

the patient's sleep schedule to allow for sufficient sleep. For chronic terrors, awakening the individual just before the normal time of the night terror can be helpful. Some medications, such as diazepam, can also be used to reduce night terrors, but behavioral interventions are more frequently utilized.

### Other NREM Parasomnias

*Confusional arousals* are awakenings in which the patient is disoriented, has anterograde and retrograde memory loss, and is slow in speech and in responding to questions or commands. It often occurs when individuals are aroused out of NREM sleep and is usually benign.

*Rhythmic movement disorder* comprises repeated, stereotypic movements, often of the head or neck, that typically occur during the transition from wakefulness into light sleep, although in rare cases they can take place during REM sleep and deep NREM sleep. The condition is most typically seen in infants; if it persists into older childhood, it has been shown to be associated with mental retardation, autism, and psychopathology (American Academy of Sleep Medicine, 2006).

*Sleep starts*, also known as hypnagogic jerks, are sudden muscle contractions that occur at sleep onset and are often associated with a feeling of falling. They are considered a universal component of the sleep-onset process and are benign (American Academy of Sleep Medicine, 2006).

### Parasomnias That Occur in Both REM and NREM Sleep

*Sleep talking* is a condition in which the sleeper produces speech, either coherently or incoherently, without awareness of doing so. Sleep talking is viewed as benign, although in adults over the age of 25, it can be a sign of mental or physical illness.

*Nocturnal leg cramps*, also known as charley horses, occur when the muscles in the calf or foot contract, causing painful sensations that awaken the sleeper. These cramps are more

often seen in the elderly, and they are associated with disorders such as diabetes, metabolic disorders, and Parkinson's disease.

*Sleep enuresis*, also known as bedwetting, is common in childhood but often remits around the age of 5. Although usually medically benign, the condition can lead to embarrassment and disrupted sleep. Several behavioral interventions, such as urine alarms and dry-bed training, have been developed and shown to be successful in reducing or eliminating sleep enuresis.

**SEE ALSO:** Dissociative Disorders; Dyssomnias; Insomnia Treatments

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## Parental Alienation

William Bernet

Vanderbilt University School of Medicine, U.S.A.

Parental alienation is a mental condition in which a child—usually one whose parents

are engaged in a high-conflict separation or divorce—allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. Although historically writers have assigned various meanings or definitions for the phrase, “parental alienation,” most contemporary psychologists and psychiatrists conceptualize parental alienation as a mental condition of the child. That is, the child has an abnormal mental state (i.e., a false belief that the rejected parent is evil, dangerous, or not worthy of love), which drives abnormal behavior (i.e., strong avoidance of the alienated or rejected parent, even though they previously enjoyed a loving, nurturing relationship). Most current writers use “estrangement” for a child’s understandable or legitimate rejection of a parent who was abusive or severely neglectful, while “alienation” refers to unwarranted rejection of the alienated parent. Although the alienated parent may have contributed in some way to the child’s dislike of him or her, the essential feature of parental alienation is that the child’s rejection of the alienated parent is far out of proportion to anything that parent has done to justify the rejection.

Since the 1940s, many authors described parental alienation, assigning a proliferation of names to the same phenomenon. Westman, Cline, Swift, and Kramer (1970) wrote that a “pattern is found in which one parent and a child team up to produce an effect on the other parent” (p. 419). Johnston, Campbell, and Mayes (1985) reported that some children of divorced parents manifested a “strong alliance” with the preferred parent—“a strong, consistent, overt (publicly stated) verbal and behavioral preference for one parent together with rejection and denigration of the other” (p. 569). Gardner (1985) introduced the concept of “parental alienation syndrome.” Clawar and Rivlin (2013) used the terms, “programming” and “brainwashing,” to describe the behavior of the preferred parent that caused parental alienation in the child. Kelly and Johnston (2001) preferred the term, “the alienated

child,” to focus attention on the child rather than on the behavior of the parents.

### **Etiology of Parental Alienation**

The most common etiology of parental alienation is the preferred parent’s indoctrination of the child to dislike and fear the rejected parent. The activities and attitudes of the preferred or alienating parent—depending on their intensity and severity—have been described as “naïve,” “active,” and “obsessed” (Darnall, 1998, pp. 18–22). Other family members, such as stepparents or grandparents, may also contribute to the indoctrination of the child against the alienated parent. Occasionally, therapists and child protection workers cause parental alienation to occur by encouraging the child’s refusal to have visitation with the rejected parent. Finally, it is possible for a child to develop parental alienation without active indoctrination by anyone. That is, in the context of persistent, intense conflict between the parents, the child might gravitate to one parent and reject the other parent in order to remove himself from the battleground. In general, parental alienation may result from the interaction of several psychosocial processes: active indoctrination by an alienating parent; lack of a warm style of nurturance in the rejected parent; the influence of stepparents, grandparents, and therapists; and the child’s own vulnerability and resilience.

Since the attitudes and behavior of the preferred parent are the most prominent causes of parental alienation, researchers have studied the personality traits of alienating parents through both qualitative and quantitative methods. Alienating parents have been described as: angry at their former spouse and vindictive; perceiving themselves to be flawless and virtuous; externalizing responsibility onto others; lacking insight into their own behavior and the impact it has on others; and featuring histrionic, paranoid, narcissistic, and borderline personality traits and disorders. Alienating parents bring about parental alienation in their children by persistently engaging

in behaviors such as the following: referring to the rejected parent with derogatory names; destroying photographs and other reminders of the rejected parent; exaggerating the rejected parent's minor psychological problems; interfering with the rejected parent's phone calls and visitation schedule; physically protecting the child from imaginary dangers associated with the rejected parent; failing to inform the rejected parent of social, educational, and religious functions; and threatening to withdraw affection if the child expresses a desire to be with the rejected parent. In some cases, an alienating parent has made false allegations of physical or sexual abuse against the rejected parent or someone in that person's household in order to prevent the rejected parent from having access to the child. Many writers have concluded that causing parental alienation is a form of psychological child abuse because it induces firmly held false beliefs in the child and results in parentectomy from a loving, nurturing mother or father.

### Diagnosis of Parental Alienation

The criteria for the diagnosis of parental alienation were discussed by Gardner (1985), who described the following characteristic behaviors manifested by the alienated child: a campaign of denigration against the alienated parent; frivolous rationalizations for the child's criticism of the alienated parent; lack of ambivalence; the independent-thinker phenomenon (the child's emphasizing that the decision to reject the alienated parent is his own, not influenced by the preferred parent); reflexive support of the preferred parent against the alienated parent; absence of guilt over exploitation and mistreatment of the alienated parent; borrowed scenarios (rehearsed statements that are identical to those made by the preferred parent); and spread of the child's animosity toward the alienated parent's extended family.

In addition to the behaviors that are diagnostic of parental alienation, affected children

frequently develop additional emotional problems, problematic behaviors, and impaired interpersonal relationships. Alienated children may be diagnosed with conduct disorders, mood disorders, substance abuse, and personality disturbances. Several researchers have also described the harmful, long-term, consequences of parental alienation, such as low self-esteem and self-hatred; significant episodes of depression; a lack of trust in themselves and in others; alienation from their own children; an increased prevalence of substance abuse; and an increased prevalence of divorce (Baker, 2007).

### Treatment of Parental Alienation

Clinicians and researchers have proposed a number of interventions for parental alienation, and the appropriate treatment depends on the severity of the condition. For example, *mild parental alienation* means that the child resists contact with the rejected parent, but enjoys the relationship with that parent when they are able to spend time together. A common intervention for mild parental alienation is a strongly worded admonition from a judge to the alienating parent or psychoeducation from a therapist or parenting coordinator. *Moderate parental alienation* means that the child strongly resists contact and is persistently oppositional during visitation with the rejected parent. The treatment of moderate parental alienation usually focuses on changing the behavior of the parents, such as improving communication and reducing the amount of conflict between them. *Severe parental alienation* means that the child adamantly and persistently refuses contact and may hide or run away to avoid being with the rejected parent. When the child manifests a severe level of parental alienation, the alienating parent is usually obsessed with the goal of destroying the child's relationship with the rejected parent. It is usually necessary to protect the child from the influence of the alienating parent by removing the child from his or her custody, greatly reducing the parenting time with that

parent, and requiring the parenting time to be supervised.

### International Features of Parental Alienation

Although parental alienation was initially described in the United States, since the mid 1990s it has been identified and discussed in the mental health and legal professional literature of at least 35 countries on six continents. The phenomenon of parental alienation transcends politics, culture, and religion. In some locations, causing parental alienation has been formally recognized as a form of child abuse: the legislative bodies of Brazil and of two states in Mexico have made it illegal for a parent or any other person to induce parental alienation in a child. An important supranational court, the European Court of Human Rights, has considered causing parental alienation to be a violation of a child's fundamental right of access to both parents.

Parental alienation was proposed to be included as a diagnosis in *DSM-5* and *ICD-11* (Bernet, 2010). The ensuing discussions related to: whether parental alienation should be considered a "mental disorder" or a "relational problem"; whether parental alienation should be included in the chapter of proposed diagnoses that need further research; whether it is possible to distinguish parental alienation from other causes of contact refusal and whether acceptance of parental alienation as a formal diagnosis will lead to its misuse in legal settings. Parental alienation was not included as a diagnosis in *DSM-5*. However, the concept of parental alienation was clearly expressed in other diagnoses, parent-child relational problem and child affected by parental relationship distress.

**SEE ALSO:** Child Custody; Child Maltreatment and Dependency; *DSM-5*; Forensic Evaluation/Assessment (versus Clinical Evaluation/Assessment)

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## Parent-Child Interaction Therapy (PCIT)

Cheryl McNeil, Meredith Norman and Nancy Wallace

West Virginia University, U.S.A.

Parent-Child Interaction Therapy (PCIT) is an evidence-based, empirically supported parent training program for the treatment of young children with emotional and behavioral