

DIFFERENTIAL **DIAGNOSIS** OF THE THREE LEVELS OF PARENTAL ALIENATION SYNDROME (PAS) **CHILDREN** rev.4.2 (1/13/03)

Note: The diagnosis of PAS is based upon the level of symptoms in the child, not on the symptom level of the alienator

		THE CHILD'S SYMPTOM LEVEL		
		MILD	MODERATE	SEVERE
PRIMARY SYMPTOMATIC MANIFESTATIONS	The Campaign of Denigration (May or may not include a false sex-abuse accusation)	Minimal	Moderate	Formidable
	Weak, Frivolous, or Absurd Rationalizations for the Deprecation	Minimal	Moderate	Multiple absurd rationalizations
	Lack of Ambivalence	Normal Ambivalence	No ambivalence	No ambivalence
	The Independent-Thinker Phenomenon	Usually absent	Present	Present
	Reflexive Support of the Alienating Parent in the Parental Conflict	Minimal	Present	Present
	Absence of Guilt	Normal guilt	Minimal to no guilt	No guilt
	Borrowed Scenarios	Minimal	Present	Present
	Spread of the Animosity to the Extended Family and Friends of the Alienated Parent	Minimal	Present	Formidable, often fanatic
ADDITIONAL DIFFERENTIAL DIAGNOSTIC CONSIDERATIONS	Transitional Difficulties at the Time of Visitation	Usually Absent	Moderate	Formidable, or visit not possible
	Behavior During Visitation	Good	Intermittently antagonistic and provocative	No visit, or destructive and continually provocative behavior throughout visit
	Bonding with the Alienator	Strong, healthy	Strong, mildly to moderately pathological	Severely pathological, often paranoid bonding
	Bonding with the Alienated Parent Prior to the Alienation	Strong, healthy, or minimally pathological	Strong, healthy, or minimally pathological	Strong, healthy, or minimally pathological

Table 1

DIFFERENTIAL **DIAGNOSIS** OF THE THREE LEVELS OF PARENTAL ALIENATION SYNDROME (PAS) **ALIENATORS**

NOTE: Whereas the diagnosis of PAS is based upon the level of symptoms in the child, the court's decision for custodial transfer should be based primarily on the alienator's symptom level and only secondarily on the child's level of PAS symptoms

	THE ALIENATOR'S SYMPTOM LEVEL		
	MILD	MODERATE	SEVERE
Presence of Severe Psychopathology Prior to the Separation ¹	Most often absent	May or may not have been present	Most often present
Frequency of Programming Thoughts	Occasional	Frequent	Persistent
Frequency of Programming Verbalizations	Occasional	Frequent	Persistent
Frequency of Exclusionary Maneuvers ²	Occasional	Frequent	Whenever possible
Frequency of Complaints to the Police and Child Protection Services	Occasional	Frequent	Repeatedly
Litigiousness	Occasional	Frequent	Repeatedly
Episodes of Hysteria ³	Occasional	Frequent	Very Frequent
Frequency of Violation of Court Orders	Occasional	Frequent	Repeatedly
Success in Manipulating the Legal System to Enhance the Programming ⁴	Minimal attempts	Occasional to moderate success	Repeatedly successful
Risk of Intensification of Programming if Granted Primary Custody	Very low	Mild to moderate	Extremely high to the point of being almost inevitable

Table 2

¹ For example, Shared Psychotic Disorder, Delusional Disorder, Paranoid Personality Disorder, Borderline Personality Disorder, Narcissistic Personality Disorder, and Antisocial Personality Disorder

² For example, visitation obstruction, blocking of telephone access, failure to provide information regarding school, medical care, and psychological treatment

³ These are the primary characteristics of Hysteria: Emotional outbursts, overreaction, assumption of danger when it does not exist, dramatization, attention-getting behavior, impairment of judgement, release of anger with scapegoatism, capacity for spread, and intensification of symptoms in the context of lawsuits

⁴ The alienator can rely on court delays and court reluctance and even refusal to penalize the alienator with such measures as posting a bond, fines, community service, probation, house arrest, incarceration, and custodial change.

DIFFERENTIAL MANAGEMENT AND TREATMENT OF THE THREE LEVELS OF PARENTAL ALIENATION SYNDROME (PAS) ALIENATORS FOR EACH OF THE CHILD'S SYMPTOM LEVELS

NOTE: Whereas the diagnosis of PAS is based upon the level of symptoms in the child, the court's decision for custodial transfer should be based primarily on the alienator's symptom level and only secondarily on the child's level of PAS symptoms

		THE CHILD'S SYMPTOM LEVEL		
		MILD	MODERATE	SEVERE
Legal Approaches		<i>For Alienators in the Mild Level</i>	<p style="text-align: center;"><u>Plan A</u> <i>For Alienators in the Moderate Level</i> (Most Common)</p> <ol style="list-style-type: none"> 1. Court ruling that primary custody shall remain with the alienating parent 2. Court appointment of PAS therapist^{1,2} 3. Sanctions: <ol style="list-style-type: none"> a. Post a Bond b. Fines c. Community Service d. Probation e. House arrest f. Incarceration <p style="text-align: center;"><u>Plan B</u> <i>For Alienators in the Severe Level</i> (Occasionally Necessary)</p> <ol style="list-style-type: none"> 1. Court ruling that primary custody shall be transferred to the alienated parent 2. Court appointment of PAS therapist^{1,2} 3. Extremely restricted visitation by the alienating parent, monitored to prevent indoctrinations 	<i>For Alienators in the Severe Level</i>
		Court ruling that primary custody shall remain with the alienating parent		<ol style="list-style-type: none"> 1. Court ruling that primary custody shall be transferred to the alienated parent 2. Court-ordered transitional-site program
Psychotherapeutic Approaches		None usually necessary	<u>Plans A and B</u>	Transitional-site program monitored by court-appointed PAS therapist ^{1,2}
			Treatment by a court-appointed PAS therapist ^{1,2}	

Table 3

¹Gardner, R.A. (1998) The Parental Alienation Syndrome, Second Edition. Cresskill, NJ: Creative Therapeutics, Inc.

²Gardner, R.A. (2001) Therapeutic Interventions for Children with Parental Alienation Syndrome. Cresskill, NJ: Creative Therapeutics, Inc.