Parent – Child Contact Problems II: More News You Can Use

AFCC Webinar – July 19, 2017

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Learning Objectives

1. To build on Dr. Sullivan’s April webinar
2. Clinical intake/screening assessment process (including acceptance criteria) and treatment plan development
3. Outline treatment objectives of Multi-Faceted Family Therapy – outpatient family therapy for parent-child contact problems
4. Review treatment court orders and informed consent agreements
5. Overview of fundamental interventions implemented with family members individually (child, each parent), with dyads (child with each parent and coparents together), and with the family as a whole.
“Sustaining doubt is harder work than sliding into certainty.”

Daniel Kahneman (2011)
Thinking Fast & Slow
Cognitive Bias

- [https://www.designhacks.co/products/cognitive-bias-codex-poster](https://www.designhacks.co/products/cognitive-bias-codex-poster)


Strained Parent-Child Relationships: A Continuum

**ALIENATION** - Child shares FP’s attitudes, behaviors; unreasonable/disproportionate reaction; previously had good relationship with RP; Without PABs of FP, child would not have rejected other parent

**JUSTIFIED REJECTION**
Reaction primarily independent of FP; due to underdeveloped relationship with RP, exposure to IPV, uncontrolled mental illness, substance abuse, emotional abuse, significantly compromised parenting & FP may overreact, project own fears, anxieties, anger onto child, distort, exaggerate; protective to the point of compromised parenting

**HYBRID**
PABs by FP & parenting difficulties by RP, exaggerated by child & FP; RP may be reactive to child’s resistance, bad behaviour

**ALIGNMENT**
Divorce-specific reasons (e.g., anger re ending marriage, affair, new partner); results in loyalty conflict but not total rejection. FP supports relationship with other parent

**AFFINITY**
Preference for one parent, but no rejection of other; age or gender-related reasons

**ALIGNMENT**

**HYBRID**

**JUSTIFIED REJECTION**

**ALIENATION**

**AFFINITY**
Children Can Resist a Parent for Many Reasons

- **Affinity**: developmentally appropriate due to age, gender preference, similar interests, but not rejecting
- **Alignments**: taking sides to avoid loyalty conflicts; divorce-specific reasons (e.g., anger at one parent for separating, having new partner, disrupting family life), while maintaining some contact with non-preferred parent
- **Justified Rejection** (aka-realistic estrangement): coping mechanism in response to abuse/trauma; realistic fears or anxiety caused primarily by violence/child abuse/neglect, uninvolved or very poor parenting by rejected parent
- **Alienation**: unjustified response due primarily to direct & indirect behaviour of favored parent; disproportionate reaction on part of child
- **Hybrid/Mixed Cases**: elements of both justified rejection and alienation
Everything should be made as simple as possible, but not simpler.

Albert Einstein

The art of simplicity is a puzzle of complexity.

Douglas Horton
Factors contributing to & sustaining parent-child contact problems

- Humiliating Separation
- Intense Marital Conflict Before/After Separation
- Aligned Parent’s Negative Beliefs, Behaviors
- Child’s Vulnerability
- Rejected Parent’s Reactions
- Personality of Rejected Parent
- Personality of Aligned Parent
- Extended Families
- Sibling Relationships
- Lack of Functional Coparenting
- Divorce Conflict & Litigation
- Aligned Professionals (Education, Health, Legal)

Adapted from Kelly & Johnston, 2001
Early Identification Imperative

- May be late by the time parties get to court; think about early intervention as prevention of even further escalation

- **RED FLAG**: Allegations of alienation OR abuse; request to stop OR restrict access

- Contact problems, including alienation more difficult to remedy with the passage of time
  - children and parents more likely to become entrenched in their positions, further exacerbated by litigation over parenting and financial matters

- Giving the child time or “space” often recommended by therapists, teachers, physicians, lawyers, judges & favoured parent
  - undervalues importance of parent-child relationship
  - is a casual attitude to loss of relationship with parent and extended family
Early Intervention Needed

• Absence of contact establishes status quo that court often honors to maintain “status quo” and spare children drastic changes
• However, delays reinforce phobic reaction/rejection by child
  – Child has no/little direct experience to counterbalance their disproportionate/unjustified rejection
• Early assessment by an experienced court-appointed mental health professional with specialized training in alienation, abuse AND intimate partner violence highly desirable
• MUST move away from parent blame-game from our very first contacts with attorneys and parents
• ASK: Irrespective of cause of the child resisting contact -- justified or unjustified - is contact with or rejection of one parent in the child’s best interests?
  – consider the mandate of family preservation fundamental to child protection cases / why is it different in domestic cases?
Differential Response Needed

• Proper screening/assessment imperative (Clinical Intake Consultation) - a process throughout not only at outset

• Query previous clinical and legal interventions
  – what happens or does not happen in therapy, court (in response to orders) is “diagnostic”
  – please don’t try what has already failed; often, attempted solution becomes the problem

• Legal and clinical interventions will depend on:
  – nature of parent-child contact problem
  – intensity, frequency & duration of the parental conduct (mild, moderate, severe) & the effect on the particular child
  – willingness of EACH parent to accept guidance and demonstrate ability to change behaviour, stop parental alienating behaviours and comply with orders?
  – nature (motivation) of intentionality to prevent relationship with other parent
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<th>Assessment: Level of Severity</th>
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<tr>
<td>Mild</td>
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<td>1. Minimal interference/ badmouthing</td>
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<td>2. Parent values child’s relationship with other parent but occasionally displays misguided protective behavior</td>
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<td>3. Child values relationship with both parents, but displays discomfort (not extended to extended family)</td>
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<td>4. Minor interruptions of parent-child contact (e.g., late, missed visits, short-lived transition difficulties in presence of FP)</td>
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<td>5. Situational and infrequent relationship strain (e.g., due to affinity, alignment, expected and time-limited upset over parents’ separation)</td>
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<td>6. Generally flexible but can be rigid</td>
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<td>7. Responsive to treatment/education to improve parent-child relationships</td>
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<td>8. Compliant with parenting plan, treatment agreement and court orders</td>
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<th>Moderate</th>
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<td>1. Episodic interference / badmouthing</td>
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<td>2. Parent’s overprotection (unwittingly or intentionally) undermines the child’s relationship with the other parent</td>
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<td>3. Child displays more resistance than at mild level, although reactions are mixed, confused or inconsistent (e.g., before or during transitions, while with resisted parent)</td>
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<td>4. Contact is sporadic, infrequent and/or delayed</td>
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<td>5. Pattern of missed opportunities for parent-child contact; child takes longer to settle in after transitions than at mild level and may become unsettled closer to return time to FP</td>
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<td>6. Generally rigid but some instances of flexibility</td>
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<td>7. Attends treatment but sporadic and/or with minimal success</td>
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<td>8. Inconsistent compliance with parenting plan, treatment agreement and court orders</td>
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<th>Severe</th>
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<td>1. Psychologically abusive alienating behaviors related to mental health issues (e.g., paranoia)</td>
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<td>2. Identifies actions as protecting (rights of) child, despite repeated investigations or evidence that demonstrates that the risk of future harm is improbable, or make malicious allegations knowing they are unfounded</td>
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<td>3. Rigid / extreme child reaction to rejected parent (e.g., threats to run away, of harm to self or others, acting out or aggressive behavior)</td>
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<td>4. No or very infrequent contact between child and RP</td>
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<td>5. Chronic parent-child disruptions</td>
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<td>6. Inflexible position taking</td>
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<td>7. Refusal of treatment / Previous attempts for treatment unsuccessful</td>
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<td>8. Noncompliance with parenting plan, treatment agreement or court orders</td>
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<th>Legal Interventions:</th>
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<td>From court support, monitoring to intervening</td>
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| Detailed parenting plan, including specified parenting time with RP, and primary residence care with FP |
| Early case conference |
| Court management and monitoring |
| Referral to parenting education or counselling with experienced therapist |
| Warning of sanctions for noncompliance of parenting plan and orders |

| Highly detailed parenting plan (specified court ordered parenting time for child with RP) |
| Court monitoring |
| Continuity with one judge |
| Warning of sanctions or custody reversal |
| Sanctions for noncompliance (contempt of court, opportunity to purge contempt) |
| Consideration for joint custody to ensure involvement of the rejected parent in child-related decision making |
| Consideration for extended periods of contact over holidays with rejected parent (e.g., summer school break) |
| Consideration for equal parenting time |
| Court appointment of a therapist experienced in alienation |

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<th>Client Interventions: Map interventions to client needs</th>
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<td>Preventative parent education</td>
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<td>Psychoeducational groups for children</td>
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<td>Family therapy (members seen in various combinations)</td>
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<td>Therapist reporting back to court when there is noncompliance with parenting plan, orders or treatment agreement</td>
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| Court ordered family therapy (members seen in various combinations) to repair relationships & implement court ordered parenting time with rejected parent |
| Additional therapy for child, rejected or favored parent |
| Intensive residential family intervention (may be with one family or group therapy), with both parents and children, combining therapy and psychoeducation (e.g., family camp program, weekend workshop) |
| Therapist reporting back to court for noncompliance with parenting plan, orders or treatment agreement |
| Parenting Coordinator (case manager / monitor of interventions) |

| Custody reversal (as above) accompanied by reintegration intervention with child and RP, followed by intervention/therapy to reunify FP |
| Parent education and individual therapy for FP with a view to reunification with child |
| Therapist reporting back to court when there is noncompliance with parenting plan, orders or treatment agreement |
| Parenting Coordinator (case manager / monitor of interventions) |
For mild & some moderate cases of parent child contact problems irrespective of type-- could be alienation, justified rejection or hybrid

- Individual or group parent education on: impact of high conflict, loyalty binds & kids’ coping mechanisms, research on positive outcomes for children; disengaged model of coparenting; parenting skills, dispute resolution options, multi-faceted complexity of parent-child contact problems, etc.
  - skills based vs solely didactic for high conflict parenting

- Simultaneous Family Interventions
  - Multi-Faceted Family Therapy (aka reintegration or reunification therapy on “outpatient” basis with single family)
  - Multi-Day Intensive (single family)
  - High Conflict Divorce Camp – for 5-7 families (Overcoming Barriers, non-profit organization - overcomingbarriers.org)
Contraindications For Therapy

May be indications of severe alienation OR justified rejection

- One or more failed attempts to remedy problem
- Either parent is likely to, or has history of sabotaging treatment
- Repeated disregard for orders
- Refusal of some family members to participate
- Child empowered to avoid contact with RP
- No time outside (current or via step up plan) of therapy permitted for child to experience care/nurturing form RP
- Risk of abducting child
- Emotional abuse or intimidation by FP (toxic environment) of child to reject other parent
- Active violence, child abuse or substance abuse
- Severe untreated mental illness (depression, psychosis, paranoia)
  - repeated false/fabricated allegations of abuse (unsubstantiated)
For some moderate & severe cases of alienation or hybrid cases

- Could be genuine belief but mistaken or delusional OR could be malicious intention to thwart child’s relationship with other parent -- both a concern

- Sequential Family Interventions:
  - Custody reversal & detailed order, **WITHOUT** intervention
  - Custody reversal, interim interruption in contact with FP (often 3 months minimum), detailed order **WITH** intensive psycho-educational intervention with RP and child(ren)
  - May be intervention with FP & assessment/monitoring of reintroduction of contact with the child

- Working with RP and child combined with suspension of contact with FP (sequential interventions) expected to be much easier than working with whole family from the start.
Intentionality to Protect Child

• Distinguish genuine belief/attempt to protect child (could be delusional, paranoid, mentally ill) vs malicious effort to exclude other parent (knows there is no basis to protect child)
  ✷ Both are problematic
  ✷ Malicious/intentional - favoured parent may be more responsive to warnings of severe legal sanctions as this parent knows there is no validity to their allegations/need to protect child from other parent
  ✷ The parent who has a genuine, though misguided or delusional belief system, may be less responsive (able) to changing their restrictive protective gatekeeping behaviour

• Supervised contact may be necessary for favoured parent in cases ranging from moderate to severe (abuse/emotional harm)
For cases of severe justified rejection due to violence, child abuse/neglect, very poor parenting

- Individual work with perpetrator of abuse may be indicated

- Once behavioral change by parent demonstrated, individual child therapy for PTSD or helping child to cope with outcome of no contact

- Not the subject of this presentation.
Clinical Intake Consultation Process

• Separate informed consent agreement (H-O #2)
• Who’s involved?
• What’s done?
• Recommendations limited to intervention needs vs custody/access recommendations
• Handout #3: Screening Tool

• Important Resources: Guidelines For Court-Involved Therapy available at www.afccnet.org
Allegations of Abuse - Hypothesis Testing

Has Sally been a victim of child abuse &/or witnessed abuse? (physical, emotional, &/or child sexual abuse &/or domestic violence)

- Sally has been a victim of child abuse and she is credible
- Sally has not been a victim of child abuse but due to misguided loyalty will not disclose
- Sally has not been a victim of child abuse, but a parent is using the allegation of child abuse to manipulate the court system during child custody litigation.
- Sally has not been a victim of child abuse & is credible, but is estranged from the identified parent perpetrator and has misperceived an innocent or ambiguous interaction and come to label and see it as "abuse."

It is not known and will not be known for sure whether Sally has been a victim of child abuse given the data has been compromised along the way.
Assessment & Treatment Plan Development Tools

- Institute Handouts: (pp 1-9; 14-18; 49-50)
- Establish a semi-structured interview protocol, include intake questionnaire package (eg., parent self report, measures of parental conflict, Acrimony Scale-Emery; Perceptions of My Child-Garber)
- BWJP - Practice Guidelines for Family Court Decision-Making in DV Related CC Matters (Davis, Frederick, Ver Steegh, 2015)
- Decision Tree: Abuse, Alienation &/or Estrangement (Drozd & Olesen, 2004, 2010, 2013)
- Severity Checklist-Strained Contact (Bala, Fidler & Saini, 2012)
- Ellis (FCR, 2007)
- Sauber & Baker (2013- e.g. Miller; Worenklein et al.)
- Fidler, Birnbaum, Bala & Kavassalis (2008) (pp. 239-254)
- Fidler & Bala (2013) Chapters 2, 3 & 4 (pp 13-90)
- Alienation Child Custody Questionnaire (ACC, Drozd & Olesen, 2007)
See Chapter 2-Clinical Decision Making
Guidelines for Examining Intimate Partner Violence:

A Supplement to the AFCC Model Standards of Practice for Child Custody Evaluation
Involvement of Court Intervention is a 2-Pronged Process

- Referred to as the structural components
- Pertains to two separate but related pieces:
  1. Parenting Plan Order: interim, step-up or final
  2. Treatment/intervention – court order
- Necessity for court oversight: in first instance, monitoring, case management, scheduled reviews, set return dates
  - High rate of personality disorders, mental illness
  - Noncompliance common
  - Failure to enforce only reinforces parents false sense of power, disregard for authority, and narcissism
- Sanctions for noncompliance needs to be clear in order and endorsements (important deterrent; best for parents to know in advance)
- One judge per case with specialized knowledge
Orders & Consents Agreements For Intervention – Handout #4 Checklist

• Set backs occur when orders and/or consents for therapy are ambiguous, lacking in detail or inadequately cover specific areas commonly ripe for parental conflict.

• Returning to court to clarify the meaning of orders or address gaps wastes precious time, resources and energy, while problems become exacerbated.

• Court orders for therapy are frequently not detailed enough even when they cover the basics.

• Best practice for the court orders to make reference to the attached therapist informed consent service agreement.
Necessary Components of Treatment Orders & Informed Consent Agreements – Handout #5

- Stipulation that it **IS** in child’s best interest to have contact with resisted parent and good relationship with both parents
  - If it can’t be stipulated, goals cannot be set or accomplished and CCE or some other assessment may be necessary to determine, what is in child’s best interests

- Parenting time or step up parenting time - NOTE therapist should not determine parenting time or even pacing of the step up schedule (dual role), can return to court, PC or arbitrator (see later slides re step up parenting plans)

- Name(s) of therapist or selection process for same
  - Minimum education, experience and qualifications (requires specialized training)

- Date by which parents are to contact professional for intake

- Parents to cooperate with therapist’s process
Necessary Components of Treatment Orders & Consent Agreements (2)

- Indicate the specific family members required to attend therapy, parent responsible to ensure child attends
- Limits of confidentiality:
  - therapist and other relevant professionals can communicate
  - discretion permissible around information obtained from child
  - reporting to court permissible, status report to monitor for compliance, full report if therapy fails with recommendation to terminate therapy
- Goals of therapy & behavioral indications of goal attainment
- Explicit criteria for evaluating progress/success
- Duration of therapy, or process for terminating or changing therapist
- Include time frame (e.g., 3-4 months after which progress will be assessed; return dates to obtain status report
Necessary Components of Treatment Orders & Consent Agreements (3)

- Contingency plans if treatment is ineffective
  - Fear of loss of child and of money can be very motivating
  - Judge could inform parties that failed therapy may result in increase in parenting time with RP or in reversal of custody, which may help increase the child's and FP’s motivation to participate meaningfully in treatment and for the FP to support the treatment gains

- Enforcement clauses, possible sanctions, consequences for noncompliance (make up time, custody reversal, costs award, etc.)

- Payment: what is covered, who pays and in what proportion, what is to happen if parent(s) default on payment
Cautions & Limitations

• Interventions can fail due to:
  – inadequate initial design, structure or court oversight
  – referral to inappropriate type of therapy (eg., referring very severe contact problems for whole family therapy, or only child therapy)
  – referral to professionals who may be well intended, qualified but lacking specialized training or experience in high conflict
  – lack of coordinated services causing professional alignments

• Consider family’s ability to access resources, geographically, financially and in accordance with the parents’ work schedules before making recommendations or referrals
Simultaneous Family Interventions

- As a group, studies found to be methodologically weak; limited ability to generalize findings.
- Lack of consensus and use of varying non-standardized measures and procedures make doing research difficult.
- Small, non-random samples with no comparison group.
- Need large-scale empirical studies.
- Studies use cross-sectional or retrospective designs to test simple hypotheses.
- Need prospective longitudinal studies to better understand and unpack complex interaction effects and compare outcomes over time.
- Insufficient evidence regarding what works best, for which cases.
- Individually crafted legal & mh interventions needed to address through a comprehensive assessment of the multiple factors predisposing, precipitating, perpetuating the problem AND of the protective factors.
Research

• Limited empirical data (Saini et al., 2016; Chapter 13)

• Rely on related research on:
  • Impact of separation, parental conflict
  • Benefits of good relationship with both parents
  • Different types of intervention and therapy modalities
Many Names - Outpatient “Whole” Family Interventions for Mild & Some Moderate Cases

- Family (Reintegration) Therapy - aka Reconciliation, Reunification, Therapeutic Access - concerns about these names
- Multi-Modal Family Therapy (MMFT) (Johnston, Walters & Friedlander, 2010; Friedlander & Walters, 2010; Walters & Friedlander, 2012)
- Child-Centered Conjoint Therapy (CCCT) (Greenberg et al., 2010)
- Family Restructuring Therapy - Carter et al. (Alberta)
- Integrative Family Therapy (IFT) - Lebow & Rehart, 2007
- Structural Family Therapy - Gottlieb, 2013
- Family Reunification (FRT) - Albertson-Kelly & Burkhard, 2013
Multi-Day Whole Family Intensive

• Informed by and developed from outpatient approaches
• Psycho-education, clinical (therapeutic) & recreational interventions
• Best practice: court order or order on consent
• Several consecutive days for single family
• A “kick start” - requires aftercare in nearly all cases
• Residential component, offered by, for example:
  – Overcoming Barriers High Conflict Divorce Camp (next camp July 2018; Vermont, CA)
  – Overcoming Barriers – intensives offered on east and west coast, Arizona,
  – Building Family Resilience, New Jersey
  – Families Moving Forward-Toronto, Canada
  – Transitioning Families - Sonoma, California
  – Stable Paths - Miami, FLA & Boston, MA
  – Family Reunification Project (Austin, Texas)
  – Moving Families Forward, (Jones, British Columbia)
  – Likely developing in other jurisdictions in one form or another
Useful & Required Skills
adapted from Miskel et al, 2016

• Relevant family law in your jurisdiction; experience working with lawyers and judges
• Experience working with high conflict parenting, personality disorders, establishing structure and boundaries
• Family systems theory, therapy techniques & strategies
• CBT techniques and tools
• Solution focussed, problem solving orientation
• Negotiation skills, including ability to diffuse conflict
• Motivational interviewing skills
• Working as a member of team
• A “thick skin”, ability to be direct, non-defensive
• Good record keeping, planning, organizational, and writing skills
• Continual refinement, modification, self correction, & actions to mitigate ephemeral bias
• Staying current with the relevant social science literature/research
• Self care and action steps to prevent burnout
Commonalities in Therapy

• Involvement of the court, monitoring, reviews
• Requires specialized skill and experience with high conflict parenting and personalities and intimate partner violence
• Eclectic: Uses combination of therapeutic approaches, models:
  – psychodynamic, family systems, cognitive-behavioural (e.g., systematic desensitization), solution-focused, narrative, motivational interviewing, adult and child attachment models, educational (incl. skills-based), experiential, recreation
• Involves psycho-education, coaching, facilitating contact, clinical interventions
Commonalities in Therapy (2)

• Involves ENTIRE family in various combinations as determined by therapist (noted in order)

• Individual therapy for child **alone** contraindicated
  – Reinforces the resistance/refusal
  – Identifies child as the problem or responsible to fix it
  – If individual therapist for child also need one for parents/family

• May require additional individual therapists or coaches for parents or child; parenting coordinator or med/arbitrator
Therapy Goals

• Address whole child’s functioning & adjustment, parenting and co-parenting
  – NOT just about restoring relationship with rejected parent

• For child to freely relate to both parents; eliminate need to align

• Creation of a “neutral middle space” (Walters & Friedlander, 2010)

• Develop, restore and support parent-child relationships

• Reduce avoidance as way to resolve problems

• Develop new and more effective coping strategies
  – effective communication, expressing feelings, conflict resolution, develop tolerance for frustration and ambivalence

• Modify cognitive distortions, black/white thinking; replaced overly rigid views with more realistic ones
Therapy Goals (2)

• Teach critical thinking, multiple perspective taking
• Teach managed emotions and moderate behaviour (Bill Eddy)
• Enhance parenting skills
  – teach about development, behavioral management, impact of conflict on children, better communication and conflict resolution; family communication skills
  – restore appropriate co-parenting and parent-child roles and boundaries
• Enhance coparenting skills where possible
  – disengagement may be the best outcome
  – develop where necessary, and teach/implement parallel coparenting model
Avoid Dual/Multiple Roles

• Therapist *implements* order for parenting time
  – does NOT arbitrate or even recommend parenting time
  – doing so may compromise therapy; FP and child continue to try to convince therapist that contact is not in child’s best interest vs focus on repairing the relationship
  – therapist may determine the pace of the implementation of parenting time, but milestones by court still required

• Parenting time with RP set out in order; range of options
  ➢ face saving function for child

• Specification of time frame, return to court date, criteria for evaluating success, what happens if treatment fails
Step Up Parenting Time
Example 1

• Needs to be some contact to attempt to implement-agreed to or court ordered-range from highly restrictive to more expansive, on interim or final basis

Contact in therapy only:

• Most restrictive / protective
• Essentially therapeutic access
• Nature and duration of therapy ordered, with return date
• Therapy begins with individual contacts with each family member, then dyads, etc.
• Report back to parents, lawyers, court or PC to determine next steps
Step Up Parenting Time
Example 2

- While therapist cannot determine schedule, to provide safeguard she could stop it with report to child protection per mandatory reporting
- **Week 1-4 of therapy:** therapeutic access with therapist as determined by therapist
- **Week 5-9 of therapy:** Wednesdays 3:30 - 7:30pm & every Saturday 10am-7pm
- **Week 10-14 of therapy:** Wednesdays 3:30-7:30pm & every Saturday 10am - Sunday 7pm
- **Week 15-20 of therapy:** Wednesdays 3:30pm - Thursday morning drop off to school & alternate Saturday Friday 3:30pm - Sunday 7pm.
- Any holiday periods occurring during this time that are to vary the above schedule are itemized
- Return court date set in the event the parents cannot agree on parenting time after period identified above
Goal for Child & RP to Have Independent Contact

- Gradual progression
- Use of office sessions for child and RP
- Then community (park, restaurant, walk) with therapist or another professional (recreation therapist) present
  - distinguish “supervised” from “therapeutic” access
- Then use of office for session before (to launch, as container), child and RP go out to spent time on own, then return to office for follow up on how it went AND also debrief with FP (may involve child and FP)
- Use of office for transition of child on contact days
- Set up of sessions after parenting time (Monday am)
Sampling of Interventions
Working with all members of family in different combinations

- Individual work with each parent: parenting, support, education
- Individual work with each child: “feeling work”, education
- Top heavy with FP and FP with child initially
- Coparenting - working with parents together and individually
- All members of family together
- Multi-day interventions are indeed intensive
- But so is outpatient can be intensive work; several hours a week initially, or longer sessions
  - families who come from a distance e.g. half day
- Some interventions exclusively for parent and coparenting work; others for all family members; may be repeated
 Educate About....

• First establish common goals for children, hopes, aspirations (miracle question)

• Using visuals (diagram & pyramid), educate about multi-factor model of understanding contact problems & continuum of parent-child contact problems

• Cognitive Bias (use Codex); New Family Paradigm
Instill Hope, Predict Set Backs

"I've missed more than 9000 shots in my career. I've lost almost 300 games. 26 times, I've been trusted to take the game winning shot...and missed. I've failed over and over and over again in my life. And that is why I succeed."

--Michael Jordan
Miracle Question, Hopes, Aspirations For Children

• Suppose tonight while you were both asleep, a miracle happened and when you awoke tomorrow, you thought: “Hey, we’re getting along better. Our kids are happier. We’ve solved the problems that led us to be here.”

• What would be different as you went through the day that would tell you this miracle had come true?

• If you were watching yourselves and your children, what would be see on the video?

• What else?

• Let’s list your aspirations for your children
Voice of the Child - Impact of Conflict

- Not only about views/preferences
- Kids want parents to stop fighting!
- Loyalty bind
- Benefits of having good relationship with 2 parents
- Research on the collective voice of the child
- Children’s Bill of Rights During Family Conflicts
  www.childcenteredsolutions.org
- Don’t Divorce Me, HBO 2012 (www.hbo.com)
- The SPLIT Film - children speak about divorce- great for kids and/or parents (splitfilm.org)
- 6 year old girl - wake up call -(youtube/vm0UNn7tJ5o)
- Tears - (youtube.com/watch?v=3VyduHQ6yxw)
- Professor Afifi - ted talk
## CO-PARENTING AFTER DIVORCE

Hetherington & Kelly, 2002; Maccoby & Mnookin, 1992

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<th>Level of Conflict</th>
<th>Level of Engagement</th>
<th>Percentage</th>
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<td>LOW</td>
<td>LOW</td>
<td>Parallel</td>
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<td>HIGH</td>
<td>HIGH</td>
<td>Cooperative</td>
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Education About....

• Parenting Behavior Protocols: communication, email, info sharing protocols if not present in parenting plan  
  – Ourfamilywizard, BIFF
• Anxiety Cycle - emotions are contagious
• Emotional arousal continuum (hyper-aroused, optionally aroused, hypo-aroused); impact on judgment and clear thinking
• Parenting adolescents (Jean Clinton: [www.kidsnetwork.org](http://www.kidsnetwork.org))
• Development of executive functioning; benefit to being able to delay gratification & how to teach children to do that (Mischel - Marshmallow Experiment)
Perceptual Errors
Things aren’t always as they seem
Perspective Taking, Critical Thinking, Flexible Thinking
Co-parenting Work
done with parents individually & jointly

✧ Psycho-education
✧ Skills - based
✧ Homework
✧ Accountability
✧ Joint narrative
Education
Essential Skills for BOTH Parents

• Skills for the Resisted Parent
  – Resisted Affection
  – Resisted Communication
  – Discipline
  – Apologies
  – Keep it Positive
  – Activity Planning
  – Challenging Scenarios

OVERCOMING THE CO-PARENTING TRAP: Essential Parenting Skills When a Child Resists a Parent
By John A. Moran, Ph.D., Tyler Sullivan, & Matthew Sullivan, Ph.D.
Education
Essential Skills for BOTH Parents

• Skills for the Preferred Parent
  – Child’s Complaints About the Other Parent
  – Child Refusing Parenting Time
  – Taking Responsibility and Apologies
  – Scenarios and Suggested Language

OVERCOMING THE CO-PARENTING TRAP: Essential Parenting Skills When a Child Resists a Parent
By John A. Moran, Ph.D., Tyler Sullivan, & Matthew Sullivan, Ph.D.
Empathy, In/Out Groups, Suggestibility
Use of Nature, Recreation & Movement
Remember To Take Care Of Yourself!
Barbara Jo Fidler, Ph.D., C.Psych. Acc.FM.
Toronto, ON

drbarbarafidler@sympatico.ca
www.familiesmovingforward.ca
Resources

• Voice of Child - Children’s Bill of Rights (2 min): www.youtube.com/watch?v=B0JZH_I16Nw
• Backwards Brain Bicycle (8 min) youtu.be/MFzDaBzBlL0
• Tears – De Breuklign (5 min) http://www.tearstheshortfilm.com https://www.youtube.com/watch?v=3VyduHQ6yxw
• 6 year old girl’s plea (3 min): https://www.youtube.com/watch?v=vm0UNn7tJ5o
• Brene Brown on blame - (3.25 min) - https://www.youtube.com/watch?v=V2LXnTQh-3s
• Power of Words (1:47 min) - https://www.youtube.com/watch?v=QYcXTIGLUgE
Resources

- Bridge - (3 min)  
  https://www.youtube.com/watch?v=ByBbUK4jJMc

- The Power of Belief - Mindset & Success (11 min) -  
  https://www.youtube.com/watch?v=pN34FNbOKXc

- Marshmallow Test (3:27 min) -  
  https://www.youtube.com/watch?v=QX_oy9614HQ&spfreload=10

- Why is Yawning Contagious? (4:50 min) -  
  www.youtube.com/watch?v=IqG4G5Z02YQ

- Brene Brown on Empathy (3 min) -  
  https://www.youtube.com/watch?v=1Evwgu369Jw

- Android: Friends Forever (1 min) -  
  https://www.youtube-nocookie.com/embed/vnVuqfXohxc?rel=0&%3bshowinfo=0
Resources

• Awareness Test (5 min) - www.theinvisiblegorilla
• Split (30 min film) - www.splitfilm.org
• Parenting Teens: www.ourkidsnetwork.com (Jean Clinton, Positive Parenting videos & 2 manuals)
• The mysterious workings of the adolescent mind (15 minutes) Sara-Jayne Blakemore youtube/6zVS8HIPUng
• Afifi (20 min) https://www.youtube.com/watch?v=cKcNyfXbQzQ
References


References


References (3)


