

THERAPEUTIC INTERVENTIONS FOR PARENT-CHILD CONTACT ISSUES

A Clinician's Guide



Kelley Baker, PhD. and Amy Eichler, PhD.

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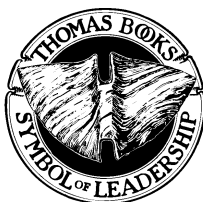
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By

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*This book is dedicated to all the many social scientists and clinicians
who helped us find our way by their willingness to share their
knowledge, share their time, endure the attacks of media and
unhealthy parents, and publish their knowledge.
Thank you.*

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INTRODUCTION

This book is for clinicians – therapists, counselors, clinical social workers, and psychologists, who work directly with clients going through separation and divorce. While the information gained in most graduate programs and internships prepares the clinician for working with unhealthy family dynamics, it does not prepare practitioners for the unique demands of working with families in custody litigation. Family court judges need skilled mental health professionals to assess and treat families in divorce.

Judges and lawyers are not mental health experts. They rely on the input of psychological experts to make decisions to help the children and parents in their courtrooms. For the mental health professional interested in such work, the personal and professional rewards can be great, but the emotional and professional costs can be high if you do not educate yourself fully before attempting this type of work.

The authors are licensed clinicians who stepped (or fell) into working with this special population, unknowingly entering a kind of work that was not supported by their years of training acquired during graduate school. The theories and techniques that proved helpful were found from social science research and practitioners who were attempting to work with and understand this population. As such, many of the ideas and suggestions in this book can be attributed to researchers and clinicians who were exploring and writing about an emerging area of science. Their work provided the authors with guidance, suggestions, techniques, and resources when clients were demonstrating behaviors that did not fit the theories we learned in school and practicum. As such, the treatment approaches offered in this book are grounded in social science research and supported by existing peer-reviewed literature, or they have practical value from the authors' experience.

Chapters are presented in a consistent format similar to training seminars and manuals. They begin with learning objectives and, when appropriate, end with a summary of suggested resources labeled as "Clinician's Toolbox." The resources include forms, supplies, media, and other practical reminders a therapist might consider adding to their repertoire of techniques when working with this population. Case vignettes provide real-life examples taken

from the authors' professional experience. The identifying information has been altered to protect confidentiality.

The book begins with a brief historical look at divorce and custodial issues to provide the reader with a basic understanding of how high-conflict divorce came to be a more common issue seen in therapy offices across the globe. Divorce is not a new phenomenon for families. Practitioners have been helping this population for years. However, high-conflict divorce presents challenges for the therapist that are unique from the average, moderately acrimonious divorce experience.

The next two chapters discuss the causes for high-conflict dynamics and assessment procedures appropriate for private practitioners. There are various family dynamics, mental health disorders, and legal agendas that exacerbate conflict during separation and divorce. Some of these dynamics may begin before the separation occurs. Children are often caught in the middle of warring parents, and the results can be devastating to the parent-child relationships and future development. High-conflict divorce litigation can last for the entirety of the child's developmental years. Clinicians can only address this unique experience by identifying the causal factors and their impact on development.

Chapter 3 discusses assessment procedures appropriate for clinicians providing therapeutic services. Treatment planning is based on accurate assessment, but the information available to the clinician may be limited unless there is a forensic evaluation available to review. The separation and divorce specialist approaches intake differently than the therapist working with other populations.

Chapter 4 focuses on cases involving abuse allegations. It provides suggestions for obtaining critical information, orients clinicians to the components used to differentiate justified and unjustified reasons for contact refusal, and makes suggestions for treatment while forensic investigators assess allegations. Understanding a child's resistance to a parent during separation and divorce can be complicated when the parents have contradicting views of what is causing the child's resistance. This is a common occurrence in high-conflict divorce and poses particular challenges to the private practitioner who is not conducting a forensic evaluation but needs to understand the causes for the resistance.

When current or potential litigation lurks in the background, clinicians should proceed with healthy skepticism and cautious optimism. This approach is not taught in most graduate programs across the country because training assumes that the average private practice is built on clientele who want to be there, have complete confidentiality to discuss their deepest conflicts, and have a genuine agenda of self-improvement.

Chapter 5 discusses the terminology and diagnostic codes clinicians should use when working with children affected by loyalty binds and unhealthy parental alignments. Agreement on the “best” terminology continues to be debated by leaders in the field. However, the authors provide the most widely accepted terminology, so the reader is equipped with the vocabulary to clearly describe and understand case details (Bernet et al., 2021). The legal field has terminology to describe professionals with special skills and who play specific roles within the family court system. Mental health professionals working with this population need to understand the definitions and responsibilities of these roles in case they are asked to fulfill the role or if they are required to interface with someone else appointed in that role.

The DSM provides specific diagnostic codes applicable to clients involved in a contentious divorce situation. The accurate diagnosis of the client’s experience in the family may be accompanied by other disorders commonly used in therapeutic practice (i.e., mood, anxiety, behavioral, and personality disorders). However, the section of the DSM on relational issues includes diagnoses that were specifically meant to address family conflict during separation and divorce and the unique experiences possible in that situation (APA, 2013). An expanded discussion of the diagnostic definitions is included in this chapter.

Chapters 6 through 10 are treatment chapters and provide clinicians with treatment goals and common techniques used to reach those goals. Chapter 6 speaks to the overall process of treatment planning. Chapter 7 focuses on therapy with a child who may be caught in the middle of parents fighting over custody or struggling with normal grief and loss and adjustment issues. Clinicians are in a unique position to provide a psychologically safe space for children to process complex emotions related to divorce and parental conflict.

Chapter 8 provides guidance on treatment and techniques when therapists are working with a parent who is strongly aligned with a child. Many parents do not understand the detrimental effect their behaviors have on their children, but once they understand how they may be harming their children, many will change course, and damage to the children can be avoided. Also discussed in this chapter is how some parents will not change their negative behaviors despite education and are willing to psychologically abuse their children to maintain control and exclude the other parent. This group of parents requires the most resources to manage and can cause immense damage to their children. Mental health professionals are often targets for exploitation and manipulation by these parents (Warshak, 2020). Suggestions for dealing with this type of parent and knowing when to terminate services are provided.

Chapter 9 addresses the unique needs of a parent who has been rejected by their child or whose child is showing resistance towards them during separation

and divorce. Resistance can be the result of many different things, but the loss of a child adds another layer to the emotional and psychological issues related to divorce. These parents are some of the most vulnerable and heartbroken. They are at a higher risk of suicide (Harman et al., 2022) and sometimes behave irrationally, which pushes the children further away and complicates the custody issues (Johnston et al., 2001).

Chapter 10 is designed for the clinician working with all the family members in family therapy. While the treatment approach for individual members may include some of the suggestions in the previous chapters, family therapy provides unique opportunities to address unhealthy alignments and family dynamics that create conflict. Many of the dynamics are entrenched and developed long before the separation occurred. Familiar dynamics such as triangulation are discussed. Techniques and resources for dealing with reunification issues are provided for the family therapist treating resistance and refusal issues between a child and a parent.

Chapter 11 describes specialized interventions used for severe cases of parental alienation. This chapter also discusses treatment team models for managing interventions requiring multiple mental health professionals. In many cases, one very strong family therapist is more successful in helping to stabilize a family in divorce than a larger team consisting of several individual therapists for reasons discussed in the chapter (Walters & Friedlander, 2016). The role of a treatment team lead is described, including the experience needed in this role and their duties. The benefits of a treatment team lead are discussed.

The book closes with a chapter on how mental health professionals working with this population can protect themselves from aggressive lawyers, mentally ill clients, and licensing complaints. The authors provide treatment suggestions and tools in this book that are supported by science, which is the best form of protection and ensures that the services provided are most likely to relieve pain and stabilize the family. Over the years, the authors have identified other ways to ensure protection by requesting specific wording in court orders, maintaining adequate notes that are helpful but also protective of the client, and maintaining adequate communication with clients while also maintaining firm boundaries, all of which are included in this chapter.

We hope you find the information and resources in this book helpful as you navigate providing services to families in divorce. It is not easy work and not meant for everyone. It requires a mental health professional who can contain the depth of the family's emotional pain, even when it manifests as attacks on the professionals trying to help. Working in this area requires bravery and resilience as you interact with vulnerable, fearful parents and aggressive lawyers. Clinicians will need to develop a self-care routine to maintain their own emotional health and guard against burnout. Our goal is to prepare you for the needs of this population and arm you with the information necessary to help families and protect yourself.

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THERAPEUTIC INTERVENTIONS FOR PARENT-CHILD CONTACT ISSUES

Chapter 1

A BRIEF HISTORY OF DIVORCE AND PARENT-CHILD CONTACT ISSUES

Child custody laws have changed throughout history. Societal opinions about marriage and childbearing, roles and responsibilities of parents, and adult beliefs about the best interests of children shift over time. Social norms affect our beliefs about children, parenting, and marriage, so it is not surprising that laws governing family life change over time. Currently, the Supreme Court's parental rights doctrine guides state child custody laws and decisions by making paramount the fundamental rights of parents to raise their children, and best interest doctrines issued by each state value the child's need to have contact with both parents after divorce. Parents are considered the best care givers for the child unless proven unfit, regardless of whether the child was born to parents who were married or not ("The Supreme Courts Parental Rights Doctrine," n.d.).

HISTORY OF CHILD CUSTODY

During the 16th century, English common law held that a child born out of wedlock was considered "*filius nullius*, a child of no family – allowing neither the mother nor father custodial rights" (Mason, 1994). Bastardy laws were established in England during the 1500's. They defined how children born out of wedlock were cared for and treated. Children were the community's responsibility and were often assigned as apprentices to poor families or shipped to the new American colonies as indentured servants.

Due to the growing number of illegitimate children being born and the increasing costs to raise them, a law was enacted that required

the father of the child to contribute to the cost of raising the child (Teichman, 1982). Further laws were established to punish the mother of the child for having sexual relations outside of marriage (Zunshine, 2005). Children were viewed as property during this time, and their emotional needs for close and secure relationships with their parents were not necessarily considered when determining their care.

Some of these laws were carried over to the new American colonies developing in North America. The North American colonies needed workers to help build and expand the colonies; therefore, children being sent from England as indentured servants were of great benefit. They were not seen as children needing care and nurturance. They were seen as workers and treated harshly (Mason, 1994). Therefore, children's contact with parents was not a significant factor in decisions made by courts about a child's future.

English common law afforded women no legal rights to their children during marriage. Fathers held rights to the child and the child's earnings. As property, children belonged to the father and fathers could assign those rights (children) to an unrelated third-party if they so desired (Klaff, 1982). This was challenged in *de Manneville v. de Manneville* (1804) when the Court of the Chancery intervened in the father's legal right to custody of the child and returned the infant to its mother. The case was originally heard as *Rex v. de Manneville* by the Court of the King's Bench, which denied the mother's writ of habeas corpus to have the infant returned to her because they lacked the authority to change custody. The mother took her case to the Court of the Chancery where it was determined that it was best for the child to be with its mother. This was one of the first instances where the child's best interest to have consistent contact with a parent was the determining factor in a custody issue (Baker & Eichler, 2023).

Most of the new American colonies upheld English law and viewed children as property rights of the father. Divorce was rare during this time as English Canon law maintained that once married the marriage could not be destroyed. Colonies that followed English law rarely granted a divorce and when they did it usually did not allow for remarriage. Some colonies established more liberal laws and granted divorces for adultery, abandonment, and absence of economic support. However, divorces did not usually address children unless the child was the product of adultery, and the husband was asking for a divorce on

those grounds. The absence of custodial issues during this time was most likely because women did not believe they could win custody and therefore never raised the issue, or they did not have to fight for custody because the father had deserted the family and left the children with the mother (Mason, 1994).

Reforms in English law allowing young children to remain with their mothers in instances of divorce occurred in the mid-nineteenth century and became known as the Tender Years' Doctrine. By 1873, the law reform included children up to 16 years of age and allowed the court of chancery to grant mothers custody or custodial time (Mason, 1994). The first case in America supporting the tender years doctrine was in 1813. A Pennsylvania court found that a mother should retain custody of her two daughters because she had been a good mother to the children, even though she violated Pennsylvania law and married her paramour while her ex-husband was still living (*Commonwealth v. Addicks*, 1813). In 1881, the Kansas Court stated that in custody issues, "above all things, the paramount consideration is, what will promote the welfare of the child" (*Chapsky v. Wood*, 1881).

Some scholars have stated that determining custodial issues based on the belief that children were best raised by their mothers originated in the 1800's as a reaction to child protection concerns. They believed that children's best interests were not being served by common law practices, which considered children as property and therefore belonging to the father (Klaff, 1982). As stated previously, children were being used as workers rather than being nurtured and protected during their early years. The importance of parental contact and custodial care became a focus in court decisions when parents were not married during the 19th century.

In 1973 a New York family court judge found that a presumptive preference for mothers violated fathers' fourteenth amendment of equal rights protections (*People v. Watts*, 1973), including the importance of the child's relationship with both parents in custodial decisions. Some states implemented a standard that custodial decisions requiring maternal custody absent a finding that the mother was unfit, was a violation of the equal rights amendment (*Devine v. Devine*, 1981). By 1981, 13 states were making custodial decisions based on best interest rather than the gender of the parent. Those critical of the best

interest standard believed that it violated current child developmental knowledge that children benefitted most by mothers serving as the primary caretakers (Klaff, 1982).

Fathers arguing for equal rights and time with their children after divorce found themselves fighting deeply entrenched gender biases that mothers were somehow inherently better caregivers, particularly to young children. This spurred social science research in the 80's to test hypotheses about how children's wellbeing was affected by parenting time schedules after divorce (Warshak, 2017). After 30 years of research outcomes supporting the importance of father involvement after divorce and the positive effects that father involvement has on the long-term outcomes of children, legislative changes are now being made in some states that create a legal presumption of joint custody and equal physical custody between parents after divorce (National Parents Organization, 2019).

HISTORY OF PARENT-CHILD CONTACT ISSUES

Parents engaged in custody litigation during divorce are arguing for rights and time with their children. When society supports parental involvement during childhood and research has shown that children benefit from consistent contact with both parents after divorce, custody litigation may be likely if one parent opposes involvement of the other parent after divorce. High conflict divorce is characterized by prolonged litigation, high levels of hostility between the parents, and can leave emotional and psychological scars on parents and children. Children can get caught in the middle of warring parents, and their relationships with one or both parents can be negatively impacted (Bernet et al., 2016).

Mention of parent-child contact problems during separation and divorce began to appear in the writings of psychiatrists and psychologists in the 1940's. Lorandos (2020) provided a historical outline of these issues in his research article examining the extent of parental alienation in court cases from 1985-2018. The authors will follow and expand on that timeline here as it offers the most complete history they have found.

In 1943, child psychiatrist Daniel Levy described family dynamics in his book entitled *Maternal Overprotection*, where a child's negativity

toward their father was caused by the mother's negativity about the father. In 1949, Wilhelm Reich discussed divorcing parents who were so consumed with a need to get revenge that they made false statements to the child about the other parent. This type of denigration created fear or anger in the child toward the parent and resulted in the child not wanting to spend time with the parent after the divorce. In 1953, psychiatrist Juliette Despert wrote about parents who retained the majority of possession time with children after divorce and negatively influenced the children's love for the other parent. She concluded that children were harmed by such behavior.

In the 1960's family therapists began dealing with parent-child contact problems in their therapy sessions. Murray Bowen (1961) developed theory and therapy techniques to work with the family system as opposed to individuals within the family. He described dynamics within families that interfered with healthy development. One dynamic he discussed was unhealthy alignments between parents and children. He described some parents as needing to create an overdependence between themselves and the child, causing a negative effect on the child's relationship with the other parent.

Another family therapist, Salvador Minuchin (1974), coined the term cross-generational coalition to describe alignments between one parent and the child that interfered in the child's relationship with the other parent. Minuchin discussed how this type of alignment "cuts off" the child's relationship with the other parent and leaves them in an almost equal position of power within the family as the parent. The child often feels empowered to make decisions about the amount of time they spend with their parents (Woodall & Woodall, 2017). Often, the child believes he/she is entitled to make such decisions because the favored parent has told the child that he/she should only have to see the other parent or go to the other parent's home by choice.

In these situations, the healthy family hierarchy which is commonly depicted as an inverted triangle (Diagram 1) with each parent at the top and the child at the bottom is instead depicted (Diagram 2) with the favored parent and the child at the top and the other parent at the bottom. The parent develops a coalition, in Minuchin's terms, with the child instead of the other parent.

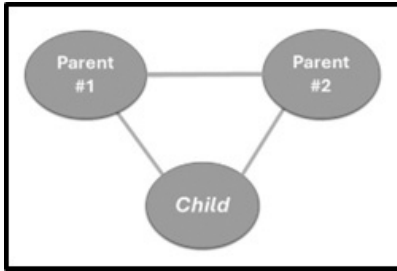


Diagram 1

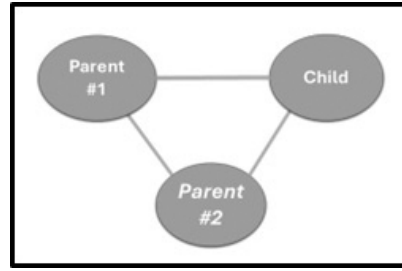


Diagram 2

Judith Wallerstein and Joan Kelly (1976) conducted long-term research on 131 children from divorcing families. They documented results in some of the children where exclusive alignments were created between one of the parents and the child during the divorce process, which led to the child actively rejecting a relationship with the other parent. Some of the notable characteristics were that the rejection of the parent was fueled by the anger and hatred of the favored parent toward the other parent, and that the child had a previously positive relationship with the parent they were rejecting before the separation occurred.

Severe Contact Refusal

The 1980's produced several significant publications reflecting sociological and psychological findings that supported previous findings that children could be manipulated during divorce and separation to reject a once loved parent (Johnston et al., 1985; Benedek & Schetky, 1985; Gardner, 1985 & 1987). Johnston and her colleagues (1985), spoke to the tendency of these children to be severely polarized in their views of their parents. They idealized and adored one parent and despised and rejected the other parent. Benedek and Schetky (1985) described the child caught in a terrible loyalty bind, feeling pressured by one or both parents to dislike the other parent. They stated that the children could be influenced and eventually "brainwashed" to believe the negative commentary from one parent.

Parental Alienation

Richard Gardner, an adolescent psychiatrist working with high-conflict divorce, published his first writings (1985) on what came to be

This book is for clinicians – therapists, counselors, clinical social workers, and psychologists, who work directly with clients going through separation and divorce. It will help to prepare practitioners for the unique demands of working with families in custody litigation. Chapters are presented in a consistent format similar to training seminars and manuals. They begin with learning objectives and, when appropriate, end with a summary of suggested resources labeled as “Clinician’s Toolbox.” The resources include forms, supplies, media, and other practical reminders a therapist might consider adding to their repertoire of techniques when working with this population. Case vignettes provide real-life examples taken from the authors’ professional experience. The book begins with a brief historical look at divorce and custodial issues. The following two chapters discuss the causes for high-conflict dynamics and assessment procedures appropriate for private practitioners. Chapter 3 discusses assessment procedures appropriate for clinicians providing therapeutic services. Chapter 4 focuses on cases involving abuse allegations. Chapter 5 discusses the terminology and diagnostic codes clinicians should use when working with children affected by loyalty binds and unhealthy parental alignments. Chapters 6 through 10 are treatment chapters and provide clinicians with treatment goals and common techniques used to reach those goals. Chapter 11 describes specialized interventions used for severe cases of parental alienation. The book closes with a chapter on how mental health professionals working with this population can protect themselves from aggressive lawyers, mentally ill clients, and licensing complaints.



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