

## FAMILY LAW ROLES SPOTLIGHT

### Court-Ordered Interventions in Difficult Cases When Parenting Deficits Come into Play

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There are many types of difficult cases that come before the Domestic Relations courts in divorce/separation and post-decree hearings. The most sensitive are cases where parental behaviors put children at risk or are harm children and/or the parent-child relationship. The harm, in the present or in the past, has so damaged the parent/child relationship that there needs to be a process for healing and growth. Judges are in the position of needing to order interventions to repair these relationships, and at the same time protect children as well as respect a parent's constitutional right to parent their child.

Risk or damage in these cases can be anything from emotional harm, psychological damage, physical risk from abuse and collateral damage from, for instance, drug or alcohol abuse, exposure to and witnessing intense parental conflict, to putting children into loyalty binds, where they cannot love both parents.

Judges have the ability to use Child and Family Investigators, Parental Responsibility Evaluators, and educational experts to understand the dynamics in each family, but when the final decisions have to be made, the court has to order interventions that may include treatment interventions and parenting time in a multiplicity of patterns.

Generally speaking, these interventions fall in a continuum from least to most restrictive. No parenting time at all is probably the most restrictive intervention.

Here we describe many of the interventions available to the court from least restrictive to those with the most therapeutic intervention and goals.

One of the most concerning scenarios is when children unreasonably resist and refuse contact with one of their parents and align with the other parent. A specialized brand of family therapy that has emerged in the last several years to respond to the resist and refuse dynamic is reintegration therapy, which we describe below. There are of course other interventions that may be used alongside these treatments.

**Supervised Parenting** is an intervention used when there are concerns about children's safety and is often used as an interim measure while an assessment is performed through the court as to the nature of the family system and the court's concerns. There may be allegations of child abuse, substance abuse, or mental health concerns related to one parent or both parents. The court orders that parenting time be supervised. The supervisor can be a family member, a friend,

or a paid supervisor. The supervisor does not have to be a licensed mental health professional. Generally, the supervisor is present to ensure the child's safety and to document the parenting time. A paid supervisor may generate a written report. There may be an intervention by the supervisor if the parent and child are having some difficulty or there becomes an issue of the child's safety, but generally the supervisor is an observer. A potential downside of this intervention is that the child can get the message that the parent isn't safe and can't be trusted, which can undermine the parent/child relationship.

**Parent Coaching** is an intervention that is usually suggested by an attorney or the courts when one or both parents have some parenting deficits, and the parents want to improve their parenting skills and their relationship with their child. It is generally educational in nature. The parenting coach generally has training in child development and coaching skills. The child may or may not be present for the parent coaching, and it may be in the home or in the coach's office depending upon what is agreed.

**Family Therapy** is a system of therapy where the client is either the whole family or an identified part of the family, for instance one parent and one or more children. Involving the whole family usually has the better prognosis. Family Therapy can help with troubled relationships within the family, improve communication, and involve learning healthy conflict-resolution skills and problem-solving skills. The assumption is that difficulties do not impact one person; instead, issues such as addiction, violence, mental illness, physical illness, grief and loss impact the whole family. The service is provided by a licensed mental health professional and involves working through psychological issues as well as learning new skills.

The two services of focus here--Therapeutic Supervised Parenting Time and Reunification Therapy--are more complex interventions, and they should be provided by trained mental health professionals, with experience in high conflict family dynamics.

**Therapeutic Supervised Parenting Time** is a service that is generally appropriate when the parent has a minimal level of parenting deficits and there is an existing parent-child relationship. The child and parent are always present together. It is both a supportive and a directive intervention. It involves the therapist educating the parent and providing therapeutic assistance to the parent and the child. The therapist uses opportunities occurring during the parenting time to create space for the parent to utilize new parenting techniques and for the child to raise any ongoing concerns and have them addressed. The process incorporates play therapy techniques, develops communication and problem-solving skills, and utilizes psychoeducation. The therapist provides feedback to assist in the improvement of the parent child relationship.

The parent is supported in developing and refining new skills to deepen and improve the parent-child relationship. As communication between parent and child improves, the parents learn that they can resolve issues without frustration and feelings of inadequacy, and the child can

overcome concerns of being unheard and misunderstood. Parent and child learn they can navigate both their relationship and external issues without negative conflict.

The service is often court-ordered, and the therapist may be asked or required to provide a summary of progress to the court or the Decision-Maker. Progress in this intervention may, or may not, be linked to increases in parenting time. Monitoring can be done by the Court or through a private Decision-Maker/Arbitrator under C.R.S. 14-10-128.3 and C.R.S. 14-10-128.5. If the intervention is linked to ongoing monitoring and development of a graduated parenting plan the issue of confidentiality needs to be addressed up front and confirmed in the documentation.

In contrast to Therapeutic Supervised Parenting Time, **Reunification Therapy** is an intervention for use when the children are refusing or resisting a relationship with a parent and there has been a break in or suspension of the relationship, generally of more than three months. It is a subset of family therapy with a specific process, and the parent and children meet separately with the therapist before joint sessions commence. The child's resistance may be reasonable or unreasonable. Part of the first step in the reunification process is an assessment of the resistance, looking at enmeshment, alignment, parenting deficits, alienating behaviors, and domestic violence, among other factors.

This intervention is court-ordered, and the progress of the intervention can be monitored by either the court or by a Decision-Maker/Arbitrator. The limits of confidentiality should be carefully explained and documented. This intervention falls into the intersection of law and mental health--there are things that the therapist cannot do, including make parenting time recommendations. The legal aspect of the case needs to manage this intersection. The limits of the therapist's role should be clearly understood as the process begins.

Reunification Therapy helps the parent learn to listen to their child and validate the child's experiences. In doing so, the child becomes seen and heard in a way that creates the foundations for a healing conversation. It helps the child learn to use their voice in an appropriate way. It helps the family system move into positive problem-solving, and anxiety management. Parents learn that they have the skills to manage their relationships in a positive way.

On occasions the reasons for the child's resistance may be reasonable. For instance, if the parental deficits are extreme, the healing conversation may not lead to a regular type of parenting plan, and this may be the appropriate resolution for the time-being. The goals of this therapy, once the conversation has begun, are flexible around what can be created, rather than focused on any set parenting time. It is to establish the best possible relationship between the parent and child. In some cases where the Court has found that a regular parenting plan is appropriate, the Court will link Reunification Therapy with a graduated parenting time plan.

Mental health professionals who provide reintegration services need to have additional expertise in high conflict divorce and a knowledge of the intersection between law and mental health.

**When should Therapeutic Supervised Parenting Time versus Reintegration Therapy be used as an intervention?** Therapeutic Supervised Parenting Time covers a myriad of concerns within family dysfunction as defined above. The intervention is directed to a concerning parent-child interaction in the moment and usually involves the child and the identified parent. While the underlying family dynamics can be altered through change, the focus of Therapeutic Supervised Parenting Time is educational and skill-building.

Reintegration Therapy has been developed as an intervention to heal the parent-child relationship when there has been a parental absence and/or the resist/refuse dynamic has emerged. It is a whole family intervention. The goal of Reintegration Therapy is to heal the parent-child relationship to achieve the best possible relationship between the child and the targeted parent. The subtext of Reintegration Therapy is healing the underlying dysfunctional family dynamics and restructure the family, as well as skill-building.

#### **Acknowledgments:**

To Dr K. J. Darr and Dr. A. Loizeaux for their ongoing contribution to education and understanding of these concepts.

#### **Resources:**

Colorado Revised Statutes, Title 14.

Bowen Family Systems therapy: [www.thebowencenter.org](http://www.thebowencenter.org).

Faust, J. *Reunification Family Therapy*, 2018, Hogrefe Publishing Corporation.

Mellenthin, C., *Play Therapy*, 2018 PESI Publishing and Media.

Reese, C., *Attachment*, 2018, PESI Publishing and Media.

Wesselman, D., Scheitzer, C., Armstrong, S., 2014, *Integrative Parenting*, W. W. Norton and Company.

Elgin, S. H. 1987, *The Gentle Art of Verbal Self Defense*, Prentice Hall Press.

Drozd, L., Olesen, N. W., Saini, M. A., 2013, *Parenting Plan and Child Custody Evaluations, Using Decision Trees to Increase Evaluator Competence and Avoid Preventable Errors*, Professional Resource Press.

Reunification Therapy Training and Consultation: Darr, Irvine and Shindell.

Roseby, V., Johnston, J. Kuehnie, K., 2006, *In The Name of the Child*, Springer Publishing, New York