



## Overcoming Parent Child Contact Problems: Reunification Therapy and Therapeutic Supervised Visitation

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**Reunification therapy** and **therapeutic supervised visitation** are multi-faceted approaches to address the systemic nature of a child's resistance to or rejection of a parent. The intervention includes all family members in various combinations and is appropriate for mild to moderate causes of resistance and refusal.

It is important for children to have a healthy and attached relationship with both parents. It is damaging anytime a child loses connection with a parent, even if it's caused by abandonment, restrictions due to safety, or the child appears to have rejected the parent. Problematic relationships include when the children have a good reason to reject or resist a parent, when the reason is unjustified or disproportionate, and cases with elements of both. Most parent-child contact problems are hybrid situations where the rejected parent has engaged in behavior to cause estrangement or rejection, and the favored parent has engaged in alienating behaviors. Multi-faceted family therapy for parent-child contact problems requires a therapist who has specialized training and experience working with separation/divorce and court involved families. The therapy utilizes interventions consistent with cognitive behavioral and solution-focused therapies. Parent education is a large component of the work.

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## Learning Objectives



- Raise awareness of the impact of parent-child contact problems on children;
- Improve understanding of reunification therapy and therapeutic supervised visitation and the interventions utilized; and
- Help clinicians identify parent-child contact problems such as parental alienation and other situations where reunification therapy or therapeutic supervised visitation would be appropriate.

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## Supervised Visitation



Not every contact problem between a parent and child involves the preferred parent-rejected parent dynamic. Some contact problems are a result of a parent's lack of knowledge they had a child, incarceration, illness, mental health/substance use disorders and distance. Sometimes there is resistance or rejection, but it is situational and based on a parent's behavior.

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## Observational Supervised Visitation

Observational Supervised Visitation is focused on the protection and safety of the children and adult participants. These visits provide a safe place and opportunity for the parent-child relationship to grow. The supervisor is essentially a fly on the wall documenting baseline interactions. In this area these are typically community visits, and the supervisor does not intervene unless there's a safety issue.



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## Supportive Supervised Visitation

The primary focus of Supportive Supervised Visitation includes the protection and safety of the participants and active interventions that encourage parents and children to have smooth, consistent visits. This service is provided at the Parenting Time Center in Evansville, Indiana



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## Educational Supervised Visitation

Focus includes protection and safety of participants with emphasis on actively improving parenting skills. The idea is that improved parenting skills will benefit the parent-child relationship. This typically includes skill building curriculum (evidence-based practices).



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## When Supervised Visitation is Warranted

Supervised visitation is typically court ordered. The custodial party raises an issue of safety, lack of parenting skill or that the child doesn't know the parent as part of litigation. The visitation issue may be the basis of the litigation. These issues typically stem from a history of domestic violence between the parents, a history of substance use or mental health disorder, incarceration, abandonment or lack of knowledge that a child existed.



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## The Role of the Therapist

If you have client who is engaged in supervised visitation with a parent, the role of the therapist is to help the child adjust to the parenting time.

### Beware of Confirmation Bias!

As therapist we are trained to believe our client, and with children it often means believing the parent who is bringing the child to therapy.

When the child starts seeing the noncustodial parent, the therapist may have the belief that the noncustodial parent is inappropriate and a danger to the well-being of the child. This may be what the custodial parent believes.

The Court has more information than the therapist. If the Court has ordered supervised visitation, it is because the Court has made the determination that it is in the best interest of the child to see the parent.

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## Situational Therapeutic Supervised Visitation



The primary focus is addressing a particular issue with a clinical/therapeutic approach, to help improve or heal the parent child relationship. Examples include where a child is angry with a parent about a move, where a parent fails to adjust their parenting style as their child enters adolescence, and where a child struggles with a parent's new relationship.

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## Therapeutic Supervised Visitation

The primary focus is on improving or healing the parent-child relationship. Interventions are clinically based and trauma-informed. They are designed to address specific clinical needs as identified in collaboration with each family. There are often contributing factors including intense conflict between the parents before and after the separation, high conflict litigation, personality disorders, a preferred and rejected parent, and lack of functional co-parenting.



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## Reunification Therapy



The focus is on reunifying, reconnecting, reengaging a child with a parent they have resisted or refused to have any contact with. This is a form of family therapy. Sessions will consist of individuals, dyads, and larger groups. There are often contributing factors including intense conflict between the parents before and after the separation, high conflict litigation, personality disorders, a preferred and rejected parent, and lack of functional co-parenting.

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## Therapeutic Supervised Visitation and Reunification Therapy

These are different approaches often to the same problems. It is a matter of training and preferences as to how extensive the family therapy. Both approaches typically require that a Court Order be in place as to what parenting time should be occurring and requiring the parents to participate in therapy and follow the recommendations of the therapist. Sometimes there is no initial parenting time order, and the therapist may make recommendations as to a schedule that increases over time, but the goal must be known. Often the goal is to get the rejected parent to the Indiana Parenting Time Guidelines.



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## Therapeutic Supervised Visitation and Reunification Therapy

The assessment phase is critical to both approaches. Success is possible in low to moderate cases of rejection and resistance. An out-patient approach is not appropriate for more severe cases. The case should be evaluated at about the 90-day mark to see if the interventions are being helpful.

Therapists in these roles do not make custody or parenting time recommendations. Although this is a semi-confidential process. The parents must consent and be aware that the therapist may make periodic reports to the Court, any Guardian ad Litem, and the attorneys involved. The therapist may also selectively share information received from one parent with the child or the other parent as needed. The therapist records are not confidential. The therapist may be required to testify.

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## Identifying a Parent-Child Contact Problem with a Resist/Refuse Dynamic

- Therapist contact likely with child and custodial/preferred parent. Therapist may have been told noncustodial/rejected parent is not to receive any information
- Child's opinion of both parents is rigid- one is all good and one is all bad. The child reflexively support the preferred parent in any situation
- Child uses adult language (borrowed from the preferred parent) to talk about the rejected parent
- Child has weak, trivial, frivolous, irrational reasons for their dislike of the rejected parent, or their rejection is disproportionate to the rejected parent's behavior
- Child is insistent their opinion is their own and not taken from the preferred parent
- Child's stories about the rejected parent often lack detail and depth
- Child feels no guilt for their rejection
- Child's behavior may be mild, moderate or severe

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## Identifying a Parent-Child Contact Problem with a Resist/Refuse Dynamic

- Preferred parent believes or portrays other parent as dangerous or sick; convinced of harm or abuse by other parent, despite absence of evidence; there may be repeated unfounded allegations of sexual, physical and/or emotional abuse
- Believes or implies the other parent never really loved or wanted the child; Portrays self as parent who was the only "real" or involved parent
- Fundamentally believes the child's relationship with the rejected parent is unnecessary; may seek to replace that parent with a step-parent
- Denigrating of other parent's qualities, parenting, involvement with child
- Insists that the child has the right to make decisions about contact
- Over involves or confides in child about the marriage, adult matters and litigation
- Over validates child's own concerns about rejected parent
- Psychopathology, mental illness, personality disorder or characteristics

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## Identifying a Parent-Child Contact Problem with a Resist/Refuse Dynamic

- Rejected parent often doesn't do himself any favors; attempts to engage in preferred parent behaviors blow up in their face
- Lax or intermittently rigid or punitive parenting style
- Outrage of child's challenge to his/her authority
- Loses temper, angry, demanding, intimidating character traits
- Puts own needs ahead of child
- Lacks empathetic connection to child
- With child, vents and/or blames other parent for brainwashing child
- Counter-rejecting behavior towards child in response to child's rejection
- Mental illness, personality disorder or characteristics

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## Interventions

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Psychoeducation

Cognitive Behavioral Therapy

Trauma Focused CBT

Solution Focused Therapy

Reality Therapy

Family Therapy

Mindfulness



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## Necessary Skills



- Knowledge of the court system
- Mediation skills
- Understanding of childhood development
- Family systems approach
- Trauma informed approach
- Knowledge of Personality Disorders
- Understanding implicit and explicit bias
- Multi-causal vs. single causal model to explain RRD
- Screening for risk, violence and abuse
- Spectrum of parent-child contact problems
- Parenting Plans for high conflict parents
- Child intervention skills, protocols, understanding the reliability of child reports
- Adolescent decision making and brain development
- Impact of conflict, separation, divorce on adults/children
- Models of coparenting
- Effective parenting skills and styles

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## What About Success?



Success rates for low to moderate resist/refuse dynamics is 50-70%. Cases with more severe behaviors typically involve high school students. Parents are often advised to wait until the child is an adult. There is some evidence that children reunify with their rejected parent later in life. There are some high intensity camps for families that last a weekend to a week. They are marginally successful.

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## Making a Referral

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Parenting Time Center does not require a Court Order, but both parties must sign consents and complete an assessment. There is some financial assistance available depending on the situation.

Therapeutic Supervised Visitation (including Situational) and Reunification Therapy require Court Orders. Parents interested should consult an attorney. That attorney is free to call and ask questions. Both Jarred and I have template Orders.

Jarred may bill some sessions to insurance. Jarred's typical retainer is \$1000.00. Stephanie does not take insurance. Stephanie's typical retainer is \$3000.00.

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## Making a Referral/Getting Information

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## Resources

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- Parenting Time Center provides Supportive Supervised Visitation with Masters level Social Workers, Parent Education using the Nurturing Parenting Skills Program, and a Co-Parenting Class for high conflict parents.
- Multi-Faceted Family Therapy for Parent-Child Contact Problems (handout)
- Typical Behaviors, Perceptions and Beliefs of Children & Parents in Alienation Cases (handout)
- Behavioral Manifestations of Parent and Child Behaviors by Level of Severity in Alienation Cases (handout)

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## Resources

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- Clinical Contraindications/Possible Rule-Outs for Family Therapy-Outpatient Cases (handout)
- Uncomfortable versus Unsafe Situations
- *Overcoming Parent-Child Contact Problems*, edited by Abigail M. Judge and Robin M. Deutsch
- *BIFF for Coparent Communications*, Bill Eddy, Annette T. Burns, and Kevin Chafin
- Association of Family and Conciliation Courts, [www.afccnet.org](http://www.afccnet.org)

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