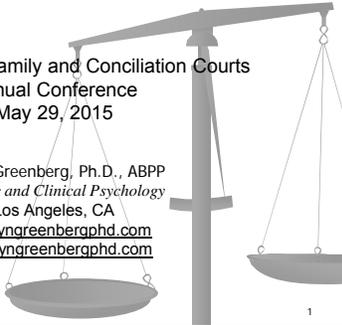


Expertise in Interventions: Why Does it Matter?

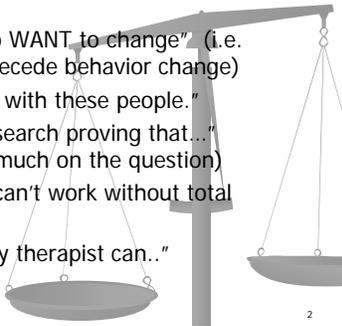
Association of Family and Conciliation Courts
Annual Conference
May 29, 2015

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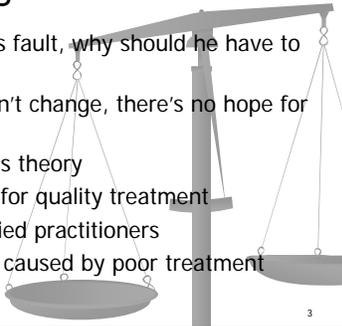
Does the data really support these statements?

- "People have to WANT to change" (i.e. Insight must precede behavior change)
- "Nothing works with these people."
- "There is no research proving that..." (depends very much on the question)
- "Interventions can't work without total confidentiality"
- "Any community therapist can.."



Common reasons for neglecting child treatment

- "It's not the child's fault, why should he have to go to therapy?"
- "If the parents don't change, there's no hope for the child anyway"
- Misapplied systems theory
- Lack of resources for quality treatment
- Shortage of qualified practitioners
- Exposure to harm caused by poor treatment



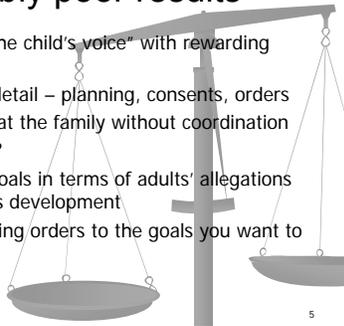
Failure to Distinguish Quality or Relevance of Therapeutic Interventions

- Assuming that all therapy is the same
- Not matching recommended services to developmental or behavioral goals
- Failure to stay informed of the research or identify applicable literature (there ARE studies and evidence-informed models on some of these issues)
- Assuming that the failure or poor quality treatment means that properly planned interventions can't be successful



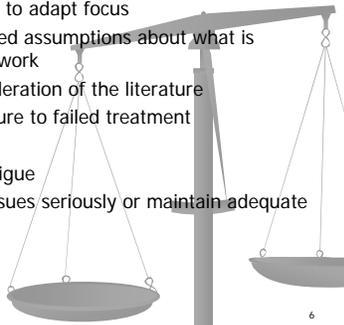
Poor planning produces predictably poor results

- Confusing "hearing the child's voice" with rewarding acting-out behavior
- Failure to attend to detail – planning, consents, orders
- "Throwing services" at the family without coordination
- Progress is cheating?
- Framing treatment goals in terms of adults' allegations rather than children's development
- Failure to tie underlying orders to the goals you want to achieve



Common Expert Mistakes

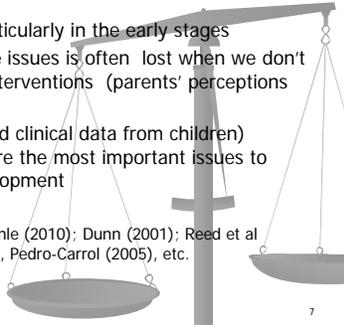
- Tunnel vision, failure to adapt focus
- Inaccurate or outdated assumptions about what is known, or what can work
- Overly narrow consideration of the literature
- Bias based on exposure to failed treatment
- Overgeneralization
- Recommendation fatigue
- Failure to take the issues seriously or maintain adequate expertise



Inadequate attention to daily skills, developmental tasks, coping research

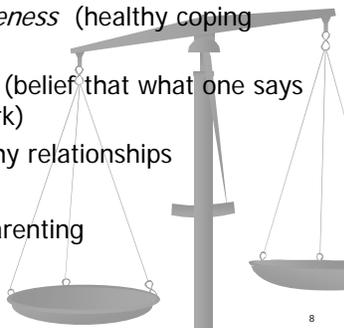
- Often neglected, particularly in the early stages
- Information on these issues is often lost when we don't involve children in interventions (parents' perceptions often not reliable)
- Outcome studies (and clinical data from children) suggest that these are the most important issues to them and their development

Johnston, Roseby and Kuehne (2010); Dunn (2001); Reed et al (2013); Sandler et al (2010), Pedro-Carrol (2005), etc.



Children's Outcome is Related To

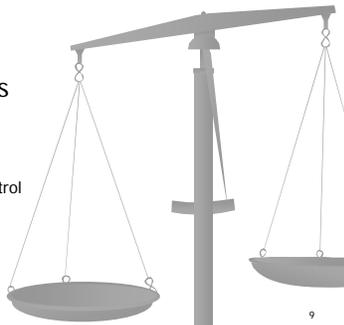
- Coping *Effectiveness* (healthy coping skills)
- Coping *Efficacy* (belief that what one says or does will work)
- Access to healthy relationships
- Stability
- Authoritative parenting



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

Individual Factors

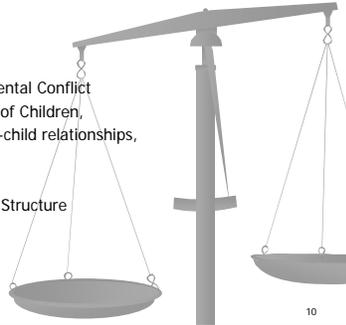
- Active coping style
- Accurate Attributions
- Hope for the Future,
- Realistic appraisal of control
- Effective coping skills



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

Family Factors:

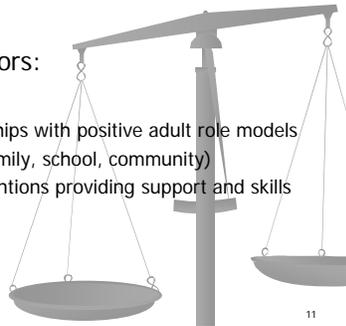
- Protection from Interparental Conflict
- Psychological well-being of Children,
- Solid, supportive parent-child relationships,
- Economic Stability,
- Authoritative Parenting
- Household Stability and Structure



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

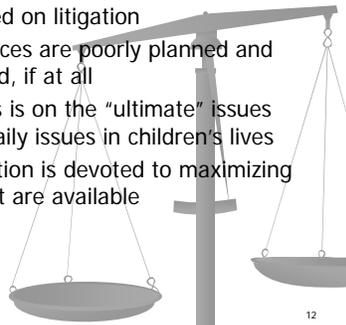
Extrafamilial Factors:

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



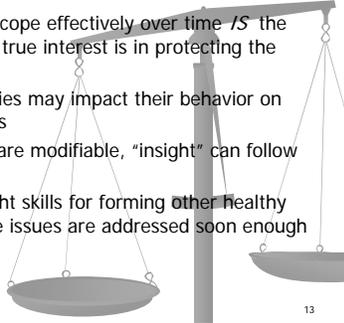
Typically, when there are resources...

- Most are expended on litigation
- Intervention services are poorly planned and poorly coordinated, if at all
- Professional focus is on the “ultimate” issues rather than the daily issues in children’s lives
- Inadequate attention is devoted to maximizing the resources that are available



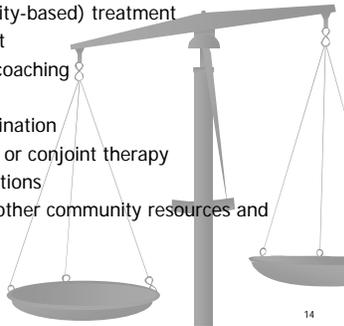
Changing our Thinking in Light of the Research

- The Child's ability to cope effectively over time *IS* the ultimate issue, if our true interest is in protecting the child
- Parents' coping abilities may impact their behavior on divorce-related issues
- Skills and strategies are modifiable, "insight" can follow behavior change
- Children can be taught skills for forming other healthy relationships, if these issues are addressed soon enough



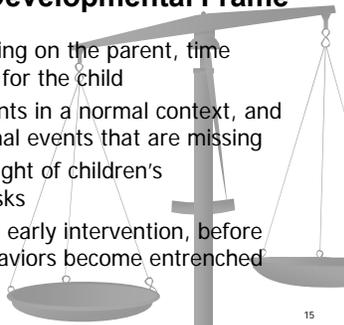
Continuum of Intervention

- Traditional (community-based) treatment
- Specialized treatment
- Parent consultation/coaching
- Parent education
- Parenting plan coordination
- Court-ordered family or conjoint therapy
- Coordinated interventions
- Managing access to other community resources and activities



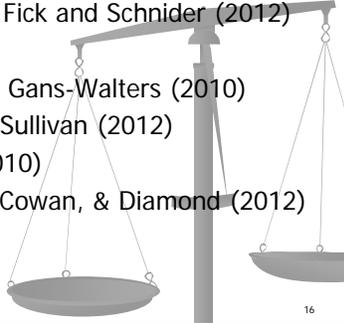
The Child's Context: Keeping the Developmental Frame

- While we're focusing on the parent, time continues to pass for the child
- Put abnormal events in a normal context, and consider the normal events that are missing
- Consider data in light of children's developmental tasks
- More options with early intervention, before dysfunctional behaviors become entrenched



Adapting and Integrating Models..

- Greenberg, Doi Fick and Schnider (2012)
- Lebow (2003)
- Friedlander and Gans-Walters (2010)
- Greenberg and Sullivan (2012)
- Sexton et al (2010)
- Pruet, Cowan, Cowan, & Diamond (2012)



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Child-Centered Conjoint Therapy

(Greenberg and Doi Fick, 2005, 2010
Greenberg, Doi Fick and Schnider 2012)

- Focus on the child's developmental needs
- Therapist may meet with different combinations of family members
- Involvement of both parents, other relevant family members
- Models are applicable to individual therapy with parent involvement
- Applicable to cases with unresolved allegations or resistance to contact (potential early intervention)



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Balancing Accountability, Privacy and Effectiveness

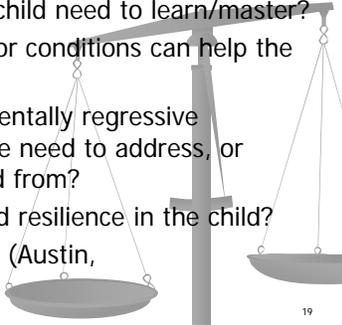
- There are many kinds of safety
- Keeping the expectations clear
- Addressing specific issues to reduce children's exposure to conflict
- Criteria for reporting treatment information, cooperation and progress
- What's necessary to create and support healthy behavior?
- Coping *Efficacy* is related to child outcome, may require sharing of information



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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?
- Activity analysis (Austin,



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Broad view of therapeutic services

- May not be limited to face-to-face sessions
- Interim support
 - Phone calls, conference calls, email "boosters"
 - Review/assistance with parental communication
- Auxiliary communications, record review
- Services in the event of relitigation
- Much depends on therapist's role, terms of order
- Realistic goals may include resolving issues even if contact with parent is limited

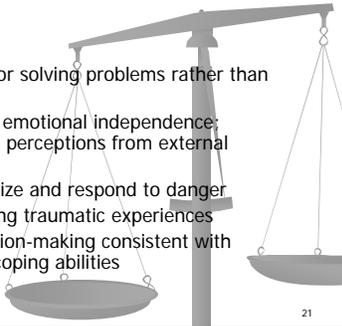


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Progress Occurs in a Developmental Frame

Children need:

- Active coping skills for solving problems rather than avoiding them
- Gradually increasing emotional independence; separating their own perceptions from external narratives
- The ability to recognize and respond to danger
- Support in overcoming traumatic experiences
- Participation in decision-making consistent with developmental and coping abilities



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Maximizing Resources

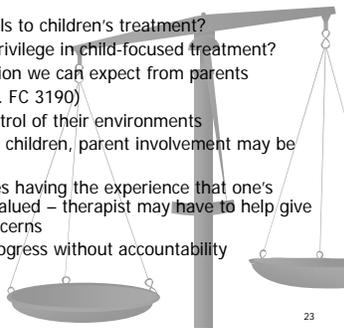
- A single specialist in a neutral role (i.e. child-centered conjoint therapist or ideally a PC) can coordinate (and teach) less experienced professionals
- When intervention is early enough, nonprofessional resources can aid treatment
- Compare the costs of treatment and litigation
- Poor quality treatment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



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Adjusting Our Thinking on Confidentiality

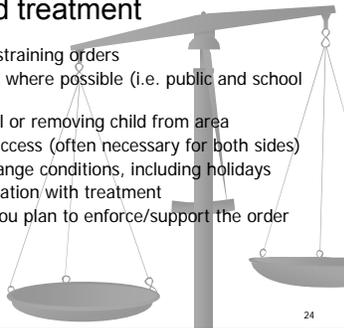
- Smart people disagree
 - Parents as collaterals to children's treatment?
 - Parents with own privilege in child-focused treatment?
 - Degree of cooperation we can expect from parents
 - Family as client (ex. FC 3190)
- Children are not in control of their environments
- Particularly with young children, parent involvement may be essential
- Coping *Efficacy* includes having the experience that one's words are heard and valued – therapist may have to help give voice to the child's concerns
- Some families don't progress without accountability



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"The judge decided, I'm here to help you make it work..." Underlying orders aid treatment

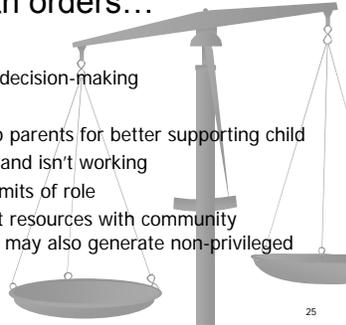
- Details and limits in restraining orders
- Maintain parental roles where possible (i.e. public and school events if safe)
- Orders regarding travel or removing child from area
- Structured telephone access (often necessary for both sides)
- Detailed order re exchange conditions, including holidays
- Expectations re cooperation with treatment
- Parents should know you plan to enforce/support the order



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Therapist can (and should) assist with specific behaviors to comply with orders...

- Specific dialogue
- Structured routines, decision-making
- Rules and contracts
- Recommendations to parents for better supporting child
- Feedback re 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





The “I didn’t want it to work anyway” model

- Sealed treatment in a high conflict case may produce:
 - No treatment at all
 - An accountability-free acting-out zone
 - Unprotected children
 - Simple transfer of chaos from courtroom to therapist's office
- Presence of minor's counsel or parent coordinator may mitigate many of these issues
- Criteria for “safe haven” treatment
- Conditional orders – confidential unless
- Consider involving the therapist in crafting a stipulation that will allow effective treatment



Selecting Professionals

- Essential skills and training (AFCC Guidelines)
- Avoiding the lowest common denominator
- Don't assume insurance coverage that may not exist
- Investing in change – quality treatment is ultimately less expensive than litigation
- Where resources or available professionals are limited, invest in a child or family therapist willing to coordinate with less experienced professionals
- Something isn't always better than nothing



The Skilled Therapist Needs Flexibility

- Getting info from parents and therapists
- Setting expectations for parent cooperation
- Structuring sessions and outside-session interventions
- Referring parents for other services, consulting other professionals



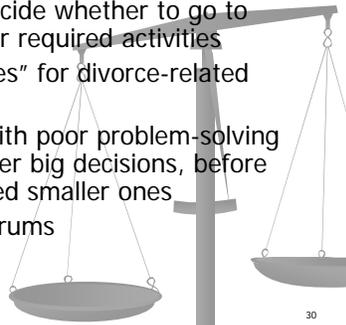
Someone May be Trying to Sabotage Treatment when they...

- Push for a therapist with insufficient skills
- Bind and gag the therapist
- Demand to know every detail of children's statements
- Write vague, unenforceable treatment orders
- Resist requests for specific parent responsibility or behavior change
- Bypass initial procedures



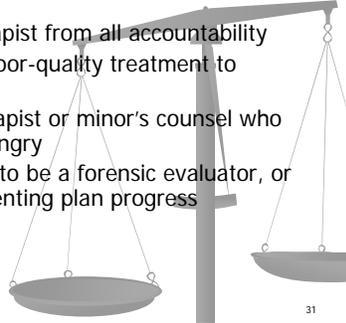
More Tips for Sabotaging Progress

- Let the child decide whether to go to therapy or other required activities
- Set "special rules" for divorce-related issues
- Give children with poor problem-solving skills control over big decisions, before they've mastered smaller ones
- Rewarding tantrums



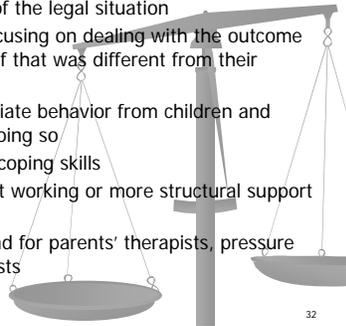
Still More Tips for Sabotaging Progress

- Insulate the therapist from all accountability
- Allow biased or poor-quality treatment to continue
- Remove any therapist or minor's counsel who makes a parent angry
- Ask the therapist to be a forensic evaluator, or to determine parenting plan progress



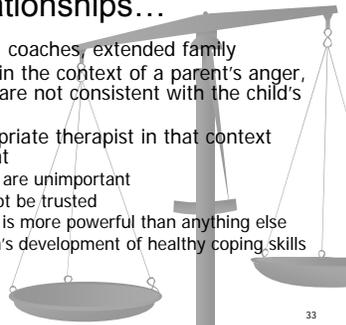
All therapists must be able to:

- Accept the realities of the legal situation
- Support clients in focusing on dealing with the outcome that occurred, even if that was different from their preference
- Require age-appropriate behavior from children and support parents in doing so
- Assist with practical coping skills
- Identify when it's not working or more structural support is needed
- This can create a bind for parents' therapists, pressure on children's therapists



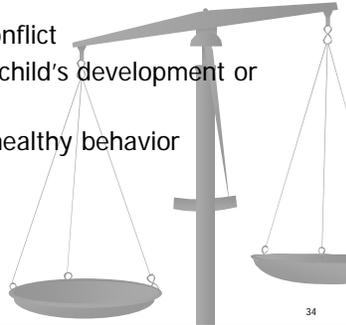
Children at the center of conflict have often lost many relationships...

- May include friends, coaches, extended family
- May have occurred in the context of a parent's anger, or accusations that are not consistent with the child's own experience
- Removing an appropriate therapist in that context sends messages that
 - The child's feelings are unimportant
 - Relationships cannot be trusted
 - The parent's anger is more powerful than anything else
 - Undermine children's development of healthy coping skills



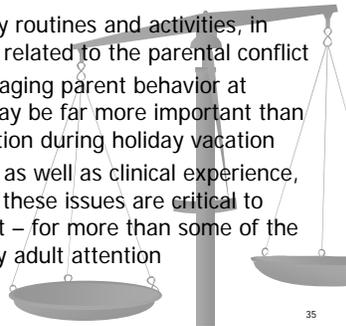
Conversely, continuing an inappropriate intervention can cause harm

- Escalation of conflict
- Undermining a child's development or independence
- Reinforcing unhealthy behavior



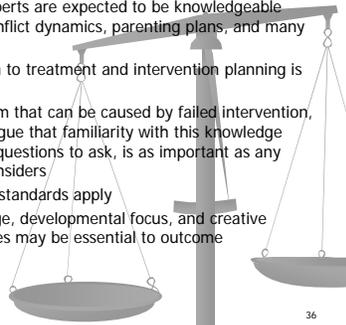
The Child's Tapestry is Smaller, and Larger, Than Ours

- Comprised of daily routines and activities, in addition to issues related to the parental conflict
- To the child, managing parent behavior at soccer practice may be far more important than the time of transition during holiday vacation
- Outcome studies, as well as clinical experience, demonstrate that these issues are critical to child development – for more than some of the issues that occupy adult attention



Expecting more from experts

- Evaluators and other experts are expected to be knowledgeable about DV, relocation, conflict dynamics, parenting plans, and many other issues
- Knowledge and attention to treatment and intervention planning is often lacking.
- Given the enormous harm that can be caused by failed intervention, we would respectfully argue that familiarity with this knowledge base, and with relevant questions to ask, is as important as any other issue an expert considers
- The same ethical issues/standards apply
- More thorough knowledge, developmental focus, and creative consideration of resources may be essential to outcome



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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