

**Reunification Therapy and Court Orders:
Best Practices to Be on the Same Page
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What Is Reunification Therapy?

Reunification Therapy is provided in response to a child resisting contact with a parent. It addresses the needs of a family where traits of alienation, estrangement, and/or unhealthy alignment occur resulting in resistance to contact with one of the parents.

Most often, Reunification Therapy is court-ordered in response to dysfunctional loyalty issues and high conflict between the parents. Parties are typically referred to as the “preferred parent” and the “resisted parent” in this work.

What Are The Goals of Reunification Therapy?

In Reunification Therapy the focus is on nurturing the quality of the parent-child relationship. The goals for Reunification Therapy include fostering healthy child adjustment, and improving parent functioning and roles, as well as the following:

- To restore contact between the resisted parent and his/her child(ren).
- To work with each parent and their child(ren) to identify and separate the child’s needs and views from each parent’s needs and views.
- To improve each parent’s ability to fully understand the needs of each child, and the negative repercussions for the child(ren) of a severed or compromised relationship with a parent in their young lives and as adults.
- To work with each family member to form more appropriate parent-parent and parent-child roles and boundaries.
- To address distortions/irrational beliefs and replace with more realistic perceptions that reflect the child(ren)’s actual experience with both parents.
- To improve the child(ren)’s ability to differentiate himself/herself in his/her emotional development in age-appropriate ways.
- To help each parent differentiate valid concerns from overly negative, critical, and generalized views relating to the other parent.
- To assist the parents in resolving relevant parent-child conflicts.
- To improve each parent’s parenting skills and family communication skills.

What Happens After A Court Orders Reunification Therapy?

It's important to create a therapeutic environment where the Reunification Therapist can diffuse conflict and keep the family members as safe as possible emotionally.

Communication with attorneys about the phases of Reunification Therapy is important prior to the referral. Providing a sample court order to assist the attorneys may help set appropriate expectations.

After a court order is received appointing the Reunification Therapist, the Reunification Therapist will:

- Have an initial intake appointment with co-parents either separately or together to thoroughly review the Statement of Understanding.
- Have additional individual appointments with each parent to gather history and each parent's view of the problem.
- Have an initial intake appointment with the child or children without the parents present.
- Consult with other therapists who may already be working with the family.
- Review documents relevant to Reunification Therapy.
- Develop a stair step approach to achieving clear goals for the specific schedule already identified in the court order.
- Identify the therapeutic needs for the family and set the agenda for the first meeting between the resisted parent and the child to set clear expectations.
- Continue to consider the needs of the family members. If individual issues are present for a parent or a child that are interfering with the success of reunification, it is important to be able to refer for individual therapy.
- Provide updates to the referring attorneys and possibly to the Court as appropriate.
- Continue to work with the child and resisted parent, with periodic individual appointments with the preferred parent as appropriate, to provide feedback and redirection as needed to assist them in supporting the relationship with the child and the resisted parent.

A Conceptual Model of Reunification Therapy

There are many process models for working with children who resist parental contact.¹ Here we attempt to focus more on conceptual issues rather than prescriptive models, as each case will present unique challenges and issues. The ability to use a flexible approach, while having a firm underpinning in regards to the ultimate goals, allows both journeyman and master family therapists to apply their existing skills in this challenging area.

A Circle, Not A Line

The first thing to address is that reunification, and truly all parent-child relationships, can be seen as an ongoing feedback loop. Positive interactions bolster the parent-child relationship; while negative interactions diminish it. The goal is to increase positive interactions and minimize the negative ones. This can be done through parent education to replace harsh or misdirected discipline with logical consequences; therapy to help children express needs and concerns in a way in which they feel their parents hear them; or any of the myriad of other interventions available. This intentional approach to the work is in contrast to the naturalistic parenting approaches that have led to disruption in the parent-child relationship.

Failing to Plan is Planning to Fail

Planning should occur at all levels and include ongoing assessment of the following:

- What does the resisted parent need in order to present and interact well with the child(ren)?
- What does each child need in order to build toward positive interactions with the parent?
- What do the preferred parent and other members of the family system need in order to support that work?
- What tools and techniques will you use to get there?

¹ See for instance

Carter, S. (2011). *Family Restructuring Therapy: Interventions with High Conflict Separations and Divorces*. HCI Press. Scottsdale, AZ.

Darnall, D. (2010). *Beyond Divorce Casualties: Reunifying the Alienated Family*. Taylor Trade Publishing. Lanham, MD.

Fidler, B.J., Bala, N. & Hurwitz, H. (2013). *Best Practice Guide: Emotional Harm and Parent-Child Contact Problems in High Conflict Separations*. High Conflict Forum. Toronto, Ontario.

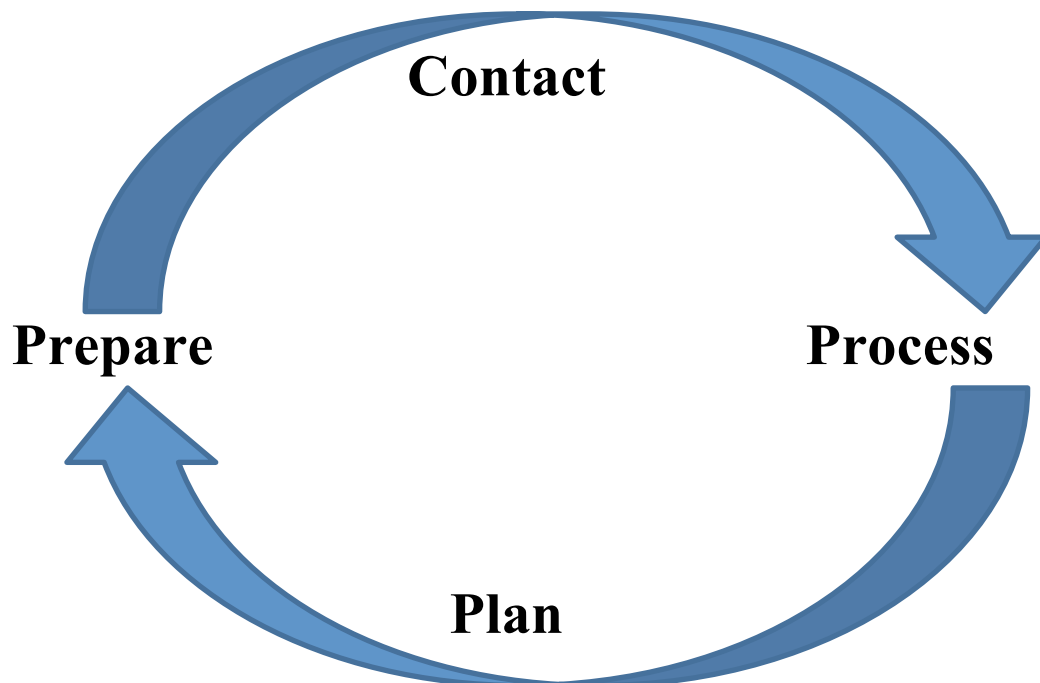
Moran, J.A., Sullivan, T. & Sullivan, M. (2015). *Overcoming the Co-Parenting Trap: Essential Parenting Skills When a Child Resists a Parent*. Overcoming Barriers, Inc., Natick, MA.

For some families this may be as simple as spelling out behavioral expectations (akin to behavioral contracting with children); for others this may be a more complicated process. The overarching concern is understanding the pathway to the end goal.

Reunification Therapists who begin working without adequately understanding family dynamics also sets themselves and the family up for failure. They may inadvertently stumble into a situation where contact does more harm than good or take an overly-superficial approach that then disintegrates once therapeutic involvement ends. Given that there may be struggles even with the best insights, the Reunification Therapist wants to avoid creating more work for themselves and the family whenever possible.

Preparation for Implementation of the Plan

Whether the therapist is needing to discuss a parent’s desire to dive too quickly into difficult topics, their unwillingness to address their own role in the system (be they preferred or resisted), or a child’s concerns, the preparation stage is the “heavy lifting” of Reunification Therapy. This is the stage where the Reunification Therapist is working on the “how” of contact, and employing whatever particular models of intervention they subscribe to.



Contact Phase

Whether this occurs in a Reunification Therapist’s office as part of parent-child work or out in the community (with or without some level of supervision), part of the work of reunification is to have the parent and child experience genuine interactions in as safe and supportive a manner as possible.

“Genuine” is different from “good” – at first the goal may simply be benign interactions where a child is able to see that a parent is sober, medicated, or simply able to maintain appropriate² behaviors for some period of time.

In cases where children have difficulties with redirection or other behavioral issues, the goal may be for the preferred and resisted parent to work together on consequences (positive and negative) of the child’s behavior. The direct parent-child experiences then form the next steps to further work, rather than staying mired in past mistakes and sub-optimal interactions that no one can change.

Processing Contact

While these discussions may happen in a variety of formats (individual or joint sessions with one or more parents or children) the goal remains the same:

*To gain an understanding of each family member’s reaction to contact
between the resisted parent and the child*

Has the preferred parent, previously supportive of the reunification efforts, begun to backslide as irrational anxiety takes over? Are they starting to see the benefits of a healthier relationship between the child and the resisted parent? Is the previously resisted parent able to adapt their behaviors to their circumstances, or are they stuck in old patterns? How is direct contact shaping the child’s reaction to the parents, and what might further accelerate improvement?

Lather, Rinse, Repeat

The wheel then turns, and we shift back to planning mode. This need not be a lengthy process in every case. For example, a child having a few hours of weekly supervised contact with a parent may need to plan in small steps. A family where the resisted parent comes in from out of town may spend much more time in planning and preparation. These tasks may also be shared across the treatment team with each individual treatment

² What counts as “appropriate” behaviors may vary from case to case, and enabling parents to meet children’s needs, and enabling children to have healthy expectations, are critical parts of the planning and preparation that goes into contact. As an example, the parent who tousles a child’s hair as a form of genuine affection, when the child feels such contact is aversive or babying, may mean well but misses an opportunity to build bridges with a child who would rather have a hug, or who is looking for less intimate contact.

provider addressing their own focus area and relying on the Reunification Therapist to bring everything together.

Don't Leave The Clients In The Dark

Reunification Therapy may fail due to a lack of understanding on the part of the clients as to the concepts underlying the reunification process,³ or due to a failure by the Reunification Therapist to articulate the expectation that things will not go perfectly during any stage of the process.

By sharing this conceptual wheel with families, Reunification Therapists can hopefully help educate and reinforce that this is a process of gradual improvement. While each individual family will have different logistical arrangements tailored to their emotional, financial, jurisdictional, and other needs, the overall work should be explained in a straightforward manner. Families can be shown how their case fits in with this conceptualization, and gain a starting point for integrating the new approaches they are learning.

Reunification Therapists can prepare parents and children ahead of time that a fundamental part of Reunification Therapy is a discussion of how things are going so that mistakes can be addressed. Remember that mistakes are expected. An error is not the end, nor is it a sign that “they don't really want to change” (as many resistant children will claim), but it is part of learning new behaviors.

No child will have perfect parents, and often in reunification work parents are far from ideal. This approach allows for building tolerance for shortcomings without accepting them as immutable.

³ Excluding, of course, those cases where there is no underlying conceptualization, and the therapist is “winging it.” Given the complexity of these cases, and the often entrenched nature of resistance, clearly such an approach is contraindicated.

The Importance of Triage in Reunification Therapy

Reunification Therapy is often ordered before a case has been effectively triaged, and attorneys often request Reunification Therapy resulting in a court order before the appointed mental health professionals have had the opportunity to assess the needs of the family. This can result in an unclear court order that does not effectively work to resolve the issues at hand.

It is vital that attorneys consult with their mental health professionals in advance, preferably via a conference call, in order to examine case issues and determine both what approaches may be needed, and if the particular therapist is a good fit for those needs.

We are assuming here that there has already been a determination that the court or parents are stating it is in the child's best interests to move forward with such therapy and the case is suitable.⁴

tri·age

trē 'äZH, 'trē 'äZH/

verb

1. the assigning of priority order to projects on the basis of where funds and other resources can be best used, are most needed, or are most likely to achieve success

Attorneys should be prepared to share with the mental health professional their views on whether they are requesting:

1. Unification Therapy – the process of introducing a child to a parent who they have never met or who they have not seen in a significant amount of time.
2. Reunification Therapy due to an issue of estrangement – the process of working to nurture a parent-child relationship that has been damaged due to a parent's own poor choices and behavior.
3. Reunification Therapy due to an issue of alienation – the process of working to nurture a parent-child relationship that has been damaged due to manipulation (intentional or otherwise) of the child by one parent to resist or reject the other parent.

⁴ Educational and therapeutic interventions are unlikely to be effective, and may even exacerbate the problem in some cases. These include situations where there is active violence, substance abuse, or maltreatment; untreated severe mental illness (depression, psychosis, paranoia) or other profound thinking distortions; and continuing unsubstantiated or fabricated allegations of abuse. See Fidler, B.J. & Bala, N. (2010) Children resisting post separation contact with a parent: Concepts, controversies, and conundrums. *Family Court Review* 48(1), 10-47.

In reality there may be a combination of these categories (which the attorneys may or may not agree with) along with issues of:

- A genuine affinity by the child for one parent over the other
- A child's (not always healthy) agenda
- Financial and logistical issues for the family
- Other complications that occur during the course of treatment

If these factors can be discussed in advance, a more accurate and effective court order can be drafted to best meet the needs of the family. However, a number of attorneys do not realize the need for this vital step before approaching the court for resolution.

The process of triage is also important in order to ensure that the style and availability of the Reunification Therapist is the best fit as well. Therapists who use joint parent meetings may be more appropriate for one case over another; some therapists may not have night or weekend availability; and in many states, there is a significant issue created when one parent resides out of state due to limitations state licensing laws place on some mental health professionals.

When Is Reunification Therapy Complete?

Ideally, all families involved in Reunification Therapy will experience resumed contact between the child and the resisted parent. In a perfect world, Reunification Therapists would work themselves out of a job. More realistically, families involved in Reunification Therapy will experience setbacks as the process takes a few steps forward and a few steps backward.

Here is what is considered:

- Can the family function independent from Reunification Therapy?
- Once contact is resumed as outlined in the court order, can the child be supported in individual or family therapy?
- Would regular “booster” or “maintenance” sessions be all that are needed?
- Are the parties compliant? Is there a need for suspending services?
- Is Reunification Therapy doing more harm than good?
- Can the family continue to afford the cost of services?
- Is there a need for other professionals (like a Parenting Coordinator/Facilitator) or other services (like a Child Custody Evaluation)?

Issues to Consider Initially and Continually

- Cultural Issues
- Influence of Extended Family, Stepparents and Siblings
- One Child vs. Multiple Children
- Financial Parameters
- Trauma vs. Adjustment
- Possible Personality Challenges
- Alternative Hypotheses
- Mental Health Professionals and Attorneys Not Mimicking the Family
- Domestic Violence/Coercion
- Are All Mental Health Professionals Staying in their Defined Roles?

What *Doesn't* Happen in Reunification Therapy?

- Discussion of marital issues
- Gathering data to give an opinion of whether alienation/estrangement/alignment exists
- Traditional family therapy techniques
- Psychological assessment
- Dual roles for the therapist
- Attempts towards settlement
- Recommendations for possession and access
- Confidentiality
- Working without a court order
- Sloppy boundaries (or you will get eaten alive!)

Required Skills for Reunification Therapists

- Strong foundation in family therapy techniques and strategies
- Proven ability to diffuse conflict
- Ability to appropriately confront where needed
- Possession of motivational interviewing skills
- Ability to use Cognitive/Behavioral Therapy techniques, tools, and homework
- A solution-focused orientation
- Participation in ongoing education and experience in family law
- Ongoing knowledge and experience working with attorneys and judges
- Ability to write clearly and succinctly and to document for the Judge, the attorneys, and the family an accurate reflection of the therapeutic process
- Ability to work as a member of a therapeutic team
- Ability to set boundaries that are stronger than ever before
- Continual refinement of processes and monitoring to guard against bias
- Ferocious appetite for the literature to possess the most reputable knowledge of the spectrum of alienation/estrangement/alignment in families
- Strong resiliency for being the “bad guy”
- Continual self-monitoring to prevent burnout