

# Court-Ordered Family System Interventions Aka Therapeutic Interventions

Maricopa County Superior Court  
2011 Orientation and Update

Stuart Friedman, J.D., Psy.D.

viable@cox.net

Julie Skakoon, M.C., LPC

(js@moranvigil.com)

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Poisoned  
MINDS

# When is a TI appointment needed?

- Strained relationship between a child and parent
- Alienation, estrangement, or enmeshment exists between a parent and a child(ren)
- An incarcerated parent is released and has not had contact with the child
- Chemical dependency with one parent
- Domestic violence exists or has in the past
- Child maltreatment allegations
  - founded
  - unfounded

# Do I Accept the Case?

- What is the Court asking for?
- What do the parents really want?
- Am I competent?
- If I take the case, who can help?
  - Custody Evaluator, Parent Coordinator, Child therapist, Co-parent therapist, Forensic Evaluator?
- What is the level of risk?

# Level of Risk



# Level of Risk

## Low risk

- After findings of fact and conclusions of law
  - Court determines low risk
- Family has some ability to communicate with assistance and motivated by child's best interests
- Coordinates treatment team at onset and throughout case:
  - Parent Coordinator
  - Forensically Informed Therapists (child, co-parent, individual)
  - Attorneys

# Level of Risk

## Medium/High Risk:

- Several return hearings
- Several prior professionals on the case
- Child continues to allege allegations
- Child made partial disclosure in past forensic interviews
- High risk parent behaviors: domestic violence, psychopathology, criminal history, substance abuse
- Child engages in high risk sexual behavior
- Medical findings but no disclosure from the child
- Prior Board Complaints
- Domestic Violence
- Child Maltreatment
- Mental illness (Axis II)

Suicidal clients

# From The Mental Health Triage

- Issues
- Level of communication/cooperation
- Complexity of the referral questions
- Disparity of facts
- Level of conflict
- Level of dangerousness
- Selection of interventions needed

# Triage Continued...

(Moran, 2011)

	<b>Low</b>	<b>Moderate</b>	<b>High</b>
<b>Level of Conflict</b>	0-1 Court interventions	2-3 Court Interventions; 1-2 PD calls	4+ Court Interventions; 3+ PD calls
<b>Level of Communication</b>	Parents successfully negotiate conflicts	Parents minimize/avoid communication with each other	Non-existent or usually conflicted
<b>Complexity of Referral Question</b>	See standard form of order	See standard form of order	See standard form of order
<b>Disparity of Facts</b>	Limited differences in fact / positions Limited need for corroborating evidence (1 or 2 collateral resources)	Moderate differences in facts / positions 3-4 collaborating sources needed	Significant differences in facts or position 4+ corroborating sources needed Expanded interviews with client needed
<b>Type of Evaluation</b>	<b>Parenting Consultation</b>	<b>Limited Family Assessment (LFA)</b>	<b>Comprehensive Custody Evaluation (CCE)</b>

# Assess the Relevance of Pertinent Data

Some cases are necessarily complex. Review what collateral data is available before determining scope of work. Verify existence of any of the following:

- Parenting plan/divorce decree
- Motions before the Court (minute entries, previous fillings)
- Police reports
- Custody evaluation
- Psychological evaluation
- Medical records

# Coordinate a potential or existing intervention team

Identify and consider existing professional involvement and continue to consider whether it becomes necessary to add professionals.

- Parent Coordinator
- Attorneys
- Forensically Informed Therapists  
(child, co-parent, individual)

# Blanket Court Order

- The court orders for a therapeutic intervention in Maricopa County are typically a blanket order that allows the interventionist to fill multiple roles. Sometimes the court adds some specificity to what is to be done; sometimes it is left to the interventionist to 'figure it out.'
- The standard appointment court orders for 'family court service professionals' are currently being reworked by a sub-committee of the court's behavioral health committee.

# Examples of Services

- The following are in the standard order:
- Provide rehabilitation of a relationship between identified family members.
- Identify, establish and communicate clear boundaries, behavioral expectations, and rules, in order to enhance safety and health in the family.
- Make referrals for therapy as appropriate for containment of psychological or behavioral issues regarding the parents or children as needed.

# Examples of Services

- Report child maltreatment pursuant to applicable child abuse reporting statutes.
- Facilitate the development of, or implement a court-ordered, child-focused, schedule for access.
- Facilitate conflict resolution.
- Provide education and support to obviate re-litigation.

# Examples of Services

Assist family members in establishing Rules for:

- Healthy interaction with each other
- Safe touch
- Appropriate child discipline
- Establishing appropriate behavioral limits
- Family boundaries
- What is discussed in telephone contacts between parents and children
- Behavior at exchanges

# Fees & Avoidance of Fees-(per

- All fees shall be paid in advance as determined by the Interventionist. The Interventionist shall keep accurate records of services and fees paid.
- If the Interventionist's fee policies include a retainer, said retainer should be paid prior to the first appointment (proportionately. Additional payments should be made according to the Interventionist's fee procedures.
- If at any point a party has not abided by the Interventionist's payment procedures, the Interventionist may contact the Court and request that the non-paying party be directed to pay in order to continue the treatment in a timely fashion.

# Fees & Avoidance of Fees (per

- Should the Interventionist determine that one of the parties is using his/her services unnecessarily and is thereby causing greater expense for the other party as a result thereof, the Interventionist may recommend to the Court a different allocation for payment of fees.
- Payment of all fees to the Interventionist may be requested by the clinician in full prior to completion of the report, if there is any cause for concern regarding non-payment of fees in this case.

# Role of Parties: What is Initially Enforceable

- The Court order defines the role of the parties. This establishes an order for how they are to comply with the work of the interventionist. If they do not, they are not complying with the order. This is essentially the only legal leverage an interventionist has—to report the noncompliance.
- Non-compliance should be reported conservatively. Many people will need to change deeply embedded psychological influences on their value system and behavioral responses. Realistically, even when they understand the need for change, it can be a slow, stepwise process.

## Role of Parties: What is Initially Enforceable

- Keep the Interventionist informed of concerns.
- Meet behavioral expectations in the court order.
- Meet the behavioral expectations outlined by the Interventionist during the course of the work.
- Promote a healthy relationship between their children and the other parent.
- Work toward fostering healthy familial relationships.
- Provide any requested legal, medical, scholastic and psychological records relevant to the case.
- Provide notice of all judicial proceedings affecting

# The Report (per order)

- Reports are due every 90 days. (Failure to supply in a timely manner is poor risk management).
- The report of the Interventionist may be received in evidence without the necessity of any foundation and without the objection to hearsay statements contained therein or any other objection.
- It is agreed that the report shall be delivered to the Court and counsel, unless the Interventionist asserts extraordinary extenuating circumstances, including but not limited to imminent life threat or the potential for serious harm to a person related to the case. In that instance, the Court shall make a ruling regarding dissemination.

# Ten Tips for Legal and Mental Health Professionals Involved in Alienation or Alleged Alienation, Cases

Fidler, Bala, Saini, May 2011

- Screen and identify Parent and child contact problems early;
- Triage for an expedited and differentiated response
- Listen to the voice of the child;
- Employ a two pronged approach involving both the Court and the mental health practitioner;
- Judges need to effectively enforce all Court orders

## Ten Tips for Legal and Mental Health Professionals Involved in Alienation or Alleged Alienation, Cases

- Involve all family members in treatment, not only individuals;
- Maintain open communication between all professionals to avoid professional alignments;
- Avoid dual roles;
- Interdisciplinary training and collaboration is best;
- More research and further development of interventions are needed.

# Focus of Presentation

This presentation is not a comprehensive treatment of this complex topic. The focus here is on a family system circumstance that may involve any one or combination of the conditions below:

- 1). A child who does not want to spend time with one of the two parents.
- 2). One parent who may by action or inaction be influencing or fostering the

# Focus of Presentation

4). One parent who may by their own action or inaction have influenced the child to want to avoid them.

5). Other family system members who may be contributing to the rejection of a parent.

6). Predisposed alignment or affinity with one parent over the other parent sometimes is a condition that precedes rejection of a parent.

# Therapeutic Intervention: Not Therapy

- There are many reasons why the therapeutic intervention should not be portrayed as therapy.
- The client is not the parent or child— it is the Court with duties owed to the Court first.
- It will be misleading to imply that you can fully understand and attend to many of the patient's treatment needs.
- A role as a therapist likely creates a second major role in the case (interventionist for the Court and therapist for the parent or child)

# Conceptualization Should be of a Family System

- When conceptualizing a case, it is necessary to

# Conceptualization Should be of a Family System

- When one or more parts are out of alignment they need to be adjusted into place to obviate symptoms. One part could require adjustment or there may be multiple parts that require work. The same can be true of issues within a family system.
- Sometimes adjustments are not enough and surgery is necessary, i.e. more drastic measures such as referral for therapy or enforcement decisions by the court.

# Child or Children

- This presentation discusses one child for simplicity.
- Often the intervention circumstance involves more than one child who resists or rejects time with one of the parents.
- Each child needs to be assessed separately including their relationship with each parent.
- The children as a group must be assessed as well including the influence of each one on the others.

# Working Concepts

- The next few slides discuss various working concepts that are important to performing a case conceptualization.

# Aligned Parent

- Many children tend to be closer with one parent more than the other, even in families that are not in family court. This alignment or affinity can be stronger or weaker along a continuum.
- The alignment can be due to factors including the unique temperaments of each parent, common interests, parenting style, and the sense of security a parent provides a child (Friedlander & Walters, 2010).

# Aligned Parent

- An alignment does not always lead to rejection of the other parent when the parents separate. Some children value what they have with each parent despite an overall preference.
- Some resistance from a child to being separated from their preferred parent is to be expected when parents separate. If the preferred parent supports the child's need for time with the other parent, explaining that some resistance is normal can gain their cooperation and obviate the problem. No further intervention may then be necessary.

# Preferred Parent/ Rejected Parent

- Because the formulation of most cases is complex and involves contributions to the problems by both parents, it is better to begin a formulation with a more neutral approach until all of the data has been gathered. Everyone you speak to may be very persuasive and believable.
- The preferred parent is the one the child wants to be with.

The... ..

# “Alienating Parent”

- One parent may by action or inaction be influencing or fostering the child’s reluctance or refusal to spend time with the other parent.
- This parent is referred to as the alienating parent for conceptual purposes.
- The term “alienation” does not reference the controversial concept of Parental Alienation Syndrome.

# “Estranging Parent”

- One parent may by action or inaction have influenced the child to want to avoid them.
- This parent is referred to as the estranging parent for conceptual purposes.
- The estranging parent may have awareness of how they contributed to the rejection.
- Often they deny that the behaviors (or non-behaviors) are indeed attributable to them.

# Estranged Child/Alienated Child

- The child who has been estranged by the rejected parent may be conscious of why they are estranged or open to an

# Splitting

- Splitting is the tendency to organize things as one way or another and to view things as black and white. A parent is either all good or all bad.
- This is a defense mechanism that helps to relieve the experience of distress and confusion when opposites that cannot be resolved in their mind are present.
- Infants and children often tend to see their parents as either good or bad and have trouble accepting that a parent can be both good and bad. They adapt by aligning with one and rejecting the other. This choice is made sometimes simply to get away from the turmoil of parental conflict.

# Working with Splitting in the Intervention

- This issue brings up the demarcation between therapy and non-therapeutic adjustment.
- Discussing the concept with a child on the court's behalf for one session—toward the goal to repair a relationship—is probably not “therapy.” The child will get it or not and self-change.
- Multiple sessions may constitute therapy and a referral may be necessary—if it persists.

# Enmeshment

- Enmeshment is a different condition from alienation.
- When an enmeshed relationship is present, the child has not adequately separated developmentally from the preferred parent.
- The preferred parent may want to prevent individuation. Psychological boundaries between the two are inadequate.
- Signs include parentification (the child taking on a care or protective role for a parent); inability for the child to function

# Time & Funding Limited

- Ideally, families have substantial financial resources to allocate to the intervention process. This is most often not true and it is counter-productive to then implement a plan based on that type of funding.
- In the best case, all family members relish the opportunity for positive change. Insight is absorbed instantly and recommendations are implemented immediately. When cases involve highly conflicting parents, the parents psychological defenses, the past history, and anger/hatred prevent rapid insight and the adoption of recommendations.

# Time & Funding Limited

## Interventions

- Interventions must try to accommodate the legitimate funding limitations of families as well as their challenges to take direction. That said, when expedited interventions do not succeed, families must take reasonable extra steps to obtain additional funding.
- There are two parts to this expedited, limited funding approach. The first part is the “best shot effort.” The second part arises out of the necessity of extending the work.
- Parents often realize they have a choice.

# Expedited Intervention: “Best Shot Effort”

- When there are limited funds available, there is an expedited approach that can attempt to help adjust the cogs in the family system within a limited budget and a small number of meetings.
- This can be referred to as a “best shot effort” because the approach works through the steps in the process thoroughly but rapidly.
- When this occurs, it is because the key family members gain sufficient insight about the family system and are willing to take enough direction for change to occur.

# Best Shot Effort : Funding

- The first phase of this intervention involves securing the consent forms and retainer.
- It is likely that the retainer will exhaust the funds the parent(s) can obtain for an intervention. Often, for low-income families this is \$1000 to \$3000. It may take the parent(s) months to secure those funds.
- Even when an expedited approach is attempted, \$1000 - \$3000 may not be enough to succeed. The consent forms must call attention to the possibility that fees may exceed the initial retainer; that work may not be completed in a short time; and that work could be ongoing for years. This motivates some.

# Best Shot Effort: Funding

- Some parents have nothing to gain with an intervention (in their mind).
- They will try everything they can to delay, extend, and undermine an intervention.
- Lack of funding is one card they can play.

# Best Shot Effort: Funding

- When delays occur, the Court must be kept up to date. Since there is a court order to participate, the parties are technically in non-compliance when they do not pay the retainer.
- A report asking for direction for the “non-compliance” often helps the parent(s) expedite their funding effort. It also may be the case that the letter to the court helps the parents become willing to allocate funds they already have.
- Realistically, the parent(s) will comply when they either want to or feel they have to. It is common for the fund-raising to take months (2-6 or more).
- Once funding has been submitted an immediate notice should be supplied to the court (assuming all consent forms have been obtained).

# Best Effort Shot-Consent Forms

- The consent forms for a family system intervention need to be detailed. In combination with the minute entry of appointment, they inform the parties about their duties in the process and what the process will involve. A solid consent form emphasizes that the process needs to be taken seriously. It is also a key part of risk management.
- Point out that the Court is the client and that the work is being done to serve the Court. This will be especially important in cases where a parent feels entitled to have the interventionist advocate for their position.
- Point out that the role of the interventionist is not one of therapist and that referrals for individual therapy can be made under the terms of the appointment.

# Consent Forms-Continued

- Clearly describe the limits on confidentiality.
- Dispel any ideas of private/secret conversations with you.
- The consent forms establish your leverage in the intervention, for example, that any non-compliance will be reported to the court .
- The potential involvement of family collaterals is spelled out so the parents can be prepared to convince significant others or extended family that their voluntary involvement in the process may “be valuable”

# Consent Forms-Continued

- Some other examples to consider including are: the requirement for reports; mandatory reporting duties; fees and cancelation; agreement to provide you with a copy of any objections filed; what services are charged for (e.g. document review; report preparation; necessary research); and higher fees for testimony.
- Consent to interview children and releases for professional/personal collaterals should be included as well as a conflict of interest form.

# Interviews provide Key Data

- The starting point for a therapeutic intervention is to meet with both parents. Each has an opportunity to explain why one parent is rejected.
- Do not just listen, take meticulous notes on what each says. This is often the only data that you will have from which to make your formulation. Corroborative data such as police reports, CPS reports, or similar often are not available.

# Interviews provide Key Data

- The interview data is the basis for your action plan. You should have many quotes to support your conclusions that you will write about.
- There usually are a surprising number of admissions by parents which can be compelling data to support conclusions.
- Clinical judgment may be subject to distortion. Since one adjustment is to provide insight to a parent where there may be a blind spot, often being able to discuss their own statements helps them have a shift of perception.

# Best Shot Effort: Phase 2- Interviews

- The “best shot effort” is a concisely planned process that involves limited sessions. The following is a brief example of a format to use.
- There will be one interview of one to two hours with the parent the child prefers. This interview is done first to gather the information on the alleged behaviors/non-behaviors or other issues related to the rejected parent so they can be explored with that parent.
- Careful attention is paid during this interview for signs of hatred, unresolved betrayal, sense of entitlement (e.g. to more parenting time; child support or avoidance of child support).

# Best Shot Effort: Interviews

- During first interviews, regardless of how persuasive a parent is, no feedback should be provided about a plan. Often, once the other parent or child is interviewed, your perspective will change to varying extents.
- The preferred parent should be put on notice that another meeting with them is likely to discuss the plan. They should be informed that sometimes a meeting with both parents may be the best way to do that.

## Best Shot Effort: Interview Rejected Parent

- The interview of the rejected parent is second. During this one to two hour interview, the parent is assessed for their awareness of any contributions they may have made to the rejection (some alleged data already provided by preferred parent). Often this is evident by denial of corroborated data (e.g. substance abuse).
- Sometimes the parent is aware of the

## Child Interview

- Children  
interviews  
are often

# Child Interview

- Children interviews are extremely

# Best Shot Effort: Interview

## Collaterals

- When funding is available, it is often valuable to interview the significant others or key extended family members when the parent or child interviews point to a contribution by them.
- Relevant contributing roles may include significant others (Stepparent, fiancé/fiancée, boyfriend/girlfriend); Grandparents; Uncles/aunts/Cousins; Siblings
- When funding is minimal, it may be best to avoid these interviews and ultimately delegate

# Ask Each Parent About Others in the Family System

- It is important to identify everyone who is contributing to the circumstance.
- While the collaterals—those who are not parties to the case—may not have to participate, usually they will. One reason they will is to get the opportunity to share their information and experiences.
- Often the information about the contributions to the rejection from collaterals will come from the preferred parent (as to estrangement,) the rejected parent (as to alienation,) or during the child interview.
- The Court may not be able to regulate non-party collaterals but it may be able to regulate the child being with them.

## Best Shot Effort: Phase 3

### Case Conceptualization

- After gathering the data from the interviews, the next step is to carefully produce a case conceptualization of the family system. This formulation informs what needs to be changed.
- In making an assessment of why the child rejects one parent, it is critical to discover the actual roots of any alienating behaviors, estranging behaviors, and enmeshment.

# Case Conceptualization

- The conceptualization can include a quantitative insight—the approximate percentage of each factor to the circumstance.
- A detailed list of the specific data items related to each parent and child will help guide the necessary adjustments. For example, specifics as to how they are alienated or enmeshed or what the rejected parent does that has influenced the rejection. Each point can then be worked through with the parent and/or child.

# Many Cases Involve Combinations

- Most cases ultimately involve contributions from the alienating parent, the estranging parent, and have some baseline alignment with the preferred parent. In some cases, a child will demonstrate a shift of alignment from a previously preferred parent.

# What type of Relationship is the Goal?

- If a family system intervention is not therapy, what type of relationship between the child and the rejected parent is the goal of the work? When is the intervention successful?
- When the child agrees to spend time even if the relationship is not “repaired?”
- When there is a just good enough relationship?
- When the relationship is the best it can be in light of the ‘limitations’ of the parent and the

# What type of Relationship is the Goal?

- When the parent and child have a burgeoning deep relationship?
- When the alienating parent adjusts their alienating contribution?
- When the estranging parent adjusts their contribution?
- When enmeshment is resolved ?
- Should an interventionist stay on a case even after a goal is “achieved” in case they are needed or as an indirect enforcer of the

# Best Shot Effort-Phase 4-Execute Plan

- Once the conceptualization is completed, you have a good idea what needs to change.
- Each parent needs to be made accountable for their contribution to the rejection circumstance.
- Every point of data is reviewed with each parent, one-by-one, and they are informed what adjustment(s) are required to be made.
- If they refuse to make those adjustments, the Court needs to be asked for direction in a report.

# Managing Alienation

- Alienation can be accomplished in many ways.
- Direct alienation is an active behavior, usually by talking to the child, that attempts to influence the child negatively about the other parent.
- Direct alienation can also be accomplished by behaviors such as withholding the child from visits or preventing telephone/email contact between the child and the other parent.
- Active nonverbal communication such as

# Indirect Alienation

- Indirect alienation has several forms:
- Allowing a child to refuse to go to the other parents “because they don’t want to” or “are scared” when

# Indirect Alienation

- Allowing a child to refuse or

# Indirect Alienation

- Allowing or encouraging the child to treat a stepparent as if that parent fulfills the entire parent role.
- Allowing the stepparent or family members to do deliver the negative information about the other parent (“I can’t control what they do”).
- Subtle warnings to the child before they go to the other parents (“Call me if anything goes wrong or you need me”).
- Removing or preventing any photo or memento of the other parent from being in

# Enmeshment

- Signs of enmeshment include excessive “we” statements about the parent made by the child as if the identities are merged.
- The child worries about the parent if they are not there with them.
- The parent takes no steps to resolve apparent separation anxiety a child has.
- The parent shares information that evidences an inability to be without the child. Sometimes this is partially disguised by asserting needs

# Estranging Behaviors

- There are many examples of what a parent may do—or not do— to influence a child to reject them as a parent or want to avoid them.
- Harshness, Angry, Physical or Emotional abuse
- Preoccupied, Aloof, Ambivalent, Disinterested, Neglect, or Abandonment
- Rigidity, Overly controlling, Disappointed
- Selfishness, Narcissistic

# Best Shot Effort-Work with the Child

- The work to be done with a child will be specific and determined by the formulation.
- Sometimes it is simple, e.g., having the preferred parent stop sending negative messages to the child about the rejected parent and to take steps to encourage the child to spend time with that parent.
- Sometimes it could be as simple as helping the rejected parent become aware of and change behaviors or missing behaviors that push the child away from them.

# Best Shot Effort-Work with the Child

- Sometimes enmeshment can be altered through simple changes made by the enmeshed parent and even the child.
- Sometimes focused and extensive work is necessary and referral is ethically required.
- Often, the expedited approach simply does not work and more sessions (and fees) will be required.

# Best Shot Effort-Phase 5- Enforcement

- Realistically, there is very little leverage that an interventionist has.
- The best shot we have is that people care enough about their children to be open for guidance so that the child benefits from access, physical and emotional, to both parents.
- When there is a refusal to cooperate, or subtle indirect noncompliance, the request for guidance and orders made to the Court is the only tool of leverage available.

# Enforcement

- When funding is available, there are additional interventions that may be helpful.
- Referring either or both parents (or a child) to individual therapy can help them accomplish change through work that is more complex than what an interventionist can perform. This can be a long-term process.
- Psychological evaluations may be necessary to inform the Court about a parents limitations.
- The costs of the additional interventions present a deterrent or motivator to uproot entrenchment.

# Enforcement

- Parents do not like to get copies of reports that discuss their noncompliance. They are concerned about repercussions that are unfavorable. This can make them more willing to compromise their entrenched positions.
- Some parents, often for reasons related to their personality constraints, will still refuse. It may then be necessary for the Court to make the more drastic orders. The psychological evaluation can help everyone better understand a parent or child when there appear to be mental health issues.

# Time-Funding Limited: Part 2

- When funding is limited, there is no guarantee that parents will cooperate or that the work can be done with the fewest number of interviews and sessions.
- From the outset, parents should have been informed that the intervention will continue until it is successful or discharged by the Court. They are told that some interventions can lead to the necessary adjustments with the minimum sessions, but many require more time. This can be a motivator.

# Time-Funding Limited: Part 2

- An unspoken goal for most parents is to get rid of the interventionist, the time requirements, and the costs. Getting rid of you is a great incentive to cooperate and compromise.
- When the intervention must continue, then more fees will be incurred, and more appointments conducted to continue to work through the same issues, even when there is limited funding available. That is a reality from the beginning.

# Time-Funding Limited-Part 2

- When it is necessary to obtain more retainer, more time may be needed for the funding to be raised.
- It is a good idea to estimate how many sessions may be necessary and collect that new retainer before resuming. This prevents starting and stopping which may be counter-productive, especially for the child's psyche.

# Time-Funding Limited

- Parents who have played the funding card limitation, true or untrue, must understand that the interventionist—and the Court—will wait until more funding is obtained.
- At some point in a stalemated case, it may be necessary for the Court to implement sanctions to motivate a defiant parent to change, E.G. changing the funding percentages so that a non-cooperative parent takes on the burden as an incentive to participate: supervised parenting; changes to

# Role Playing as Skill Building

- In many high conflict cases, bad feelings and hatred run very deep from the past. Parents may be greatly challenged to co-parent with someone they hate, distrust, or by whom they were abused or betrayed (or wrongly feel they were).
- Role play, without the other parent present, may help build skills to help the parent work through co-parenting agendas without succumbing to the bad feelings and attacking the other parent.

# Role Playing as Skill Building

- Similarly, practice on real issues with the other parent present can facilitate change.
- This skill development work may require redundancy of effort to help a parent obtain the requisites to change how they co-parent. The more willing they are to change, the faster this work gets done. For some, there is no initial skill base to co-parent amidst bad feelings and conflict but with practice they can learn.

# Solidifying Progress Made

- Often, it is a good idea to ask for a reappointment even if the work seems done so that the parents know they need to “stay with the plan.” In this case, it may not be necessary to ask for and “hold” a retainer. The parents may not need more help.
- Realistically, there probably will eventually be a need for an adjustment or two. These can be handled with per session payments unless the previous successes have collapsed. If there is a new need or collapse of progress, then the

# Limitations and Very Complex Cases

- The approach discussed here was an attempt to offer one approach for situations where there are limited financial resources. Even with this approach, the financial resources necessary still may exceed \$1000 to \$3000 when challenges arise—or persist and the work on the case has to continue.
- Many parents will say they cannot afford “anything,” but actually can. When the Court is notified, often retainers get paid.

# Limitations and Very Complex Cases

- Parents are quick to place their financial limitations on someone they think is a therapist and thus likely to be sympathetic, compassionate, and willing to help for free.
- It is not a good idea to hold any discussion that allows a parent to elaborate on the reasons they do not have the money. The conversation should be cut short by simply saying that “personal financial issues are outside of your role” in the case. You “understand” if they can’t fund it and will

When Local In-office  
Interventions are not  
successful

and

Funding is Available

# Intensive Reunification Programs

- Overcoming Barriers Family Camp, Starksboro, Vermont
- Rachel House Foundation, Texas
- Bridges Program, Dr. Richard Warshak and Dr. Randy Rand California

# Overcoming Barriers Family Camp: (OBFC)

Dr. Peggie Ward, Dr. Matthew Sullivan and Dr. Robin Deutsch

- Developed by a group of forensic psychologists, a judge, court personnel, and attorneys created this intensive program
- Piloted in 2008 with five families(3 day camp)
- Piloted in 2009 5 day built on experiences and feedback of participants from 2008
- Currently on hold

# Overcoming Barriers Family Camp: (OBFC)

- 5 day, 4 overnight family camp designed to provide intensive treatment to high conflict families
- Only offered one week a year
- 1:1 staff per camper, many seasoned and extremely knowledgeable clinicians provided pro bono services

# Overcoming Barriers Family Camp: (OBFC)

- Combined
  - A whole family approach
  - A three hour psycho educational morning group for parents (separated out favored and rejected parents and children)
  - Intensive daily co-parent meetings with the favored and rejected parent
  - Clinical Intervention (rejected parent and child)
  - Experiential based-camp *Milieu* therapy
  - All parents received a written after care plan and coordination prior to their departure, some including scheduled Court dates after completion of the program

# Overcoming Barriers Family Camp: (OBFC)

- Located in Upstate Vermont
- During this week camp site solely dedicated to the OBFC
- Several recreational activities that allowed the child and rejected parent to connect (yoga, hikes, camp fire, sing alongs, indoor outdoor games)
- Parallel activities, clinical interventions, and shared activities between child and rejected parent

# Overcoming Barriers Family Camp:(OBFC)

- Funding uncertain, \$7500 per family did not cover cost of camp, may not be financially viable at this rate. The ability for families to be able to finance this camp created uncertainty as to whether or not the camp would run each year. Donations are gladly accepted.
- Threats of mandatory attendance to this camp has been an unintended court intervention that has resolved custody disputes in cases.
- Issues with substance abuse, domestic violence, medical conditions, and major untreated mental illness were all factors that were contraindicated for acceptance into the camp.

# The Rachel Foundation (RF)

- Bob and Pamela Hoch founded (RF) in Maryland in 2000.
- Received funding from U.S. Department of Justice, Missing and Exploited Children's Division and National Center for Missing and Exploited Children to assist with the establishment of the non for profit organization
- Serve Custodial parents with returning abducted children, and Parents with alienated or estranged children
- Structured 5 step program in a child centered environment

# The Rachel Foundation (RF)

- Three week program on average 1-4 week programs available;
- In a child centered family home environment in Texas;
- Dr. Randy Rand from Bridges Program was former clinical director;
- Screening of families required;
- Process driven by participants not one process for all, encompasses a five step program;
- Work is focused on family system with rejected parent, child and extended family;

# The Rachel Foundation (RF)

- Can assist with referrals for safe transportation of children and rejected parents to the site;
- Site confidential;
- Work with one family at a time and centered around family life;
  - School work coordinated with the school
  - Chores
  - Activities
  - Psycho educational component
  - Obtain healthy communication skills that can't be obtained in a therapists office

# The Rachel Foundation (RF)

- Staffed 24 hours a day;
- Cat and dog in home if participants have allergies need to take this into consideration;
- Sometimes there can be overlap in arrival and departures of families, can assist families therapeutically to share experiences during this time;
- Licensed mental health professionals, psychiatry, interns and volunteers build their teams;
- Aftercare plan essential to ensure lasting memories and progress made will continue once the child and parent complete the program.

# The Rachel Foundation (RF)

- Fees payable prior to arrival;
- Costs can range from \$8,000 to \$10,000;
- Reunification/reintegration services anywhere from
- \$600 to \$1500 per day
- Will work with families financially on a sliding scale

Pamela and Bob Hoch

- PO BOX 294810
- Kerrville, TX 78029-4810
- 1-830-864-4460

# Family Bridges Program

Dr. Richard Warshak and Dr. Randy Rand

- Located in California
- In 1991 Dr. Rand started a prototype for the Family Bridges program as a response to the National Center for Missing and Exploited Children
- In 2005 Dr. Warshak and Dr. Rand combined efforts to create the program
- More than 130 families and 70 children have come through the program

# Family Bridges Program

- Program suitable for:
  - A child's view of a parent or relatives is unrealistic
  - Child refuses contact with a parent or shows extreme reluctance to spend time with that parent
  - Where family's need assistance adjusting to Court orders that have placed the alienated child with the rejected parent and suspend contact between the child and the other parent until specified conditions are met

# Family Bridges Program

Dr. Richard Warshak and Dr. Randy Rand

- Dr. Warshak's workshop conclusion 22 of 23 children restored a positive relationship with the rejected parent
- At follow up 18 of 22 children maintained their gains with the rejected parent. Those who relapsed had premature contact with the alienating parent

# Family Bridges Program

Dr. Richard Warshak and Dr. Randy Rand

- Education not psychotherapy
- Containing the childrens' affect
- Focus on present, future and not past
- Emphasis on autonomy using Montessori approach with the children
- Instruction not induction
- Create positive experiences with the rejected parent
- Encourage children to entertain multiple perspectives using social media and education
- Understanding fallibility of perception and memory
- Conflict management skills
- Saving face

# Family Bridges Program

Dr. Richard Warshak and Dr. Randy Rand

- 6-7 hours of contact with the family, 3-4 hours of planning and debriefing
- Encourage family to vacation a few days prior to return
- Scheduled for one week but on average 4 day program
- Led by two licensed psychologists
- Fee similar to twice weekly sessions for 32 weeks
- Fee range from \$7500 to \$20,000

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