

# REUNIFICATION THERAPY

# DEFINED



*"It is the process, techniques, methods, and theories employed to repair, reconnect, rebuild, heal, normalize, and/or stabilize a relationship between a parent and child that has become damaged, distant, absent, and/or alienated."*

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*"Helping families before, during, and after divorce."*

## SERVICES PROVIDED BY DR. VICK

### FORENSIC SERVICES

(ALL require a court order)

Reunification Therapy  
Family Integration Therapy  
Court-Qualified Parenting Coordinator  
FL Supreme Court Certified Family Mediator  
Expert Witness Services  
Professional Consultation  
Collaborative Divorce Coach / Neutral Facilitator  
Specialized Treatment & Consultation with Court-Involved Children & Families  
Court-ordered Mental Health Evaluations / Psychological Evaluations  
Competency Evaluations (Juvenile & Adults)

### CLINICAL SERVICES

(no court order required)

Individual Therapy  
Family Therapy  
Psychological Testing  
Giftedness Evaluations  
Co-Parenting Divorce Consultant

**\*Accepting New Clients**

## Introduction

Navigating the complex landscape of post-divorce or separated family dynamics can be challenging, especially when the connection between parents and children becomes strained. In such situations, where the bonds of familial relationships are broken, Reunification Therapy (RT) emerges as a ray of hope and healing.

This article is crafted as a guide for parents, shedding light on the transformative potential of (RT)—a specialized and empathetic approach designed to mend the ruptures that may emerge when a child refuses contact with one parent. A phenomenon known as parent-child contact problems. In these cases, where a child refuses to spend time with one parent, irrespective of the nature of the separation, the intervention of (RT) becomes a crucial and court-ordered lifeline.

The primary goal of (RT) is to re-establish a healthy relationship between estranged parents and their children. However, the process is laden with obstacles, and success is not guaranteed. Examination of the therapeutic process reveals a backdrop where unpleasant memories, emotional turmoil, and the need for cooperation collide.

Its unique distinction lies in the active involvement (RT) demands from all family members, setting it apart from conventional therapeutic interventions. Parents are tasked with setting aside personal grievances, historical conflicts, and potential manipulations to prioritize the best interests of their children.

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In the realm of family law, (RT) has become a sought-after recourse for attorneys grappling with parent-child relationship issues. However, the challenge often lies in the timing of its implementation, raising questions about the necessity of proactive consultations with mental health professionals. Crafting a meticulously detailed court order is paramount, as ambiguity can derail the delicate process of family reunification.

This resource aims to dissect the key components of (RT), emphasizing the need for a comprehensive understanding among legal professionals, mental health practitioners, and families embroiled in the intricate dynamics of estrangement. From the intricate dance of court-ordered therapy to the pivotal role of mental health professionals, we embark on a journey to unravel the significance of (RT) in restoring the fractured bonds within families.

**This resource will explain what (RT) entails, how it works, and the pivotal role it can play in restoring harmony and fostering healthy relationships within your family.**

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## In This Guide You Will Learn:



- What is (RT)
- Differences between (RT) and Traditional Therapies
- The process and structure of (RT)
- The goals of (RT)
- The focus on the child(ren)
- Roles everyone plays
- Why do children reject a parent
- Limits of confidentiality in (RT)
- Informed Consent
- The importance of the court order and involvement of the Court
- Overview of the Structure of (RT)
- When (RT) is completed

## What is Reunification Therapy (RT)

In the year 2000, Reunification Therapy (RT) gained acceptance as a construct describing the process of reconnecting or reunifying family members through various therapeutic procedures, techniques, and conditions. Since then, (RT) cases have increasingly appeared in family courtrooms. Typically, these cases involve either an alienated parent and child or an estranged parent and child. The court is tasked with addressing and resolving the complex issues within these relationships.

Known by many interchangeable names including:

- Reintegration Therapy
- Multi-Faceted Family Therapy
- Reconnection Therapy
- Multi-Modal Family Therapy
- Family Integration Therapy
- Reconciliation Therapy
- Therapy for the Intractable Resist/Refuse Dynamic



As an emerging area of specialty, the demand for this type of service in the family court system has been outpacing the research in the field. Consequently, there are few empirically based best practice guidelines, and often confusion about the process among practitioners, attorneys, the court system, and the families referred for RT.

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Despite the lack of agreement on best practice guidelines in the field, several well-researched (RT) protocols have provided guidelines for its application to families in need.

These approaches to (RT) incorporate different empirically based methods (cognitive behavior therapy, humanistic, and systemic) to help repair relationships between parents and children, restore physical contact, and meaningful social, emotional, and interpersonal exchanges between parents and children..

When we talk about the family system it includes interactions, relationships, attachments, and patterns of behaviors between the members of the family.



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## The Family Is The Client

Although individual needs will be considered in (RT), the treatment will focus on improving relationships, which may include addressing and reducing symptoms present in the family system.

(RT) is also not just for the child(ren) and the rejected parent. It involves working with the entire family to bring functioning and balance back to the family system after a high conflict or transition period.. Both parents must participate and support (RT) and the child(ren's) need to have healthy contact with both parents.

Without both parent's involvement and willingness to make changes in the best interest of the child(ren), (RT) will not only fail but could cause psychological harm to the child(ren) caught in the middle.



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It is important to understand that Reunification Therapy is different from other forms of Therapy/Counseling. The following is a list of some of the differences between reunification and other forms of therapy/counseling.

<u>FACTOR</u>	<u>OTHER TYPES OF THERAPY</u>	<u>REUNIFICATION THERAPY</u>
Length of Time	Not usually determinant	Differentiates short & long term, but should be as brief as possible
Referral Source	Varied from self to other professionals/institutions	Often legal related, Occasionally self and other professionals/GAL
Focus/Goals	Individual and/or family/couple, Simple to complex goals	Bonding between parent and child, Clear goal: re-bonding
Treatment Plan	Interventions matched to presenting problems	Interventions matched to parent-child bonding problems, Plan must be done (usually progressive)
Confidentiality	Usually exclusively between client and treating professional	Rarely present, Spewfied at onset, Obligations also to the court, GAL, and others
Reporting Obligations	Limited if any, by client/professional contract	Often directed by the court, mediators, GALs, or others as well as to whom the information is reported

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<u>FACTOR</u>	<u>OTHER TYPES OF THERAPY</u>	<u>REUNIFICATION THERAPY</u>
Metrics	Supposed to be present, often a closed relationship	Should always be identified, Short-term and long-term differential.
Parties to the Therapy	Limited unless otherwise specified, Often a closed relationship	Often others, Usually identified prior to the initiation of therapy.
Legal Involvement	None unless progress reports to probation or other agencies are requested/required.	Often clear and named
Often professionals involved	None to one or few	Some to many-GALs, therapists, evaluators, etc.
Likelihood of previous interventions	None to one (sometimes more)	Likely none to many
Theories and Methods	Based on school of thought/training (mostly talk therapies; usually no radical interventions.	Evolving field-many nontraditional methods employed. Sometimes radical interventions proposed, however, caution must be exercised here.
Risk assessment for proposed interventions	Not necessarily done (but should be)	Should be done. Helps to create safety/backup plans
Ground rules for participation	May or may not be necessarily stated	Always stated and verify they are understood

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<u>FACTOR</u>	<u>OTHER TYPES OF THERAPY</u>	<u>REUNIFICATION THERAPY</u>
Signed releases	Few, if any (except for HIPAA)	A few to any clarifying what, how, and when things will be done
Basis for termination	Self-termination capacity or therapist recommended	Court or therapist determined, Possible GAL input when goals are reached

Clawar, S.S. (2020). Parent-Child Reunification: *A Guide to Legal and Forensic Strategies*. ABA Book Publishing.

*“In separation and divorce cases where a child is severely alienated from a once loved parent, traditional therapeutic approaches grossly fail ... entirely different therapeutic skills are needed.”*

--Kathleen Reay



## More You Should Know About (RT)

- RT operates within a legal framework with a court order and is warranted when there has been a physical and emotional breach in the parent-child relationship. Generally, ongoing and frequent contact is absent in the relationship.
- The recommendation for RT implies that a cohesive family unit existed before the estrangement.
- When the Court orders (RT) it has determined it is in the best interest of the child(ren) to have both parents in their lives.
- Reunification therapy is outcome-oriented. It includes expectations of progress within treatment goals and healthy accomplishment of the parent time ordered by the court.
- Contact between the parent and child who may have had a diminished relationship will usually begin in the therapy office and progressively work towards increased contact outside of the therapy office.

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- The reunification therapist is not going to make any decisions about timesharing or which parent should have custody of the child(ren). The child(ren) is going to be with both parents. The reunification therapist works with the family to address problems and ensure parent-child and parent-parent relationships are healthy and meet the developmental needs of the child(ren).
- As a family-based, child-centered clinical intervention and treatment application, (RT) is often court-ordered in response to a parent-child contact problem that has culminated in the child refusing to spend time with one parent. This type of refusal is typically seen in separated or divorced families with a favored parent and a rejected parent.
- Because (RT) involves working with the entire family after a high conflict or transition period. Treatment can be challenging for families, as family members often have varying perspectives of a conflict or event.
- However, the ease and success of reunification therapy can be increased if all parties involved are engaged, honest, and forthcoming with their emotions, perceptions, and experiences, as well as open to hearing the perceptions of others and feedback from the provider.

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Even though it is tempting to use the process to get retribution or vindication, reunification requires parents to give children the freedom to build a relationship with the other parent free of interference or negative influence.

(RT) is **NOT** an evaluation, and any recommendations the reunification therapist may make would be therapeutic recommendations related to the therapeutic process.



*Legal recommendations or custody (timesharing) recommendations are outside the scope of competency when a professional is acting as a provider of reunification services.*

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## Reunification Therapy a Child-Centered Process

- Even though others besides the child(ren) may also be clients in (RT), providers are committed to addressing each case from a child-centered perspective and expect that parents, guardians, and other caregivers involved will also commit to this perspective.
- The ethics of allowing a parent to be eliminated from a child's life must also be considered, especially in cases of alienation and estrangement.
- All efforts will be made to proceed at an appropriate pace for the child(ren), which is different for each child.
- This does not mean it is exclusively at the child or children's discretion to choose when contact with the estranged parent resumes.





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- (RT) is predictably an uncomfortable process. It is not uncommon for children to be fearful, apprehensive, or uncertain about reunification after an extended estrangement, but children can expect to process these difficult feelings as a part of therapy.
- It is important to consider children's psychological composition and needs when conducting (RT).
- If a child is experiencing anxiety and worry, these symptoms must be addressed first to decrease symptomatology and increase adaptive coping. The therapist will do their best to prepare children for these challenges and assess their emotional preparedness.
- It will ultimately be at the provider's discretion to decide if the child(ren) is psychologically prepared to reunite with their estranged parent.



## Why a Child Would Reject a Parent

For this resource, when we talk about a child who resists/refuses to have contact with a parent, we are talking about a child who:

- 1.) Has not experienced abuse or any other safety concerns with the parent
- 2.) Has two good enough parents who have expressed that the child needs a safe and healthy relationship with the other parent
- 3.) May feel closer to one parent over the other, this is normal



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- Parental rejection is defined as a child, over time, expressing resistance to meeting with one of the parents. Resist or Refuse Dynamics is a term used to describe a pattern of behavior that can occur in high-conflict family situations where a child or children actively resist or refuse contact with the other parent despite court orders or agreements.
- This pattern can be particularly frustrating and distressing for the parent who is being resisted. However, the more favored parent as well as the child or children involved have their own set of stressors.
- There can be many reasons for this form of rejection, and a large variation exists between cases where a child rejects or does not want to meet with a parent after separation.

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There are many other factors contributing to and sustaining parent-child contact problems, including:

- It is a common mistake to assume that a child's rejection of a parent only occurs due to parental alienation, as that, is only one potential cause of a parent-child relationship rift.
- The parent has said or done things that greatly upset the child
- A pathological attachment to an abusive parent
- A history of conflict between parents where one parent may talk negatively about the other parent in front of the child or overtly interfere with the parent's time with the child is certainly one causal factor.
- Children may blame one parent for the conflict; previous positive memories and relationships can become viewed as all bad.
- Parenting difficulties such as harsh discipline, substance misuse, or mental health problems can lead a child to choose one parent over the other.
- Children who are prone to anxiety or depression may be more likely to be caught up in a loyalty bind.

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- A child has a shared delusional belief about one parent with a very disturbed, thought-disordered, and powerful parent (this latter possible cause is often referred to as parental alienation). Enmeshment with an emotionally dependent or needy parent
- Intense marital conflict before and after the separation
- Lack of functional co-parenting
- Divorce conflict and litigation
- A humiliating separation
- Desire to avoid conflict
- The personality of the favored parent
- The favored parent's negative beliefs and behaviors
- The personality of the rejected parent
- The rejected parent's reaction to the contact problem.
- Aligned professionals (teachers, therapists, attorneys)
- Sibling relationships
- Attitudes and behaviors of extended family members
- The child's own vulnerability



*“It is only when a child feels or is forced to choose one parent over the other that the problems ensue.”*

- Over the past 15 + years, resist/refuse dynamics have been increasing to about 20% to 25% of contested child custody cases in family courts. Relevant studies published between 2000-2020 reported that the underlying reasons for parental alienation vary, and the treatment approaches used are many and varied.
- It is essential to consider the co-parenting relationship, any parenting concerns, the vulnerability of the child, and any critical incidents that have become part of a child's and parent's negative narrative about the other parent.
- Other causal factors can be found in external systems.
- Extended family in these cases can become involved and polarizing.
- Litigation, splintered professionals and social media too can play a role.
- As professionals working with these families we need to understand the multiple factors in order to find the best solutions.

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- When a child resists or refuses contact with a parent, usually in the context of a divorce or separation--it can be devastating for the child, the parents, and everyone involved.
- The reasons for this are often complex, and it can be difficult to understand what lies behind the child's actions.
- Parental rejections can have serious consequences for children's mental health, and some studies have reported an association with problems such as anxiety, depression, aggressive behavior, or developmental delays.
- The therapist continually assesses goals and progress, and if progress appears unlikely for any reason, the provider may terminate services and refer for alternative services.
- The therapist may also recommend that these services be completed before (RT) begins or to coincide with (RT). Such alternative services include, but are not limited to, support groups, domestic violence treatment, chemical dependency treatment, group therapy, or individual therapy.

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**“They have a voice but not the final choice.”**

In working with families involved in the reunification process, it is essential to hear and respect children’s preferences and desires (a voice but not a choice) while ensuring that the child is not being unduly influenced by the more favored parent.

Children caught in loyalty binds or have chosen one parent over the other can feel an enhanced sense of confusion, guilt, anxiety or depression.

Children’s choice of one parent over another may lead to a sense of well-being (“I am not caught any longer”) but may also lead to a sense of isolation and loneliness (“I miss my mom/dad but can’t say or feel that”).

Children caught in the middle can suffer both short-term and longer-term consequences.

Family law professionals need to approach these cases with care and compassion, always focused on the **Best Interests of the Child** within their family.





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## Summary of what has to occur to promote successful Reunification

- After careful assessment of the factors described and a commitment from the family to work on agreed-upon goals, the detailed work begins.
- Intimate Partner Violence must have been screened out.
- A coercive, controlling parenting style must be addressed.
- All parenting styles, boundaries, discipline, affect, steadiness and mental health must be taken into account.
- Clear parenting difficulties may warrant referral to a parenting therapist or parenting coach. A parenting therapist can help each parent navigate their own emotional response, leading to better and more effective communication.
- The history of co-parenting cooperation or conflict must be understood.
- The therapist must help increase the motivation for change; this can occur when the alternatives to working in family therapy are explored and found lacking.
- The therapist will have laid out the expectations for progress.

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- Following the assessment, the therapist will provide reunification treatment recommendations.
- When the court orders (RT), the parents and therapist are bound by the court's orders, which govern treatment.

## Each Parent Agrees:

- To pay for services before treatment per the fee agreement
- To participate actively in treatment recommendations
- To ensure that each child is transported to and from scheduled appointments on time
- To exercise parental authority in requiring each child to participate fully in recommended treatment.
- Successful treatment for children often requires that parents make changes in their behavior and parenting to support their children's needs.
- The therapist may request specific changes in parental behaviors, such as actively supporting a relationship with the other parent, setting new limits for children, encouraging children to express their feelings, and shielding the children from parental conflict.

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- If expectations are met the resist and refuse dynamics should begin to resolve.
- Both parents should be able to support the agreed-upon goals.
- The child should have engaged with the rejected parent in steps (supported by the favored parent) toward meaningful dialogue. Gradually the relationship should improve.
- While there is no clear timeline, if there is no movement in the family after several months of regular meetings, a reassessment of goals and expectations is necessary.
- This may lead to the necessity of more intensive work; sometimes this leads to a pause in treatment while other avenues are tried; sometimes this leads to a period of no direct contact.
- If the goal has been to grow a safe and meaningful relationship and this has not occurred it is essential to examine the possible reasons for lack of success. Once these are examined a new direction may be necessary.
- If a family therapist can help the parents address issues and work toward a mutual resolution, family therapy is likely to be more successful.

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- Child vulnerabilities **help guide** the intensity of the intervention and may lead to a referral to a child therapist to be part of the team.
- A child therapist must understand they are part of a team, supporting the family therapy while helping the child through their anger, distrust, or anxiety.and supportive.
- There are pros and cons to a new direction. If that direction is a more intensive form of therapy it will be because the rejected parent has had a previously positive relationship with the children and has done all the necessary work in therapy, the children have continued to resist or refuse contact, and the favored parent is unable to unwilling to support the goals of a safe and healthy relationship.
- If the new direction is to re-create and enforce a structured parenting plan with time with each parent, it is essential to determine how this will be enforced. If the new direction is to pause or say goodbye to one's child for now, there is also work to be done.

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- Disagreements with the recommended treatment or treatment process will need to be talked about privately with the therapist.
- No changes should be made to the treatment plan or interventions without first discussing concerns with the therapist.
- Discussing disagreements and conflicts about the treatment process with children or allowing them to overhear conversations about such disagreements and conflicts will be considered an interference with the reunification treatment and will be reported to the court.



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## Custody Determinations are NOT Made in Reunification Therapy

- While the court and attorneys may be tempted to use the reunification therapy process as a method of discovery for adjudicating custody issues, reunification therapy is not an assessment. The role of the reunification therapist is not to delineate which parent is better fit to take care of the child and how much time each parent should spend with the child for a formal parenting plan a therapist making these recommendations is at risk of violating their ethical code and practice laws.
- The inappropriateness of the reunification therapy and custody-determination referral is based on the nature of custody evaluations versus treatment.
- While assessment is not inherently incompatible with treatment the reunification therapist will be better able to help families by conducting a thorough evaluation of the individual family member's needs etc..
- In custody-determination evaluations, there is a shift from a constructive approach to a dismantling or deconstructive approach to determine which parent is best suited to spend the majority of time with the children (which is often viewed as which parent is the winner). Potential to derail the family therapy process and compromise the therapist-client relationship during reunification therapy.
- In contrast, the family reunification therapist's approach is designed to construct and mend family relationships, building upon a synthesis of interactions.

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## Confidentiality & Reunification Therapy

Confidentiality is limited in (RT) due to the nature of addressing family dynamics and relationships. Since multiple family members are involved, information shared by one participant may impact others. The therapist needs a comprehensive understanding to facilitate effective communication and resolution. Openness about concerns and experiences is essential for the therapy's success, often requiring the therapist to share relevant information between family members to promote understanding and collaboration. Balancing confidentiality with the collective goals of reunification becomes paramount in this context.

- By recognizing these limits, participants can navigate the therapy process with trust, knowing that sensitive information will be handled responsibly. This awareness also helps therapists maintain ethical standards, fostering a safe environment for the reunification process.
- Communication between the therapist and the courts is required to ensure the well-being of the involved parties, especially when legal matters are intertwined. The therapist may need to provide essential information to the court to assist in decision-making regarding custody, visitation, or other legal aspects.
- (RT) is still subject to the laws that govern the practice of psychotherapy and the therapist is bound to maintain information gleaned in treatment as confidential. However, cases in family court, which is often true for (RT), include a forensic component.

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Transparency is essential for the legal system to make informed judgments that prioritize the best interests of the family members. This collaborative approach helps align therapeutic goals with legal considerations, fostering a more comprehensive and effective reunification process.

- Accordingly, there is typically a necessity of having to report to the court, a guardian ad litem, and attorneys regarding these cases, and for some, there is a mandate to report information concerning the reunification process; hence, confidentiality must be waived in these cases.
- The waiver of confidentiality should be accomplished via a signed court order and should be included in the therapist's initial contract (service agreement) for services.
- If a case is contested and the reunification therapist is subpoenaed to testify or release information- a subpoena to facilitate disclosures will not suffice.
- In (RT), the therapist must inform the court (or converse with a designated court representative) regarding the progress of each child and the parents in meeting treatment goals at the therapist's discretion.



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- Although a therapist may seek written authorization from each parent, the therapist in a court-involved case may discuss with court personnel or report to court personnel aspects of the treatment process relevant to the goals of the court.
- In addition to the above, the therapist may consult with other treatment team members.

## Additional Legal Exceptions to Confidentiality

1. If a parent or child poses a serious threat of harm to self or others, the law requires the therapist to break confidentiality to protect that person or other persons.
2. If there is reasonable suspicion that a child, dependent adult, or elder adult has been, or is being abused or neglected, the therapist is required to break confidentiality and report this to investigative authorities. All disclosures of sexual abuse, physical abuse, neglect and emotional psychological abuse must be reported to investigative authorities, including to the court
3. If a parent or child is involved in a lawsuit, therapeutic records may be subpoenaed from the therapist by the court. Before responding to the subpoena, the therapist will make every effort to review the records to be disclosed with the affected persons. Any person affected by a subpoena may consult with an attorney about the effects of disclosure.

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1. If a parent or child poses a serious threat of harm to self or others, the law requires the therapist to break confidentiality to protect that person or other persons.
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3. If a parent or child is involved in a lawsuit, therapeutic records may be subpoenaed from the therapist by the court. Before responding to the subpoena, the therapist will make every effort to review the records to be disclosed with the affected persons. Any person affected by a subpoena may consult with an attorney about the effects of disclosure.
4. In order to provide the family system with the best treatment, the therapist may consult with other trusted mental health professionals about the case and symptoms present in the family system. In this case, identifying information will not be disclosed.
5. If a client files a formal complaint or lawsuit against the therapist, the therapist may disclose relevant information in order to prepare an effective response.

## Importance of Informed Consent

It is extremely important to re-review the limits of confidentiality, as well as other components of the statement of understanding, in person with each family member at the initial interviews.

The parties must understand and agree that reunification therapy is not fully confidential.

In many cases, the court order dictates the process, and the parents are left with little choice, but to participate.

- The nature of RT is a family process and confidentiality may not be in the best interest of repairing the family.

Informed consent clarifies issues and standardizes treatment that may arise during reunification therapy with children of divorce and their parents. **More specifically it:**

- Delineates the process
- Scope
- Role of reunification therapist
  
- Informed consent heightens the probability of parents' or caretakers' commitment to the process and prevents misperceptions and misunderstandings while engaged in therapy.

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## The Process of Reunification Therapy:

### *A Systematic Approach to Resolving a Child's Rejection of a Parent*

The essence of (RT) lies in its structured and planned approach, understanding the critical need for a well-defined framework. A methodical and intentional strategy is paramount in addressing complex family dynamics. The structured nature of (RT) provides a secure foundation for both therapists and families, allowing for systematic exploration of issues and gradual progress. The therapeutic process may lack direction without this organized approach, potentially hindering the desired reunification outcomes.

Attorneys and family court professionals must comprehend the intricate nature of reunification cases. A lack of understanding may perpetuate unhealthy family dynamics or set the stage for failure. By working in tandem, we can ensure that the legal strategies align with the therapeutic goals, creating a holistic and comprehensive approach that addresses both the legal and emotional aspects of the family dynamics.

(RT) differs significantly from traditional therapy, demanding therapists with specialized backgrounds and experience in family dynamics, high-conflict divorce, and the court system. Without this expertise, there is a genuine risk of causing serious harm and exacerbating existing issues, potentially hindering the family's progress rather than fostering healthy reunification.

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Recognizing the insidious nature of the induction process, wherein a child is manipulated into rejecting one parent and, concurrently, compelled to meet the emotional needs of the other parent, is imperative.

This insidious phenomenon constitutes a form of abuse, as it undermines the child's emotional well-being, perpetuates familial discord, and contributes to a deleterious environment.

Therapeutic interventions must be meticulously tailored to address the intricate interplay of psychological dynamics, fostering an environment that is conducive to the holistic well-being of all individuals involved in the familial structure.

(RT) typically follows a structured process with distinct phases. The initial phase involves (assessment), where the therapist evaluates family dynamics, communication patterns, and individual concerns. This sets the foundation for understanding the issues at hand.

The subsequent phase (commitment and planning) focuses on establishing therapeutic goals and guidelines. Clear expectations regarding confidentiality, roles, and responsibilities are defined. The therapist collaborates with the family to develop a roadmap for the reunification process.

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Finally, the (integration) phase involved implementing therapeutic techniques tailored to address specific family challenges. Communication skills, conflict resolution, and coping strategies are emphasized. The therapist guides the family through exercises and discussions aimed at fostering understanding and positive interactions.

As progress is made, the therapist reinforces newly acquired skills, addressing any remaining concerns, and preparing the family for independent functioning post-therapy. The therapist gradually reduces involvement, allowing the family to navigate their relationships more autonomously.

**The structure provides a framework for a systematic and effective approach to help families heal and reconnect.**

Throughout these phases, open communication, trust-building, and addressing legal considerations remain central to the reunification therapy process.

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## 1.) Assessment

The structure of (RT) can vary depending on the specific needs and circumstances of the family involved. However, (RT) typically consists of **three phases**, starting with the assessment stage.



### During this phase the therapist:

(1.) establishing rapport and a trusting relationship with each family member by creating a safe and supportive therapeutic environment where family members can express their feelings and concerns openly without fear of judgment.

(2.) meeting each family member individually to gather background information, understand their perspectives, and assess their emotional and psychological well-being,

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(3.) The family system will also be examined by reviewing individual family members' roles within the family, the family's boundaries, rules, hierarchy, and alignments.

(4.) The therapist may involve other family members in the assessment and treatment as deemed helpful.

(5.) Both parents will be included in this process, though not necessarily to the same degree

(6.) identifying the reasons for the separation or estrangement and any factors contributing to the challenges in the parent-child relationship and



# REUNIFICATION THERAPY DEFINED



(7.) Identifying any barriers to reunification.

(8.) The reunification therapist will review all pertinent court documentation, evaluations, and/or reports, as well as obtain releases to contact past/present treating professionals, and other family members/significant others who are involved with the family.

(9.) In addition, the reunification therapist will (A.) explain the goals, process, and expectations of reunification therapy and the court order, (B.) provide psychoeducational attachment theory, the impact of parental conflicting children, and the importance of healthy parent-child relationships.

(10.) The therapist's recommendations may differ from one or both parents' preferences. Concerns and questions may be directed to the therapist or legal counsel.

(11.) It is also possible that the therapist may recommend that reunification treatment is not appropriate in a particular case. If so, alternative treatment options will be discussed and recommended to the court.

# REUNIFICATION THERAPY DEFINED

## 2.) Commitment & Planning



The second stage focuses on building acceptance, an integral part of reunification therapy.

- All past blaming issues are acknowledged and addressed.
- It is important for the child(ren) to feel free to express all feelings of guilt, self-blame, or abandonment.
- Additional essential features of this stage include establishing rules and boundaries regarding contact amongst all involved parties, clarifying parent roles, and evaluating the parenting plan.

# REUNIFICATION THERAPY DEFINED

- Throughout the process, the reunification therapist will conduct individual sessions with family members to address their unique emotional needs and concerns related to the reunification process.
- Explore any past traumas or unresolved issues that may affect the ability to rebuild relationships.



- Provide co-parenting support and education to help parents work together collaboratively for the child's benefit.
- Address any issues related to communication, decision-making, boundaries, and conflict resolution.

# REUNIFICATION THERAPY DEFINED



- Utilize attachment-focused interventions to help the parent and child develop a secure emotional connection.
- Promote attunement between the parent and child to improve emotional responsiveness.
- Family sessions are used to address any unresolved issues, improve family dynamics, and foster open communication.
- Encourage the development of shared positive experiences and emotional bonding.

- Emotional regulation and coping skills - teach both parents and the child coping strategies to manage stress, anxiety, and other emotions that may arise during the reunification process.
- It is not in the child(ren)'s best interest to defer to the child(ren)'s decision not to see a parent, particularly when there is a possibility of another parent coaching the child(ren).



# REUNIFICATION THERAPY DEFINED



- Provide emotional support and guidance to help family members deal with the emotional challenges of reunification.
- The therapist needs to evaluate the child(ren)'s resistance to reunification and attempt to desensitize the child(ren)'s fixed decisions made, especially if another parent/step-parent has coached the child(ren).
- It is also important to evaluate a child(ren)'s anger and ambivalence and work to help them express these feelings and assist the parent in good listening skills, empathy, acceptance, and the ability to apologize.

## 3.) Integration



### In this stage:

- The final stage of the reunification process focuses on integration and preparing the family post-therapy.
- Visitation begins- starting with phone/text contact and progressing towards supervised and eventually unsupervised contact.
- A wide variety of visitation procedures and process options can be utilized.
- Help the family adjust to their new dynamics-plan for ongoing support and aftercare to maintain the gains achieved during reunification therapy.

# REUNIFICATION THERAPY DEFINED



- The goal of reunification is healthy contact between parent-child. Visitation may consist of only phone contact until the child is 18; it may eventually include unsupervised overnight visits with the rejected parent becoming an active part of parenting for the child(ren).
- The options are endless because they depend on many factors. For example, the number of children, the ages of the children, the physical distance between the parent's homes, the duration of the separation, and the degree of parent and child pathology.
- Continue to consider the needs of each family member involved and develop a stair-step approach for achieving the goals for reunification.

# REUNIFICATION THERAPY DEFINED



- Make sure that any contact that is occurring between the child(ren) and the parent, before starting reunification therapy, is structured in a manner to promote healthy interaction.
- In some cases, prior interaction /communication may be postponed to address unresolved issues and establish healthy contact that is promoted by both parents.
- In many cases, the therapist has to be able to address individual issues of family members that are interfering with the success of reunification by making a referral to individual therapy. This could be concurrent with the reunification process and/or required prior to continuing reunification.
- Throughout the process, the therapist will provide updates to both co-parents, attorneys, other professionals, and the



## When Is Reunification Therapy Completed?

It's important to recognize that measuring success in reunification therapy may not always be straightforward, and progress can be gradual and require ongoing support. A comprehensive assessment should include multiple measures, and success should be viewed in the context of the family's unique circumstances and goals. Additionally, it is crucial to involve the family members in the evaluation process and to consider their perspectives on the outcomes of the therapy.



# REUNIFICATION THERAPY DEFINED



In Reunification Therapy (RT), the focus is not only to restore contact between the resisted /rejected parent and his/her child but also to help family members involved in a treatment setting cultivate their ability to enjoy healthy family relationships.

- After identifying the factors contributing to the estranged relationship and working on communication, trust, and residual feelings contributing to the estrangement, reunification therapy goals will be determined and could include the following:
- Address estrangement, which refers to a distance between family members, and can occur when a child feels resentment or anger toward a parent during a divorce.
- Address alienation refers to when a child allies with one parent over another due to false beliefs that the alienated parent is harmful or dangerous in some way.

# REUNIFICATION THERAPY DEFINED

- (RT) can also help with safety planning. If a child is removed from the home due to unsafe behavior from either the parent or child, an important goal of (RT) is to establish and implement appropriate safety precautions to prevent future problems.



- It emphasizes attachment, promotes healthy communication, and works to heal injuries in the relationship.
- Develop, restore, or facilitate parental communication and functioning skills.
- Assist the parents to increase an understanding of their own needs from that of their child(ren)'s needs
- Address the child(ren)'s feelings
- To improve the child(ren)'s ability to differentiate himself/herself in his/her emotional development in age-appropriate ways.
- To help each parent differentiate valid concerns from overly negative, critical, and generalized views relating to the other parent.

# REUNIFICATION THERAPY DEFINED

- To assist the parents in resolving relevant parent-child conflicts.
- Reestablish trust between the parent and child.
- To work with each parent and their child(ren) to identify and separate the child's needs and views from each parent's needs and views.
- To improve each parent's parenting skills and family communication skills.
- "Co-parenting work" assist the co-parents to work together to raise the child(ren) based on their parenting plan. Help co-parents with communication, establishing healthy boundaries, and routines in the child(ren)'s best interest.
- To work with each family member to form more appropriate parent-parent and parent-child roles and boundaries.
- To address distortions/irrational beliefs and replace with more realistic perceptions that reflect the child(ren)'s actual experience with both parents.

# REUNIFICATION THERAPY DEFINED

- Restore an adequate parent-child relationship from one in which a child has irrationally
- Rejected or refused parenting time, which was instigated primarily by the actions of the other parent.
- Increase the parents) understanding regarding emotional harm caused by over-involving
- Child(ren) in adult matters and issues related to litigation.
- Parents and any involved adult must demonstrate appropriate parent-parent and parent-child roles, responsibilities, and boundaries. Improve each parent's communication skills in order to distinguish valid concerns from overly negative critical, and generalized views relating to the other parent.
- Address emotional and behavioral problems of the adults) that impair compliance with, or implementation of, the court-ordered parenting time schedule.
- Minimize the child(ren) from exposure to adult issues.
- Improve the child's critical thinking skills

# REUNIFICATION THERAPY DEFINED

- Augment the child's coping skills.
- Improve the adults' understanding regarding the negative developmental repercussions for the child(ren) of disrupted or compromised relationships with their parents or other caregivers.
- To improve each parent's ability to fully understand the needs of each child, and the negative repercussions for the child(ren) of a severed or compromised relationship with a parent in their young lives and as adults.
- Recognize there may be a role reversal. The child may be meeting the emotional needs of the parent. Help the parent recognize his or her role as a parent and encourage the parent in adult relationships to find emotional support.
- Keep an eye open for enmeshment. What might initially appear as a healthy parent-child relationship could be extremely unhealthy. ]
- Realize that some rejected parents may have personality disorders and continue instigating court hearings or defying court order

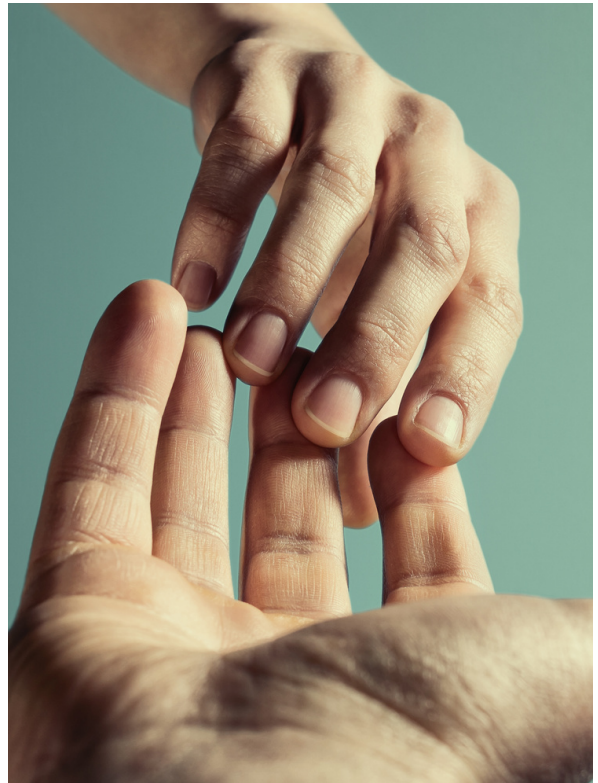
# REUNIFICATION THERAPY DEFINED



- Reunification Therapists would work themselves out of a job in a perfect world. More realistically, families involved in (RT) will experience setbacks as the process takes a few steps forward and a few steps backward.
- Can the family function independently from Reunification Therapy?
- Once contact is resumed as outlined in the court order, can the child be supported in individual or family therapy?
- Would regular “booster” or “maintenance” sessions be all that are needed

# REUNIFICATION THERAPY DEFINED

- When (RT) is successful it results in healthier relationships, reduced conflict, and lower-stress parenting. There are no guarantees in (RT) and it does not always end in reuniting the estranged parent with their child(ren). Much of the outcome will depend on the work the family is willing to do.
- Therapy will end or terminate upon successful completion of treatment goals. The therapist will report to the court and request termination when the treatment goals are adequately completed.
- The therapist will have the final say in evaluating goal completion. The therapist also reserves the right to terminate services before goal completion, especially if the process \_\_\_ the child(ren).
- Ideally, all families involved in Reunification Therapy will experience resumed contact between the child and the resisted parent.
- Families should be aware that RT does not always end in reuniting the estranged party with their child or children.





# REUNIFICATION THERAPY DEFINED



However, it is the hope that when (RT) concludes, the family will be able to independently (or with the assistance of a longer-term family therapist) use the skills learned in therapy to navigate future conflicts and transitions easily.

Success in reunification therapy can be evaluated through various indicators and outcomes. [Here are some ways to measure success in reunification therapy:](#)

## **Improved Parent-Child Relationship:**

Assess the quality of the parent-child relationship by observing interactions, emotional bonding, and expressions of trust and affection between the child and the previously absent or non-custodial parent. An improvement in the parent-child relationship is a significant indicator of success.

# REUNIFICATION THERAPY DEFINED

## Emotional Indices of “Success” as measured through child

1. Child demonstrates expressions of love.
2. Child shows displays of affection (sitting close by, hugging).
3. Child and parent engage in reciprocal conversation.
4. Child engages with parent while not employing avoidance or indifference to/with the rejected parent.
5. Child accepts offers of help with homework.
6. Child seeks out parent’s assistance with a problem.

## Cognitive Indices of “Success” as measured through child

1. Child sees each parent in a realistic balanced way (to have complex thinking, to think in “greys”, have non-all-nothing thinking)
2. Child understands how distorted memories or perceptions can occur.
3. Child can acknowledge prior distortions regarding the rejected parent.
4. Child demonstrates an age-appropriate capacity for critical thinking as new situations arise.

# REUNIFICATION THERAPY DEFINED



## **Reduced Parental Conflict:**

Measure the level of conflict between parents during and after the therapy. Successful reunification therapy should lead to a reduction in parental conflict and an improvement in co-parenting communication and collaboration.

## **Increased Positive Interaction:**

Observe whether there is an increase in positive and enjoyable interactions between the child and both parents during visits and in everyday life.

# REUNIFICATION THERAPY DEFINED



## **Child's Emotional Well-being:**

Assess the child's emotional well-being before, during, and after reunification therapy. Look for changes in the child's emotional expression, behavior, and overall psychological functioning.

## **Child's Adjustment and Behavior:**

Monitor changes in the child's behavior and adjustment at home, school, and social settings. A positive shift in the child's behavior and functioning may indicate successful reunification therapy.

# REUNIFICATION THERAPY DEFINED



## **Child's Perception of Safety:**

Evaluate the child's perception of safety and security in their relationships with both parents. A sense of safety and trust with the previously absent parent is a crucial aspect of successful reunification.

## **Parental Commitment and Participation:**

Measure the level of commitment and active participation of both parents in the therapy process. Both parents' willingness to engage in the therapy and work on improving the parent-child relationship is vital for success.

## Parenting Skills and Coping Strategies:

Assess improvements in the parenting skills of both parents and their ability to cope with the challenges of the reunification process.

## Gradual Reintegration Progress:

Monitor the progress of the gradual reintroduction and visitation process between the child and the previously absent parent. Observe the child's emotional responses and any adjustments needed.

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# REUNIFICATION THERAPY DEFINED



## **Feedback from Family Members:**

Seek feedback from all family members involved in the therapy to assess their perceptions of progress and satisfaction with the reunification process.

## **Family Functioning:**

Evaluate changes in overall family functioning and dynamics, including how conflicts are managed and how decisions are made collectively.

## **Long-Term Stability:**

Consider the long-term stability of the reunification and the sustained positive changes in the family relationship over time.

# REUNIFICATION THERAPY DEFINED

- Are the parties compliant? Is there a need for suspending services?
- Is Reunification Therapy doing more harm than good?
- Can the family continue to afford the cost of services?
- Is there a need for other professionals (like a Parenting Coordinator/Facilitator) or other services (like a Child Custody Evaluation)?





# REUNIFICATION THERAPY DEFINED

Behavioral Indices of "Success" as measured through child's behaviors.



1. Child no longer resists contact.
2. Child has neutral/friendly greeting of rejected parent.
3. Child can sit in the same room as the parent without an intense hostile response.
4. Child can sit in the same room as the parent without withdrawing or refusing to engage.

# REUNIFICATION THERAPY DEFINED



5. Child does not threaten or engage in violence against the rejected parent or other family members.

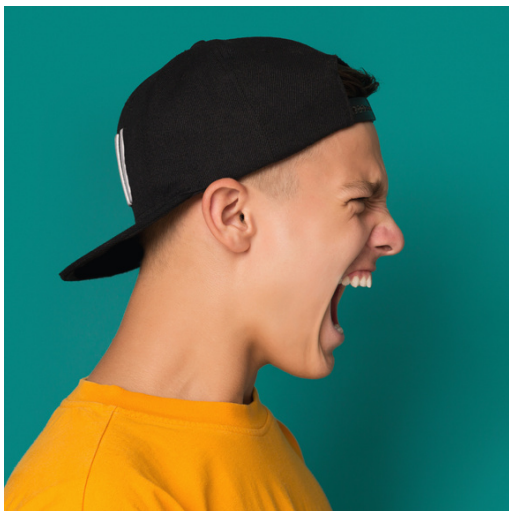
6. Child does not engage in the destruction of property.

7. The child does not engage in self-destructive behavior.



8. Child and parent engage in sports or outings together.

9. Child and parent engage in cooperation with daily household tasks.



10. The child accepts the reasonable limit setting of the parent.

11. The child socializes with the extended family of rejected parent.

# REUNIFICATION THERAPY DEFINED

## For the rejected or “out” parent

1. Ability to understand and accept without blaming the child’s prior hostility and rejection on anyone.
2. Use of authoritative parenting skills.
3. Capacity for warmth and parental insightfulness.
4. Capacity for understanding, parental insightfulness, and empathy (for the child and for favored or “in” parent).



# REUNIFICATION THERAPY DEFINED

5. Attitude toward and extent of hostile comments toward the previously favored or “in” parent.
6. Employment of age and stage appropriate boundaries with child (e.g. degree of intrusive behavior and/or enmeshment).
7. Capacity to recognize, identify, support the child’s separate and unique needs.
8. Consistency of behavior & development of a new pattern of behavior as demonstrated through actions, not just words.



# REUNIFICATION THERAPY DEFINED

## For the favored or “in” parent.

1. Degree of acceptance of the repair or restoration of the child’s relationship with the previously rejected parent.
2. Use of authoritative parenting skills.
3. Capacity for warmth.
4. Capacity for understanding, parental insightfulness, and empathy (for child and rejected or “out” parent).
5. Acceptance of previously rejected or “out” parent’s interest in and love of child.



References: Drozd, L., Olesen, N., & Saini, M. (2014). Evidence-Based Decision Tree for Considering the Applicability of Joint Custody. Association of Family and Conciliation Courts International Conference, Toronto, Ontario.

Kelly, J.B. (2010). Commentary On “Family Bridges: Using Insights From Social Science To Reconnect Parents And Alienated Children”(Warhak, 2010) Family Court Review. Vol. 48 No. 1, January 2010 81–90.

# REUNIFICATION THERAPY DEFINED

In conclusion, this resource has illuminated the multifaceted nature of Reunification Therapy—its definition, the key stakeholders involved, essential components, and the mechanisms through which it operates. As a dynamic and specialized family therapy intervention, Reunification Therapy demands the active participation of parents, children, and therapists alike. By delving into the nuances of communication, collaboration, and therapeutic techniques, we gain a deeper understanding of how this process facilitates the reconnection of estranged family members while focusing on the best interests of the child(ren).

