

**HOW ACCURATE ARE THE SO-CALLED
EIGHT MANIFESTATIONS OF ALIENATED CHILDREN
FOR THE IDENTIFICATION OF ALIENATION?
SHOULD THEY BE USED FOR CLINICAL DIAGNOSIS?**

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Common Criticisms of PA that are Essentially Devoid of Clinical or Scientific Validity

- It's not a syndrome.
 - ▶ In fact, the generally accepted signs of alienation in a child meet the standard medical definition of a syndrome.
 - ▶ Even if one argues about the definition, the argument is *still* fallacious because it relies on the equivocation fallacy.
- It would not be helpful to call it a syndrome.
- The science or “theory” of PA is simplistic because it focuses too much on the children and not enough on the parents.
- It's neither in the DSM nor accepted by the APA.
- Even experts can't agree on a definition.
- It's tautological—i.e., based on a circular argument.

- It's not falsifiable.
- Gardner's work was self-published and not peer-reviewed.
- There isn't enough research to use the concept clinically.
- The research is of questionable quality.
- The research is mostly *qualitative*, not quantitative, so therefore it cannot be used to establish causation.
- The eight manifestations are "characteristic and "cluster" but cannot be used to infer the cause of the child's behavior.
- The eight manifestations show a *correlation* with parental alienation but "correlation doesn't prove causation."
- When a child rejects a parent, most cases involve a combination of alienation and estrangement (i.e., most cases are hybrids).
- Etc., etc., etc. . . .

"There is nothing more deceptive
than an obvious fact."

Sherlock Holmes
The Boscombe Valley Mystery, 1891

STRAW MAN ARGUMENTS AND OTHER FALLACIES

- A straw man argument is one in which an opponent misrepresents another person's position by claiming the person said things, has views, or holds positions that, in fact, he or she never said or subscribed to in the first place.
- This typically involves substituting a weaker argument that is easier to attack than the actual argument or position.
- A straw man argument is a logical fallacy.
- In regard to parental alienation, straw man arguments run rampant in the clinical literature, the legal literature, and the courts. Highly deceptive, they can be highly misleading when used by alienating parents, their attorneys, and their expert witnesses to mislead the courts, clinicians, attorneys, and others.
- The use of other logical fallacies is also very common.

- For example, it is critical to understand that GARDNER DID NOT WORK BACKWARDS TO INFER CAUSATION BASED ON THE EIGHT MANIFESTATIONS. The exact opposite is true!
 - ✓ He directly observed undermining behavior by the parents of some children.
 - ✓ He directly observed that those same children typically developed some or all of the eight manifestations.
- Thus, Gardner did NOT first observe the manifestations in children and then ASSUME that the favored parent must have undermined the child's relationship with the disfavored parent.
 - ✓ That is a blatant, brazen straw man argument.
- Rather, BASED ON DIRECT EMPIRIC OBSERVATION, Gardner had clear cut evidence of what we would now call alienating behavior(s) by the favored parents.

THE EIGHT MANIFESTATIONS

- A campaign of denigration.
- Weak, frivolous or absurd reasons for the rejection.
- Lack of ambivalence.
- "Independent thinker" phenomenon.
- Reflexive support of the alienating parent.
- Absence of guilt.
- Borrowed scenarios.
- Rejection of friends and extended family.

Caveats for 2019

- As originally worded and described, Gardner's eight manifestations describe a typical child with severe alienation—not necessarily a typical child with *mild* or even *moderate* alienation.
 - ▶ Gardner himself explained that very clearly. He stressed that some children are more “typical” than others.
 - ▶ Similarly, he pointed out that some children are more severely alienated than others—that there is a continuum.
- It absolutely essential for clinicians to use the criteria properly:
 - ▶ Regarding the so-called “campaign of denigration,” the key word is *denigration*, not *campaign*.
 - ▶ To require a “campaign” would reduce the false positive rate (increase specificity) but reduce the detection rate (decrease sensitivity). That may or may not be desirable.

- Regarding “lack of ambivalence,” the word *lack* is potentially misleading; clearly, the term implies a *relative* lack.
 - ▶ To require a *total* lack would decrease the false positive rate but also decrease the detection rate.
 - ▶ In other words, it would increase specificity but decrease sensitivity (they have an inverse relationship).
- Regarding “absence of guilt or remorse,” this should be taken to mean there is a *relative* absence, not a *total* absence.
 - ▶ Again, if one uses the eight manifestations as a set of diagnostic indicators, the stronger language would increase specificity but decrease sensitivity.
 - ▶ Thus, the stronger language would increase the false negative rate which is undesirable in a screening test.

ADDITIONAL ADVANCED POINTS

- Clinicians who use the eight manifestations as diagnostic indicators or clinical criteria should generally employ the less restrictive interpretation of these descriptive phrases.
- Otherwise, it will reduce sensitivity (i.e., increase the false negative rate) and thus fail to identify mild or moderate cases.
 - ▶ In other words, if one requires “a *campaign*,” a total “*lack* of ambivalence,” or a total “*absence* of guilt or remorse,” then the criteria will have a much lower “detection rate,” especially with respect to mild or moderate cases.
- Conversely, a more strict literal interpretation will miss a greater number of cases but produce fewer false positive results.
- Note that children who meet the criteria using a strict literal interpretation of the wording—e.g., they really *do* seem to be on a campaign of denigration and have a total or near-total *lack* of ambivalence—are likely to be severely, not moderately, alienated.

The Present Study and Its Two Papers

- First paper:

Baker, Miller, Bernet, and Adebayo. An Assessment of the Attitudes and Behaviors About Physically Abused Children: A Survey of Mental Health Professionals. *Journal of Child and Family Studies*. Springer, 2019. Published online 9/11/19.

<https://doi.org/10.1007/s10826-019-01522-5>.

- Second paper:

Pending. It will address the relevance of the data to the identification and diagnosis of PA. Note that the data analysis presented here is preliminary.

HOW CAN WE DETERMINE IF THE EIGHT MANIFESTATIONS ARE VALID AND ACCURATE?

- SENSITIVITY

- ▶ Clinically, reflects people who have the condition.
- ▶ It's the TRUE POSITIVE RATE (TPR) ("detection rate").
- ▶ It's the complement of the FALSE NEGATIVE RATE (FNR).
- ▶ Since $TPR + FNR = 100\%$, $SENSITIVITY = 100 - FNR$.

- SPECIFICITY

- ▶ Clinically, reflects people who do not have the condition.
- ▶ The TRUE NEGATIVE RATE (TNR).
- ▶ It is the complement of the FALSE POSITIVE RATE (FPR) ("false alarm rate").
- ▶ Since $TNR + FPR = 100\%$, $SPECIFICITY = 100 - FPR$.

ADVANCED CLINICAL CONCEPT: HOW SHOULD WE GO ABOUT ASSIGNING WEIGHT TO THE EIGHT MANIFESTATIONS?

- For clinical use, sensitivity and specificity are often combined into a single number.
- That number is called a LIKEHOOD RATIO (LR).
 - ▶ An LR reflects—and summarizes—the weight of the evidence for a clinical finding.
 - ▶ It is the standard, generally accepted way to do so.
- POSITIVE LIKELIHOOD RATIO
 - ▶ Used if a test is positive or a finding is present.
 - ▶ A Positive LR = True Positive Rate / False Positive Rate.
- NEGATIVE LIKELIHOOD RATIO.
 - ▶ Used if a test is negative or a finding is absent.
 - ▶ A Negative LR = False negative rate / True negative rate.

**As we will see shortly,
the present study strongly suggests that,
if considered collectively,
and if most or all are present in a given child,
then the eight manifestations
have a very low false positive rate
for the identification of parental alienation,
and thus a very high positive Likelihood Ratio (LR+).**

**It would be difficult to overstate
the clinical importance or forensic implications
of these empirical findings.**

OTHER PRACTICAL AND THEORETICAL AND CONSIDERATIONS

- Case reports and clinical descriptions establish that these manifestations are highly characteristic of alienated children.
 - ▶ From a scientific perspective, that is neither debatable nor controversial. No credible expert can dispute that.
- There is massive evidence that the eight manifestations are very sensitive, meaning they have a high detection rate.
 - ▶ Scientifically, that is not disputable either.
 - ▶ No one is complaining that PA is often missed because some alienated kids don't display those manifestations.
- So the only real issue, the only real question, is whether the false positive rate might be high enough to be misleading.
- This study indicates that the FPR is *not high*—it is *very low*.

DATA AND RESULTS

- We surveyed 338 clinicians (therapists) who treat physically abused children.
- Those 338 clinicians reflect about an 80% response rate.
- Collectively, the clinicians reported back to us on an estimated 17,733 children. Our data regarding the characteristics of the children was based on the reports of those 338 clinicians.
- Since these children were physically abused, and since one cannot diagnose PA between a parent and a child if the parent has been abusive (let alone physically abusive), then, by definition, the children were not alienated from their abusive parents.
- We do not know to what extent the children displayed contact resistance toward their abusive physically parents, but if so, and if that were due to the conduct or behavior of those parents, then, by definition, the children would be estranged, not alienated.

- We focused only on children whose history of (physical) abuse was moderate or severe. We asked the clinicians to report whether the children displayed each of the manifestations at the following five levels: never; rarely, sometimes, very often, or always.
- For simplicity, we combined the results of the “very often” and “always” categories. This seems reasonable because:
 - ▶ Children who only exhibit the manifestations “never” or “sometimes” are probably *not* alienated (or, if they *are*, then—by definition—they would be only *mildly* alienated.
 - ▶ We are more interested in whether the manifestations can detect moderate or severe alienation than mild alienation.
 - ▶ This makes sense because, in general, diagnostic tests are better at detecting severe conditions than mild ones.

- We addressed to what extent the abused children displayed the eight manifestations toward the abusive parent.
- We did not explore to what extent the children displayed behaviors toward non-abusive parents.
- There were four versions of the survey. Each version was sent to a different group of clinicians as follows:
 - ▶ Version 1 → 73 clinicians rated 73 specific children who had been severely abused physically.
 - ▶ Version 2 → 93 clinicians rated 93 specific children who had been moderately abused physically.
 - ▶ Version 3 → 92 clinicians reported in general on 7693 children who had been severely abused physically.
 - ▶ Version 4 → 80 clinicians reported in general on 9874 children who had been moderately abused physically.

- One of our hypotheses was that, based on the reports of their therapists, few of the children would display more than a few of the manifestations as frequently as “very often” or “always.”
- The results confirmed that hypothesis.
- Most notably, none of the clinicians reported that the children they had treated displayed 7 or 8 manifestations at a frequency of “very often” or “always.”
- We made certain simplifying assumptions including that:
 - ▶ Reporting from the 338 clinicians would provide reasonably accurate information about the children they had treated;
 - ▶ If non-abusive parenting can supposedly cause a child to reject a parent in the absence of an alienator, then physically abusive parenting—especially if moderate or severe—would be expected to do that.
- Here is a summary of the the results broken down by the number of manifestations for the children in each group.

VERSION 1

73 clinicians rated 73 specific children who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	20
1.00 – 1.99	26
2.00 – 2.99	16
3.00 – 3.99	09
4.00 – 4.99	02
5.00 – 5.99	00
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

VERSION 1

73 clinicians rated 73 specific children who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	20	} 71 of the 73 children were rated as having fewer than 4 manifestations = 97%
1.00 – 1.99	26	
2.00 – 2.99	16	
3.00 – 3.99	09	
4.00 – 4.99	02	
5.00 – 5.99	00	
6.00 – 6.99	00	
7.00 – 7.99	00	
8.00	00	

VERSION 1

73 clinicians rated 73 specific children who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	20	} All 73 of the 73 children were rated as having fewer than 5 of the 8 = 100% of children had fewer than half of them
1.00 – 1.99	26	
2.00 – 2.99	16	
3.00 – 3.99	09	
4.00 – 4.99	02	
5.00 – 5.99	00	
6.00 – 6.99	00	
7.00 – 7.99	00	
8.00	00	

VERSION 1

73 clinicians rated 73 specific children who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	20	
1.00 – 1.99	26	
2.00 – 2.99	16	
3.00 – 3.99	09	} Transition Zone
4.00 – 4.99	02	
5.00 – 5.99	00	
6.00 – 6.99	00	
7.00 – 7.99	00	
8.00	00	

VERSION 1

73 clinicians rated 73 specific children who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	20
1.00 – 1.99	26
2.00 – 2.99	16
3.00 – 3.99	09
4.00 – 4.99	02
5.00 – 5.99	00
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

In this group, if a positive test is considered to be 5 or more, then the false positive rate was 0%, and specificity = 100%

VERSION 2

93 clinicians rated 93 specific children who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	23
1.00 – 1.99	24
2.00 – 2.99	25
3.00 – 3.99	16
4.00 – 4.99	03
5.00 – 5.99	00
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

VERSION 2

93 clinicians rated 93 specific children who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	23
1.00 – 1.99	24
2.00 – 2.99	25
3.00 – 3.99	16
4.00 – 4.99	03
5.00 – 5.99	00
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

} Again, a large majority of children were rated as displaying fewer than 4 manifestations (not even half)

VERSION 2

93 clinicians rated 93 specific children who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	23	
1.00 – 1.99	24	
2.00 – 2.99	25	
3.00 – 3.99	16	} Transition Zone
4.00 – 4.99	03	
5.00 – 5.99	00	
6.00 – 6.99	01	
7.00 – 7.99	00	
8.00	00	

VERSION 2

93 clinicians rated 93 specific children who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	23
1.00 – 1.99	24
2.00 – 2.99	25
3.00 – 3.99	16
4.00 – 4.99	03
5.00 – 5.99	00
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

← Outlier

VERSION 2

93 clinicians rated 93 specific children who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	23
1.00 – 1.99	24
2.00 – 2.99	25
3.00 – 3.99	16
4.00 – 4.99	03
5.00 – 5.99	00
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

In this group, if a positive test is considered to be 5 or more, the specificity would be 98.9%, or about 99%

VERSION 2

93 clinicians rated 93 specific children who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	23
1.00 – 1.99	24
2.00 – 2.99	25
3.00 – 3.99	16
4.00 – 4.99	03
5.00 – 5.99	00
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

Even with a cutoff
value of only 4,
the specificity in
this group would
still be about 96%

NOW, COMBINE THE DATA FOR VERSIONS 1 AND 2
166 clinicians rated 166 specific children; the children
had a history of moderate or severe physical abuse.

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	46
1.00 – 1.99	50
2.00 – 2.99	41
3.00 – 3.99	25
4.00 – 4.99	05
5.00 – 5.99	00
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

If a positive test
is considered to
be 5 or more,
the specificity
would be about
99.4%, or > 99%

The results for the “children in general” show similar patterns . . .

VERSION 3

92 clinicians rated 7693 children in general who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	41
1.00 – 1.99	32
2.00 – 2.99	13
3.00 – 3.99	04
4.00 – 4.99	02
5.00 – 5.99	00
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

VERSION 3

92 clinicians rated 7693 children in general who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	41
1.00 – 1.99	32
2.00 – 2.99	13
3.00 – 3.99	04
4.00 – 4.99	02
5.00 – 5.99	00
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

90 of the 92 clinicians rated the children, in general, as displaying fewer than 4 of the 8 manifestations. In other words, 98% of the clinicians rated the children with fewer than 4

VERSION 3

92 clinicians rated 7693 children in general who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	41
1.00 – 1.99	32
2.00 – 2.99	13
3.00 – 3.99	04
4.00 – 4.99	02
5.00 – 5.99	00
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

And 100% of the clinicians rated the severely abused children, in general, as displaying fewer than 5—i.e., as having fewer than half of the manifestations

VERSION 3

92 clinicians rated 7693 children in general who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	41	
1.00 – 1.99	32	
2.00 – 2.99	13	
3.00 – 3.99	04	} Transition Zone
4.00 – 4.99	02	
5.00 – 5.99	00	
6.00 – 6.99	00	
7.00 – 7.99	00	
8.00	00	

VERSION 3

92 clinicians rated 7693 children in general who had been severely abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	41
1.00 – 1.99	32
2.00 – 2.99	13
3.00 – 3.99	04
4.00 – 4.99	02
5.00 – 5.99	00
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

So *none* of the
clinicians rated
the severely
alienated
children, in
general, as
displaying more
than half of them

- Recall that for Survey 1—the survey in which 73 clinicians rated 73 individual children who had been severely abused—none of the clinicians rated those children as having 5 or more of the eight manifestations.
- Even more strikingly, in the two surveys regarding children who had been the victims of severe physical abuse (surveys 1 and 3), which entailed ratings by 165 treating clinicians—i.e., in both the group of severely abused children who were rated “individually” and the group who were rated “in general”—*NO CLINICIAN RATED THE CHILDREN AS DISPLAYING EVEN HALF OF THE EIGHT MANIFESTATIONS.*
- This strongly supports the conclusion that, even in the face of severe physical abuse, non-alienated children rarely, if ever, display most, let alone all, of the eight manifestations.

- Furthermore, this research undermines the claim—for which there was no credible objective evidence in the first place—that, in the absence of an alienator, a significant number of children will show 5 or more manifestations in response to a generally normal, non-abusive parent who has some generally normal shortcomings.
- HERE IS THE CLINICAL REASONING: If children who have been severely abused physically do not denigrate, resist contact with, or reject their abusive parents—nor do they employ borrowed scenarios or engage in clinically significant splitting (extreme black or white thinking)—then it is not likely that, in the absence of a powerful alienating influence, a given child would display those negative behaviors in response to a normal, non-abusive parent who is supposedly too strict, not fun, doesn't listen well enough, doesn't empathize well enough, doesn't apologize, and so on.
- This study implies that, if that ever happens, it is a RARE EVENT.

VERSION 4

80 clinicians rated 9874 children in general who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	28
1.00 – 1.99	28
2.00 – 2.99	16
3.00 – 3.99	06
4.00 – 4.99	00
5.00 – 5.99	01
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

VERSION 4

80 clinicians rated 9874 children in general who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	28	} Cluster
1.00 – 1.99	28	
2.00 – 2.99	16	
3.00 – 3.99	06	
4.00 – 4.99	00	
5.00 – 5.99	01	
6.00 – 6.99	00	
7.00 – 7.99	00	
8.00	00	

VERSION 4

80 clinicians rated 9874 children in general who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	28	
1.00 – 1.99	28	
2.00 – 2.99	16	
3.00 – 3.99	06	} Transition Zone
4.00 – 4.99	00	
5.00 – 5.99	01	
6.00 – 6.99	00	
7.00 – 7.99	00	
8.00	00	

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0.00	28	
1.00 – 1.99	28	
2.00 – 2.99	16	
3.00 – 3.99	06	
4.00 – 4.99	00	
5.00 – 5.99	01	← Outlier
6.00 – 6.99	00	
7.00 – 7.99	00	
8.00	00	

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0.00	28
1.00 – 1.99	28
2.00 – 2.99	16
3.00 – 3.99	06
4.00 – 4.99	00
5.00 – 5.99	01
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

In this group of clinicians, only 1 in 80 rated the children “in general” as having 5 or more manifestations

VERSION 4

80 clinicians rated 9874 children in general who had been moderately abused

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	28
1.00 – 1.99	28
2.00 – 2.99	16
3.00 – 3.99	06
4.00 – 4.99	00
5.00 – 5.99	01
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

In fact, only 1 of 80 clinicians rated the abused children in general—and remember, these children had been abused *physically*—as having even 4 or more of the 8 manifestations.

COMBINED THE DATA FOR VERSIONS 3 AND 4

172 clinicians rated an estimated 17,567 children with a history of moderate or severe physical abuse.

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	69
1.00 – 1.99	60
2.00 – 2.99	29
3.00 – 3.99	10
4.00 – 4.99	02
5.00 – 5.99	01
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

Remember,
these are the
children who
were rated “in
general”

COMBINED THE DATA FOR VERSIONS 3 AND 4

172 clinicians rated an estimated 17,567 children with a history of moderate or severe physical abuse.

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	69
1.00 – 1.99	60
2.00 – 2.99	29
3.00 – 3.99	10
4.00 – 4.99	02
5.00 – 5.99	01
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

Only 3 of 172
clinicians rated
the children as
displaying 4 or
more of the 8
manifestations

COMBINED THE DATA FOR VERSIONS 3 AND 4

172 clinicians rated an estimated 17,567 children with a history of moderate or severe physical abuse.

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	69
1.00 – 1.99	60
2.00 – 2.99	29
3.00 – 3.99	10
4.00 – 4.99	02
5.00 – 5.99	01
6.00 – 6.99	00
7.00 – 7.99	00
8.00	00

And only 1 of
172 clinicians
rated the
children as
displaying 5 or
more of the 8
manifestations

COMBINED RESULTS FOR ALL FOUR VERSIONS

338 clinicians rated an estimated 17,733 children in four groups as previously described

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	115
1.00 – 1.99	110
2.00 – 2.99	70
3.00 – 3.99	35
4.00 – 4.99	07
5.00 – 5.99	01
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

Only 2 of the 338
clinicians rated the
estimated 17,733
physically abused
children as having
5 or more of the 8
manifestations.

COMBINED RESULTS FOR ALL FOUR VERSIONS

338 clinicians rated an estimated 17,733 children in four groups as previously described

- Number of clinicians who rated the children as having the following number of manifestations:

0.00	115
1.00 – 1.99	110
2.00 – 2.99	70
3.00 – 3.99	35
4.00 – 4.99	07
5.00 – 5.99	01
6.00 – 6.99	01
7.00 – 7.99	00
8.00	00

Note that none of the 338 clinicians rated the children as displaying 7 or 8 manifestations.

- There is remarkable agreement between the four surveys.
- Given these results, and given our conservative assumptions, it seems safe to say that if a child displays most or all of the eight manifestations—5 or more—and if the rest of the clinical picture is clinically consistent with alienation—another critical point—then there is a very high probability—in the range of 95% to 99% *or even higher*—that the child is alienated, not estranged.
 - ▶ If a child displays even 4 of the 8 manifestations, that should raise serious concerns that the child might be alienated—not estranged. Even 4 of the 8 had a low false positive rate.
 - ▶ If a child displays 7 or all 8 of the manifestations, the probability of a false positive is even lower, and the probability of alienation is even higher.
 - ✓ In this study, none of the 338 clinicians rated any of the physically abused children—neither the severely abused nor the moderately abused children—as displaying 7 or 8 of the manifestations.

- In other words, if a child displays 5 or more of the 8 manifestations, then, in regard to any contact resistance, negatives beliefs, negative attitudes, negative feelings, or negative behaviors toward the disfavored parent, there is a very high probability that the primary and dominant family dynamic is parental (or other) alienation.
- That is not say that an evaluator should rely exclusively on these manifestations as diagnostic criteria or clinical indicators.
- Other factors, including the behaviors of each parent and other signs in the child (e.g., over-empowerment, signs of enmeshment, etc.) should also be carefully considered.
- As with any clinical condition, one should consider the total clinical picture.

DIAGNOSTIC CATEGORIES

- At what value or result should we deem a test result to be positive (or negative)—or, for that matter, high or low probability?
- “Positive” does not need to be an all or none thing. One could use a “sliding scale” based on the number of manifestations, for example (for discussion only; note that these are “fuzzy” terms):

0-3	Low probability
4	Moderate probability
5	Moderate-to-high probability
6	High probability
7	High-to-very high probability
8	Very high probability



Richard Feynman, 1964

RICHARD FEYNMAN

ON THE SCIENTIFIC METHOD

”Now I’m going to discuss how we would look for a new law. In general, we would look for a new law by the following process. First we guess it. [Laughter!] Then we com—well, don’t laugh, that’s really true! Then we compute the consequences of the guess to see what—if this is right, if this law that we guess is right—we see what it would imply. And then we compare the computation results to nature, or we say compare to experiment or experience. We compare it directly with observation to see if it works ...

RICHARD FEYNMAN

ON THE SCIENTIFIC METHOD

Continued

“If it disagrees with experiment, it’s wrong.

In that simple statement, is the key to science. It doesn’t make a difference how *beautiful* your guess is, it doesn’t make a difference how *smart* you are, who made the guess, or what his *name* is. If it disagrees with experiment, it’s wrong. That’s all there is to it.”

(Emphasis added.)

“An important scientific discovery rarely makes its way by gradually winning over and converting its opponents.

What does happen is that
its opponents gradually die out . . .”

Max Planck
Nobel Laureate in Physics

"In solving a problem of this sort,
the grand thing is to be able to reason backward.
That is a very useful accomplishment,
and a very easy one,
but people do not practise it much."

Sherlock Holmes
A Study in Scarlet, 1887

PARTING THOUGHTS

- The vast majority of skeptics and critics—including mental health and legal professionals—have a very limited understanding of the laws of logic and probability; consequently, they often violate those laws.
- Among other things, they do not know how to properly weight and combine evidence to rule in, or rule out, a clinical hypothesis—for example, the hypothesis that a given child is alienated (or estranged).
- The vast majority of skeptics and critics base their arguments on a constellation of logical fallacies—e.g., straw man arguments, circular arguments, non-sequiturs, and so on—and thus make numerous errors in clinical reasoning.
- All things considered, the present study strongly suggests that such skeptics and critics are on the wrong side of history.

THANK YOU!