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## Reportable Intensive Family Therapy – RIFT (Neoh)

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A four-day single therapist immersion model for complex family matters

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## Plan

- ❖ Outline of RIFT
- ❖ The 'R' – Reportable
- ❖ The 'I' - Intensive
- ❖ High Conflict Cases
- ❖ 'Alienation' Cases
- ❖ RIFT with parents
- ❖ RIFT with children
- ❖ RIFT Case Management
- ❖ Problematic therapy – how to know which therapists to avoid

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## How RIFT developed

- ❖ AFCC annual conference Denver 2-5 June 2010 'Traversing the Trail of Alienation: Rocky Relationships, Mountains of Emotion, Mile High Conflict'- (see handout article for evaluation)
- ❖ FCR 2010 Vol 48 January 2010 Special Edition 'Alienated Children In Divorce And Separation: Emerging Approaches For Families And Courts'
- ❖ The difficulty faced by clinicians trying conventional approaches
- ❖ Repeated failures of therapy and systems abuses of children
- ❖ Dismay at either/ or parent outcomes
- ❖ Being asked to provide therapy interstate
- ❖ Then ethically obliged to provide the most effective therapy

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## Where can RIFT be effective?

- ❖ When children are resistant to one parent (whether rationally or irrationally resistant)
- ❖ When the Court system is at an impasse with the family and most other potential strategies have been unsuccessfully attempted (suggests intractable obstacles)
- ❖ Ambiguous outcomes in sexual abuse allegations cases (i.e. unsubstantiated by CP or criminal case outcome leaves family members with nowhere to go)
- ❖ Some applications for complex family dynamics in CP or Disability Services cases
- ❖ With the most difficult, intractable cases

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## RIFT- Reportable Intensive Family Therapy (Neoh)

- ❖ Four days of therapy with case management follow-up (years?)
- ❖ Usually ends in parent session with parents deciding the future – BASED on what has been learned over the four days
- ❖ Different sessions configurations/ extended family members
- ❖ Allows therapy to address idiosyncratic circumstances of each family
- ❖ In home environment and community
- ❖ Spontaneous moments of therapy and building new memories- reignite or commence relationships OR get past trauma/ parents with changed behaviour
- ❖ Case management of parents (usually) and children get on with their lives

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## Why does it have to be reportable and non confidential?

and  
Why do you need Court Orders?

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## Reportable/ Confidential

- ❖ **Usual Arguments for Confidential**
  - ❖ Parents will be guarded
  - ❖ Difficulties gaining therapeutic alliance
  - ❖ Outcomes limited
- ❖ **Why any high conflict family law parent therapy needs to be reportable**
  - ❖ If the therapy is successful and parents learn how to resolve problems – the issue of it being reportable is irrelevant
  - ❖ If therapy gets to an impasse and one or both parents cannot move or change – the Court needs to know
  - ❖ Endless round of referrals to different therapists – the ‘we just got a bad psychologist’ argument
  - ❖ Reportable provides motivation to present well/ cooperate for most reluctant parents – the Court is the stick/ therapy is the carrot

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## Reportable versus confidential FT

**Forensic – ethical and legal chains of responsibilities**

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    graph LR
      subgraph Reportable
        C1[Child] --> P1[Parents]
        Ct1[Court] --> C1
      end
      subgraph Confidential
        C2[Child] <--> P2[Parents]
        Ct2[Court] <--> C2
        Ct2 <--> P2
      end
  
```

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## Intensive – for the therapist!

- ❖ Travel to family’s home environment
- ❖ 8 hours a day of different therapy sessions over 4 consecutive days -Consecutive important!
- ❖ Conducted on weekends – to reduce children’s absences from school
- ❖ During case management phase -Being available for crises, close monitoring
- ❖ Massaging and supporting parenting arrangements as they proceed – diarising and contacting parents beforehand to talk them through them

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Why is it that high conflict parental relationships affect children so badly?

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### High Conflict parent characteristics

- ❖ Mental health- psychosis stress around separation/ within context of mental health problems
- ❖ Personality Disorders - one parent/ both parents/ reacting to PD
- ❖ Substance abuse
- ❖ Alcohol abuse
- ❖ Family violence- chronic/ situational/ subtle/ obvious/ controlling
- ❖ Estrangements parent/ child
- ❖ Tribal warfare
- ❖ Feelings of 'Hatred' Smyth, B., & Maloney, L. (2017). Entrenched Postseparation Parenting Disputes: The Role of Interparental Hatred. *Family Court Review*, 55, 404-416.

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### Presentation of parents

- ❖ Highly stressed
- ❖ Idiosyncratic responses
- ❖ Projection of behaviour
- ❖ A bed of mistrust ripe for allegations
- ❖ Lawyer/ client dynamic
- ❖ Exaggeration of problems
- ❖ Delusional matter
- ❖ **Lacking in insight**



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## High Conflict family contexts

- ❖ Allegations of child sexual abuse and risk
- ❖ Children likely chronic exposure to FV/ Parent conflict
- ❖ Incidents particularly intense around separation
- ❖ Family members living in atmosphere of toxic hostile relationship for long periods
- ❖ Children triangulated in conflicts

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## Children's Presentation

- ❖ Internalising behaviour - anxious worried poor school performance
- ❖ Externalising behaviour- acting out, angry, irritable, poor school performance
- ❖ Other disorders of childhood ADHD, ASD, ODD
- ❖ Don't pathologise might be seeing the chronic effects of conflict / differences between parenting

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## Children's presentation

Might have reported good relationship with both parents but refuse to see one of their parents and

- ❖ express irrational reasons for their rejection of that relationship
- ❖ Show high levels of anxiety (sometimes hidden behind disgust/ arrogance/ over empowerment/ over entitlement/ quasi adult language)
- ❖ Paradoxically – often good performance at school- used by one parent to argue no psychological issues or reasons for therapy

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## 'Alienation' cases

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## Because Language is important



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## Is the term 'alienation' acceptable or appropriate?

- ◊ Too politically and emotionally loaded
- ◊ Lay interpretations along gender lines have hijacked the term
- ◊ Too simplistic- it does not cover the complexity of the family dynamics
- ◊ 'Gatekeeping' 'Resist/ Refusal' has limited usefulness/ euphemistic
- ◊ Possibly professionally risky to use the term at all!
  - ◊ 2008- Bill Wrigley Queensland Psychology Board - use of PAS as diagnosis in Family Report
  - ◊ 25 May 2016 Eastman v Psychology Board of Australia ACT Civil and Administrative Tribunal- use of PAS, many faults in the report but only the PAS reference taken up by media

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Language - But also

Not reunification therapy!  
Not targeted parent!

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Preferred or Favoured parent

Rejected parent

And a Child or Children in a very difficult situation

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When children refuse relationships with one parent

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## They all look the same!



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## Children's presentation

- ❖ Strong rejection of a once loved parent
- ❖ Frivolous, absurd or irrational reasons for the rejection  
– e.g. he wanted to kill me before I was born
- ❖ **ALWAYS** High levels of anxiety
- ❖ Strident, self righteous over empowered demeanor
- ❖ A lack of ambivalence- not able to provide any positives about the rejected parent- e.g. I have always hated her- all or nothing thinking
- ❖ Distorted beliefs

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## Children's presentation continued

- ❖ Borrowed reasons for the rejection- sometimes same as preferred parent
- ❖ Lack of personal perspective- *WE* hate her, he did this to *US*- telling an anecdote from someone else (the preferred parent's ) perspective – e.g. my father saw her hit us
- ❖ Rejection of all aspects of the rejected parent- extended family, pets, cars . . .
- ❖ Adult language and phrases, sounds rehearsed
- ❖ Wooden or brittle behavioural presentation

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## Parent's presentations

- ◊ Preferred parents
  - ◊ Cite reasons for child's rejection of the other parent
  - ◊ Feel criticised, pressured and blamed by rejected parent and/or Court
  - ◊ May or may not
  - ◊ May show distorted beliefs
  - ◊ Observe the child's anxiety/ distress and attribute it to the other parent
  - ◊ Lack insight
- ◊ Rejected parents
  - ◊ Claim previously good relationship
  - ◊ Blame the other parent entirely
  - ◊ Lack insight

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## Why does it matter?

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## Adult outcomes for these children

- ◊ Amy Baker's wide body of research
- ◊ Marilyn Freeman's work on abducted children
- ◊ Dr Sarah Calvert's paper Weaponised children
- ◊ Immediate implications for the child's development
- ◊ Long term outcomes
  - ◊ Increased risk of psychopathology drug and alcohol abuse
  - ◊ A life of regrets, remorse, guilt and inability to trust
  - ◊ Broken relationships with both parents
  - ◊ Broken individuals!

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**Potential recommendations to the Court when children appear to be unreasonably resistant to one parent**

- ◊ Remove the child from the preferred parent- change of residence
- ◊ Allow the child's overt preferences to not see one parent to prevail and leave the family as it is
- ◊ Order time between the child and rejected parent and see what happens
- ◊ Order therapy to address the family problems

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**RIFT Parent therapy**

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**Truism**

Parent therapy with high conflict parents works because

**Parents love their children**

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**If they love their children**

They should be happy when their child is happy and their child's anxiety disappears

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**Truism**

Parent therapy with high conflict parents

**Sometimes doesn't work because**

**Parents love their children  
BUT . . .**

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**Therapy and not assessment is how you test that hypothesis**

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Why conventional measures are less effective

Don't expect insight!

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Therapeutic alliance is not required

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Compliant behaviour

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Be concerned about behaviour not what parents think

- ❖ Behavioural therapy- Pavlov's dogs Skinner's rats
- ❖ During the initial therapy
  - ❖ Treat all parents as if they are reasonable - Ask them and expect them to be held to a reasonable standard and leave the other parent to you
  - ❖ No criticism, all praise – no reality checks!
  - ❖ Don't feel the need to make judgments about each parent's side/ allegations etc – accept all as true
  - ❖ Don't try to make parents compromise- no one likes a compromise
  - ❖ Reward the approximation of reasonable parent behaviour

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## Rejected parents

- ❖ Motivated to comply and cooperate
- ❖ If there is any sign they will not- this therapy is not for them- they cannot be managed
- ❖ If they are argumentative- do not go any further- have a very sensitive threshold for any noncompliance
- ❖ Expect impression management from them and the four days of therapy will test them
- ❖ They should try to impress you with their willingness and reasonableness- if you do not see this - do not proceed

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## Preferred Parents

- ❖ Likely to be very reluctant participants in the therapy
- ❖ Their behaviour may be a genuine product of their situation and experience
- ❖ They likely have to experience their child's distress/ anxiety and deal with it

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## Parent sessions

- ❖ Don't have 'free for all' sessions- they will follow the architecture of all previous conflict
- ❖ Don't worry about the topic or content- process is important
- ❖ Try 'translating' -Modelling the appropriate response
- ❖ Keep them short- the one hour rule, debrief each afterwards
- ❖ Have structured sessions – work well with FV cases, Risk Ax first around ensuring compliance
- ❖ Leave them each with hope that things can move/ improve

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## Getting children with parents they refuse to see

- ❖ Deal with the presenting problem – the anxiety!
- ❖ Narratives around Exposure and Response Prevention (EPR) – 15 minutes to ride out anxiety response (PP can be present)
- ❖ Don't expect to persuade the child- you are a stranger! And unimportant to them
- ❖ Use preferred and trusted parent – if they (PP) are genuine they will welcome an opportunity for the child's anxiety to reduce/ they may not trust you but they will be 'rewarded' with increased confidence in child and might then become enthusiastic about the therapy

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## Getting children with parents they refuse to see

- ❖ Explain potential outcomes of therapy
  - ❖ RP might leave them alone (initial overt desire of the child) – Court ends
  - ❖ Put RP to the test (that they have been unfairly believed by the Court) and the child's beliefs about them will show in the therapy
  - ❖ The child might change their mind (with reassurance that the therapy is not aimed at changing their mind)
  - ❖ Or the RP might change their personality and/or behaviour
  - ❖ That the RP and child might agree to disagree and rediscover one another and resume their relationship (i.e. draw a line in the sand)

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## Cognitive behavioural therapy with children

- ❖ The anxiety has usually been the dominant emotion and typically little direct thought about other emotions or feelings
- ❖ Therapy works with children because it is catching on to the underlying ambivalence they usually feel (i.e. positive emotions/ interest towards RP that they forgot existed)
- ❖ Sometimes PP are disconcerted by how quickly children change from rejecting to accepting the other parent

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## Using fun!

- ❖ Fun is the building blocks of relationships- move quickly from the 'issues' to fun in child and RP therapy- e.g. card games and invite rejected parent in
- ❖ Fun is the measure of the child's relaxation
- ❖ Jokes and kind teasing promote relationships and sometimes allows testing of the RP capacity to join with the child
- ❖ Reassure the child that having fun doesn't need to change their mind

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## Move to parent therapy and away from child/ parent therapy

- ❖ For children- moving the therapy to dealing with the parents alone
    - ❖ Promotes stability
    - ❖ Restores trust in both parents to see them working together
    - ❖ Promotes hope that things can get better and they don't have to worry about themselves
    - ❖ That they can get on with all the other challenges in their daily lives
- The therapy has to have good outcomes- or else patterns of recurrent loss of hope is even worse

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## Family Violence

### In family law high conflict separated couples

- ❖ Most cases have allegations of FV
- ❖ Allegations/ Counter allegations- usually undetermined/ mutual/ ambiguous
- ❖ Importance of parents forming some sort of workable arrangement for the future
- ❖ Always see parents together
- ❖ Empowering for 'Victim' to manage relationship

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## Family Violence

- ❖ Always see parent together **BUT**
- ❖ Need initial assessment
- ❖ Very strong boundaries in place- dont allow noncompliance in any form from the accused
- ❖ Be the one in control!
- ❖ Most empowering to alter dynamics for the first time- allowing accusers to feel empowered (and hope) that they can manage the future relationship

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## Overcoming Obstacles

- ❖ Be prepared to get 'down and dirty' with parents
- ❖ Availability- crises happen! ( But understand your boundaries!)
- ❖ Written contracts of behaviour?
- ❖ Carrot and stick approach – you are the carrot, Court is the stick- remind them of Court
- ❖ See parents individually - Coaching (praise not insight) towards common goal – (but careful of allegations of bias)
- ❖ The magic phrase - Praise them in ways they can't avoid- e.g. you are a really great parent and therefore you know that great parents does this . . . .

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## Can therapy do harm?

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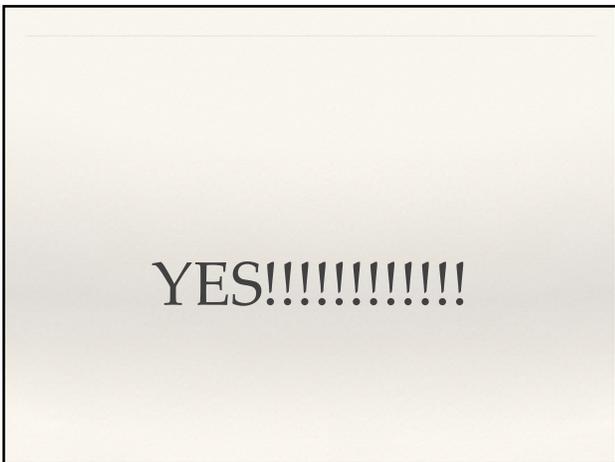
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## Problematic therapy

- ❖ How RP/PP parents and child present can be misleading!
- ❖ Enmeshment can look like healthy bonding! - PP and child relationship
- ❖ Can look like a genuinely abused child! - Child's response
- ❖ The distress of being rejected can look odd! - RP responses
- ❖ Therapists align with one side- take the child's overt position as genuine
- ❖ Misuse conventional approaches- take time to build therapeutic alliance and buy into the child's avoidance response and anxiety
- ❖ Lots and lots of 'failed' therapy – systems abuse
- ❖ Delays feed the problem
- ❖ Some 'experts' not experts! CC MM

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## Vital issues for therapy and how to evaluate any potential therapist . . .

- ❖ If the therapist can articulate the hierarchy of responsibilities to the various family members
- ❖ Language – not reunification therapy/ not targeted parent
- ❖ That preferred parents are a vital part of the solution
- ❖ Has a clear understanding of the reportable nature of the therapy and responsibilities this entails
- ❖ That a meeting between child/ren and rejected parent has to happen immediately to not increase the child's anxiety

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## Take home messages

- ❖ Think about reportable therapy and why you should be insisting that it is
- ❖ Think about dropping the idea of insight and only focus on how parents behave
- ❖ Don't criticise – praise approximations of good behaviour
- ❖ Get anxious children with RP parent ASAP and don't play into the avoidance dynamics
- ❖ Hold each parent separately to a reasonable standard
- ❖ Understand that you are seeing parents at their worst- most can and do behave reasonably in other contexts

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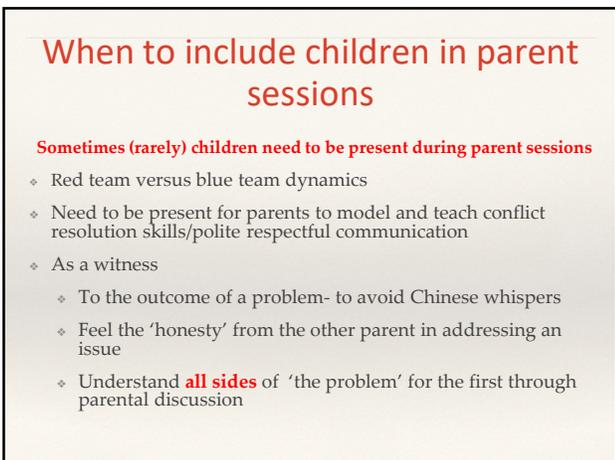
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## Do the children need to be involved at all?

- ❖ Systems abuse
- ❖ Time out from all the other things they should be doing
- ❖ If you can settle the parents, children will usually flourish
- ❖ If you can settle the parents, parents will flourish
- ❖ Resistance refusal problems look like parent/child problems but are really parent/ parent problems

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## High Conflict Families and the child's dilemma



When parents provide different irreconcilable **'TRUTHS'** for the child it sets up a cognitive conflict for them of having to decide who is right

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## Children's Four Most typical Responses to Parental Conflict

- ❖ Some – few – children can ignore (rare)- understand that their parents' separate **Truths** are separate from their love for them ?
- ❖ Some children hopelessly flip flop between the **Truths** – cognitive/ emotional/ behavioural symptoms of confusion
  - ❖ Increased risk of child pathology AND
  - ❖ Increased risk of child BEING PATHOLOGISED by parents, court and professionals
- ❖ Some children 'SPLIT ' and alternate between the **Truths** – common in Family Law Assessments and Observations
- ❖ Some children choose one **Truth** over the other **Truth**

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## Realistic Estrangement versus unreasonable rejection of one parent

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### Symptoms of difference

<ul style="list-style-type: none"><li>• Child exposed to parental Alienating behaviours</li></ul> <ul style="list-style-type: none"><li>• Anxiety</li><li>• Avoidance behaviours</li><li>• Enmeshment with caregiver</li><li>• Irrational reasons for rejection of one parent</li><li>• Third person accounts e.g. something that occurred before the child was born</li><li>• Over-empowered behaviour</li><li>• Rejection of extended family too</li></ul>	<ul style="list-style-type: none"><li>• Child exposed to trauma/ realistic estrangement</li></ul> <ul style="list-style-type: none"><li>• Anxiety</li><li>• Avoidance behaviours</li><li>• Needs support from trusted caregivers</li><li>• Rational discussion of feelings and experiences</li><li>• Sensory detail and first person accounts</li><li>• Overwhelmed</li><li>• Extended family individual reasons</li></ul>
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## Does it matter if it is realistic estrangement or unreasonable rejection of one parent?

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