## **Editor:**

Thank you for the publication of our paper, "Emerging Perspectives on Adolescents and Young Adults With High-Functioning Autism Spectrum Disorders, Violence, and Criminal Law," in Volume 40, Number 2 of *The Journal*. We are writing to submit a correction to a misstatement in the published manuscript:

On page 178, the sentence that reads:

The New Jersey statute goes so far as to mandate expert evaluation of defendants suspected of carrying a diagnosis of autism. . . .

## should in fact read:

The *Florida* statute goes so far as to mandate expert evaluation of defendants suspected of carrying a diagnosis of autism. . . (emphasis added).

We apologize for this oversight and appreciate your help in alerting the readership to the correction.

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## **Editor:**

I feel compelled to respond to the contention of Houchin and colleagues in the January issue that "there remains a paucity of scientific evidence that PAS or (PAD) should be a psychiatric diagnosis" (Ref. 1, p 128). The authors have dismissed a wealth of empirical evidence, research studies, and anecdotal documentation in support of its existence by the practices of mental health and matrimonial professionals throughout the world: for example, 30 contributors to The International Handbook of Parental Alienation Syndrome<sup>2</sup> and approximately an additional 50 contributors to Parental Alienation, DSM-5, and ICD-11.3 I further contributed to the documentation in my 2012 book, The Parental Alienation Syndrome: A Family Therapy and Collaborative Systems Approach to Amelioration.<sup>4</sup>

Although child psychiatrist Richard Gardner,<sup>5</sup> in 1985, was the first to label a specific family interac-

tional pattern as PAS, there has been a long history dating to the 1950s of child psychiatrists and family therapists, including but not limited to Ackerman, Bowen, Jackson, Minuchin, who noted in their practices the characteristic interactional pattern of the PAS family: namely, the co-option by one parent of a child to the deprecation and exclusion of the other parent. This pattern was confirmed by second-generation family therapists. They did not apply the label of parental alienation syndrome to this family interactional pattern.

The authors' fear that a formal diagnosis of PAS will enable and encourage mental health and matrimonial professionals to promote an adversarial legal process between the parents. To the contrary, the principal purpose of my book encourages the acceptance of the PAS into the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)<sup>10</sup> so that intervention can be taken early and effectively, when there is the greatest likelihood of promoting collaboration between the parents and avoiding an adversarial legal proceeding.

Therapists need guidance by the DSM in making an informed diagnosis that will also rule out alienation when it is not present. Only then can mental health professionals educate matrimonial and judicial professionals to nip this dysfunctional interactional pattern in the bud when it is present and rule it out when false allegations of alienation are made.

Indeed, it is the lack of clarity that has led to the excessive "money trail" (Ref. 1, p 129). Ambiguity creates an environment for litigation. Clarity would mitigate the likelihood of the need for forensic evaluations and adversarial court proceedings.

Without a diagnosis, children and families of divorce will be precluded from receiving the necessary mental health treatment services to remedy this dysfunctional interactional pattern, and the members of the judicial community will be at a loss to order the necessary treatment services when these situations do exist.

## References

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