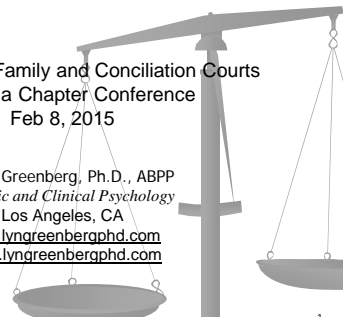


Court-Related Interventions
Selecting and Structuring the Right Services

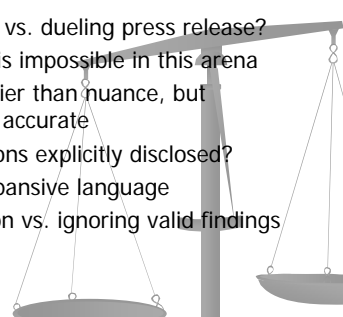
Association of Family and Conciliation Courts
California Chapter Conference
Feb 8, 2015

Lyn R. Greenberg, Ph.D., ABPP
Forensic and Clinical Psychology
Los Angeles, CA
lyn@lyngreenbergphd.com
www.lyngreenbergphd.com



Critical evaluation of scientific
information/claims

- Academic debate vs. dueling press release?
- Perfect research is impossible in this arena
- Epigrams are easier than nuance, but considerably less accurate
- Were the limitations explicitly disclosed?
- Cautions with expansive language
- Overgeneralization vs. ignoring valid findings



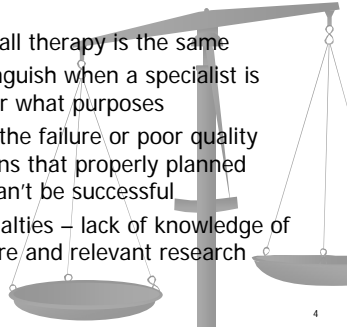
Truisms and Self-fulfilling
prophecies

- "People have to WANT to change" (i.e. Insight must precede behavior change)
- "Nothing works with these people."
- "There is no research proving that..." (In many cases, there actually is)
- "There's no money"
- "There are no qualified therapists"
- "Therapy can't work without total confidentiality"



Failure to Distinguish Quality or Relevance of Therapeutic Interventions

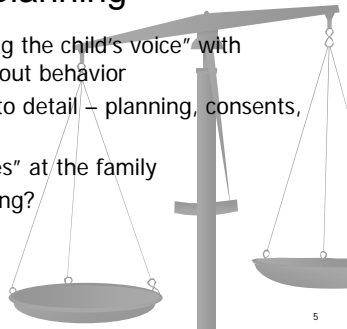
- Assuming that all therapy is the same
- Failure to distinguish when a specialist is needed, and for what purposes
- Assuming that the failure or poor quality treatment means that properly planned interventions can't be successful
- Diverging specialties – lack of knowledge of current literature and relevant research



4

More errors in intervention planning

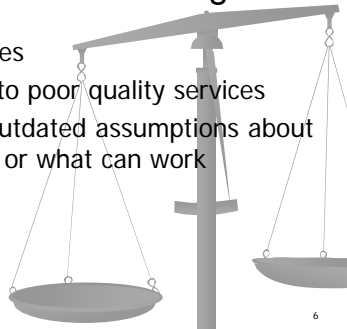
- Confusing “hearing the child's voice” with rewarding acting-out behavior
- Failure to attend to detail – planning, consents, orders
- “Throwing services” at the family
- Progress is cheating?



5

Other Obstacles to Effective Intervention Planning

- Limited resources
- Prior exposure to poor quality services
- Inaccurate or outdated assumptions about what is known, or what can work
- Tunnel vision

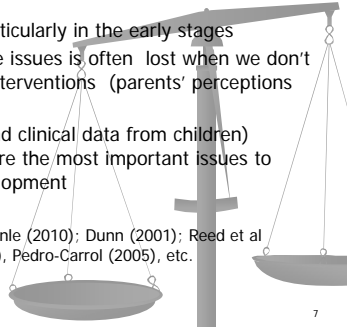


6

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

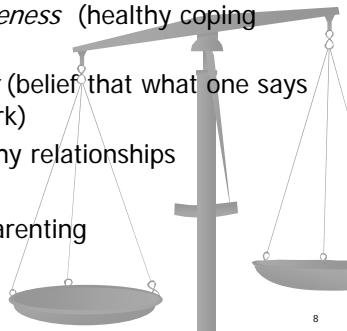
Johnston, Roseby and Kuehnle (2010); Dunn (2001); Reed et al (2013); Sandler et al (2010), Pedro-Carrol (2005), etc.



7

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

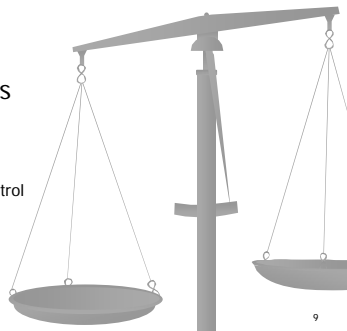


8

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

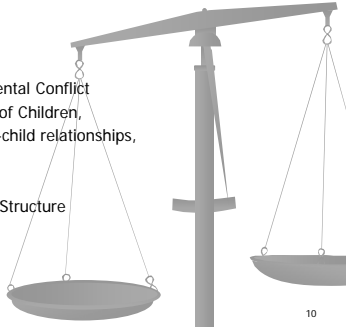


9

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

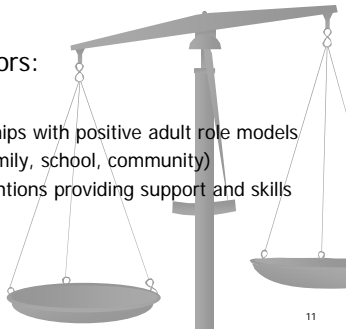


10

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

Extrafamilial Factors:

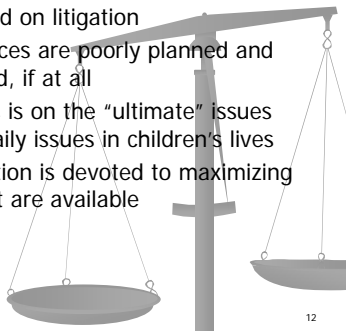
- Supportive relationships with positive adult role models
- Support network (family, school, community)
- Preventative Interventions providing support and skills training
- Effective Therapy



11

Typically, when there are resources...

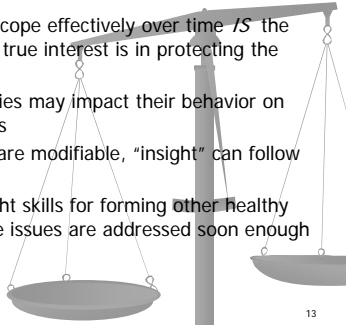
- Most are expended on litigation
- Intervention services are poorly planned and poorly coordinated, if at all
- Professional focus is on the "ultimate" issues rather than the daily issues in children's lives
- Inadequate attention is devoted to maximizing the resources that are available



12

Changing our Thinking in Light of the Research

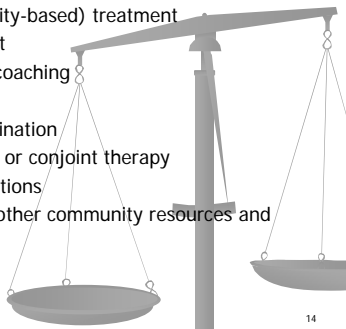
- The Child's ability to cope effectively over time *IS* the ultimate issue, if our true interest is in protecting the child
- Parents' coping abilities may impact their behavior on divorce-related issues
- Skills and strategies are modifiable, "insight" can follow behavior change
- Children can be taught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



13

Continuum of Intervention

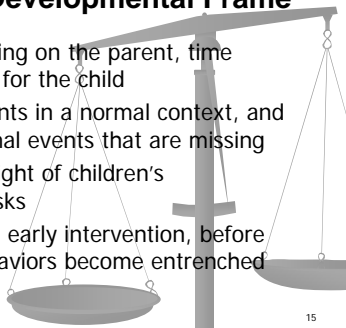
- Traditional (community-based) treatment
- Specialized treatment
- Parent consultation/coaching
- Parent education
- Parenting plan coordination
- Court-ordered family or conjoint therapy
- Coordinated interventions
- Managing access to other community resources and activities



14

The Child's Context: Keeping the Developmental Frame

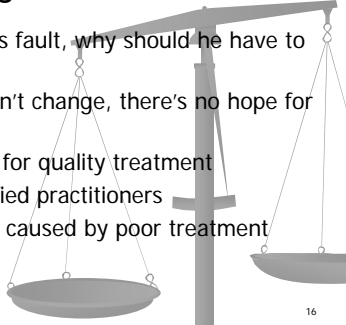
- While we're focusing on the parent, time continues to pass for the child
- Put abnormal events in a normal context, and consider the normal events that are missing
- Consider data in light of children's developmental tasks
- More options with early intervention, before dysfunctional behaviors become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



15

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"
- Lack of resources for quality treatment
- Shortage of qualified practitioners
- Exposure to harm caused by poor treatment

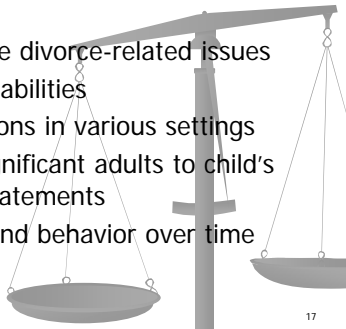


16

Avoiding Tunnel Vision...

Consider:

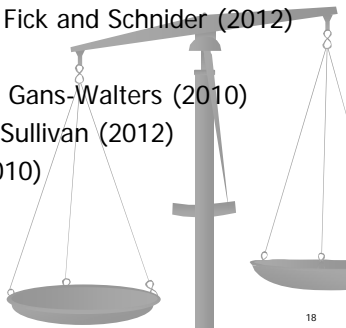
- Behavior outside divorce-related issues
- General coping abilities
- Rules/expectations in various settings
- Reactions of significant adults to child's behavior and statements
- Child's coping and behavior over time



17

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)



18



Child-Centered Conjoint Therapy

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

- Focus on the child's developmental needs
- Whether the child or the family is the identified client, the therapist's focus is on the child's needs and development
- 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

20

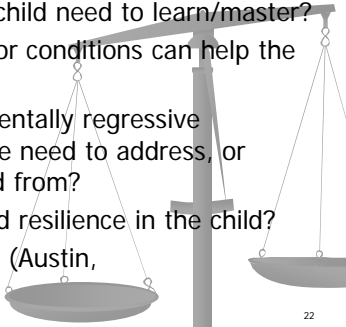
Balancing Accountability, Privacy and Effectiveness

- 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

21

Systemic Intervention Planning

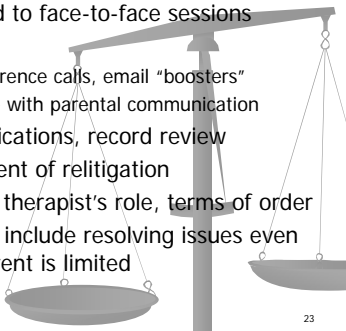
- What does the child need to learn/master?
- What activities or conditions can help the child get there?
- What developmentally regressive influences do we need to address, or protect the child from?
- How do we build resilience in the child?
- Activity analysis (Austin,



22

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

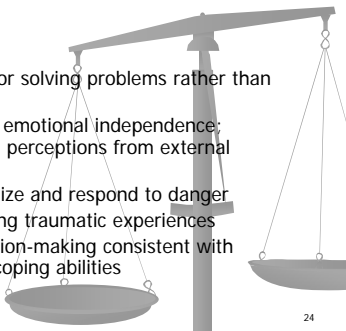


23

Progress Occurs in a Developmental Frame

Children need:

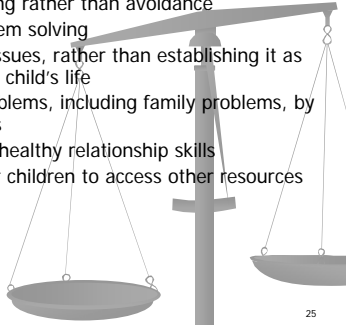
- Active coping skills for solving problems rather than avoiding them
- Gradually increasing emotional independence; separating their own perceptions from external narratives
- The ability to recognize and respond to danger
- Support in overcoming traumatic experiences
- Participation in decision-making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



24

Effective Children's Treatment

- Supports active coping rather than avoidance
- Enables verbal problem solving
- Resolves traumatic issues, rather than establishing it as a central issue in the child's life
- Supports solving problems, including family problems, by engaging with others
- Supports or teaches healthy relationship skills
- Creates a context for children to access other resources



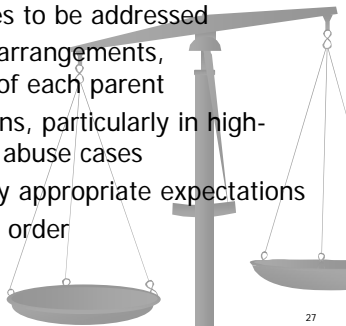
The undermining therapist...



"I'm the advocate for the child, and my client doesn't want to see her Dad..."

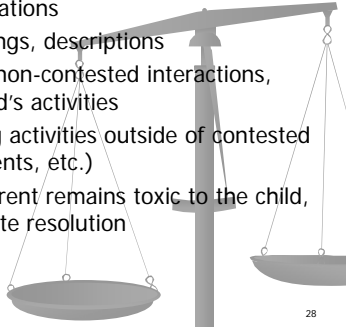
Structural issues for Therapy (Greenberg and Doi Fick, 2005)

- Specifying issues to be addressed
- Transportation arrangements, responsibilities of each parent
- Rules for sessions, particularly in high-conflict or child abuse cases
- Developmentally appropriate expectations
- Clear treatment order



Progression in treatment content..

- Behavioral expectations
- Language of feelings, descriptions
- Initial practice in non-contested interactions, knowledge of child's activities
- Support parenting activities outside of contested issues (school events, etc.)
- If contact with parent remains toxic to the child, support appropriate resolution



28

I
WANNA
TALK
TO THE
JUDGE!

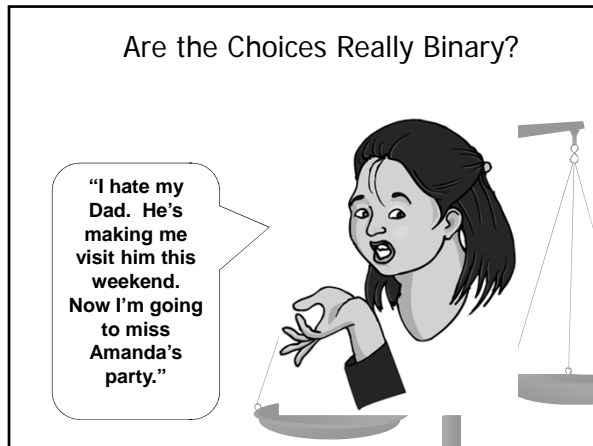


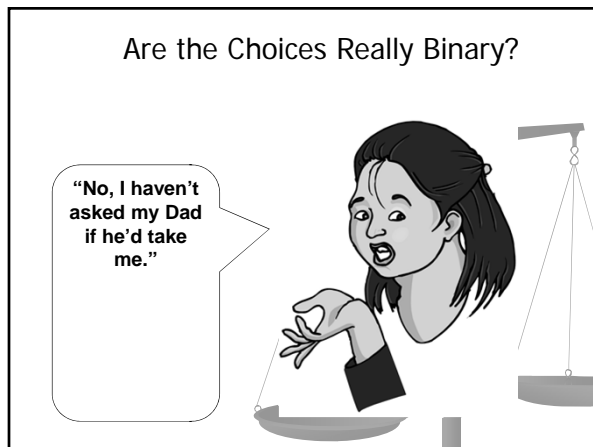
29

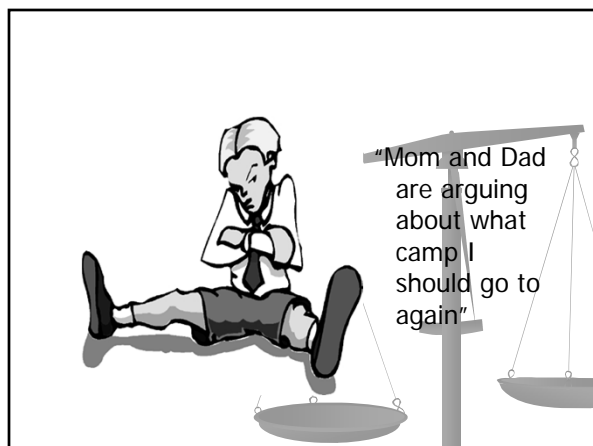
I really
want to
play on
the same
soccer
team as
my friend
Billy

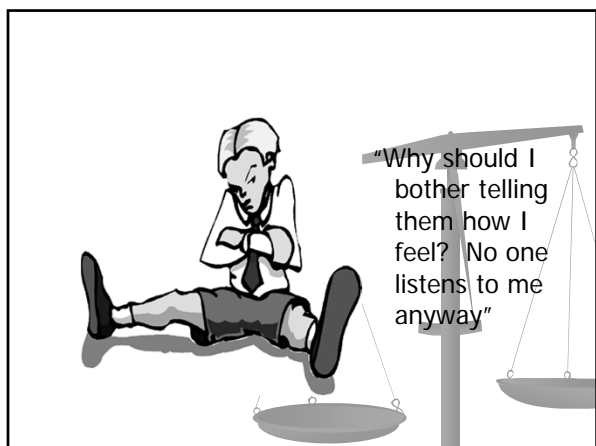


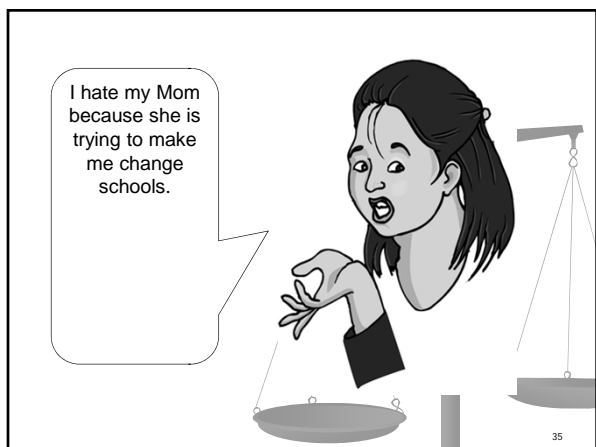
30

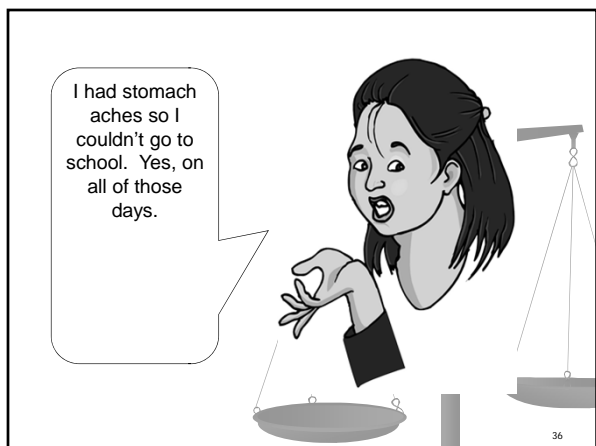








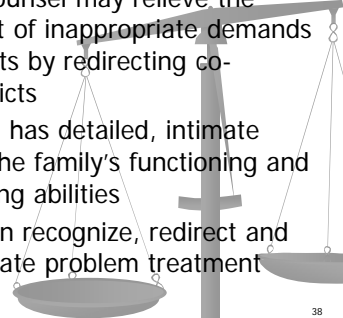






Synergizing Roles

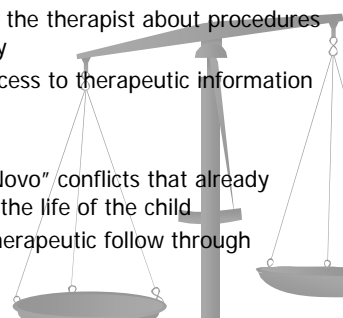
- PC or Minors counsel may relieve the child's therapist of inappropriate demands from the parents by redirecting co-parenting conflicts
- Therapist often has detailed, intimate knowledge of the family's functioning and the child's coping abilities
- Qualified PC can recognize, redirect and possibly terminate problem treatment



38

Common PC or Minors Counsel Mistakes

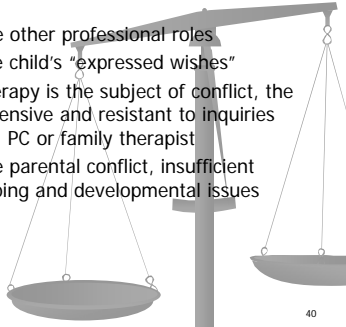
- Failure to consult the therapist about procedures related to therapy
- Problems with access to therapeutic information
 - Dismissing
 - Disclosing
- Tackling as "De Novo" conflicts that already have a history in the life of the child
- Not supporting therapeutic follow through



39

Common Therapist Mistakes

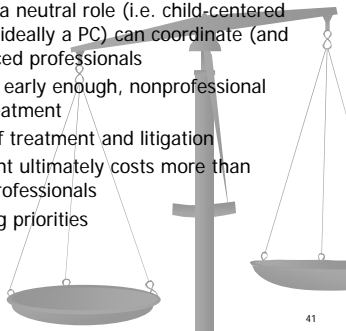
- Bias
- Failure to respect the other professional roles
- Overemphasis on the child's "expressed wishes"
- Particularly when therapy is the subject of conflict, the therapist may be defensive and resistant to inquiries from minors counsel, PC or family therapist
- Overemphasis on the parental conflict, insufficient attention to daily coping and developmental issues



40

Maximizing Resources

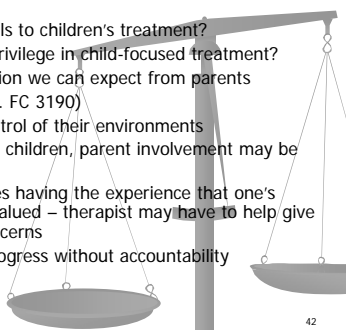
- A single specialist in a neutral role (i.e. child-centered conjoint therapist or ideally a PC) can coordinate (and teach) less experienced professionals
- When intervention is early enough, nonprofessional resources can aid treatment
- Compare the costs of treatment and litigation
- Poor quality treatment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



41

Adjusting Our Thinking on Confidentiality

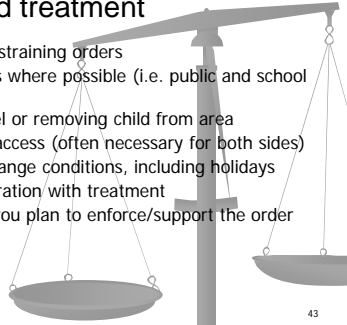
- Smart people disagree
 - Parents as collaterals to children's treatment?
 - Parents with own privilege in child-focused treatment?
 - Degree of cooperation we can expect from parents
 - Family as client (ex. FC 3190)
- Children are not in control of their environments
- Particularly with young children, 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



42

“The judge decided, I’m here to help you make it work...” Underlying orders aid treatment

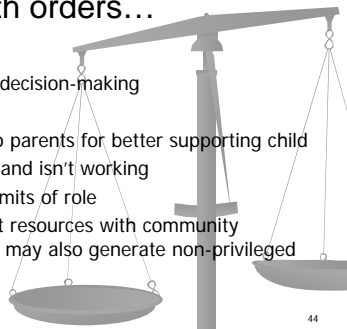
- Details and limits in restraining orders
- Maintain parental roles where possible (i.e. public and school events if safe)
- Orders regarding travel or removing child from area
- Structured telephone access (often necessary for both sides)
- Detailed order re exchange conditions, including holidays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



43

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

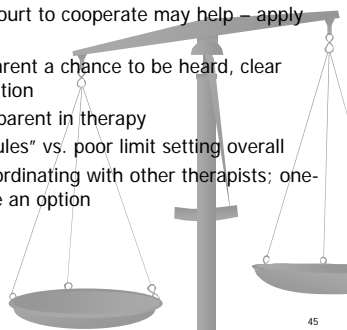
- Specific dialogue
- Structured routines, decision-making
- Rules and contracts
- Recommendations to parents for better supporting child
- Feedback re what is and isn't working
- Ability to articulate limits of role
- Combining treatment resources with community involvement – which may also generate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



44

Preparation of parents....

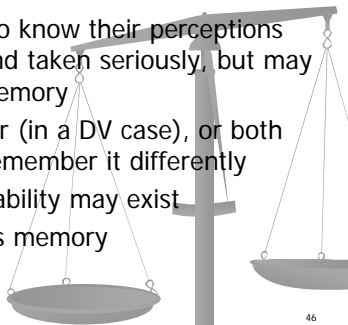
- Direction from the Court to cooperate may help – apply to both parents
- Give the reluctant parent a chance to be heard, clear direction for cooperation
- Clear rules for each parent in therapy
- Assess for “special rules” vs. poor limit setting overall
- Central specialist coordinating with other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



45

How does a parent accept responsibility?

- Children need to know their perceptions are accepted and taken seriously, but may not be literal memory
- Alleged offender (in a DV case), or both parents, may remember it differently
- Criminal vulnerability may exist
- Trauma impacts memory

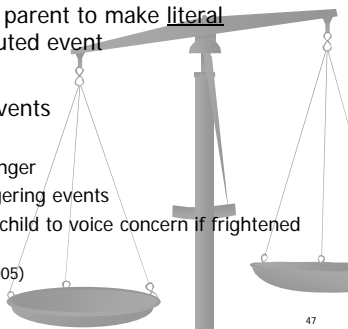


46

How does a parent accept responsibility? (cont.)

- Not necessary for parent to make literal admission of disputed event
- Future focus
- Rules for future events
 - Safety
 - Management of anger
 - Avoidance of triggering events
 - Empowerment of child to voice concern if frightened or distressed

(Doi Fick and Greenberg, 2005)

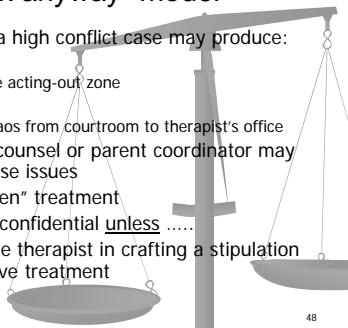


47



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

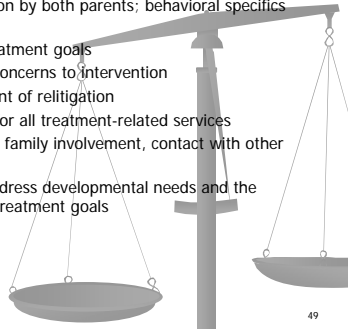
- Sealed treatment in a high conflict case may produce:
 - No treatment at all
 - An accountability-free acting-out zone
 - Unprotected children
 - Simple transfer of chaos from courtroom to therapist’s office
- Presence of minor’s counsel or parent coordinator may mitigate many of these issues
- Criteria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



48

Treatment orders should include:

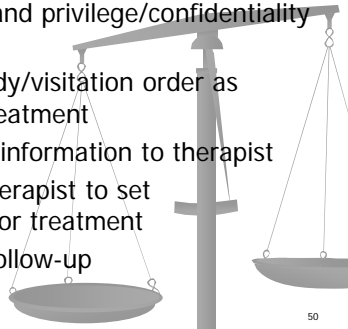
- Expectation of cooperation by both parents; behavioral specifics helpful
- Court's concerns and treatment goals
- Clear path from court's concerns to intervention
- Contingencies in the event of relitigation
- Payment arrangements for all treatment-related services
- Parameters for extended family involvement, contact with other professions, etc.
- Sufficient flexibility to address developmental needs and the therapist's ability to set treatment goals



49

Treatment orders should include ^[2]:

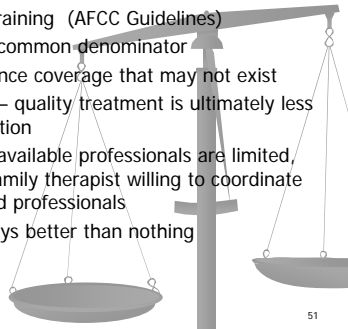
- Accountability and privilege/confidentiality expectations
- Separate custody/visitation order as backdrop for treatment
- Parameters for information to therapist
- Discretion to therapist to set arrangements for treatment
- Provisions for follow-up



50

Selecting Professionals

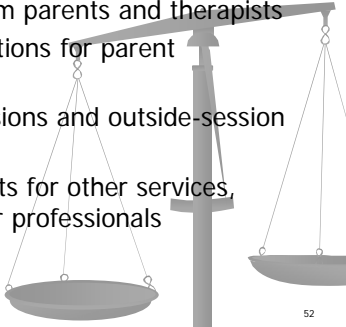
- Essential skills and training (AFCC Guidelines)
- Avoiding the lowest common denominator
- Don't assume insurance coverage that may not exist
- Investing in change – quality treatment is ultimately less expensive than litigation
- Where resources or available professionals are limited, invest in a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



51

The Skilled Therapist Needs Flexibility

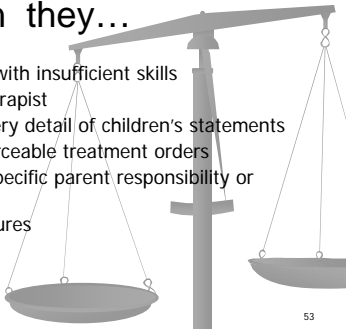
- Getting info from parents and therapists
- Setting expectations for parent cooperation
- Structuring sessions and outside-session interventions
- Referring parents for other services, consulting other professionals



52

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

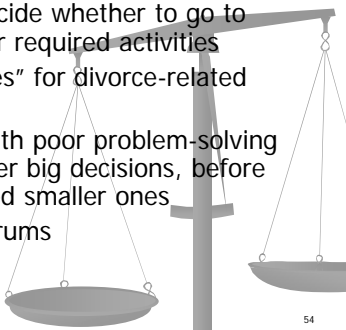
- Push for a therapist with insufficient skills
- Bind and gag the therapist
- Demand to know every detail of children's statements
- Write vague, unenforceable treatment orders
- Resist requests for specific parent responsibility or behavior change
- Bypass initial procedures



53

More Tips for Sabotaging Progress

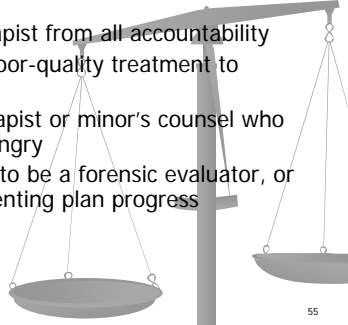
- Let the child decide whether to go to therapy or other required activities
- Set "special rules" for divorce-related issues
- Give children with poor problem-solving skills control over big decisions, before they've mastered smaller ones
- Rewarding tantrums



54

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

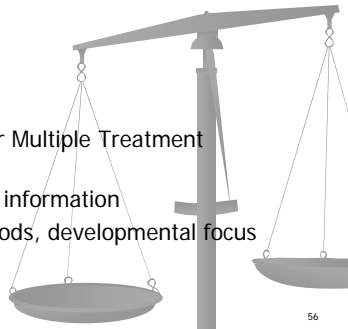


55

Assessing the Quality of Treatment

Look For:

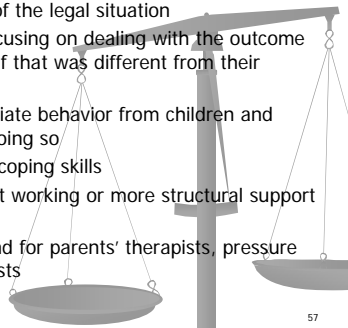
- Professionalism
- Role Boundaries
- Ability to Consider Multiple Treatment Hypotheses
- Openness to new information
- Appropriate methods, developmental focus



56

All therapists must be able to:

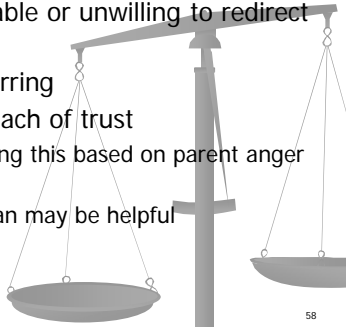
- Accept the realities of the legal situation
- Support clients in focusing on dealing with the outcome that occurred, even if that was different from their preference
- Require age-appropriate behavior from children and support parents in doing so
- Assist with practical coping skills
- Identify when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



57

When is a change necessary?

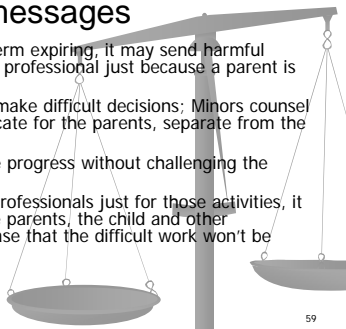
- Therapist is unable or unwilling to redirect treatment
- Splitting is occurring
- Irresolvable breach of trust
 - Cautions re doing this based on parent anger alone
 - Coordinated plan may be helpful
 - Procedures



58

Avoiding decisions for the wrong reasons, cautions regarding the messages

- Absent the person's term expiring, it may send harmful messages to remove a professional just because a parent is unhappy
- PC's are appointed to make difficult decisions; Minors counsel are appointed to advocate for the parents, separate from the child
- Therapists don't create progress without challenging the parents or child
- If the Court removes professionals just for those activities, it sends messages to the parents, the child and other professionals on the case that the difficult work won't be supported



59

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

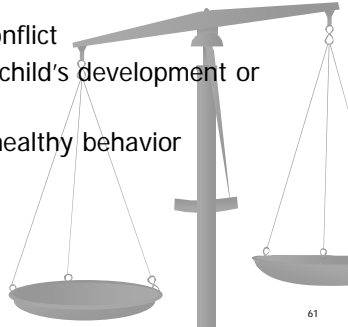
- May include friends, coaches, extended family
- May have occurred in the context of a parent's anger, or accusations that are not consistent with the child's own experience
- Removing an appropriate therapist in that context sends messages that
 - The child's feelings are unimportant
 - Relationships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



60

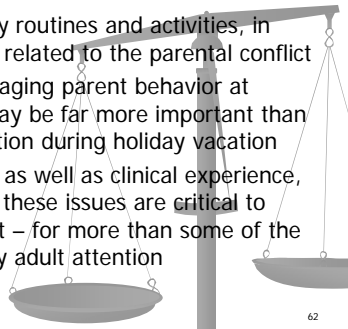
Conversely, continuing an inappropriate intervention can cause harm

- 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



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



Contact Information

Lyn R. Greenberg, Ph.D., ABPP
11340 Olympic Blvd., Suite 265
Los Angeles, CA 90064
(310) 399-3684
Fax (310) 988-2706
lyn@lyngreenbergphd.com
<http://lyngreenbergphd.com/>

