

MANAGING MEDICAL AND SPECIAL NEEDS
ISSUES IN HIGH CONFLICT CASES:
PRACTICAL STRATEGIES, INTERDISCIPLINARY
SOLUTIONS

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What to Expect From this Workshop

- No specific focus on Covid-19 cases
- Not about “special medical procedures”
- High conflict - not family violence
- Sharing of knowledge and experience
- Interdisciplinary

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Who is here today?

Are you?

- 1) A lawyer?
- 2) A judge?
- 3) A mental health professional?
- 4) Report writer?
- 5) Therapist?
- 6) Mediator?
- 7) Community intervention worker?
- 8) Parenting Coordinator?
- 9) Someone I left out?

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Establishing our Definitions

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High conflict parents: typical indicators

- Duration (history) of dispute (especially as regards separation)
- Intensity of dispute (medical issues short but intense?)
- Separation adjustment process inhibited or dysfunctional

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High conflict parents: typical indicators

- Personality traits and behaviours of parents including: rigid right/wrong belief; black/white thinking; deep shame or sense of rejection; self-importance; poorly differentiated self; empathy/remorse deficits; facts/feelings blurred; tactics underscore actions; undermining of other parent;

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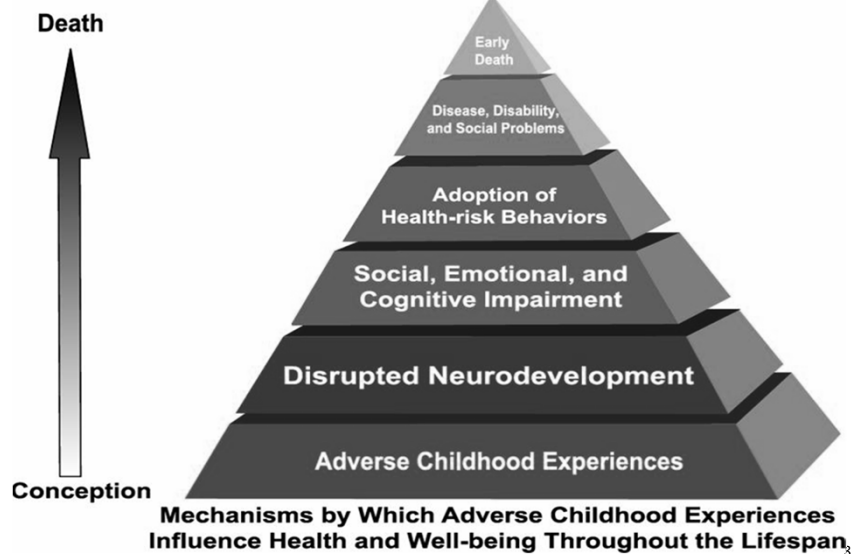
Possible underlying drivers of medical disputes relating to children

- Clashing values
- Continuation of existing unhealthy behavioural patterns e.g. control
- Case-specific concerns
- Live for the conflict
- Other - Specific issues related to the medical concern and “child consent”

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ACES Pyramid



Courtesy Robin M. Deutch Ph.D. ABPP

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Levels of Stress, Potential Outcomes

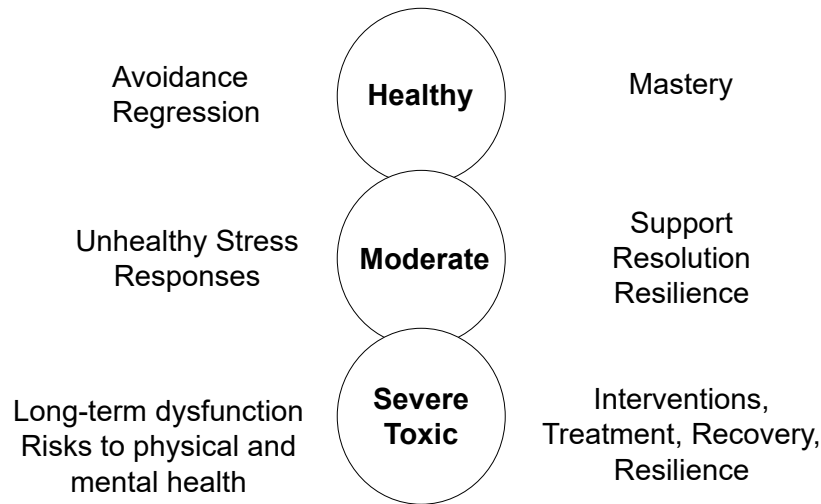


Image courtesy of Saini and Drozd(2018)

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Conflict is a Frequent Component

- Observed
- Experienced
- Internalized
- Frequently Unresolved
- Interactions with the Legal System

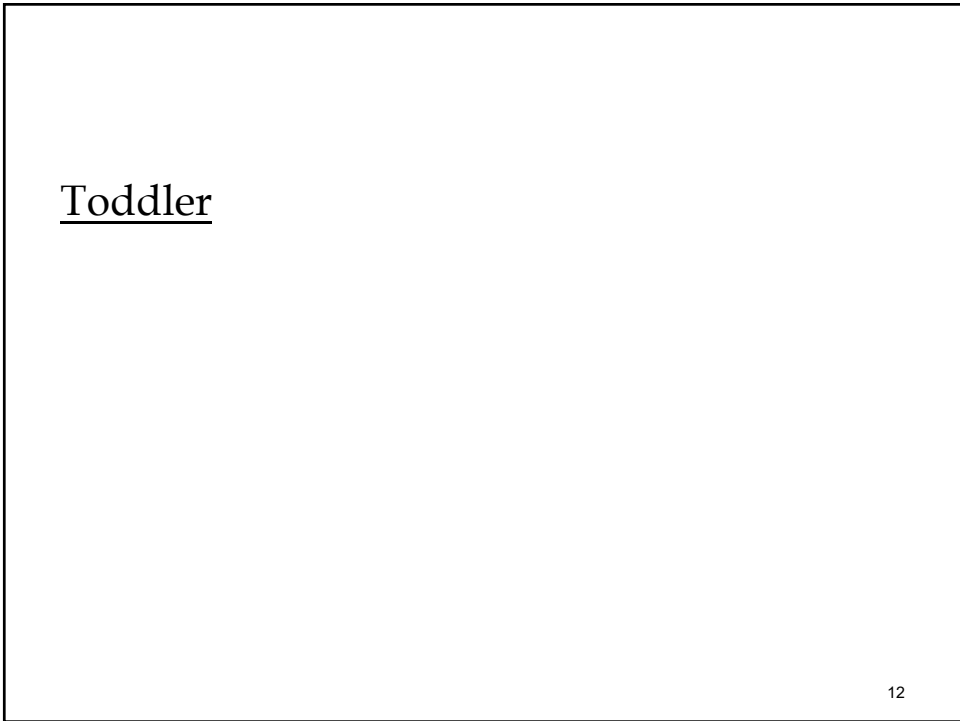
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Implications

- Child continues to suffer from untreated or poorly managed condition
- Child learns to rely on condition or physical complaints to avoid normal stress
- Blame focus rather than resolving problems
- Professionals skip basic steps
- *Severe, longlasting effects on children*

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Conflicts about medical and educational needs may arise from:

- Pre-existing condition that:
 - Worsened after the parents' separation
 - Contributed to the parents' separation
 - Is overwhelming one or both parents
 - Is being weaponized
- Newly diagnosed or recognized condition interacting with underlying conflict

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More causes of conflict

- Poor coping skills in one or both parents
- Child presenting differently in the two households
- Blame and defensiveness
- Poor coordination among providers

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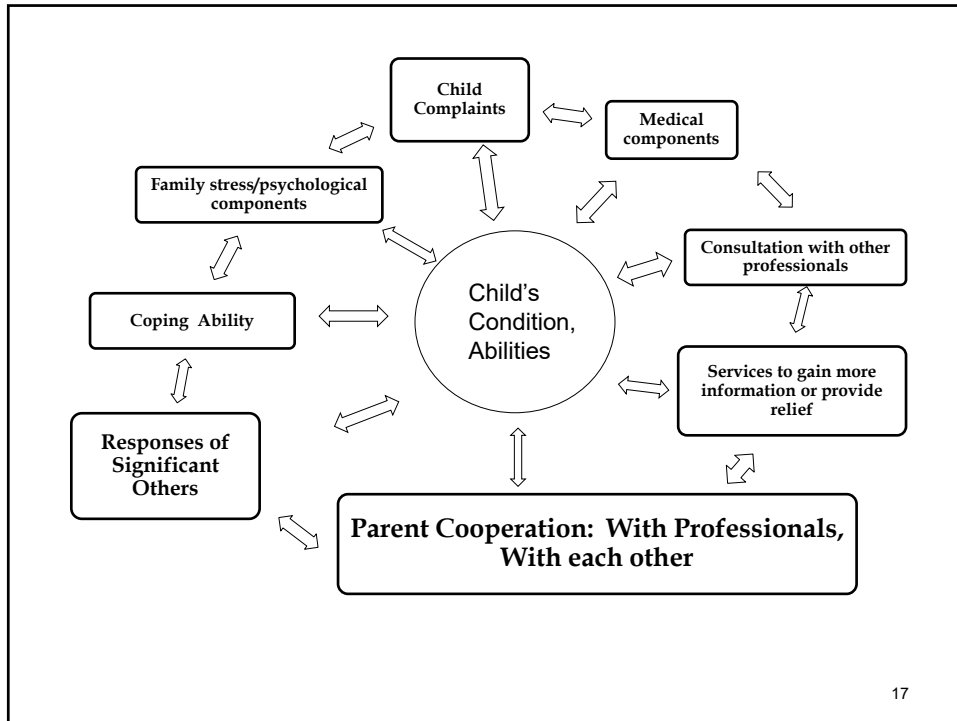
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Key Questions to Ask

- If this case wasn't in court, what would the next step be?
- How much detail do I have/need?
- Who do I need to talk to?
- What do I need to know about other professionals' involvement?

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Case Study #1

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Key points to remember..

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Bypassing the pediatrician is usually a mistake

- Medically standard protocol
- Continuing influence
- Proper procedure for accurate diagnosis
- Solution focused
- Valuable data
- They have information we don't

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If you're doing this, you're missing something



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The child's "job" is to ...

- *Grow up healthy*
- *Mastering developmental tasks along the way*
- *Learn to have successful relationships with others*
- *Learn to solve problems constructively*
- *Manage stress*
- *Learn emotional control...*

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The parent's "job" is..

- To provide the tools and environment that helps the child reach those goals
- Engage with surrounding systems
- Get necessary help and support
- Support autonomy and development

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Watch What Happens When...

- Someone suggests a solution
- The parents are asked to do something different
- The child is asked to do something different
- Another professional (pediatrician, teacher, etc.) requests cooperation

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Interdisciplinary cooperation is key..

- The information generated can be extremely powerful
- We each know something that others don't
- Professionals who made initial mistakes can often become valuable team members
- Teaching tool..

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Case #2

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Role of the Court?

- Be available; timeliness; fast-track
- Partnership with parents, lawyers, ICLs, medical and mental health professionals, evaluators, therapists
- Docket system enhances accountability
- Journey with the parents and children

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Role of the Court?

- Set expectations as to compliance and accountability
- Explain consequences of non-compliance
- Offer hope, encouragement, normalise, chastise, educate
- Other? What would you like court to do?

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Role of Lawyers?

- Focus on child (duty to the court)
- Set realistic client expectations
- Communicate
- Participate
- Draft orders and agreements

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Drafting principles in these cases

- Anticipation & prevention of foreseeable problems
- Planning for the unforeseen: a safety net?
- Maintain child-focus
- Be realistic in terms of desired outcomes

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Drafting principles in these cases

- Highly prescriptive, not descriptive, orders (fine brush, not broad)
- Expect compliance and accountability
- Build-in incentives/disincentives/escalator provisions?
- Collaborative approach to drafting?
- Other?

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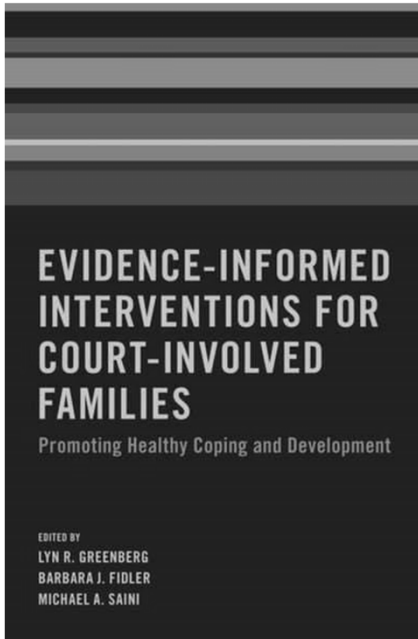
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The Good News..

- Effective intervention is possible
- When services are provided soon enough, child's condition may improve significantly

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Presenter Contact Information

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