotherapeutic intervention).

A parental alienation dynamic is mediated by the personality disorder (or prominent personality disorder features) of the alienating parent, and involves the re-enactment of dysfunctional early childhood relationship patterns within current relationship processes with the targeted parent and child. It is the presence of this personality disorder (or prominent personality disorder features) with the alienating parent that makes the alienation dynamic particularly impervious to standard forms of mental health treatment. It is also the presence of this personality disorder (or prominent personality disorder features) with the alienating parent that creates the severely abusive processes for the child and the domestic violence processes within the family.

Within an alienation dynamic, the personality disorder with the alienating parent, and the re-enactment processes produced by the personality disorder, result in the development of encapsulated, persecutory, non-bizarre delusional processes regarding the abusive-inadequate nature of the targeted parent by which the alienating parent then feels “justified” in the excessively hostile revenge/retaliation directed toward the targeted parent, using the child as the weapon. Still, even the presence of delusional processes does not necessarily represent a full manifestation of an alienation dynamic (although it would nevertheless be of grave clinical concern and would certainly warrant professional mental health intervention with everyone involved in the family).

The key feature in making a clinical diagnosis of a parental alienation dynamic is the successful seduction/coercion of the child by the alienating parent into fulfilling a co-delusional role in the re-enactment narrative of abuse. It is the child’s diagnosis of a Shared Psychotic Disorder that is the key feature of making the clinical diagnosis of a Parental Alienation Dynamic.