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# Code of Ethics

PDF VERSION  
Revision: August 2021

## Section 1: Preamble

1. Parental alienation, (PA) is a family dynamic in which one parent, or carer, engages in behaviours that are likely to foster a child's unjustified rejection of the other normal range healthy parent.
2. Clawar & Rivlin (2013)<sup>i</sup> tell us up to 80% of all divorcing parents engage in some PA behaviours.
3. During a 2017 census-based in Ireland, 20% of a sample of 518 young adults (who aged out from foster care) reported PA behaviours by carers or other professionals. See Burns (2014)<sup>ii</sup>, Van Tonder, Olivier & Rensburg, (2017)<sup>iii</sup>, (See also "About Alienation of Children in Foster Care")<sup>iv</sup>
4. Recently, Prof Harmon (2019)<sup>v</sup> places the rate of PA at three times the rate of Autism in the general population.
5. A body of research now exists establishing the negative long-term effects of exposure to PA behaviours for children. Listing a few: O'Sullivan. B (2013)<sup>vi</sup>, Baker & Eichler, (2014)<sup>vii</sup>; Baker & Verrocchio, (2014)<sup>viii</sup>, Verrocchio, Baker & Bernet (2016)<sup>ix</sup>,
6. Some research, along with a host of memoirs documents the extremely painful and sometimes fatal experience of alienation for the targeted parents. Listing a few: Baker, (2007)<sup>x</sup>, Van Tonder (2009)<sup>xi</sup>, Baker & Fine, (2017)<sup>xii</sup>.
7. The decision of the ECHR 2019 otherwise referred to as the "Moldova Decision"<sup>xiii</sup> places an onus on Courts, Judiciary and Social workers throughout Europe to appoint PA experts to conduct assessments with families once an allegation of PA is raised in Court. A full case analysis of this decision is provided by Brendan Guildea (BL)<sup>xiv</sup> Furthermore, this decision provides clear directions regarding the results of such assessments to privilege the welfare best interests of children.
8. Many targeted parents find themselves involved with legal as well as mental health professionals as they navigate their parental alienation journey (O'Sullivan, 2020)<sup>xv</sup>. Although there is considerable research and clinical wisdom in our current knowledge base, PA is still an emerging field.
9. In this context, it seems prudent to ensure the register of PA professionals is reviewed and all members affirm their commitment to a voluntary code of ethics at this time.

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## Section 2: Definitions in this document

**PAAA:** The Parental Alienation Awareness Association

**Member:** A person who is accepted on the PAA register.

**Parental Alienation:** a family dynamic in which one parent, or carer, engages in behaviours that are likely to foster a child’s unjustified rejection of the other normal range healthy parent.

**PA Sequelae Child:** (PAS Child) A person, juvenile or adult, suffering two or more diagnosable psychological sequelae (consequences) of the parental alienation action.

**Parental Alienation Professional (PAP):** A professional that has proven his/her knowledge and understanding of parental alienation either by successful completion of a recognised postgraduate qualification or otherwise recognised as such by at least three existing PAP peers and is registered with a recognised relevant professional accrediting organisation or honourably discharged or retired from said position.

**Senior PAP members:** A member that is recognised as serving for at least 5 years as a professional.

**Certified Parental Alienation Knowledgeable (CPAK):** A person other than a professional as listed, that has proven his/her knowledge and understanding of parental alienation either by successful completion of a recognised certificate qualification or otherwise recognised as such.

**PA – Assessor:** A CPAK and recognised by at least two existing Senior PAP members. as knowledgeable and qualified to assess a situation and draft a report. (Note that all PAP members can assess a situation)

**PA - Affiliate:** A person who approves of and encourages the campaign against parental alienation and officially attach or connect (as a subsidiary group or as a person) to the PAAA.

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## Section 3: Certification as PAP

1. Currently, there is no accrediting body other than the PAAA to provide the public with certainty regarding the expertise of the PA practitioner they are engaging with. This parallels the progression in other mental health fields. For example, until very recently here in Ireland the title of Psychologist or Psychotherapist was not protected therefore, anyone could call themselves a psychologist or a Psychotherapist.
2. This is problematic because—as a bona fide specialized field of practice—there is a knowledge base and core content that experts must have to properly assist families affected by parental alienation and to avoid common errors that can result in poor outcomes for such families. Such errors are very common among non-specialists because many aspects of parental alienation are highly counter-intuitive.
3. These standards aim to begin the process of ensuring the Parental Alienation Professional’s education and practice is consistent with the standards accepted by Parental Alienation experts globally. They aim to provide a compass for practitioners and clients who find themselves faced with the phenomenon of Parental Alienation clinical and academic standards
4. We believe that it is this scientific educational background—applied to the phenomenon of PA—that separates truth from ideology, fact from fiction, and good advice from bad.
5. Though a genuine expert might not meet every one of these criteria—for instance, an excellent clinician might not have published any scientific papers—a true expert should have most of these:
  - An advanced degree (masters or doctoral) from an accredited educational institution in a relevant discipline or field. This is not meant to trivialize the importance of some lay counsellors and coaches who, through experience and/or “on-the-job training” may have much to offer, but targeted parents must understand that, in general, PA is a complex, complicated problem that generally requires substantial scientific understanding and professional expertise.
  - Deep, extensive knowledge of the clinical literature regarding pathological alignment, alienation and estrangement, and pathological enmeshment, as well substantial knowledge and understanding of borderline, narcissistic, and sociopathic personality disorders. The reason for the latter point is that such personality disorders are not only common among alienating parents (and virtually ubiquitous among severe alienators) but are often missed by non-specialists, in part because individuals with these disorders tend to be master manipulators who are charming and highly skilled at managing first impressions. They also tend to be pathologically dependent which helps to explain the pathological enmeshment with the child.
  - Authored or co-authored published works regarding PA in peer-reviewed publications. (Self-publication does not meet this criterion).

- Completed educational programs or other training by qualified experts in relevant areas. These training programs should be recent and should include advances in research and evidence-based practice such as an accredited program in Parental Alienation Studies
  - Provides Continuous Professional Development (CPD) training to mental health professionals or Continuing Legal Education (CLE) to legal professionals on parental alienation. CPD or CLE training experience suggests the presenter is a recognized expert in the subject matter he or she is teaching.
  - Maintains ongoing, collaborative communication with other experts in PA to benefit from an exchange of ideas and recent advances in the field. Scientifically-Derived Consensus Regarding Parental Alienation
  - Engages in clinical supervision with a Parental Alienation expert
  - Immerses his or her practice within the parameters of evidence-based best practice assessment and intervention procedures and practice
6. All members on the register agree to be bound by the Code of Ethics and Practice. In the event of an issue arising concerning a member's alleged breach of this Code, the matter may be subject to disciplinary process.
  7. Only members who hold a current practising certificate are approved to hold themselves out as experts in Parental Alienation.
  8. To obtain your first practising certificate you must have carried out a minimum period of basic training, have passed a certified assessment of competence and skills. To obtain a practising certificate for the current year.
  9. The member must have agreed to be bound by the current disciplinary and complaints procedures; have agreed to be bound by the current Code of Ethics and Practice; have completed the appropriate Continuing Professional Development requirements.
  10. Current registrants will be afforded a process of grandparenting onto the revised register if they hold the relevant qualifications or have successfully completed a competency test and are deemed fit and proper to practise the profession.
  11. New registrants during the period 1 August 2021 to 30 June 2022 will be rated in terms of the existing standards. (See the definition for "Parental Alienation Professional").
  12. All new registrants after 1 July 2022 will be required to be enrolled or completed an accredited program<sup>xvi</sup> of training in PA studies as recognised by the PAAA.
  13. The PAAA may produce practice notes and practitioners are bound to comply with them. This means the practitioner is bound by future decisions on standards set down by the PAAA.
  14. Members of the PAAA that were on the register before 1 August 2021 will remain as registered professionals or otherwise if they agree to this amended code. New applications to be placed on the register, must be approved by the PAAA as complying with this Section.

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## **Section 4: Competence**

1. The professional member may only provide services to clients where they have the appropriate training, knowledge and competence to assess and intervene effectively with the family navigating parental alienation.
2. If during a live case the professional feel they are moving outside their level of competence, they should take one or more of the following steps:
  - (a) pause the engagement seek advice and/or clinical supervision
  - (b) introduce a co-practitioner or alternative professional or another person, advisor or expert or withdraw from the process.
3. A professional's competence will be judged in relation to the particular facts of the case.
4. Every professional member is required to be aware of the law relating to how they conduct their personal professional practice and, where appropriate, codes of practice, guidelines and regulations. In particular, where the professional's practice brings them into the area of Child Protection, elder abuse, self-harm, abuse or welfare issues, the professional must inform themselves of any appropriate legislation, policies and guidelines.

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## **Section 5: Purpose of this Register**

1. This register serves as a central point where a client can confirm the acceptance of a person as a recognised professional knowledgeable about parental alienation, parental estrangement and parental rejection.
2. The original version of this code was accepted by members on 15 September 2014.
3. This revised version was accepted on Saturday 7 August 2021.

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## **Section 6: Use of the Code**

1. This code sets out a frame of reference and code of conduct within which members will be able to apply their skills in a professional manner.
2. The setting of standards is essential, and the observance of this code of ethics and practice will give guidance to the member and protect and inform the client and others who are in contact with this Association.

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## **Section 7: Ethical Basis of Service Provision**

1. Care must be taken not to exploit the client. Because of the vulnerable nature of the client, special care is required, and the client should be kept fully informed and given the opportunity at every stage to discuss the client-member work.
2. Members should respect the value and belief systems of their clients.

3. The safety of the client must be safeguarded, and all reasonable steps taken to seek appropriate medical, legal or other assistance.
4. The basis of the relationship between member and client should be explicit, written or verbal, prior to commencement of the service.
5. The maintenance of records and limits of confidentiality should be explained.
6. All members should receive appropriate regular clinical / peer supervision or consultative support.

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## **Section 8: Code of Practice**

### **A) Member/Client Relationship**

1. Members should take all reasonable steps to ensure that the client does not suffer physical, psychological or other harm during providing of a service.
2. Members are responsible for working in ways that promote the client's control over his or her own life and respect the client's ability to make decisions and change in the light of their own beliefs and values.
3. Members do not normally act on behalf of their clients. If they do, it will be only at the expressed request of the client.
4. Members are responsible for setting and monitoring boundaries between the service relationship and any other kind of relationship and make this explicit to the client before service provision commences.
5. Members must not exploit their clients financially, sexually, emotionally or in any other way.
6. The client should be made aware when a trainee member is to be present prior to the session.
7. Records of service provision should normally be kept and the client should be made aware of this. At the client's request, information should be given about access to these records, their availability to other people, and the degree of security with which they are kept. In particular, if tape or video recording is included, this must be with the client's written consent.
8. Members should be aware that computer-based records are subject to statutory regulations under the Data Protection Act of Ireland.
9. Members have a responsibility to establish with clients what other therapeutic or helping relationships are current. Members should gain the client's permission before conferring with other professional workers.

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### **B) Confidentiality**

1. Members have a responsibility to maintain confidentiality with their clients.

2. Exceptional circumstances may arise which give the member good grounds for believing that the client will cause serious physical harm to others or themselves, or have harm caused to them.
3. In such circumstances, the client's consent to a change in the agreement about confidentiality should be sought whenever possible unless there are good grounds for believing the client is no longer able to take responsibility for their own action. Whenever possible, the decision to break confidentiality agreed upon between member and client should be made only after consultation except in emergency situations or in circumstances governed by the Children First guidelines and legislation.
4. Members hold different views about whether or not a client's expression of serious suicidal intentions forms sufficient grounds for breaking confidentiality. Members should consider their own views and practice on this issue and communicate them to clients and any significant others where appropriate — in particular the need to seek medical, legal or supervisory help, in the client's interest, must be considered.
5. Clients should be made aware of the member's requirement for supervision of their work. The material discussed in this relationship is confidential.

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## **C) Contracts**

1. Clear contracting enhances and shows respect for the client's autonomy.
2. Members are responsible for communicating the terms on which the professional service is being offered, including availability, especially the limits of confidentiality offered, and the expectations of clients regarding fees cancelled appointments and any other significant matters. The communication of terms and any negotiations over these should be concluded before the client incurs any financial liability.
3. If the service is not ordered by the court, it is the client's choice whether or not to participate in a service. Reasonable steps should be taken in the course of the professional relationship to ensure that the client is given an opportunity to review the terms on which a service is being offered and the methods being used.
4. Members should avoid unnecessary conflicts of interest and are expected to make explicit to the client any relevant conflicts of interest.
5. Any publicity material and all written and oral information should reflect accurately the nature of the service on offer, and the training, qualifications and relevant experience of the member.
6. Members should take all reasonable steps to honour undertakings offered in their pre-service information.

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## **D) Professional Service**

1. Whether paid, unpaid or voluntary, the member is expected to act in a professional manner.

2. Members should monitor actively the limitations of their own competence through professional supervision, and when necessary, consultative support on a monthly basis. Members should work within their own known limits.
3. Members should not provide a service when their functioning is impaired due to personal or emotional difficulties, illness, disability, alcohol, drugs or for any other reason.
4. It is an indication of the competence of members when they recognise their inability to provide a service to particular persons and make appropriate referrals.
5. Members have a responsibility to themselves and their clients to maintain their own effectiveness, resilience and ability to help clients. They are expected to monitor their own personal functioning and seek help and/or withdraw from providing a service, whether temporarily or permanently when their personal resources are sufficiently depleted to require this.
6. Members should have received adequate basic training, as stipulated in the PAAA Requirements for listing on the register, before commencing a professional service to others, and should maintain ongoing, professional development as outlined in the requirements for continuing listing.
7. Members are responsible to maintain their own professional indemnity insurance and taking out such a policy when appropriate.
8. Members should take all reasonable steps to ensure their own physical and psychological safety.
9. Members should not conduct themselves in their service providing activities in ways that undermine public confidence either in their role as a member or in the work of other members.
10. If a member suspects misconduct by another member which cannot be resolved or remedied after discussion with the member concerned, they should implement the Complaints Procedure, doing so without breaches of confidentiality other than what is necessary for investigating the complaint.
11. Members should be accountable for their service to colleagues, employers and other bodies as appropriate.
12. Members are encouraged to interact with colleagues and build a healthy referral network. No colleague or significant member of the caring professions should be led to believe that a service is being offered by the member, which is not being offered, as this may deprive the client of the offer of such service elsewhere.
13. Members should accept their part in exploring and resolving conflicts of interest between themselves and their agencies, especially where this has implications for the client.

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## **Section 9: Complaints Procedure**

1. The PAAA does have a complaints procedure, and clients may avail of this should the occasion arise.

2. All complaints should be taken up with the member, in the first instance, both verbally and in writing.
3. If there is no satisfactory conclusion then the complaint should be taken up, in writing, with the Manager of the Association.
4. The Manager will liaise with the member and the client and if still no satisfactory resolution is achieved, then the complaint will be adjudicated at the next full Committee meeting of the Executive Committee of the PAAA
5. The only complaints that can be dealt with are those concerning failure to comply with the Code of Ethics and the Statement of Aims and Objectives.

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## **Section 10: Legal Framework**

1. Members should work within the law at all times.
2. Members should take all reasonable steps to be aware of current laws affecting the work of the member.
3. Members should take note of all the relevant laws and guidelines in their jurisdiction as well as international law and guidelines
4. A member's ignorance of the law is no defence against legal liability or penalty, including inciting or encouraging the commission of offences by clients.
5. In a situation where a member is in any doubt about their legal rights and obligations, or where a current crime is being disclosed, the member should seek legal advice and/or contact their supervisor and the Association.
6. A member should make known to their clients the limits of confidentiality as it relates to the member's legal obligations and/or personal convictions before commencing any service.

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## **Section 11: Continuous Professional Development (CPD):**

1. From 2022 registrants, professionals and affiliates, will be required to complete 25 hours of CPD annually.
2. These hours can be distributed among the following:

### **Category A**

Engagement in professional supervision and/or peer supervision (one group member must be five years or more registered with PAAA) minimum of 10 hours per year

### **Category B**

Attendance at parental alienation conferences/symposiums/lectures/workshops/seminars or other shared learning environments that address parental alienation theory and practice.

### **Category C**

Engagement in professional activities (boards, committees, working parties)

### **Category D**

Delivery of Parental Alienation training as a supervisor/researcher/teacher

### **Category E**

Involvement in the publication of professional papers, books on Parental Alienation or other print media

3. The above mandatory categories must combine a total minimum of 25 hours in any one year.
4. The PAAA will notify registrants of a variety of parental alienation seminars and training available throughout the year.

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## **Revision of this Code**

This code will be revised when the need arises.

**(SEE ENDNOTES ON THE NEXT PAGE)**

Brian O’Sullivan  
Interim Chair (PAAA)  
On behalf of PAAA Board  
7 August 2021



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- ii Burns (2014) Secret Courts Child Protection? .. or Child Abuse <https://www.worldofbooks.com/en-gb/books/joe-burns/secret-courts/9781906628765>
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- iv Van Tonder (2016) “About Alienation of Children in Foster Care”) [https://www.academia.edu/30987387/About\\_Alienation\\_of\\_Children\\_in\\_Foster\\_Care](https://www.academia.edu/30987387/About_Alienation_of_Children_in_Foster_Care)
- v Harman, Bernet & Harman (2019) Parental Alienation: The Blossoming of a Field of Study [https://www.researchgate.net/publication/331417402\\_Parental\\_Alienation\\_The\\_Blossoming\\_of\\_a\\_Field\\_of\\_Study](https://www.researchgate.net/publication/331417402_Parental_Alienation_The_Blossoming_of_a_Field_of_Study)
- vi O’Sullivan. B (2013) The Alienated Child <https://changes.ie/articles/the-alienated-child/>
- vii Baker & Eichler, (2014) How to Select an Expert in Parental Alienation <https://www.amyjlbaker.com/How-to-Find-an-Expert-in-Parental-Alienation.pdf>
- viii Baker, & Verrocchio, (2014) Parental Bonding and Parental Alienation as Correlates of Psychological Maltreatment in Adults in Intact and Non-intact Families [https://www.researchgate.net/publication/271014063\\_Parental\\_Bonding\\_and\\_Parental\\_Alienation\\_as\\_Correlates\\_of\\_Psychological\\_Maltreatment\\_in\\_Adults\\_in\\_Intact\\_and\\_Non-intact\\_Families](https://www.researchgate.net/publication/271014063_Parental_Bonding_and_Parental_Alienation_as_Correlates_of_Psychological_Maltreatment_in_Adults_in_Intact_and_Non-intact_Families)
- ix Verrocchio, Baker & Bernet, (2016) Associations between Exposure to Alienating Behaviors, Anxiety, and Depression in an Italian Sample of Adults [https://www.researchgate.net/publication/295086125\\_Associations\\_between\\_Exposure\\_to\\_Alienating\\_Behaviors\\_Anxiety\\_and\\_Depression\\_in\\_an\\_Italian\\_Sample\\_of\\_Adults](https://www.researchgate.net/publication/295086125_Associations_between_Exposure_to_Alienating_Behaviors_Anxiety_and_Depression_in_an_Italian_Sample_of_Adults)
- x Baker (2007) Adult Children of Parental Alienation Syndrome Breaking the Ties that Bind <https://www.amyjlbaker.com/books/adult-children-of-parental-alienation-syndrome.html>
- xi Van Tonder, (2009) Broken Heart Syndrome [https://www.academia.edu/50549442/Broken\\_heart\\_syndrome](https://www.academia.edu/50549442/Broken_heart_syndrome)
- xii Baker & Fine, (2017) Surviving Parental Alienation : A Journey of Hope and Healing <https://www.bookdepository.com/Surviving-Parental-Alienation-Amy-J.L.-Baker/9781538106945>
- xiii <https://laweuro.com/?p=9657>
- xiv Guildea, (2019) A case note on Pisciă v the Republic of Moldova (European Court of Human Rights decision of 29 October 2019): Part 2 – Legal analysis <https://parentalalienation.eu/part-2-of-case-note-on-pisica-v-the-republic-of-moldova/>
- xv O’Sullivan. B (2020) The Lived Experiences of Alienated Parents in Ireland an Interpretative Phenomenological Analysis Summary of Findings. The Irish Journal of Family 23 (1) [https://www.academia.edu/42972512/The\\_Lived\\_Experiences\\_of\\_Alienated\\_Parents\\_in\\_Ireland\\_An\\_Interpretative\\_Phenomenological\\_Analysis\\_Summary\\_of\\_Findings](https://www.academia.edu/42972512/The_Lived_Experiences_of_Alienated_Parents_in_Ireland_An_Interpretative_Phenomenological_Analysis_Summary_of_Findings)
- xvi See <https://parentalalienation.eu/post-graduate-award-in-parental-alienation-studies/> and <https://pasg.info/app/uploads/2021/03/Online-Education-2021-03-25.pdf>. Other accredited programs will be listed at a later date.