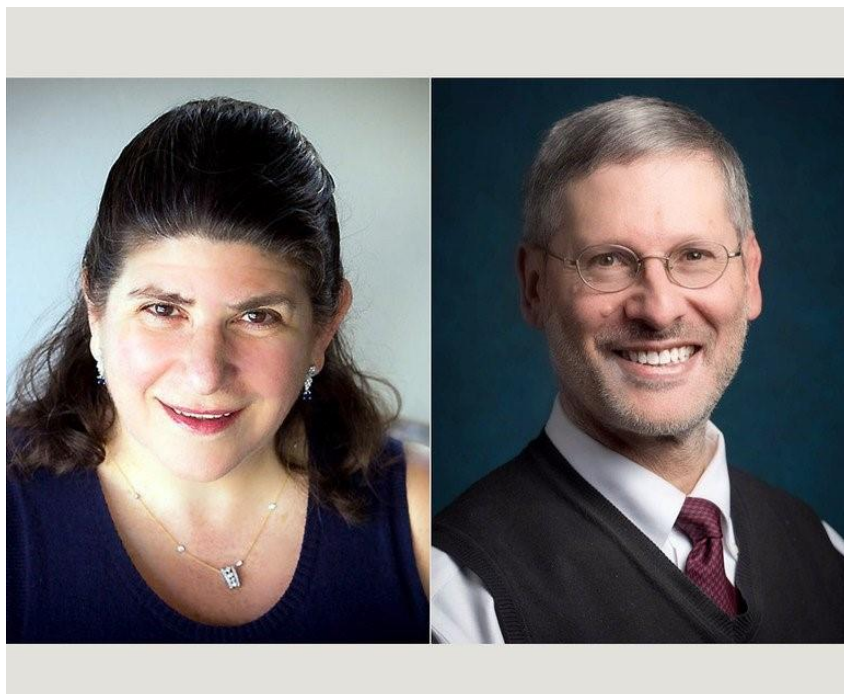


## Reunification therapy: What's a court and a therapist to do?

Elisa Reiter and Daniel Pollack | November 4, 2021



When parents separate or divorce, harsh feelings are sometimes part of the process. Sadly, those negative emotions can impact their children. While it has sometimes been referred to as parental alienation, it is common now to refer to this phenomenon as the resist/refuse dynamic. What factors should be taken into account in deciding whether the situation merits reunification therapy? How should the premise of the need to use evidence based therapeutic models be satisfied? Should cultural issues be taken into account?

Children referred for reunification therapy can be described as feeling divided, torn between their parents, with polarized feelings about parents such that the children may refuse to see, visit, talk with or enjoy a real relationship with a rejected parent. Attendant emotions may include profound stress, anxiety and anger. Often, neither the rejected parent nor their children know how to cope with such feelings without purposeful mental health intervention.

Advocates of reunification therapy suggest that it may be warranted when a child resists or refuses contact with a parent. Among the factors to consider:

- Child developmental stages;
- Child adjustment;
- Parental adjustment;
- Parental conflict level; and
- Individual parenting behaviors and styles.

In a recent article in the Association of Family and Conciliation Courts' *Family Court Review*, April Harris-Britt et al. contend that reunification therapy must take into account not only the foregoing factors but cultural factors as well. Basic tenets of counseling should include:

- Parenting skills;
- Lowering stress;
- Repairing relationships.

Harris-Britt and her colleagues conclude that organizations, agencies and institutions that develop training and curriculum for family law matters would benefit the field greatly by proactively establishing mentorship paths for mental health professionals from diverse backgrounds to be part of treatment teams.

Which type of counseling model best fits reunification therapy? Latrogenic mental health treatment models focus on venting of emotions. These models do not necessarily augment a patient's coping skills in a way that would help the person deal with a child custody dispute. Emotion-Focused Family Therapy may be helpful in typical family therapy, but not in reunification cases, where a focus on emotions may not help in treating underlying issues. Frank Davis and Thomas Sexton recommend that using evidence-based practices should be encouraged in cases regarding reunification therapy, in working with children and families who find themselves thrust into family court. Davis and Sexton recommend that mental health professionals (MHPs) adapt existing evidence-based models for reunification therapy, in part because "MHPs just do not know what approaches to use in these difficult and complex cases or are not trained in the evidence-based or evidence-informed models applicable to these cases." They note that demand (as parents separate or divorce and bicker over their children) diverges from supply (MHPs trained in evidence-based methods with which to treat such families). Davis and Sexton recommend reunification therapy from a systems or family-focused perspective in lieu of a focus on an individual perspective. Davis and Sexton urge MHPs not to fall prey to the "siloining" effect, "when MHPs do not know about research developed in another area of practice."

They recommend adapting several existing evidence-based models for reunification therapy, including:

- The Functional Family Therapy (FFT) Model is "a manualized model of systematic family therapy for adolescents with disruptive behavioral disorders and other family problems" including family conflict or substance abuse;

- Phases in FFT include engagement and motivation, behavior change and a generalized approach to sustain the behavior change.
- The behavior phase of FFT builds on alliance, helping family members learn problem-solving, enhanced communication skills and methods of conflict resolution.
- The final phase of FFT concentrates on helping family members learn to adapt their new skills to the family dynamic, while preventing relapse into old bad behaviors.

How do MHPs track progress or assess where dysfunction lies within each family member? Leslie Drozd created the Changes in Resist Refuse Dynamics Checklist as a means of tracking changes in attitude and behavior and progress of alienated children who are engaging in resist/refuse conduct. Another tool is the Charting Overnight Decisions for Infants and Toddlers (CODIT). Tools such as these provide data to those who present with reunification issues, allowing MHPs to track the progress, or lack thereof, of a child's treatment or a parent's status.

Children and parents enmeshed in family court cases should have the benefit of working with seasoned counselors who are open to accepting the impact of culturally diverse nuances. Effective models for children and families in need of reunification therapy do exist. As gatekeepers, courts should implement tightly crafted orders that assure compliance by parents and children alike.

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