

Early Systemic Intervention with Resistance-Refusal Dynamics

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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.

3

Copies of Handouts and Additional Resources

<http://lyngreenbergphd.com/>

2

Risky Practices

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

4

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

5

Critical Issues (Young Children)

- Developmental regression (often to the nonverbal)
- Impacted by Adults' emotional reactions
- Vulnerable to adult interpretations
- Promoting language critical

7

Resistance-Refusal Dynamics (Young Children)

- Typically don't repeat hostile narratives about a parent independently
- Greater patchwork of strengths and weaknesses
- Rapid decisions about preschool may be critical
- Abilities that support parenting transitions are also *globally* adaptive

6

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

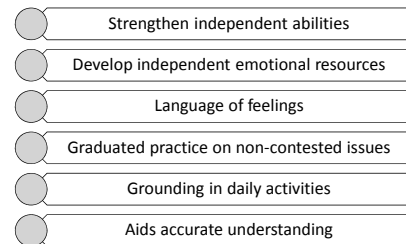
8

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

9

Coping-Focused Approach is Trauma Sensitive



11

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

10

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

12

Progression in Treatment..

- Behavioral expectations
- Language of feelings, descriptions
 - Use non-loaded, generalized materials
 - Multiple hypotheses, constantly
 - 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

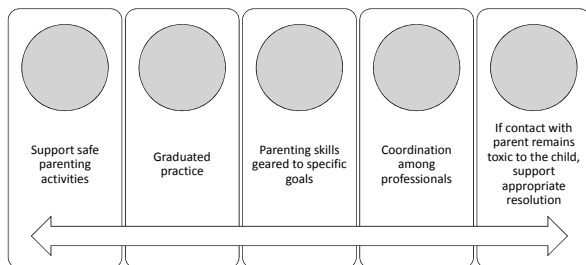
13

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

15

Progression in Parent Interventions



14

"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

16

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

17

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?

19

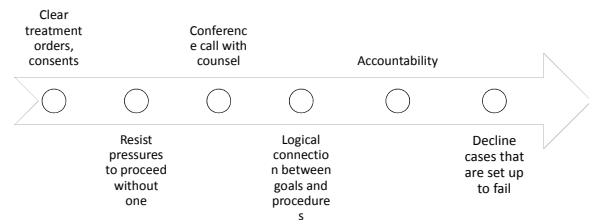
Analyzing and Selecting Activities

- 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 Schnider, 2012; also in press; D. Austin 1982, 2012

18

Structure and Interventions: Children and Families



20

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

Generating data

21

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

23

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

22

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

24

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 ☺

25

Contact Information

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27

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

26