

**Early Systemic Intervention with
Resistance-Refusal Dynamics**

LYN R. GREENBERG – PH.D., ABPP
Board Certified, Couple and Family Psychology

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Copies of Handouts and Additional Resources

<http://lyngreenbergphd.com/>

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Core Concepts

- Viewing from a developmental lens
- Broadening the range of knowledge we consider
- Identifying dysfunction early
- Viewing from multiple lenses

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Core Concepts

- Building the case for early intervention
- Practical strategies
- Staying relevant without tainting external investigations

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Assumptions to Question...

- In order to intervene, we have to first resolve every allegation and assign blame
- If we assess/investigate long enough and thoroughly enough, we will learn "the truth"
- Extensive assessments are always lead to better interventions

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Myths About Therapy

- It must be voluntary
- It must be verbal and lead to "insight"
- Confidentiality must be absolute
- It is fundamentally different from psychoeducation, coaching, or skill-building

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More Myths About Therapy

- If parents don't change, there's nothing we can do for kids
- The best way to reintegrate relationships is to limit conjoint counseling to the rejected parent and resisting child

And my very favorite –

- **If a delayed or poorly planned intervention fails, we should conclude that the FAMILY is hopeless**

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That we don't have *perfect* evidence doesn't mean that there's *no* evidence

- There will never be perfectly controlled studies about any of these interventions *as a unit*
- There is considerable research on effective mental health intervention on many of the issues we target
- There are fewer excuses for doing what we know doesn't work, but we can build options more likely to succeed
- Risks of doing nothing

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Degrees of Research Support

- Evidence Based vs.
- Evidence Informed vs.
- Failing to consider available evidence vs.
- Inappropriate extrapolation
- Disregarding available evidence vs.
- "Flying by the seat of our pants"

Adapted from Sexton, T., Gordon, K. C., Gurman, A., Lebow, J., Holtzworth-Munroe, A., & Johnson, S. (2011). Guidelines for classifying evidence based treatments in couple and family therapy. *Family Process, 50*, 377–392.

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Risky Practices

- One-sided treatment
- Interpretive play therapy
- Failure to consider multiple hypotheses
- Neglecting developmental issues
- Orienting treatment around adult allegations

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The Case for Early, Systemic Intervention

- Risks of delay
- Difficulties of intervening when problems become entrenched
- Initial treatment goals surround universal issues
- Available tools in children's activities and daily routines
- Opportunities to send clear, early messages to parents and follow them up if litigation continues
- Intervention versus evaluation/assessment: which is most helpful when?

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Issues/Controversies Complicating Assessment and Treatment Planning

- Utility of diagnosis
- Presumptions about children's credibility vs. coping skills
- Approaches to understanding the dynamics
- "Headliner" examples, oversimplification
- If one problem exists, others cannot

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Children's Outcome is Related To

- Coping *effectiveness* (healthy coping skills)
- Coping *efficacy* (belief that what one says or does will work)
- Access to healthy relationships
- Stability
- Authoritative parenting
- Access to normative activities
- Management of developmental risks

Pedro-Carroll, J. L. (2005). Fostering resilience in the aftermath of divorce: The role of evidence-based programs for children. *Family Court Review*, 43, 52-64.

Pedro-Carroll, J. L., Sandler, I. N., & Wolchik, S. A. (2005). Special issue on prevention: Research, policy, and evidence-based practice: Forging interdisciplinary partnerships in the courts to promote prevention initiative for children and families. *Family Court Review*, 43(1), 18-21.

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Factors We Can Impact, That Are Related to Outcome

(Adapted from Pedro-Carroll, 2005)

Individual Factors

- Active coping style
- Accurate Attributions
- Hope for the Future
- Realistic appraisal of control
- Effective coping skills

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Factors We Can Impact, That Are Related to Outcome

(Adapted from Pedro-Carroll, 2005)

Family Factors:

- Protection from Interparental Conflict
- Psychological well-being of Children
- Solid, supportive parent-child relationships
- Economic Stability
- Authoritative Parenting
- Household Stability and Structure

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Factors We Can Impact, That Are Related to Outcome (Adapted from Pedro-Carroll, 2005)

Extrafamilial Factors:

- Supportive relationships with positive adult role models
- Support network (family, school, community)
- Preventative Interventions providing support and skills training
- Effective Therapy

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Importance of Daily Activities: Focusing Our Attention on the "Mundane" issues

- Details of daily routines and organized activities are often neglected, particularly in the early stages after separation
- Information on these issues is often lost when we don't involve children in interventions (parents' perceptions often not reliable)
- Outcome studies (and clinical data from children) suggest that these are the most important issues to them and their development
- Research from family psychology, recreation therapy and other disciplines is often highly relevant to this population but doesn't always reach us, as it is not labeled as "child custody" research
- Activity issues may be essential for resolving other problems

Johnston, Roseby and Kuehnle (2010); Dunn (2001); Reed et al (2013); Sandler et al (2010), Pedro-Carrol (2005), Greenberg and Lebow (2016); Moran, Sullivan and Sullivan (2015) etc.

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Risks to Children of Conflicted Parents

"When the elephants fight, the grass gets trampled."

- Impaired ability to handle frustration
- Poor social interaction and coping skills
- Poor ability to modulate affect
- Avoidance, internalizing disorders
- Impaired reality testing and social judgment

Fidler, B.J., Bala, N. and Saini, M.A. (2013), Kelly, J.S. (2012)

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The Child's Tapestry is Smaller, and Larger, Than Ours

- Daily routines and activities
- Developmental tasks
- Surviving the parental conflict in *all* settings
- Maintaining access to friends and organized activities
- Establishing independent relationships and the ability to maintain them
- Attention to these issues at every level may both prevent problems and provide better means of addressing them

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Changing our Thinking in Light of Research and Experience

- The child's ability to cope effectively over time *IS* the ultimate issue, if our true interest is in protecting the child
- Skills and strategies are modifiable, "insight" can follow behavior change
- Children can be taught skills and have access to opportunities for other healthy relationships, if these issues are addressed soon enough
- Once dysfunctional behaviors become entrenched, intervention is much more difficult
- Focus on coping skills and developmental opportunities may give children opportunities for more emotional independence, or create clear, behavioral evidence (that the court can understand) about risks to the child and parental cooperation

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So what can/should we expect from parents?

*Note: Several slides in this section have been provided or adapted courtesy of John Moran (one of my co-presenters from our AFCC Seattle 2016 presentation) or have been adapted from years of collaborative work with Matthew Sullivan.

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Creating a Positive Therapeutic (and Legal) Bind

Theoretically, parents are united by their desires that children have:

- Safety
- Loving home environments
- Protection from the harmful effects of the divorce
- An opportunity to develop into healthy adolescents and adults
- The best resources to support parents' mutual desire to protect and nurture the child

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Descriptors and Frequency of the Problem

- 3 types of co-parenting relationships: cooperative co-parenting (15%); parallel co-parenting (70%); and high conflict co-parenting (15%)
- 85% of families are struggling with co-parenting conflict, either low grade tension with occasional flare-ups, or chronic conflict with occasional instances of successfully negotiating a parenting problem

Kelly, J.S. (2012) Risk and Protective Factors Associated with Child and Adolescent Adjustment following Separation and Divorce: Social Science Applications. In Kuehne, K. & Drozd, L. (Eds.) Parenting Plans Evaluations; Applied research for the Family Court. Oxford University Press.

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Systemic Intervention Planning

- What does the child need to learn/master?
- What activities or conditions can help the child get there?
- What developmentally regressive influences do we need to address, or protect the child from?
- How do we build resilience in the child?
- What assessment questions
 - MUST be answered beforehand
 - Can be addressed while intervention is ongoing

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Systematic Intervention Planning (cont.)

- Use of recreation and external activities
 - Activity analysis (Austin, 2012)
 - Detailed procedures
 - Organized activities lend themselves to common expectations
- Focus on behavior
- Are there joint activities that allow the child to access the strengths of a parent while minimizing negative exposure?
- Attention at every level – mediation, collaborative, evaluation and treatment intake
- Accountability can be direct or indirect

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Attorney Interests in Early Intervention

- Client Assessment and Management
- Turning global distress into concrete issues
- Identifying weaknesses before the court or an evaluator does
- The positive impression of sincere, verifiable effort
- And if you must litigate – gathering behavioral data on the response of the opposing party

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Resistance-Refusal Dynamics

- Don't always start as full-blown restrictive gatekeeping
- May have some basis in legitimate issues
- Can severely distort or delay emotional development
- Can impact children long into the future
- Regressive symptoms are often evident early

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Resistance-Refusal Dynamics (Young Children)

- Younger children:
 - Typically don't repeat hostile narratives about a parent independently
 - Are easily affected by anxiety and anger conveyed by others
 - Present a greater patchwork of strengths and weaknesses
- Rapid decisions about preschool may be critical
- Developmental regression (often to the nonverbal)
- Abilities that support parenting transitions are also *globally* adaptive

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Resistance-Refusal Dynamics (Cont.)

- School age children:
 - Accustomed to complying with external rules/demands
 - Can respond to clear limits
 - Often involved in external activities
 - Closer to peers in social behavior if problem not entrenched

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Resistance-Refusal Dynamics (Cont.)

- Adolescents (not entrenched):
 - Irreconcilable tension between family conflict and normal development
 - Can respond to clear limits and *appropriate* family therapy
 - External activities are a resource
 - Prefer avoidance but may be able to engage effective coping skills
 - Prompt intervention critical
- If dynamics become entrenched, effective intervention may be enormously costly and marginally effective

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Trauma-Sensitive, Non-Suggestive Approach

- Children often exhibit behaviors that *may* result from trauma
- While allegations are under investigation, therapist’s role is to support healthy coping skills
- Trauma may come from multiple sources
- Active consideration of multiple hypotheses
- Education to parents re: multiple meanings of children’s behavior
- Specific instructions for therapeutic tasks

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Coping-Focused Approach is Trauma Sensitive

- Strengthens child’s independent abilities
- Helps child to develop independent emotional resources
- Language of feelings
- Graduated practice on non-contested issues
- Opportunities for early intervention by therapist
- Grounding in daily activities aids accurate understanding
- Consistent with current approaches to treatment of trauma

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Responding to Children’s Statements

- May be unusually direct early in the relationship
- If investigations ongoing, may need to redirect to another time or a different professional
- Explore *current* sources of anxiety and stress
- Equip with skills for current visitation structure
- Explore reasonableness of any fears expressed
- Structure for therapeutic tasks
- Reinforce age-appropriate behavior

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Progression in Treatment..

- Behavioral expectations
- Language of feelings, descriptions
 - Use non-loaded, generalized materials
 - Multiple hypotheses, constantly
 - Cautions re: targeted questions
 - Protocol for exploring alternate possibilities
 - Remember the child's outside life!
- Initial practice with parents in non-contested interactions
- Parent's knowledge of child's activities helpful

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Progression in Interventions

- Support parenting activities outside of contested issues (school events, etc.)
- Graduated practice may allow for more successful resolution of conflicted issues
- Parenting skills geared to specific goals
- Coordination among professionals
- If contact with parent remains toxic to the child, support appropriate resolution

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Maximizing Resources

- A single specialist in a neutral role (i.e. child-centered conjoint therapist or ideally a PC) can coordinate (and teach) less experienced professionals
- When intervention is early enough
 - Nonprofessional resources can aid treatment
 - External professionals can address specific issues
- Compare the costs of treatment and litigation
- Poor quality treatment ultimately costs more than engaging qualified professionals
- Judicial officer setting financial priorities

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“The judge decided; I’m here to help you make it work...”
Clear Underlying Orders Aid Treatment

- Details and limits in restraining orders
- Maintain parental roles where possible (i.e. public and school events if safe)
- Orders regarding travel or removing child from area
- Structured telephone access (often necessary for both sides), structure for web visits
- Detailed order re: exchange conditions, including holidays, and procedures around the child’s activities
- Expectations re: cooperation with treatment, clear treatment orders
- Areas of parental authority

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Create Developmentally-Appropriate
Therapeutic Tasks

- Within and outside of therapy
- Create tasks that are difficult for the parent (or child) to reasonably object to
- Use opportunities created by school or outside activities
- Work through the details of objections
- Protective structure where anxiety or safety are issues
- Recognize and set limits with tantrum behaviors
- Reality testing re: how others will react to the child’s abnormal behavior

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Analyzing and Selecting Activities

- What developmental tasks will it help the child achieve?
- What level of interaction is required or permitted? How does it match with:
 - Parents’ skills
 - Child skills
 - Status of relationship
 - Available resources, activity structure
- Is the court willing to help?
- Establishing contingencies

Moran, J., Sullivan, T., & Sullivan, M. (2015). *Overcoming the co-parenting trap: Essential parenting skills when a child resists a parent*. Natick, MA: Overcoming Barriers.; Greenberg, Doi Fick and Schneider, 2012; also in press; D. Austin 1982, 2012

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Therapeutic Interventions Versus Parenting Plan Assessments

- What questions can only be answered with an assessment?
- How extensive does the assessment need to be?
- What behavioral data can be gathered through treatment focused on daily issues?
- Can assessment be concurrent with intervention?
- Financial resources – where should the money be spent?

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Structure and Interventions: Children and Families

- Clear treatment orders/consents
 - (Sources for sample language)
 - Resist pressures to proceed without one
- Conference call with counsel
- Clear protocol, methodical procedures
- Logical connection between the order and goals
- Clarity re: boundaries of therapist’s role
- Decline cases that are set up to fail

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The Therapist Can (and Should) Assist with Specific Behaviors to Comply with Orders...

- Specific dialogue
- Structured routines, decision-making
- Rules and contracts, email confirmation, detail
- Recommendations to parents for better support of child
- Feedback regarding what is and isn’t working
- Ability to articulate limits of role
- Combining treatment resources with community involvement, which may also generate non-privileged data

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Preparation of Parents....

- Direction from the Court to cooperate may help – apply to both parents
- Give the reluctant parent a chance to be heard, but clear direction for cooperation
- Clear rules for each parent in therapy
- Assess for “special rules” vs. poor limit setting overall
- Central specialist coordinating with other therapists; one-way releases may be an option

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How Does a Parent Accept Responsibility?

- Discussion of contested issues (i.e. abuse allegations) may need to be deferred while investigations/evaluations are completed
- Support of healthy child behavior
- Children need to know their perceptions are accepted and taken seriously, but may not be literal memory
- Contracting for future behavior
- Permission from both parents to tell therapist what did and did not work
- Coordination with parent’s provider

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Practice and Follow-Through on Non-Contested Issues

- Parents gain understanding about the child’s daily life and activities
- Tailoring restraining orders and responsibilities of aligned parent
- Regular contact between both parents and therapist
- Spend part of each child’s session discussing daily life and issues
- Discussion and therapeutic contracts re issues in each parent-child relationship
- Detailed, careful follow-through

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More Unity May Serve us Well..

- If everyone attends to these issues, that information may filter back to the court;
- Advocate for inclusion of this issue in trainings that judges attend
- Expectations for treatment orders, not accepting cases that are set up to fail
- Education at every level
- Addressing the issues early
- Reminding ourselves that the life of the child and family interfaces with many other systems, which may provide crucial resources to the child and an opportunity for parents to demonstrate healthy behavior
- Most therapy takes place in the context of real life ☺

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Additional Handouts & Resources

- Association of Family and Conciliation Courts Guidelines www.afccnet.org
- Additional articles available at:
 - <http://lyngreenbergphd.com/publications-and-presentations/>
 - <http://lyngreenbergphd.com/resources-for-professionals/>
 - <http://lyngreenbergphd.com/resources-for-parents/>
- Additional Handouts
- Or email admin@lyngreenbergphd.com

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Contact Information

Lyn R. Greenberg, Ph.D., ABPP
 Forensic and Clinical Psychology
 Board Certified, Couple and Family Psychology
 11340 W. Olympic Blvd., Suite 265
 Los Angeles, CA 90064

Phone: (310) 399-3684
 Fax: (310) 988-2706
lyn@lyngreenbergphd.com
www.lyngreenbergphd.com

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