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The Five-Factor Model for the Diagnosis of Parental Alienation

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ABSTRACT

The Five-Factor Model is a method for diagnosing parental alienation by understanding and identifying the components of this mental condition. The Five-Factor Model includes the following criteria: Factor One, the child manifests contact resistance or refusal, i.e., avoids a relationship with one of the parents. Factor Two, the presence of a prior positive relationship between the child and the now-rejected parent. Factor Three, the absence of abuse, neglect, or seriously deficient parenting on the part of the now-rejected parent. Factor Four, the use of multiple alienating behaviors on the part of the *favored parent. Factor Five, the child exhibits many of the eight behavioral manifestations of alienation. This article presents the historical background of the Five-Factor Model and summarizes the research basis for Factor Four and Factor Five.*

Introduction

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 eventually given a name—parental alienation syndrome (PAS)—by Richard Gardner in 1985 (Gardner, 1985). As time went on, most writers abandoned the use of the word *syndrome* and simply referred to this mental condition as *parental alienation.* For purposes of this article, PAS and PA are synonymous.

Definitions

A good generic definition for PA is the following: a mental condition in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification (Bernet, 2020, p. 5). Although there is controversy about some

aspects of parental alienation theory, this basic definition of PA seems to be acceptable to almost everyone, i.e., both PA-proponents and PA-detractors.

It is important to maintain a distinction between PA and parental alienating behaviors (ABs). PA refers to the symptoms and behaviors manifested by the alienated child. This term also refers to the relationship between the alienated child and the rejected parent. On the other hand, ABs refer to the activities of the alienating parent, which contribute to the child's rejection of a relationship with 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 alienated child rejects and/or refuses to visit or communicate with. The alienating parent is sometimes referred to as the favored parent and the preferred parent. The alienated parent is sometimes referred to as the rejected parent and the target parent. However, an alienated parent is not exactly the same as a target parent; it is possible to be targeted but not alienated. For example, Parent A might engage in many alienating behaviors, so Parent B would be considered a target parent. Nevertheless, it is possible that Parent B still has a good relationship with their child, so Parent B has been targeted, but is not alienated.

Another difference between PA and ABs is their prevalence, i.e., the number of cases of a condition in a population at a particular point in time. ABs are very common; it has been estimated that the great majority of 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 (Clawar & Rivlin, 2013). On the other hand, PA is relatively rare; it has been estimated that fewer than 1 percent of children in the United States experience PA. Many children are exposed to ABs, but only a few develop PA.

Some readers may cringe at the use of *diagnosis* in the title of this paper. PA-detractors frequently claim that a mental condition cannot be "diagnosed" unless it is explicitly listed in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) (American Psychiatric Association, 2013) or the *International Classification of Diseases, Eleven Revision* (ICD-11) (World Health Organization, 2019). PA-detractors seem to think that somewhere there is a rule or a commandment to that effect, but there is no such rule. There are many examples of medical and psychiatric ailments being routinely diagnosed before those conditions were officially included in diagnostic nomenclature. For example, Tourette's syndrome was described and identified in 1885, long before it was officially included in DSM-III in 1980. Human immunodeficiency virus (HIV) and autoimmune deficiency syndrome (AIDS) were described, identified, and diagnosed in the early 1980s, years before they found their way into ICD-9 (1991).

Although the actual words "parental alienation" are not in DSM-5 or ICD-11, the concept of PA is found in those diagnostic manuals. In the DSM-5, there are three diagnoses that can be used when PA has been identified in a child or a family. For example, a new diagnosis in DSM-5, *child affected by parental relationship distress,* can be used in cases involving PA, which was explained in an article by Bernet, Wamboldt, and Narrow (2016). Other diagnoses in DSM-5—that is, *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 in cases involving PA.

Five-Factor Model

The *Five-Factor Model* (FFM) is a method for diagnosing PA by understanding and identifying the components of this mental condition. The FFM includes the following criteria:

- *Factor One:* the child manifests contact resistance or refusal, i.e., avoids a relationship with one of the parents.
- *Factor Two:* the presence of a prior positive relationship between the child and the now rejected parent.
- *Factor Three:* the absence of abuse, neglect, or seriously deficient parenting on the part of the now rejected parent.
- *Factor Four:* the use of multiple alienating behaviors on the part of the favored parent.
- *Factor Five:* the child exhibits many of the eight behavioral manifestations of alienation.

The current version of the FFM was based on earlier writings by Baker, Bone, and Ludmer (2014) in their book, *high conflict custody battle survival guide.* Baker (2020) analyzed the reliability of four of the factors by studying the opinions of 68 mental health professionals who rated 16 variations of a vignette. All ratings of the vignette with Factors Two, Three, Four, and Five present indicated that alienation was the most likely cause of a child's rejection of the other parent. When only one or no factor was present, there was agreement that it was not a case of alienation. When Lorandos and Bernet (2020) developed the new book, *Parental alienation–Science and law,* they modified the work of Baker and her colleagues by adding Factor One. Factor One—that the child avoids a relationship with one of the parents—is simply

part of the definition of PA. Although the term FFM for the diagnosis of PA is new, all of the individual components of the Five Factor Model have a long history of many years.

Factor One: the child manifests contact resistance or refusal, i.e., avoids a relationship with one of the parents

The first factor is inherent in the definition of PA, i.e., that the child is refusing or resisting a relationship with the rejected parent. Of course, the basic premise of PA is that the child is manifesting contact refusal. There are several causes of contact refusal, and it is necessary to collect additional information 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 the following differential diagnosis: a normal, understandable preference the child might have for one parent over the other; loyalty conflict, when the child attempts to love both parents; 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; estrangement due to previous maltreatment; accidental indoctrination of child against a parent, leading to PA; purposeful indoctrination leading to PA; and shared delusional disorder (Freeman, 2020). The level of contact refusal might be partial or complete. Partial refusal might involve agreeing to visit the rejected parent but resisting attempts on the part of the parent for communication, affection, and interaction. In these situations, the child may be physically present but not emotionally present.

Factor Two: the presence of a prior positive relationship between the child and the now rejected parent

The second factor is that the child and the now-rejected parent previously enjoyed a positive, healthy, mutually agreeable relationship. This factor requires that the now-rejected parent was an involved and loving parent prior to the breach—even if imperfect, as all parents are. This factor dates back to the writings of Richard Gardner (1998, p. 209), who said, "I am referring here only to those who have been good, dedicated parents ...."

The preferred parent and the child may claim that the rejected parent never had a good relationship with the child—a common refrain from alienated children and their favored parents.

However, it is usually fairly easy for the rejected parent to show that Factor Two is found in their family. There may be photographs and videos showing the parent and child being affectionate with each other. There may be affidavits from neutral third parties (teachers, neighbors, and religious leaders) who attest to the fact that the parent was involved in their child's life and that the parent and child had a positive attachment to each other.

There is a rare exception to the requirement for Factor Two. Suppose that the preferred parent took control of the child during their infancy, totally preventing the rejected parent from forming a meaningful relationship with the child from the beginning. In such a situation, it may still be concluded that the preferred parent has used ABs to prevent the rejected parent from ever having a prior positive relationship.

Factor Three: the absence of abuse, neglect, or seriously deficient parenting on the part of the now-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 target parent is far out of proportion to anything that parent has done to justify the rejection.

Thus, it is important that any PA investigation determine whether the rejected parent engaged in behaviors that would logically warrant a child's rejection. If a child protection agency determined that the rejected parent perpetrated abuse, PA would ordinarily not be put forth as an explanation for the child's rejection. Currently, most writers 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 (e.g., Kelly and Johnston, 2001). (Some dictionaries state that *estrangement* and *alienation* are synonymous, but this is a useful distinction for both clinical practitioners and legal personnel).

There may be circumstances in which a past history of abuse is consistent with a current diagnosis of PA. For example, suppose that a parent abused a child several years previously, engaged in treatment, and subsequently this parent and child enjoyed a heathy and mutually enjoyable relationship. Then, it is possible that the favored parent repeatedly reminded the child of the history of abuse and used that information to undermine the child's relationship with the now-rejected parent.

It is noteworthy that, in general, abusive/neglectful parents do not elicit rejection and hatred in their children. This is a highly counterintuitive feature of PA, that is, most abused children continue to seek a relationship with their

abusive parent, while alienated children (who were never abused) strongly reject a relationship with the targeted parent. In most circumstances, the more adamantly a child rejects a relationship with a parent, the more likely it is that the child is alienated, not estranged, which is the reverse of what many people would predict.

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. These behaviors constitute Factor Four of the Five-Factor Model. It is not appropriate to assume that ABs are occurring simply based on the behavioral symptoms of PA in the child. Rather, the ABs must be observed through the actions and attitudes of the preferred parent, 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. Surprisingly, some critics of PA theory doubt that children can be indoctrinated or brainwashed in that manner. However, it seems obvious that adults in every culture influence their children to adopt beliefs, attitudes, and behaviors—through educational practices, religious training, patriotic activities, and ubiquitous media. The process of interpersonal persuasion has been studied extensively, such as by Robert Cialdini (2006), who described six tactics for influencing other people. The tactics are: the rule of reciprocity (a person will generally feel obligated to reciprocate a gift or favor); the rule of consistency and commitment (if a person commits to a belief, it is harder for them to change that belief); endorsement of the social group (people naturally look to others to understand how to behave); likability (the more likeable someone is, the more successful they will be at putting across a message); authority (individuals are highly susceptible to the messages and influence of authority figures); and the appearance of scarcity (when an object is perceived as scarce or time-limited, it becomes more desirable and attractive). All of these strategies are used by alienating parents to influence their children to dislike and fear the other parent.

Baker and her colleagues systematically identified and catalogued common ABs. Baker (2005) interviewed 40 adults who experienced PA as children and identified the first research-based set of specific ABs. Baker and Darnall (2006) collected data from 97 targeted parents, who were asked to list every behavior they believed the other parent had engaged in that was contributing to their

child's alienation. While there was overlap between the two lists, it was not expected that they would be identical. That is, adults who experienced PA as children would not necessarily have the same list of ABs as parents who were currently living with an alienation dynamic. Baker and Chambers (2011) 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 found in Table 1.

Of course, there are many possible ABs which are not included in the Baker Strategies Questionnaire. Harman and Matthewson (2020) recently surveyed the world literature regarding PA and collected hundreds of examples of ABs, which they organized into the following types:

- *Emotionally abusive behaviors,* such as telling the child falsehoods about the alienated parent's behaviors
- *Coercion,* such as pressuring the child to feel allegiance and loyalty toward the preferred parent
- *Threats and intimidation,* such as stalking and harassing the alienated parent
- *Physical and sexual abuse,* including sexual exploitation of the child as well as of the alienated parent
- *Using isolation,* such as home schooling the children in order to have control of their social relationships
- *Minimizing and denying,* such as blaming the alienated parent for everything that went wrong in their marriage
- *Using privilege,* such as using gender stereotypes to maintain controlling behavior
- *Using economic abuse,* such as hiding assets to prevent transparency in determining child support.
- *Using children as a weapon,* such as coaching children to say false things about the alienated parent.

Factor Five: the child exhibits many of the eight behavioral manifestations of alienation

The eight generally accepted behavioral symptoms of parental alienation syndrome and PA were originally identified in the seminal paper of Richard Gardner (1985). They are listed and defined in Table 2. Of course, the eight

symptoms of PA are manifested by alienated children, while the 17 common ABs discussed previously are manifested by the preferred or alienating parent.

Various writers and researchers have described the behaviors typical of PA, including: Judith Wallerstein and Joan Kelly (1976); Barry Bricklin (1995); Joan Kelly and Janet Johnston (2001); and Richard A. Warshak (2001, 2010).

Baker and Darnall (2007), in a study of 68 targeted parents, asked the participants to complete a survey about the behaviors of their children. There were several behavioral descriptors included in the survey, eight of which matched the eight generally accepted behavioral manifestations of PA. The authors concluded, "these findings are consistent with Gardner's clinical observations about the key manifestations of PAS." Baker, Burkhard, and Kelly (2012) described a pilot study of the Baker Alienation Questionnaire (BAQ). The BAQ has two identical sets of items, one set about the mother and one set 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 behaviors 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 score to classify the children as alienated or not with a 96% accuracy rate.

It is important to note that alienated children exhibit behaviors that are different than those of estranged children. For example, maltreated children do not typically totally reject their abusive parents, while alienated children, while focusing intently on the imperfections of the rejected parent, pay no attention at all to the imperfections of the favored parent. This distinct feature of alienated children was measured in a study by Bernet, Gregory, Reay, and Rohner (2018, 2020) by using a psychological test, the Parental Acceptance–Rejection Questionnaire (PARQ). This study pertained to only one symptom—i.e., lack of ambivalence—of the eight common behaviors seen in alienated children. The PARQ provides a quantitative measure of children's perceptions of parental (maternal and paternal) accepting and rejecting behaviors. PA theory would predict that alienated children would have scores in opposite extremes, i.e., viewing one parent as extremely positive and the other as extremely negative. In fact, the severely alienated children in this study manifested an extreme degree of psychological splitting or lack of ambivalence on the PARQ, which distinguished alienated from nonalienated children with 99% accuracy.

Conclusion

PA-proponents believe that the FFM is a reliable way to identify and diagnose PA. That is, the FFM can be used to differentiate alienation and estrangement. Other authors concur with that conclusion. For example, research regarding Factor Four and Factor Five was summed up in a book chapter by Saini, Johnston, Fidler, and Bala (2016), who said, "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).

The FFM is likely to become useful for both mental health clinicians and forensic practitioners. All types of clinicians—counselors, therapists, nurse practitioners, psychologists, psychiatrists—need a reliable way to diagnose PA, especially since a correct diagnosis drives the choice of a suitable intervention. Forensic psychologists and psychiatrists, attorneys, and judges need a reliable way to identify PA in legal settings, since that may influence the outcome of contentious hearings and trials. In the United States, the FFM has already been presented at trials and utilized by courts in making decisions. The author testified in June 2019 in Tennessee regarding a dispute over child custody and parenting time issues. The author explained the FFM and showed how the specific circumstances of the case fit the components of the Five Factor Model. The court adopted this terminology and spent several pages of its opinion outlining the FFM and explaining how it applied to the case at hand. Ultimately, the court found that one parent had engaged in multiple ABs and transferred custody of the child from that parent to the previously rejected parent.

The author and his colleagues hope that the FFM is used for the identification and diagnosis of PA by clinicians and forensic practitioners in many countries. We hope that research continues regarding the FFM in order to establish its validity and reliability more strongly. Finally, we hope that students and trainees in mental health and legal programs are educated in the theoretical bases for the FFM and also its practical application in their respective professional activities.

Table 1. Factor Four of the Five-Factor Model

Factor Four requires that the preferred parent has manifested several of the 17 common alienating behaviors that have been observed in cases of parental alienation (Baker and Chambers, 2011).

(1) *Badmouthing* involves making negative statements regarding the rejected parent.

(2) *Limiting contact* means that the child is incrementally cut off from the rejected parent.

(3) *Interfering with communication* refers to the favored parent's interrupting or deleting telephone calls, text messages, and emails between the child and the rejected parent.

(4) *Limiting mention of the rejected parent* and suppressing photographs of that parent.

(5) *Withholding love and approval* when the child shows positive affection or interest in the rejected parent.

(6) Telling the child that the rejected parent does not love them.

(7) *Allowing or forcing the children to choose between their parents,* e.g., allowing the child to decide whether to visit the rejected parent.

(8) Creating the impression that the rejected parent is dangerous.

(9) *Forcing the children to reject the rejected parent.*

(10) *Confiding in the children about adult issues and topics,* such as sharing confidences is a way to encourage enmeshment with the favored parent.

(11) Asking the child to spy on the rejected parent.

(12) Asking the child to keep secrets from the rejected parent.

(13) Referring to the rejected parent by their first name.

(14) *Referring to a stepparent or significant other as "Mom" or "Dad"* and encouraging the child to do the same.

(15) *Withholding medical, social, or academic information* from the rejected parent and keeping the rejected parent's name off of such records.

(16) *Changing the child's name* to remove association with the rejected parent.

(17) *Undermining the authority* of the rejected parent, which causes the child to disrespect the rejected parent.

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 symptoms of parental alienation (Gardner, 1992, pp. 63–92).

(1) *Campaign of denigration,* whereby the child repeats their list of criticisms of the rejected parent to counselors, evaluators, attorneys, law enforcement personnel, and, ultimately, the judge.

(2) *Weak, frivolous, and absurd rationalizations* for the child's rejection of a parent. The child's rejection of a parent is far out of proportion to anything that parent has actually done.

(3) *Lack of ambivalence* regarding both the favored parent and the rejected parent, that is, the child considers one parent all good while the other parent all bad.

(4) *The "independent thinker" phenomenon,* whereby the child strongly professes that the decision to cut off the rejected parent is theirs alone, while it appears obvious to observers that the child is being influenced by the favored parent.

(5) *Absence of guilt* about their rude, hurtful treatment of the rejected parent.

(6) *Reflexive support for the favored parent* in parental conflict, such as assuming that the favored parent is right in their claims, without considering that the rejected parent has a legitimate point of view.

(7) *Presence of borrowed scenarios,* that is, making accusations about the rejected parent that utilize phrases and ideas adopted from the favored parent.

(8) *Rejection of the rejected parent's extended family,* so that previously beloved grandparents, aunts, uncles, and cousins are suddenly avoided and rejected.

William Bernet, M.D., is a professor emeritus at Vanderbilt University School of Medicine. As a forensic psychiatrist, he testified about 300 times in 24 states. Dr. Bernet wrote the book, *Parental Alienation, DSM-5, and ICD-11.* He and his colleagues edited *Parental Alienation: The Handbook for Mental Health and Legal Professionals.* He and Dr. Demosthenes Lorandos published *Parental Alienation – Science and Law* in 2020. Dr. Bernet was the founder and first president of the Parental Alienation Study Group.

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