**Impact of the DSM5 on the PAS**

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It is my professional opinion that the language in the DSM 5, which precisely and unambiguously describes the characteristic family dynamic of the PAS, should have a significant impact on the diagnosis of this dysfunctional family interactional pattern, which is so detrimental to children. Not only is the dynamic unmistakably delineated the DSM 5, the DSM went far beyond the hopes and expectations of the PAS-aware community in that it labeled this dynamic as resulting in “significant psychological harm to the child.” I have every hope and expectation that this will result in child protective investigations, just as they are undertaken for every other form of child abuse.

Child psychiatrist, Richard Gardner, first labeled and described the PAS in 1985 as follows:

“A disorder that arises primarily in the context of child custody disputes. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. It results from the combination of a programming (brainwashing) parent’s indoctrination and the child's own contributions to the vilification of the target parent.”

Thus it may be stated that 3 criteria are necessary to diagnose for the presence of the PAS, and they are 1) the rejection of a parent by a child 2) the rejection being completely unjustified by anything that that parent has ever done 3) the rejection is at the instigation and maintenance by the other parent.

So if we analyze the language in the DSM 5 relating to parent-child relational problems, we can see all the elements of the PAS as defined by Richard Gardner. Although the name “PAS” is not specifically mentioned, the characteristic interactional pattern of the PAS is exquisitely described in the new DSM 5. And according to this family therapist, a rose by any other name is still a rose.

To begin with, these are the actual words in the DSM descriptive of the parent-child relational problem describing the behaviors that: “may prove negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement.” ” Estrangement” is virtually identical in meaning to “alienation.” In fact, the thesaurus lists the words as synonyms for each other. This description is a very accurate assessment of the child's perception of her/his alienated parent.

The DSM 5 goes beyond the hopes and expectations of the PAS-aware community in that it labels the characteristic family interactional pattern of the PAS as a form of child psychological abuse. According to child psychiatrist William Bernet, head of the PAS working group, he describes this development as follows:

**Child psychological abuse** is a new diagnosis in the DSM-5.  It is defined as ‘nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child.’  In many instances, the behavior of the alienating parent constitutes child psychological abuse.”

The advantage of this terminology is that there is the expectation that the family dynamic characteristic of the PAS will now constitute a form of child abuse that will require investigation by child protective services as with any other form of child abuse. It is my expectation that this family dynamic can then be criminalized.

The following description in the DSM 5 is further highly indicative of the characteristic family dynamic of the PAS as per Dr. Bernet:

**“Child affected by parental relationship distress** is another new diagnosis in DSM-5.  It should be used ‘when the focus of clinical attention is the negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child's mental or other physical disorders."  This dynamic is also characteristic of the PAS.

The above terminology in the DSM 5 should allow any mental health professional who is was willing to keep an open mind to assess for the presence of the family dynamic characteristic of the PAS.

I have concluded that the above terminology can be used effectively to diagnose for the PAS and will allow the mental health community to educate the judiciary about the very real existence of this family dynamic.