



Parent-Child Reunification Therapy in Family Law Cases: Recommendations and Suggested Guidelines

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Parent-child reunification was a term, until recently, reserved to denote the reunification of children and their parents through dependency legal action. In fact, the scientific and legal literature contains

papers that delineate the legal and social science approach to reunifying foster care children with their biological parents. In more recent years, the legal system as well as professionals have identified family law cases wherein one biological parent holds the primary caretaking role, and the other parent has not had contact with his/her child. While there is a dearth of literature with respect to family law parent child reunification, there has been a need to address the separation between one parent and child(ren) in these matters.

Reunification in family law cases typically involves reestablishing a relationship between child (children) and one parent. The severing of the tie between parent and child evolves via several different mechanisms. Additionally, the absence of the target parent (the one in need of reunification) at critical periods of the child's development and for particular lengths of time will impact the quality of the parent-child relationship. In fact it is apparent that the longer the separation, the more resistant the child often is to reunification.

The mechanisms responsible for the severed relationship include the following. First, the absence of the parent may be "intrapersonally" imposed such that the target parent may have been hospitalized, incarcerated, or unavailable due to substance use/abuse or major mental illness. In addition, the target parent may

have been absent due to domestic violence and/or child maltreatment. Second, the parent's absence may be "environmentally" imposed such as observed in those cases where the target parent has been relocated by military or occupation (job relocation). Third, the severed relationship may develop from "failures in parenting" by the targeted parent, including failure to facilitate a bond/attachment to the child, inappropriate or severe parenting strategies, and the inability to negotiate cultural and value differences.¹ Regardless of the factors which contribute to the estrangement between the targeted parent and child, it is evident that reunification is the goal as dictated by law and psychological science. While judges have had the mechanism to shift custody from the non-targeted/custodial parent to the targeted parent, they are hesitant to do so as there is a lack of data that supports (or invalidates) such a shift.

The process by which reunification therapy typically occurs commences with a Court Order or referral by judge, attorney, guardian ad litem, mental health practitioner, and, occasionally, by the child him/herself. The latter is referred to as "spontaneous reunification" (Darnell & Steinberg, 2008). For reunification to be successful, a number of factors must be in place. First, it is critical that the residential parent support, as much as possible, the reunification so that the child does not struggle with a shift in loyalties. This shift in loyalties forces the child to emotionally choose between the parents thereby risking the child being "caught in the middle" at the very least and experiencing significant feelings of fear, anxiety, guilt, rage, and sadness/depression at the most. Hence if there is suspicion of active interference or sabotage by the residential parent,

prior to commencing reunification treatment, it would be important for a psychologist to conduct an evaluation of psychological functioning and parental sabotage/estrangement. If there is not sufficient evidence to suggest interference by the residential parent, it remains incumbent on the mental health professional to assess the residential parent's psychological orientation to the process of reunification with the other parent. Intervention may be required first or concurrently with the residential parent to enhance collaborative coparenting in this regard. In the cases of residential parent's active interference as verified by the evaluating psychologist and/or other forms of data, the interfering behaviors or estrangement must be addressed, otherwise reunification therapy is rendered ineffective, as these residential parents will typically sabotage the reunification process. Such fruitless endeavors can further damage or destroy the targeted parent's relationship with his/her child and cause greater distress for the child prior to reunification treatment.

While one would expect the treating therapist to work conjointly with the targeted parent and child, the most successful cases of reunification include sessions involving both the parents. Such collaboration can often reduce the residential parent's anxiety about the impending reunification as well as often enhance much needed systematic co-parenting strategies. In addition, the child's awareness that the parents are working collaboratively to realize the same outcome, reunification, can reduce the child's anxiety about split loyalties. As a result, it is important for attorneys and judges to apprise the parents that the therapist may need to work with both parents conjointly and perhaps

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individually. In fact, the reunification therapist should meet individually with both child and targeted parent, initially, in order to gather information regarding issues that led to the initial breach in the relationship and variables that have maintained the severance of the relationship. The therapist will need to identify risk and protective factors as well as unique strengths and weaknesses of the individuals in order to facilitate the reunification process.

Attorneys and judges can often facilitate the reunification process in several ways. First any issue of child maltreatment and domestic violence must be addressed prior to the commencement of reunification therapy. After these issues are addressed clinically and legally to the satisfaction of the parties, if there is a protective order, it should be modified in such a way that the parties can be

in close proximity to one another for treatment purposes as the needs of the case dictate; this will obviously depend on the individual attributes of the case. Second, a Court Order is necessary to enhance compliance on the part of the residential parent since the greatest resistance to reunification is often demonstrated by this parent. It is important for the Order to *not* specify a time limit or number of sessions since the treatment is multifaceted and individually tailored. Treatment can progress quickly, moderately, or slowly. In addition, by imposing a time limit, resistant litigants will operate under the assumption of “biding their time” to demonstrate compliance with the Order and yet not be committed to the work. This does not mean that cases should continue interminably without monitoring; since, the parties, counsel, as well as the judiciary have a great interest in resolving these cases expeditiously. The therapist can enhance movement of the cases via status conferences with the

guardian ad litem and/or both attorneys as well as by direct collaboration with the guardian ad litem, if one is involved. Third, the Order should specify the parties’ responsibility for therapy costs and that not one party be 100% responsible for the cost of service. While Statute may dictate the division of costs between parties, if there is a mechanism that can consider the financial contribution of both parents to the process, therapy is often much more successful when both caretakers contribute to the cost of treatment as it enhances ownership and commitment to treatment. There have been cases that have the non time sharing parent pay 100% of the service and the resistant parent who holds physical custody of the child attempts to incur significant debt to the non time sharing parent via over use of services (e.g. emailing, calling, submission of documents to the therapist) and increasing the number of sessions over a long period of time.

Fourth, it is also helpful if the Or-



der *does not* protect patient-therapist privileged communications. In this regard it should be noted that there are no licensing laws that govern specifically the practice of parent-child reunification therapy other than the licensing law that governs the practice of psychological and mental health services in general. Consequently, those that practice this type of therapy must be licensed mental health professionals, preferably trained in child and family therapies and conflict resolution. Hence patient-therapist privilege is operative and unless waived by BOTH parents or by Court Order, confidentiality must be maintained by law. Although determined on an individual case basis, generally it is important for the therapist to have the ability to disclose information to appropriate parties to facilitate case progress. In addition, the commitment by the residential parent to the reunification process may be lacking if this parent is protected by privilege and hence operates under the assumption that the therapist cannot discuss their

resistance and/or sabotaging efforts to those involved in litigation. Furthermore, attorneys and judges need to be advised that while the reunification therapist may provide testimony related to reunification treatment, he or she cannot make recommendations regarding custody or timesharing. Finally while there is a trend to allow adolescents a moderate amount of freedom to decide whether or not reunification occurs, teens are often resistant to reunification. Consequently, by allowing them this freedom to choose, there is missed opportunity for reunification to occur. Unfortunately, once the separation has occurred, adolescents will often wish to maintain the status quo due to a number of reasons including loyalty to the residential parent, “face-saving

maneuvers,” and fear and anger that has not been addressed, as examples. Frequently teens will express their resistance by stating: “I need some space; I need a break, I need more time; I’m not ready yet.” The longer the separation, the more difficult for reunification to occur. This is problematic because scientific data indicate that the quality of the relationship the teen has with *both* divorced parents greatly impacts the adolescent’s long term development and their own future romantic relationships.

Endnote:

1 Douglas Darnall & Barbara Steinberg, *Motivational Models for Spontaneous Reunification with the Alienated Child* (pt. 1), 36 *The American Journal of Family Therapy* 107 (2008).

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