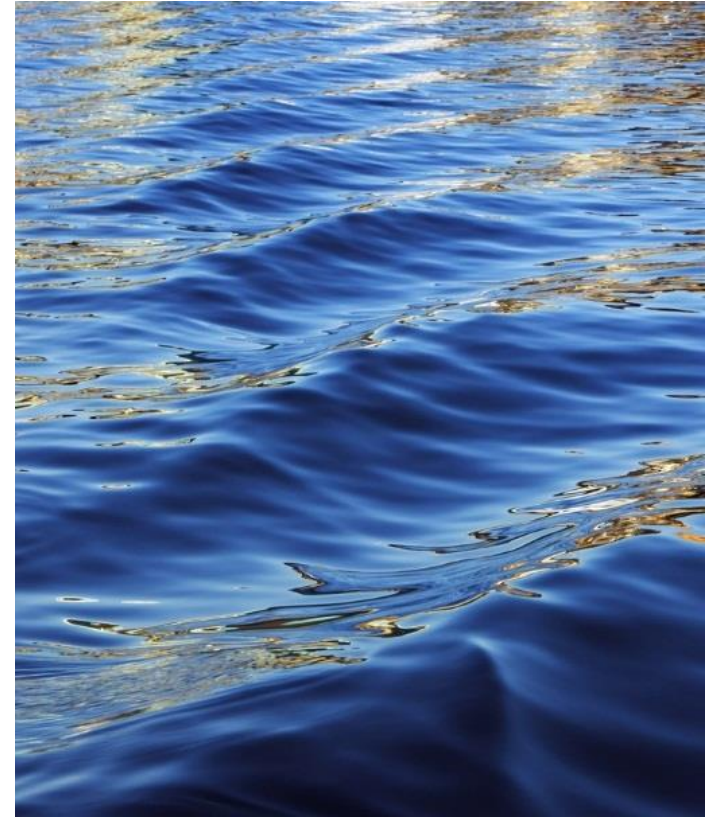


# Creating a New Normal Via Family Reintegration

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# Family Reintegration Defined

To initiate or restore healthy levels of functioning within a family system, usually following some type of disruption in the status quo. This includes psychological treatment of individual family members as well as the family system, and subsets/dyads within that system.

# Overcoming Barriers Program

Deutsch, Sullivan, Garber, Judge, Bailey, Ward, Moran, and many others

<https://overcomingbarriers.org/>

- Overcoming Barriers Camps started in 2008 and are available in Vermont, California, and Arizona
- Theoretical influences include Family Systems, Cognitive Behavioral, and Experiential Therapies
- All relevant members of the family attend the camp following a thorough screening
- Camp staff works in conjunction with the courts

# Save the Date

## AFCC Wisconsin Chapter 2021 Annual Conference

### **What to Do When a Child Resists or Rejects a Parent**

Hon. Marjorie Slabach, Dr. Leslie Drozd, and Attorney Louise Truax

September 30, 2021

Delafield Hotel

415 Genesee Street

Delafield, WI 53018

# Differences Between Therapeutic and Forensic Relationships

## Therapeutic

- Person or family is client
- Confidentiality of client info
- Supportive, empathic stance
- Helping relationship
- Data comes solely from client
- Therapeutic alliance with client
- Goal of treatment for client's benefit

## Forensic

- Court is client
- Confidentiality waived
- Neutral, objective stance
- Evaluative relationship
- Data verified by collateral resources
- Objective, data-driven, judgmental
- Goal of treatment is to inform the court

# Different Roles

- Psychiatrists are MD's and can prescribe. Psychologist are PhD's or PsyD's and do not prescribe
- Adult, child, marital or family therapist
- Forensic – child custody evaluations, testimony
- Psychological evaluations – evaluations of one individual
- Child specialist
- Communication/co-parenting specialist
- Family reintegration specialist

# Characteristics of High Conflict Co-Parenting

1. Relationship Factors: Inability to reach agreement or problem solve in rational ways; no communication and/or hostile and inflammatory communication; putting anger with co-parent above relationship with child; history of intractable conflict; history of allegations regarding abuse and/or substance abuse/dependency
2. Personality Traits: Need for control, rigidity, insensitivity, difficulty with empathy and/or compassion, behavior that violates the rights of others
3. Extreme anger, bitterness, resentment toward the other parent
4. Inability or unwillingness to view self as part of the problem
5. Does not support or see the need for the child(ren) to maintain contact with the other parent
6. Resistance/refusal from child or children regarding placement

# What is a Family Reintegration Assessment?

- Assessment is conducted by a licensed mental health professional with expertise in parent-child contact problems, the family reintegration process, and legal processes
  - Assessments involve: Interviews with all relevant family members, collateral sources of information, application of inclusion/exclusion criteria, and document review
  - Identifies the source of parent-child contact problems, indicates the feasibility of reintegration efforts, identifies prerequisites for family reintegration work, provides structure and recommendations for more successful reintegration efforts
  - Identifies potential team members
  - Recommends necessary court orders
- \*\*Provides a ROAD MAP for better success in working with difficult cases**

# Reintegration Therapy: Inclusion vs. Exclusion Criteria

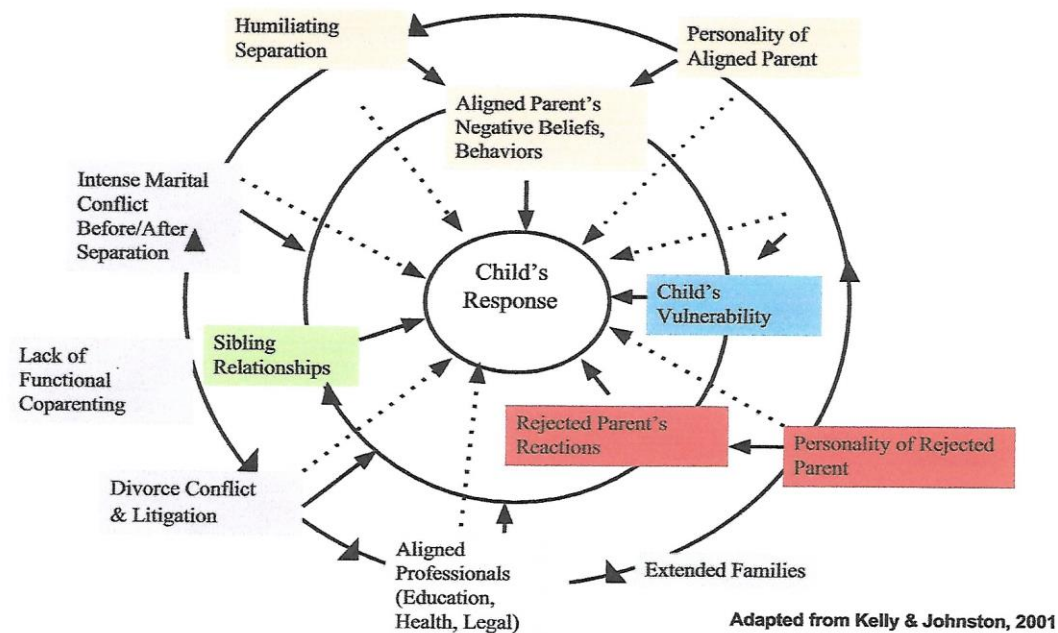
## Inclusion Criteria

- Willing to comply with court order
- Believe it is in the child(ren)'s best interest to have a meaningful relationship with both parents
- Believe it is important for themselves to be an active participant in therapy and problem-solving, as well as supportive of the process (encouraging children)
- Willingness to follow therapy recommendations
- Full disclosure of exclusion-related information

## Exclusion Criteria

- Current AODA and/or significant, untreated mental health problems
- Severe personality disorder
- Favored parent holds fixed, rigid beliefs and states unwillingness to change; unwilling to sign consent
- Current CPS involvement, unresolved criminal charges, restraining order, or/untreated power/control dynamics with substantiated DV
- Risk of abduction or violence to children, other parent, or therapists
- Unable to pay for services

## Factors contributing to & sustaining parent-child contact problems



# Different Types of Parent-Child Contact Problems

- Affinity
- Alignment
- Justified Rejection
- Alienation
- Mixed or Hybrid Cases

## Reintegration Teams are Comprised of:

- Family reintegration therapist
- Individual therapists (child(ren) and both parents)
- Communication/co-parenting therapist
- GAL

The family reintegration therapist is the gatekeeper of the process and is responsible for maintaining clear and consistent communication between team members

# Key Principles

- Parents agree that it is in the child(ren)'s best interest to have healthy and meaningful relationships with both parents
- Parents are advised that the reintegration process will likely require them to make changes to their own behavior and thought processes
- Parents agree to participate in collateral treatment (individual therapy as well as communication/co-parenting) as requested by the family reintegration therapist
- Parents acknowledge that this is a process and that progress will be routinely assess and discussed with the GAL as well as other team members

# Family Reintegration Services

## Billing Issues

- Family reintegration therapists cannot bill insurance. The Court is the client, and as such, no diagnoses are provided
- Individual therapists can bill insurance
- Communication/co-parenting services may be billable to insurance (depends on provider)

## Length of Service

- Varies by family – no predictable timeline
- Evaluations completed every six months to assess progress, barriers to progress, needs of the team, and needs of the family

# Examples of Alienating Behaviors

- Making denigrating statements about the other parent to child(ren)
- Interfering with parenting time or other contact with the rejected parent; insisting the child(ren) have the right to make decisions regarding contact
- Interfering with symbolic contact (removing photos of other parent, changing child's name)
- An unhealthy, enmeshed, or parentified relationship with child(ren)
- Discussing or allowing child(ren) to overhear legal information
- Encouraging child to blame the other parent for the divorce or for other difficulties within the family
- Refusal to hear positive comments about the other parent; quick to discount child's good times with other parent as trivial and unimportant
- Distorts comments made by the child(ren) to justify accusations of abusive behavior

## Examples of Alienating Behavior (Continued)

- Does not correct child's rude, defiant, and/or omnipotent behavior directed toward the other parent but would never permit child(ren) to do this to others
- Convinced of harm, when there is no evidence
- Exaggerates negative attributes of the other parent and omits anything positive
- False or fabricated allegations of physical, sexual, and/or emotional abuse
- Child(ren) required to keep secrets and spy or report back on the other parent
- Overt and covert threats to withdraw love and affection from the child(ren) if they demonstrate positive, loving feelings toward the other parent

**\*\*Non-verbal behaviors are just as, if not more, powerful than verbal behaviors**

# Characteristics of Rejecting Children

- Most common age range of child resisting parental contact is 9-15
- Absolute and dichotomous thinking (idealizes one parent and devalues the other)
- Selective abstraction (child focuses on one negative detail and ignores positive experiences with the rejected parent)
- Overgeneralization (child draws negative conclusions about rejected parent based on one or a few isolated incidences)
- Magnification (child exhibits gross cognitive errors in evaluating events that led to rejection)
- Stories are repetitive and lacking in detail and depth
- Mimics what siblings report rather than own experience
- Vicious vilification of rejected parent; campaign of hatred
- Denial of hope or a want for reconciliation to occur

## Stage – Based Therapeutic Approach

1. Reintegration services ordered by the court
2. Intake/assessment of family readiness for reintegration services – involves contact with relevant family members as well as collateral sources of information and document review
3. Parents work with communication/co-parenting counselor; may lead to referrals for individual therapists
4. Individual therapy for child(ren) and parents
5. Contact between child(ren) and rejected parent begins
6. Weekly contact with treatment team via feedback (electronic or phone)
7. Ongoing feedback loop with GAL
8. Six-month assessment to determine progress

# Goals of Individual Therapy with Preferred Parent

1. Define and reframe the parent's goals for the child(ren)
2. Address cognitive distortions and enhance skills for coping with triggering thoughts and strong negative feelings
3. Learn and implement appropriate adult-child boundaries and ways to shield children from parental feelings
4. Improve understanding of the harm children suffer when they are triangulated in parental conflict and exposed to alienating behaviors
5. Take responsibility, understand perspective of others, develop empathy, and apologies, as needed
6. Identify alternatives to litigation

# Goals of Individual Therapy with Rejected Parent

1. Set reasonable expectations for progress and change
2. Focus on self and how his/her behavior impacts the relationship with the other parent and child(ren)
3. Personal skill-building
4. Learn how to reconnect with the child(ren)
5. Take responsibility, understand perspective of others, build empathy, apologize when needed
6. Identify alternatives to litigation

# Goals of Communication/Co-Parenting

1. Understand the damaging impact of high conflict co-parenting on child(ren)
2. Form a business relationship
3. Understand parallel parenting and healthy ways to disengage
4. Create a new family narrative
5. Structure patterns of communication (e.g., OFW, BIFF, etc.)
6. Increase goal-oriented, problem-solving, and healthier communication (e.g., ceasing inflammatory, hostile, and emotionally-driven communication)
7. Boomerang effect of parental denigration (Rowen & Emery, 2018)

# Goals of Individual Therapy with Child(ren)

1. Understand the roles each family member plays and how it creates/maintains conflict and distress
2. Identify and challenge cognitive distortions
3. Learn how to emotionally regulate
4. Learn problem-solving, not avoidance
5. Remove self from parental conflict
6. Identify and process new, positive, experiences and integrate them into the new family narrative

# Goals of Family Reintegration Therapy

1. Provide an alternative to ongoing litigation and court dependency
2. Facilitate contact and healthier communication between family members
3. Desensitization; reinforcing and practicing self-regulation skills learned in individual therapy
4. Restoration or creation of healthy connections and individual as well as collective healing within family relationships
5. Provide structure and gatekeeping to high conflict families in conjunction with the court
6. Improve outcomes for children and families of separation and divorce

# Our Contact Information

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