

I DON'T WANT TO GO!":

REMEDIES FOR RESIST/REFUSAL CASES

Dr. Stephanie Holland, Psy.D.
Licensed Psychologist





WHAT ARE THESE CASES?

- Child resistance to seeing a parent
- Child refusal to seeing a parent
- Parents are separated or divorcing, or divorced and in conflict
- One parent is concerned or fearful about the child seeing the other parent
- Other parent says there is no reason for concern;
- Children are under first parent's influence

- *"We're Still Taking X-Rays but the Patient is Dying: What Keeps Us From Intervening More Quickly in Resist-Refuse Cases?"*

Page 115 (Handout)

At the early intervention stage, it may be premature to draw conclusions about the contributing factors, or the degree to which the child's reaction is "justified."



Practical strategies, including a broader conceptual model, integrating assessment into intervention, encouraging lawyers and courts to take earlier action, and suggestions for future professional development will be addressed.

Many families need
SOLUTIONS
before they need ANSWERS

**They are NOT mutually
exclusive!*

WHAT GOES WRONG IN THESE CASES?

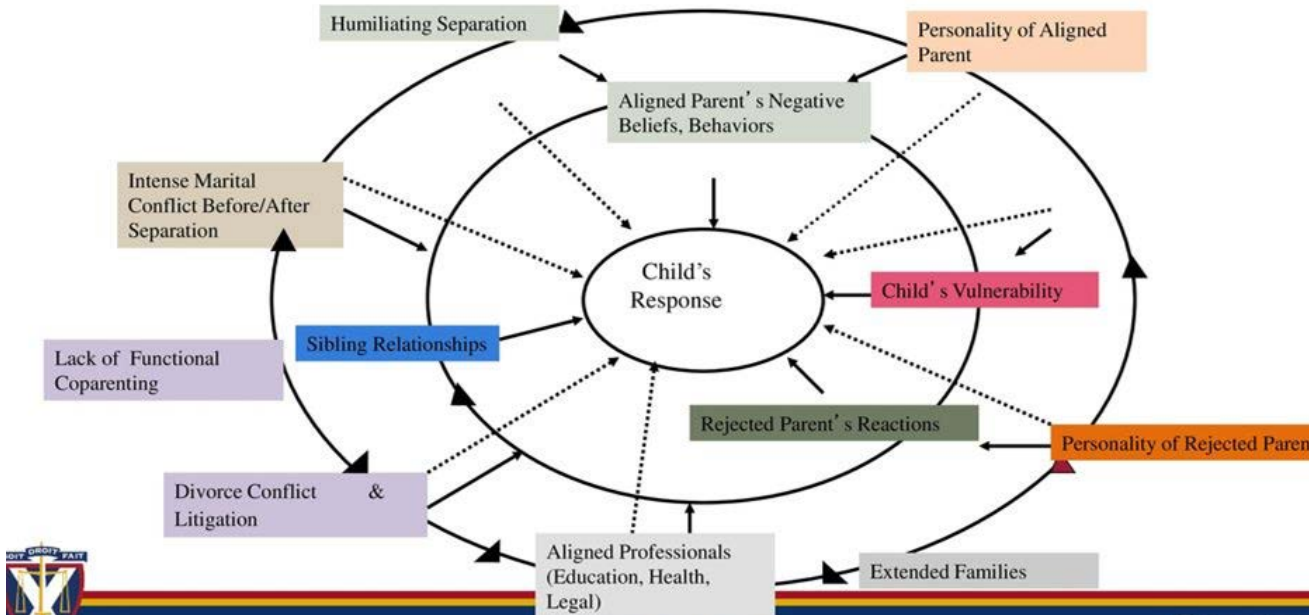
- Focus on blame
- Focus on adults' allegations
- Ignoring developmental issues
- Therapy is late or poorly structured
- Poor Follow up
- Fragmented Intervention
- Endless Investigation

THE CASE FOR EARLY SYSTEMIC INTERVENTION

- In many cases, the “truth” of allegations may be difficult or impossible to determine.
- In most cases, and where resources permit, some forms of intervention can and should begin while an evaluation is underway.

Factors contributing to & sustaining parent-child contact problems

Adapted from Kelly & John:
By Fi




FACTORS CONTRIBUTING TO AND SUSTAINING TP PARENT-CHILD CONTACT PROBLEMS





OBSTACLES TO EARLY INTERVENTION

- Systemic
 - Professional
 - Parent and Family Related
- 



“My daughter has been having so many more headaches lately. I just think this therapy with her father is too stressful.”

CASES THAT
CAN'T WAIT

Sex Abuse
Allegations

Intent to Flee

CONTRIBUTION OF THE ADVERSARIAL SYSTEM

INITIAL CONCEPTUALIZATION AND WHERE TO BEGIN

Types of Parent-Child Contact Problems:

1. Those within parents (mental illness, personality disorders, parenting issues)
2. Child vulnerabilities and parent-child relationship history;
3. The family system (the type of separation; rupturing events; problematic previous interventions; litigation)

SYSTEM OBSTACLES



Resource limitations



Shortage of trained providers



Factors that discourage providers from treating clients



Poor interdisciplinary communication



Poor integration with other services

Which is more tempting?

My ex is an
incurable
Narcissist so
it's useless to
try to deal with
him

I need to
do my part
to make
peace for
my child

PROFESSIONAL OBSTACLES

Page 1-32 (Guidelines for Court Involved Therapists)

Specialty area that requires objectivity not typically used in “normal” therapy.


Lack of Collaboration;

The undermining therapist: *“I know the child well and they should not see their father.”*

Beware of Letters from MH providers

ASSESSMENTS and EVALUATIONS

 Search for certainty replacing risk assessment

 Used to hold off on initiating treatment or recommending halting treatment while CCE takes place

A
NEW
APPROACH

Support for children's development

Structure

Behavioral Focus

Accountability

Tiered Information System

Integration with Daily Life

Early Intervention

- More specific standard orders
- Enforcement of orders
- Addressing predictable problems early
- Incorporating other systems
- Better recommendations

INVOLVEMENT OF THE COURT

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**Failure to enforce only
reinforces
parents
false sense of power.**

- Noncompliance common
- disregard for authority, and narcissism
- Sanctions for noncompliance needs to be clear in order and endorsements (important deterrent; best for parents to know advance)

COURT ORDERS AND INFORMED CONSENT AGREEMENTS FOR THERAPY

Page 104 (COURT ORDER TEMPLATE)

ASSUMPTIONS

- Need to determine custody
The little stuff is what is most critical (Time vs protective tunnels)
- “There’s nothing judges can or will do to enforce compliance”
- “Parents have to acquire insight”
- Comprehensive evaluations must precede services

Judge's Influence on Outcome

- No order or statement of judicial expectations is foolproof, but judicial officers' statements of the results they expect to see can be very powerful

NECESSARY COMPONENTS OF TREATMENT ORDERS AND CONSENTS- Page 104-112

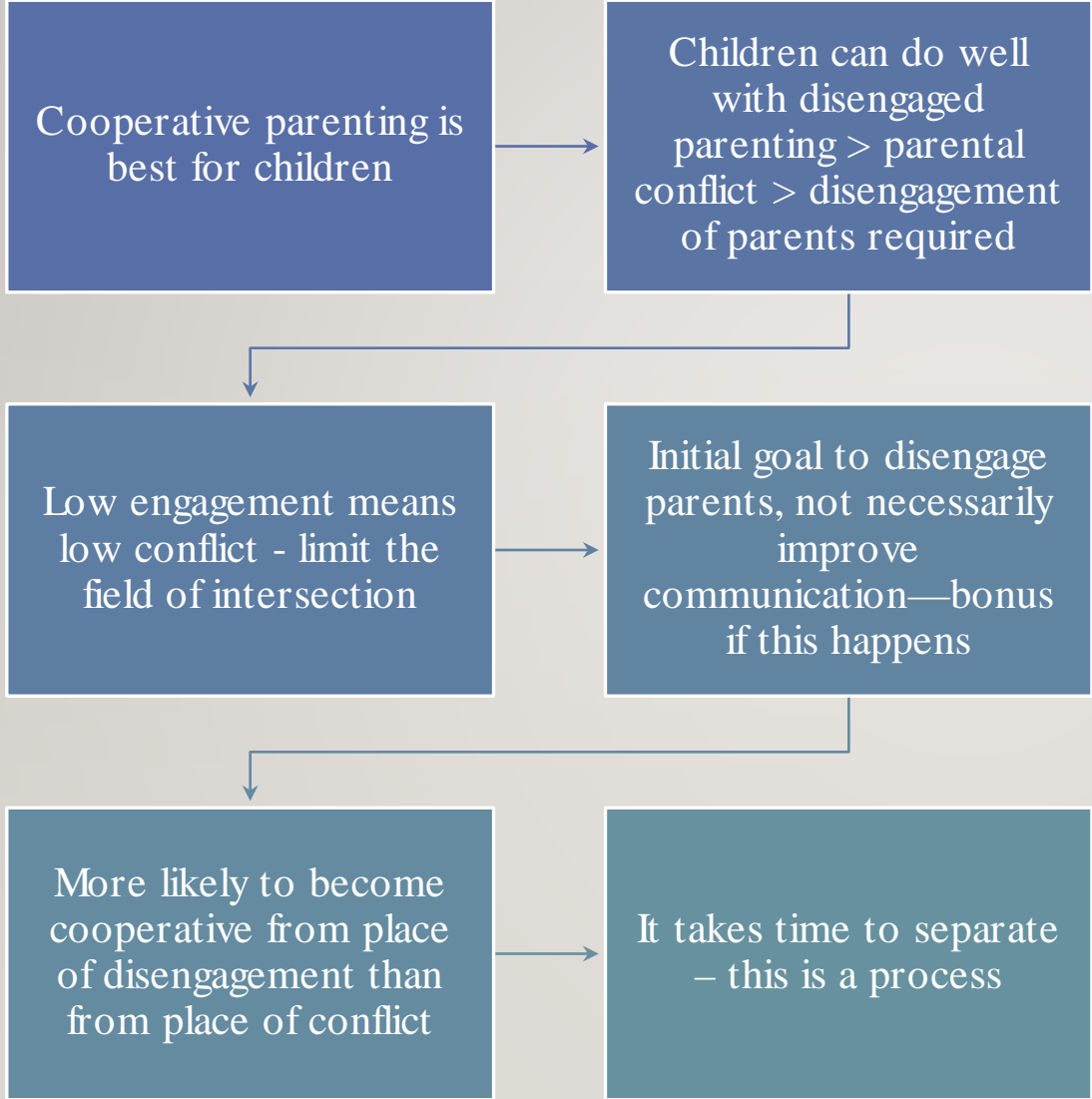
- Stipulation that it IS in child's best interest to have contact with resisted parent, and good relationship with both parents
- If it can't be Stipulated, use CCE or other Assessment.
- Parenting time or step-up in parenting time:
- **Therapist should not determine parenting time or even pacing of the step-up schedule (dual role); they can return to court or have PC put in place early on.**
- Name(s) of therapist or selection process for same, including:
 - Minimum education, experience and qualifications (requires specialized training) Court-Involved Therapist Guidelines from AFCC
- Date by which parents are to contact professional for intake
- Parents must cooperate with therapist's process
- Indicate the specific family members required to attend therapy, and parent responsible to ensure child attends
- Goals of therapy and behavioral indications of goal attainment
- Explicit criteria for evaluating progress/success
- Duration of therapy, or process for terminating or changing therapist
- **Include time frame (eg., 3-4 months after which progress will be assessed); return dates to obtain status report**

CO PARENTING AGREEMENT....should always start with....

We (the parents) agree that the minor (name) should not feel responsible for our divorce, hear about it, worry about our emotions, or put up with either of us getting upset and not behaving well.

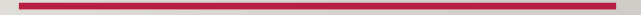
PARENTING PLAN CHECKLIST

Page 40-43



DISENGAGED PARENTING

Brief Risk Assessment



STEP UP PARENTING EXAMPLES

Page 268

- Contact in therapy only, return to court, PC or assessor
 - Most restrictive / protective
- Therapeutic access - any contact with RP with therapist in context of therapy in office, community, parent or relative's home
- **Nature and duration of therapy ordered, with return date**
- After intake/screening, informed consent process, therapy begins with individual contacts with each family member, then dyads; parents together, separately, etc.
- Report back to parents, lawyers, court or PC to determine next steps

FAMILY THERAPY INTERVENTION AGREEMENT

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GOAL FOR CHILD AND RP TO HAVE INDEPENDENT CONTACT

Gradual progression

Use of office sessions for child
and RP

Then community (park,
restaurant, walk) with therapist
or another professional
(recreation therapist) present-
distinguish “supervised” from
“therapeutic” access

Then use of office for session
before (to launch, as container),
child and RP go out to spent
time on own, then return to
office for follow up on how it
went AND also debrief with FP
(may involve child and FP)

Use of office for transition of
child on contact days

Set up of sessions after
parenting time (Monday am)

RESOURCES

<https://www.afccnet.org>



Sample client-therapist contract: <https://www.afccnet.org/Portals/0/PDF/Client-therapistcontract.pdf>

Sample stipulation and order for counseling: <https://www.afccnet.org/Portals/0/PDF/Stipulationandorderforcounseling.pdf>

Sample order for counseling: <https://www.afccnet.org/Portals/0/PDF/Orderforcounseling.pdf>

Suggested references: <https://www.afccnet.org/Portals/0/PDF/Suggestedreferences.pdf>

PRESENTED BY

DR. STEPHANIE
HOLLAND, PSY.D

(Lic # PY0348)

3067 E. Warm Springs Rd., Suite 100

Las Vegas, NV 89120

(702) 650-6508 office

DrHolland@DesertPsychNV.com

PARENTING AGREEMENT NEW RULES CONT.

- If you have a complaint about either of us, bring it directly to the one you have the complaint about rather than the other parent. Everyone has to learn to address relationship problems. We know it can be tough for a child to be direct with a parent; we will help you along if you start the talk. But going forward, if you complain to me about Mom/Dad, I will listen politely and ask you to bring the issue to Mom/Dad; I won't jump in for you.