

Problems and Solutions? Known Knowns, Known Unknowns, Unknown Unknowns:

When a Child Resists or Refuses Contact with a Parent.

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Association
Alaska Psychological Association
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The Problem

Child Resists or Refuses Contact with a Parent.

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Description and Goal

Parent-Child Contact Problems are amongst the most difficult post-separation/post-divorce problems that any of us work with. The goal of this workshop is to answer the question, "What to Do When a Child Resists or Rejects a Parent."

In the course of this training participants will learn what we know, what we don't know and the resulting unknown unknowns.

A practical and concrete Toolkit will be presented for mental health professionals, attorneys, and judicial officers working with this challenging population.

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Learning Objectives

At the end of this training, participants will be familiar with:

- The assessment of the known knowns & coming to know the unknowns, while learning to live with the unknown unknowns in working with family systems approach with allegations of abuse and parent-child contact problems.
- The multiple causes of parent-child contact problems.
- The interface between trauma and resist-refuse dynamics.
- The ways in which the healing of relationships is part of trauma work.
- Treatment goals & the acquisition of coping skills in evidence-informed treatment
- The importance of time in treatment in post separation parent-child contact matters.

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Outline-1

I. Introduction and Overview

"The Research Says"...What do we know and not know; and what are the unknown knowns.
High conflict, high litigation, risky cases.

II. The Problem. Is Alienation the cause; or What about the Abuse and the Trauma?

Alienation is the cause; or
Abuse is the cause.
The answer is "AND."

III. The Mindset that works when a Resist-Refuse (RRD) or Parent-Child Contact Problem (PCCP) case crosses your desk or bench. "And"

Exploring multiple hypotheses and mitigating implicit bias and cognitive errors.

IV. Snapshot Look

What do the players look like?
Rejected parent
Favored parent
Effects on children
Characteristics of RRD cases.
The continuum of severity of RRD cases.
Is it Trauma or Stress? The interface of abuse and alienation
Keys to the castle in RRD work.

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Outline-2

IV. The Solution

What works & does not work: A Family System works while individual or conjoint (rejected child-parent) therapy often times fails

What works

Early and earlier interventions.
The Team Approach: When therapists, attorneys, and the court are on a team
Accountability.
Keeping costs down.
Tools in the Toolbox.
One Size Really Does Not Fit All: The Importance of Incorporating Culturally Relevant Adaptations in Reunification Therapy (April Harris-Britt, Diane Paces-Wiles, Noa Wax, 17 September 2021, Family Court Review.
Reunification Therapy research is significantly limited as it pertains to the challenges of treating and assisting such families from diverse cultural backgrounds.
Suggestions are offered for enhancing Evidence-Informed Interventions (EIs) to address parent-child contact problems within diverse populations by incorporating culturally specific interventions to increase parenting skills, reduce parent and child distress, and repair attachments through therapeutic experiences

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Outline₃

IV. The Solution, continued

What fails

Time is the enemy and thus.....

Therapists, attorneys, and the court may be part of the problem in RRD work.

Biases

Constructive advocacy vs. zealous advocacy

Mixing up clinical and forensic roles

Being too helpful: Dual roles

Caution: The voice of the child

V. Knowing what we know & live with the unknown unknowns

Remember safety first, last and always for children.

Recognize you've been correct to be wary of 'binaries'

Decline to take an 'all or nothing' approach

View behaviors as a family relational problem rather than a pathology of one parent or a child

Know that behaviors and relationships are dynamic and changing

Know there is insufficient empirically validated evidence supporting a single factor alienation theory; parental alienation is not a diagnostic syndrome

Order assessments that analyze all family members and interactions and relationships as a dynamic organism

Watch for future analyses from the professionals

Support a nuanced view of the child and his/her behavior and desires

"The" answer is "and".

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On the 12th of February 2002, Donald Rumsfeld, back then Secretary of State of the US, used an until then little-known framework to help him in making the case for the invasion of Iraq.

The Known Knowns and Unknowns framework.



Video

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*As we know,
There are known knowns.
There are things we know we know.*

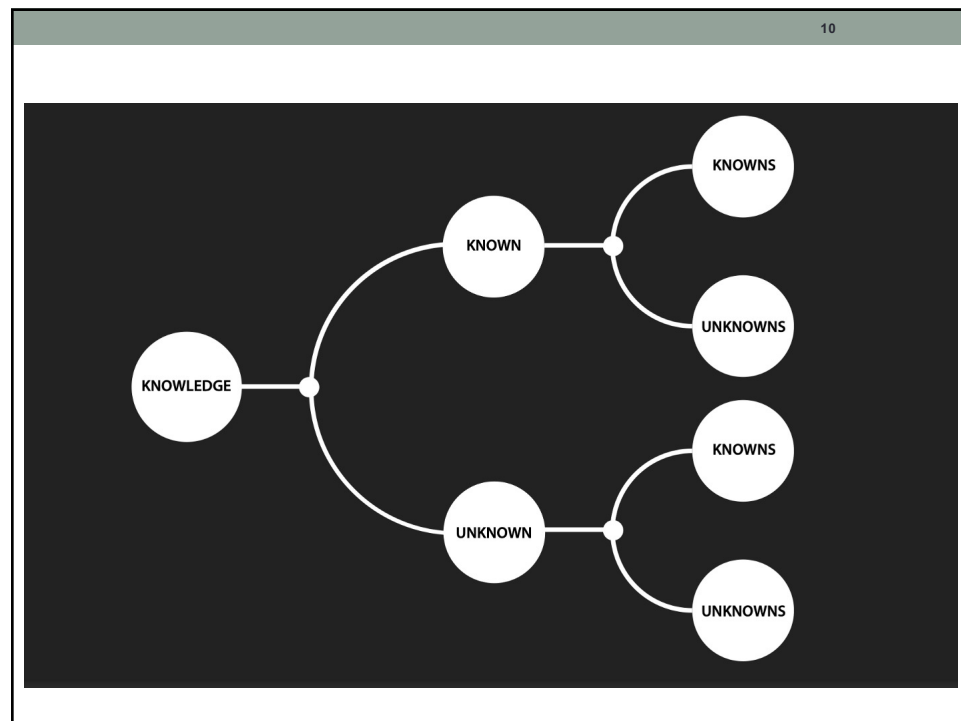
*We also know
There are known unknowns.
That is to say
We know there are some things
We do not know.*

*But there are also unknown unknowns,
The ones we don't know
We do not know.*

*Finally, there are unknown knowns
The knowns
We do not want to know.*

[*Pieces of Intelligence*](#), by Hart Seely (edited version
by [Daase and Kessler](#), 2007)

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The Choices-1

- **Known Knowns (facts)**: you use analytics data to check those facts against them.
- **Known Unknowns (hypotheses)** : can be confirmed or rejected with measurements.
- **Unknown Knowns (our intuitions and prejudices)**: can be put aside if we trust the data instead.
- **Unknown Unknowns (it can be anything!)** : are often left behind but can be the source of great insight. By exploring the data in an open-minded way, we can recognize patterns and hidden behavior that might point to opportunities.

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The Choices-2

KNOWN KNOWNS	analogies, lateral thinking
KNOWN UNKNOWN	build hypothesis, measure, iterate
UNKNOWN KNOWN	brainstorming, group sketching
UNKNOWN UNKNOWN	research, exploration

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Knowns

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Is It Abuse, Alienation and/or Estrangement?

The Answer is “And.”

Knowns

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What's the Research Say?

2020 Survey of Resist and/or Refuse Dynamics

- Collaboration between National Council of Juvenile and Family Court Judges (NCJFCJ) and the Association of Family and Conciliation Courts (AFCC) in 2020
- Represents the largest sample of responses on this topic. Over 500 pages of comments were submitted by participants.
- Aim – to 'take the temperature' of the professional cultures.
- Most participants indicated receiving no more than 4 hours of training on resist/refuse dynamics
- Most (+85%) were unaware of tools available to differentiate realistic estrangement from alienating behavior by a parent

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Multi-Factorial Approach

There is a clear consensus about the importance of a multi-factorial approach in cases of RRD

87% of respondents believe that PAB by the preferred parent is "only one of a number of influential factors useful in explaining RRD"

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IPV and PA

A substantial majority (68%) disagreed with the idea that “PA and intimate partner violence are mutually exclusive”.

Most (53%) disagree with the statement “A majority of allegations of child maltreatment in the context of child custody disputes are false” (35% were undecided).




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Knowns

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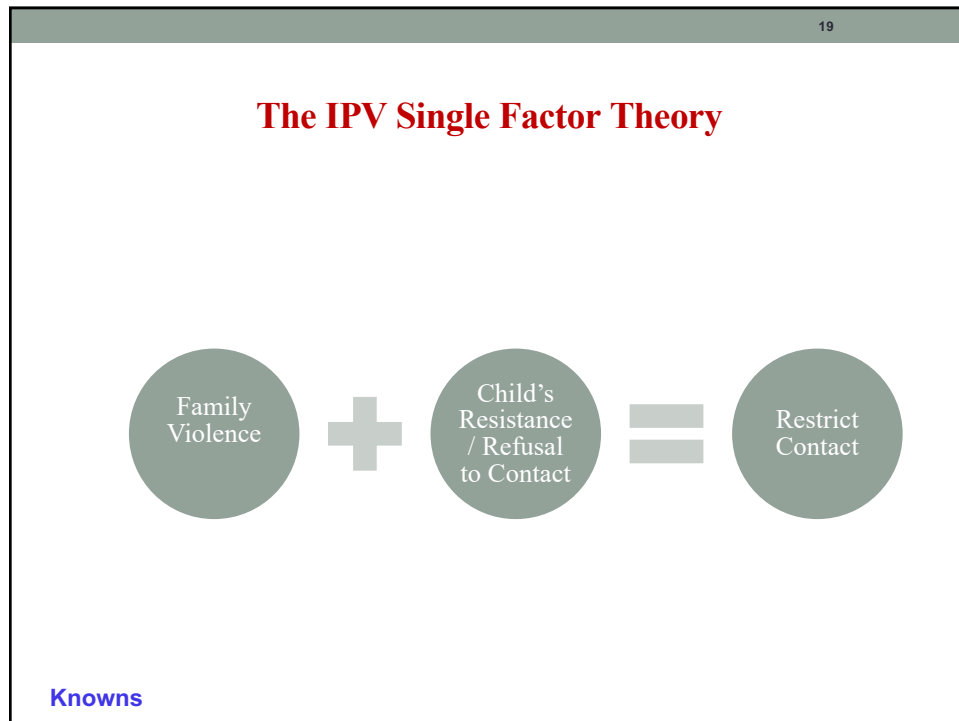
The PA Single Factor Theory



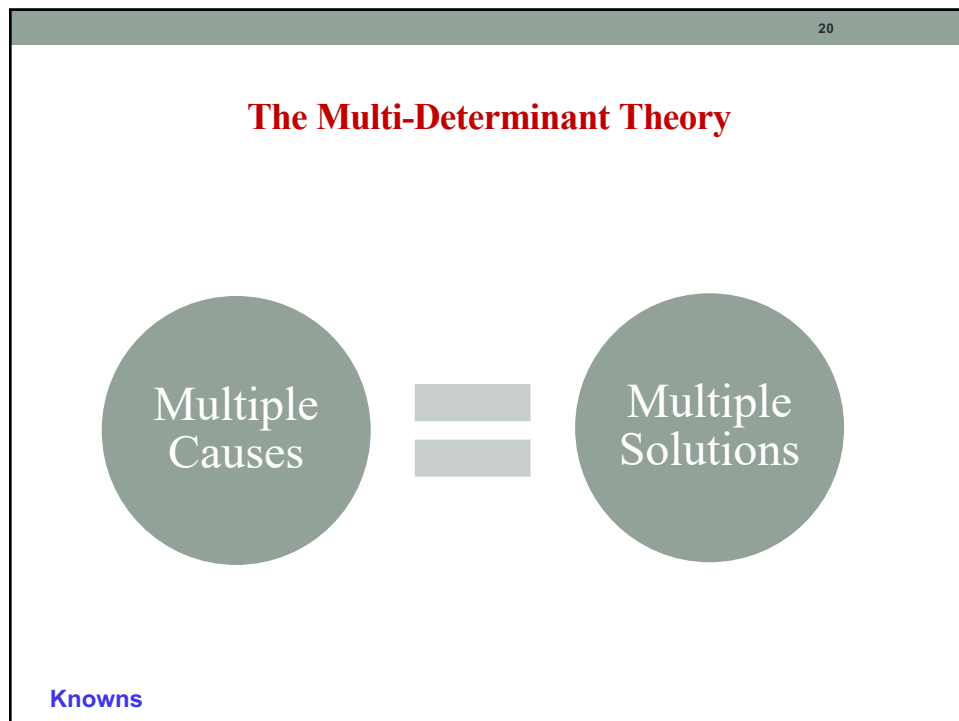
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graph LR; A((Parental Alienation Behaviors)) -- "+" --> B((Child's Resistance / Refusal to Contact)); B -- "=" --> C((Reversal of Custody / Intensive Intervention))
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Knowns

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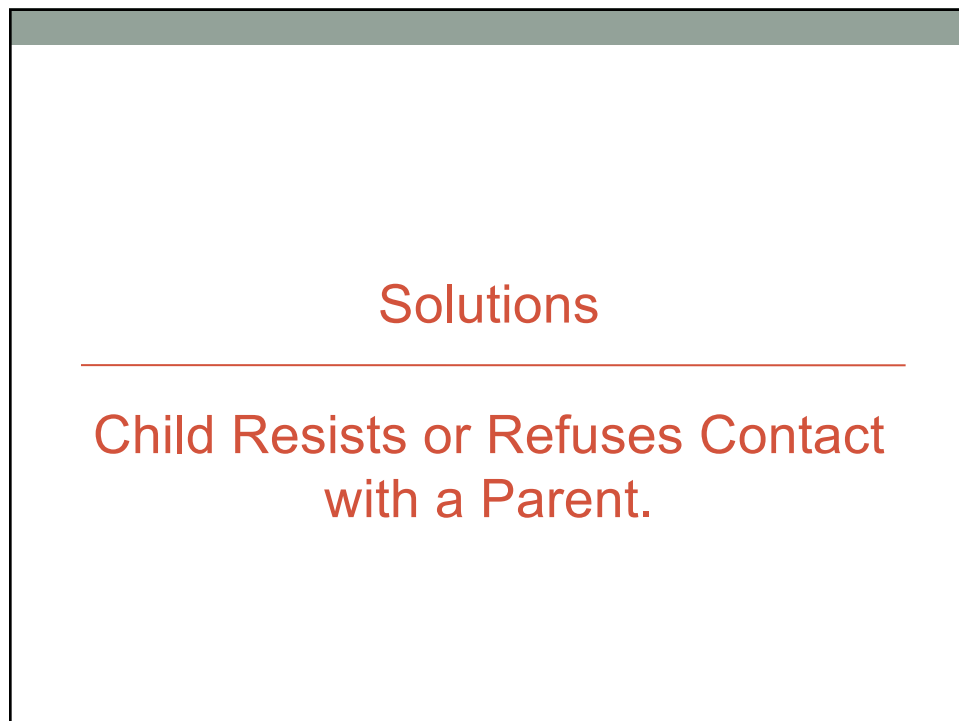
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The Mindset that Works to Help Discover Known Knowns, Known Unknowns, and Unknown Knowns as well as Unknown Unknowns

“In the beginner's mind there are many possibilities, in the expert's mind there are few.”

—Shunryu Suzuki



and in the Advocate's Mind.....

There's only one possibility.

Our Challenge – Embrace a Beginner's Mind

Knowing Knowns while Searching for Unknowns Saini, 2021


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.....

Les Mis_{erable}:

Misinterpretations
Misattributions
Misinformation



Making sense of our world gives rise to various cognitive, perceptual, and motivational biases that can distort judgment.

Bias can be a source of intergroup conflict.

People who disagree about matters of mutual concern can misinterpret and misattribute each other's words and deeds (Pronin et al., 2002).

Knowing Knowns while Searching for Unknowns

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SCIENCE VS. EVERYTHING ELSE

ANSWERS

SIMPLE BUT WRONG

COMPLEX BUT RIGHT

WILEY INK

SAINI, 2021

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Living With Uncertainty

AN INCONVENIENT TRUTH

A REASSURING LIE

WILEY INK

SAINI, 2021

- It is far easier to slide into certainty than accepting uncertainty
 - applies to all of us, professionals & the parents, children and adolescents we work with
- Extremely difficult to hold two competing ideas - truths at the same time, or more than two truths
- To cope with the anxiety/uncertainty we are inclined to let one go if the idea that gets in our way and align with the other

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Saini, 2021

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- Is child responding to abuse, IPV, poor parenting, poor step-parenting?
- If abuse occurred, what was nature, context, intention and meaning?
- Was there coercive control in relationship, or “regular” control?
- Is a parent engaging in unjustified restrictive gatekeeping and/or alienating behaviors?

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Complex Cases with Multiple Determinants (2)

- Other explanations for child's behavior?
 - Pathological attachment to abusive parent?
 - Child enmeshed with emotionally dependent/needy parent (parentification)
 - Folie-a-deux: child shares delusional belief about the other parent with very disturbed, thought-disordered and powerful parent

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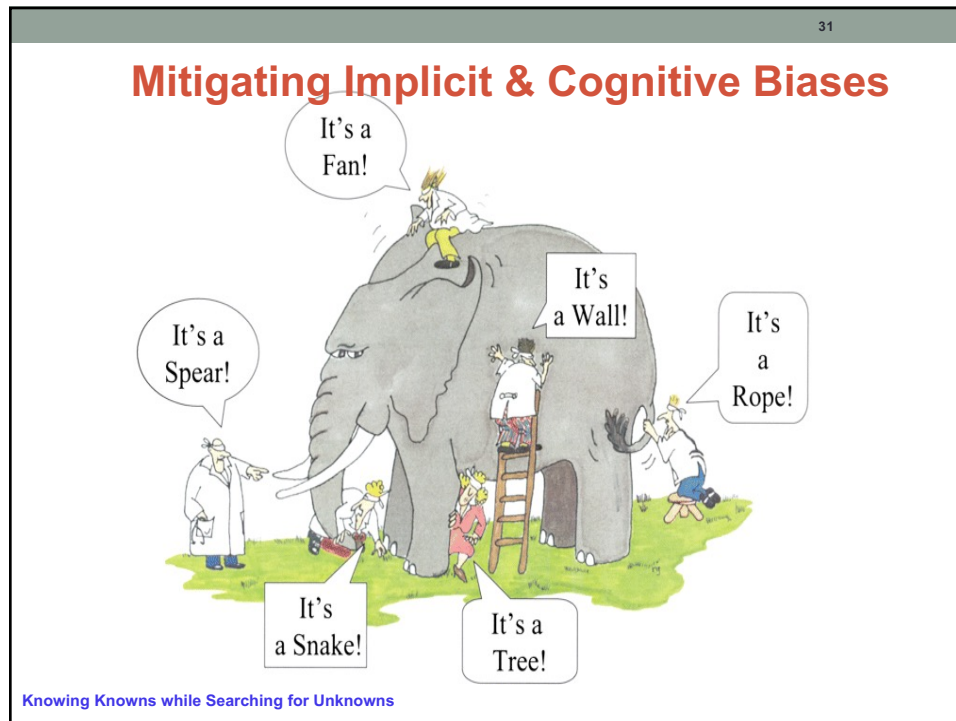
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Complex Cases with Multiple Determinants (3)

- Hybrid Cases/Multifactorial:
 - Both parents engage in alienating conduct/have some responsibility for breakdown in relationship with one parent.
 - Hybrid case: Walters & Friedlander, 2010
 - Multifactorial: Johnston & Sullivan, 2020
- Additional Determinants:
 - Action that exacerbates the conflict
 - Harsh rigid parenting
 - Lack of warm involvement
 - Parentification – role reversal
 - Mental health or substance abuse issues

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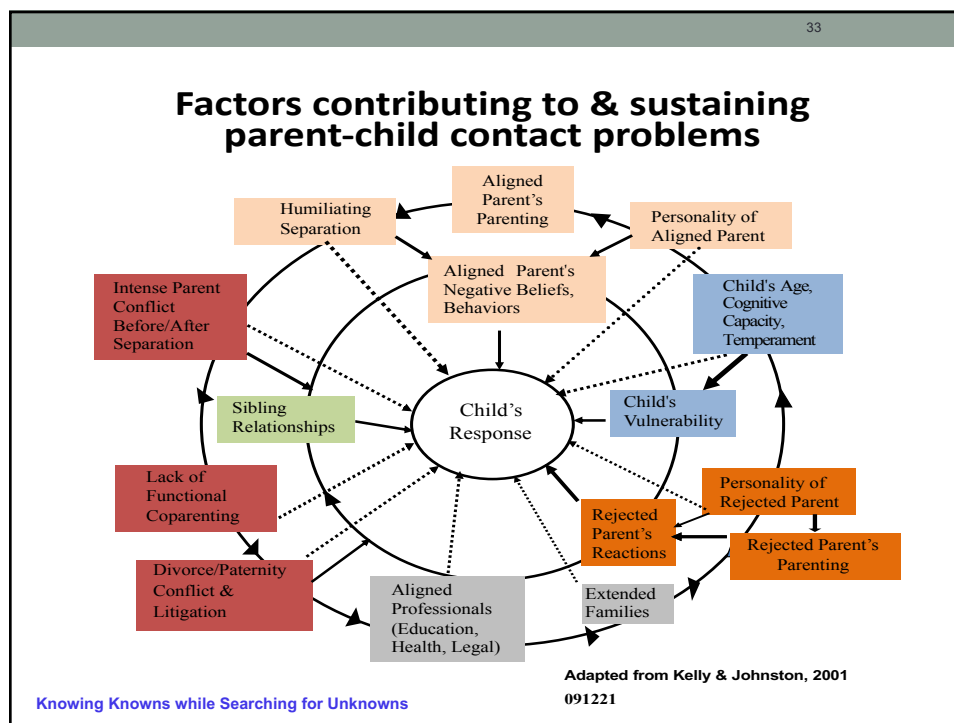
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Relationship of Decision Trees to Evidence-Informed or Evidence-Based Practice

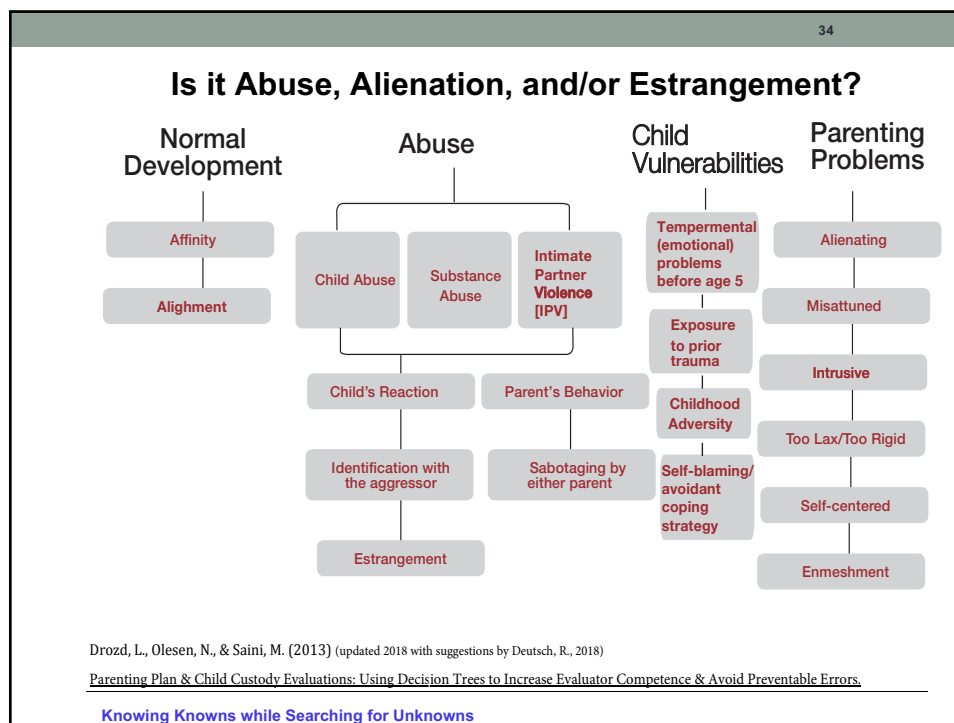
- The numerous assumptions underpinning are elicited, the weight and validity of evidence for each is appraised, and a mixed picture emerges.
- Certain propositions seem well supported; others are not yet proven and possibly unknowable.
- This is the standard predicament of evidence-based policy.
- Evidence does not come in finite chunks offering certainty and security to policy decisions.
- Rather, evidence-based policy is an accumulative process in which the data pursue but never quite capture unfolding policy problems.
- The whole point is the steady conversion of “unknowns” to “knowns.”

Knowing Knowns while Searching for Unknowns

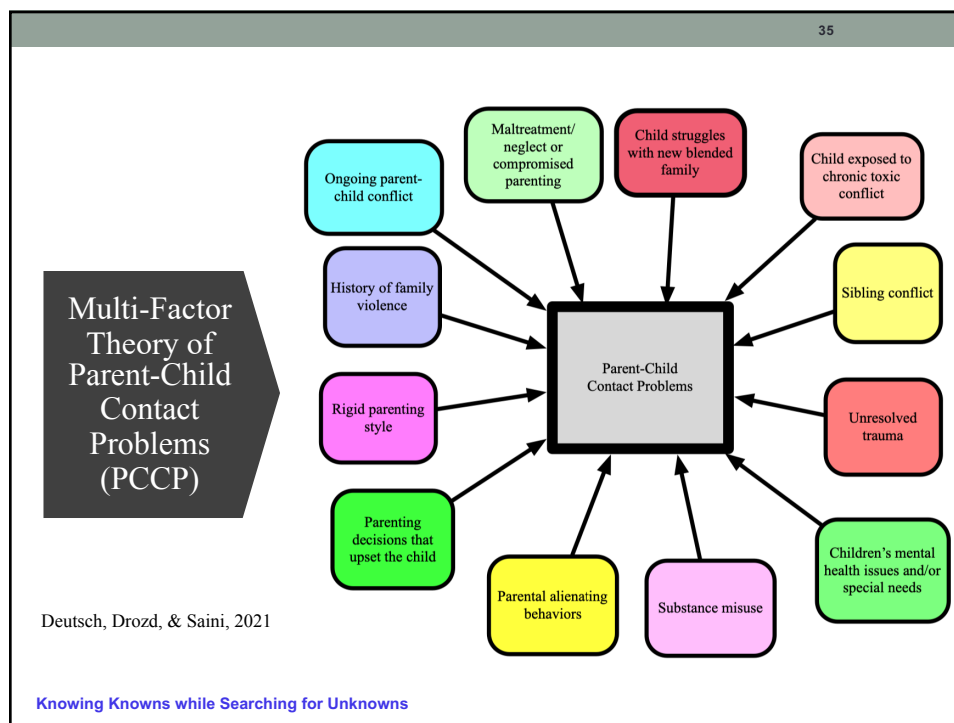
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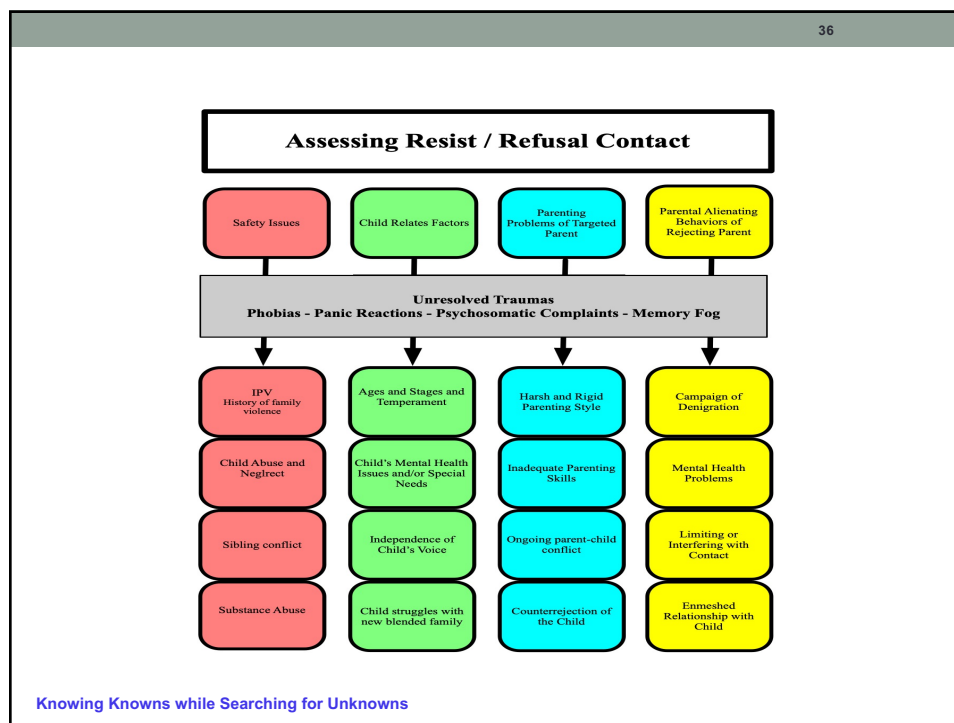
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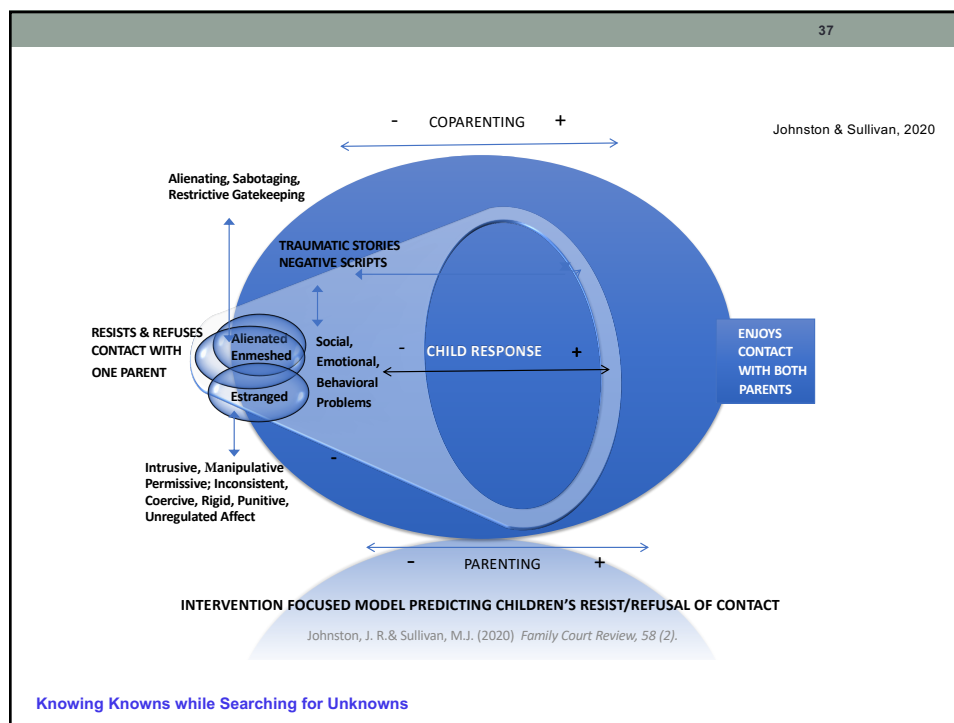
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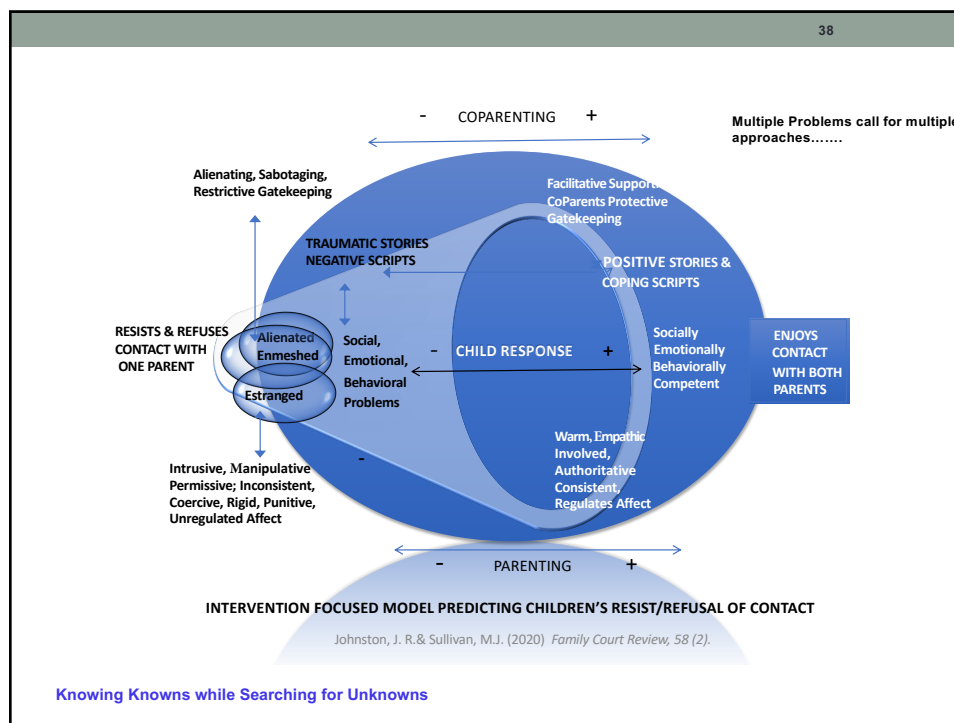
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SOLUTIONS:
The Whole Family must be Involved

- Treatment of choice is SYSTEMIC FAMILY THERAPY
 - All members of family involved
 - Focus on estranged relationship
 - Child likely to resist
 - Working with rejected/resisted parent and child only, without aligned parent, recipe for failure

Knowns

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Keys to the Castle in RRD Work

- Treating only the child and treating the rejected parent and child do NOT work.
- The Favored Parent holds at least one of the keys. They must buy in.
- Catching the family as early as possible is another key. Entrenched patterns are very very difficult (not going to say impossible) to break.
- Known measures of success or even small steps of progress are critical.
- Transparency, modified confidentiality, & accountability are keys.
- “Contact” (between each parent and the child) involves more than physical custody.
- The greatest potential (& often the most challenging work) rests in the coparent relationship.

Knowns

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Domestic Abuse in the Context of RRD cases

- Screening
- Criteria that may disqualify a case from “family system approach”
 - Current & active coercive-control dynamics (with or without physical violence)
 - Legitimate safety risks
 - Active substance abuse
 - Certain types of mental health diagnoses

Knowns

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Characteristics of RRD Cases (“The 10 R’s”)-1

1. Reactions – unjustified or disproportionate to experience
2. Reasons – trivial, frivolous, unelaborated or false
3. Rigidity – refusal to consider alternate views or explanations
4. Repetition – of parent’s words
5. Rehearsed – (or it sounds like a rehearsed script) with brittle affect that does not match words

Knowns

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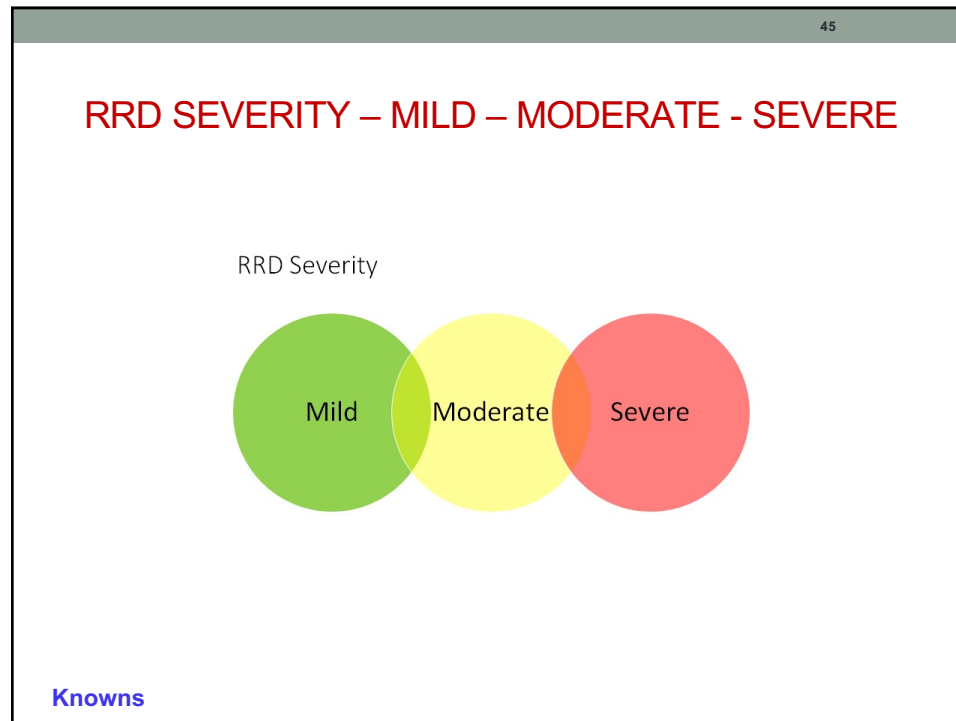
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Characteristics of RRD Cases (“The 10 R’s”)-2

6. Radical – child’s rejection is extreme and unrelenting
7. Revision – history is revised to eliminate positive experiences
8. Relatives – extended family included in the rejection
9. Regret and Remorse – absent
10. Reconciliation – is rejected

Knowns

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RRD SEVERITY – MILD – MODERATE - SEVERE

Differential Approach for Assessing and Intervening with Strained Parent-Child Relationships after Divorce - © Fidler, Bala & Saini, 2013

Assessment: Level of Severity	Mild	Moderate	Severe
<ol style="list-style-type: none"> 1. Parental conduct 2. Protection vs the probability of harm 3. Rigidity of child's perceptions/behavior towards his/her parents 4. Frequency of parent-child contact 5. Duration of strained relationships 6. History of parents' rigidity 7. Responsiveness to education/treatment as suggested 8. Compliance with court, orders, parenting plans, and treatment agreements 	<ol style="list-style-type: none"> 1. Minimal interference/ badmouthing 2. Parent values child's relationship with other parent but occasionally displays misguided protective behavior 3. Child values relationship with both parents, but displays discomfort (not extended to extended family) 4. Minor interruptions of parent-child contact (e.g. late, missed visits, short-lived transition difficulties in presence of FP) 5. Situational and infrequent relationship strain (e.g. due to affinity, alignment, expected and time-limited upset over parents' separation) 6. Generally flexible but can be rigid 7. Responsive to treatment/education to improve parent-child relationships 8. Compliant with parenting plan, treatment agreement and court orders 	<ol style="list-style-type: none"> 1. Episodic interference / badmouthing 2. Parent's overprotection (unwittingly or intentionally) undermines the child's relationship with the other parent 3. Child displays more resistance than at mild level, although reactions are mixed, confused or inconsistent (e.g. before or during transitions, while with resisted parent) 4. Contact is sporadic, infrequent and/or delayed 5. Pattern of missed opportunities for parent-child contact; child takes longer to settle in after transitions than at mild level and may become unsettled closer to return time to FP 6. Generally rigid but some instances of flexibility 7. Attends treatment but sporadic and/or with minimal success 8. Inconsistent compliance with parenting plan, treatment agreement and court orders 	<ol style="list-style-type: none"> 1. Psychologically abusive alienating behaviors related to mental health issues (e.g. paranoia) 2. Identifies actions as protecting (rights of) child, despite repeated investigations or evidence that demonstrates that the risk of future harm is improbable, or make malicious allegations knowing they are unfounded 3. Rigid / extreme child reaction to rejected parent (e.g., threats to run away, of harm to self or others, acting out or aggressive behavior) 4. No or very infrequent contact between child and RP 5. Chronic parent-child disruptions 6. Inflexible position taking 7. Refusal of treatment / Previous attempts for treatment unsuccessful 8. Noncompliance with parenting plan, treatment agreement or court orders
Legal Interventions: From court support, monitoring to intervening	Detailed parenting plan, including specified parenting time with RP and primary residence care with FP Early case conference Court management and monitoring Referral to parenting education or counselling with experienced therapist Warning of sanctions for noncompliance of parenting plan and orders	Highly detailed parenting plan (specified court ordered parenting time for child with RP) Court monitoring Continuity with one judge Warning of sanctions or custody reversal Sanctions for noncompliance (contempt of court, opportunity to purge contempt) Consideration for joint custody to ensure involvement of the rejected parent in child-related decision making Consideration for extended periods of contact over holidays with rejected parent (e.g. summer school break) Consideration for equal parenting time Court appointment of a therapist experienced in alienation	Strong sanctions for noncompliance implemented Possibility of transfer of custody to RP with one of more of the following monitored by court: -interim interruption of contact (at least 3 months) with FP, or indefinitely until behaviour change demonstrated - monitored or supervised contact with FP - use of transitional site to prepare for transfer of custody to RP - eventual return to FP if there is an absence of parental alienating behaviors demonstrated
Client Interventions: Map interventions to client needs	Preventative parent education Psychoeducational groups for children Family therapy (members seen in various combinations) Therapist reporting back to court when there is noncompliance with parenting plan, orders or treatment agreement	Court ordered family therapy (members seen in various combinations) to repair relationships & implement court ordered parenting time with rejected parent Additional therapy for child, rejected or favored parent Intensive residential family intervention (may be with one family or group therapy), with both parents and children, combining therapy and psychoeducation (e.g., family camp program, weekend workshop) Therapist reporting back to court for noncompliance with parenting plan, orders or treatment agreement Parenting Coordinator (case manager / monitor interventions)	Custody reversal (as above) accompanied by reintegrative intervention with child and RP, followed by intervention/therapy to reunify FP Parent education and individual therapy for FP with a view to reunification with child Therapist reporting back to court when there is noncompliance with parenting plan, orders or treatment agreement Parenting Coordinator (case manager / monitor of interventions)

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Cycle of Fear and Anxiety/ Systemic Response

- Parenting flaw or practice repeated and exaggerated by favored parent
- Child exposed to this story and begins to shift view of rejected parent to abusive or unworthy
- Child becomes increasingly anxious
- Anticipatory anxiety reinforces avoidance and rejection
- Child's distress triggers more protection, concern, attention from in parent

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Three Types of Stress

The diagram consists of three overlapping circles arranged vertically. The top circle is teal and labeled 'POSITIVE'. The middle circle is yellow and labeled 'TOLERABLE'. The bottom circle is red and labeled 'TOXIC'. To the right of each circle is a descriptive text.

- POSITIVE** Brief increases in heart rate, mild elevations in stress hormone levels.
- TOLERABLE** Serious, temporary stress responses, buffered by supportive relationships.
- TOXIC** Prolonged activation of stress response systems in the absence of protective relationships.

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Recovery from Stress vs. Trauma

- Treat abuse first.
- Safety is first. Safety is paramount.
- Goal is to treat trauma to prevent toxic stress and long term dysfunction.
- Bringing forward Resiliency Factors is important
- “Don’t Treat the Trauma without (a finding of) Trauma: Treatment without a finding of trauma perpetuates dysfunction.
- Evidence-based or evidence-informed trauma treatment is the treatment of choice.

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What Do We Know

- ✓ Catch it early.
- ✓ Include the favored parent.
- ✓ Both child(ren) and parent need to be involved.
- ✓ Parents need to be willing to change their behavior.
- ✓ A Child’s Voice is critical to hear (and not necessarily is a child having choice in their best interest.
- ✓ Accept small successes.
- ✓ Is the therapist part of the problem?
- ✓ Well intentioned professionals may need to get out of the way.
- ✓ High conflict, entrenched, slow court system
- ✓ Court involvement/assignment of Child Representative may be needed.
- ✓ Collaboration among all treating professionals is called for.

Knowns

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And If More is Needed



Knowing Knowns while Searching for Unknowns

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The Perfect Storm

Such cases often involve personality disorders, high parental conflict, and complex systems involvement, in what [Drs. Abigail Judge and Peggie Ward] call 'the perfect storm.'

In these circumstances, clinicians, attorneys, and judges frequently become players in the family drama, so it is important for all professionals to assess whether they are being manipulated by one or both parents and actually making a bad situation worse.

Because systems-based perspective and a team approach are essential in working with families in high conflict, scrupulous attention to inter-team dynamics is critical to preventing parallel divisive dynamics among professionals.

From OVERCOMING PARENT-CHILD CONTACT PROBLEMS edited by Abigail Judge and Robin Deutsch; Oxford (2017); Introduction page 3. Introduction by Drozd and Bala

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Signs We May Have an RRD Case

- Unsuccessful attempts to resolve disagreements
- Failure of interventions – counseling, education, mediation, coaching
- Ongoing, chronic hostility
- Frequent court appearances
- Inability to communicate about children
- Belief on a parent's part the other parent is unsafe
- Injunctions and restraining orders
- Allegations of Intimate Partner Violence or child abuse.

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CONVENTIONAL WISDOM DOES NOT NECESSARILY WORK

- Swift decisions on little evidence – too often gut responses are based upon personal experience and maybe clouded by emotions.
- The problem with a “N” of one.
- Don't necessarily trust your gut
- Conventional wisdom passed down from judge to judge may work in “average parenting case,” but not here.
- Myths that are not true:
 - Make a decision and send them on their way. They'll work it out.
 - Children do better when both parents are involved.
 - Send the child and estranged parent to “reunification therapy.”
 - Give the kid some pax and she'll come around.

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CRUCIAL ROLE OF TIME

- Time is the enemy. Time does not heal all – It may lead to hardening of the resistance in the child.
- Delays in court proceedings due to heavy calendars may add to the “problem” in these cases.
- Delays in court proceedings due to attorney strategy may add to the “problem” in these cases.

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CONFLICT: EARLY INTERVENTION AND DUE PROCESS

- Confidence in finding of RRD is important
- It takes time to figure it out and be confident
- RRD requires early intervention, when confidence is not all that high
- Assessment is part of the intervention; **order intervention early, rather than late.**
- See Chapter 8: Greenberg, Fidler & Saini (2019) (parallel goals – assessment and intervention)

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Keeping costs down

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Tools in the Toolbox

See Greenberg, Fidler & Saini (2019)

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One Size Really Does Not Fit All

- One Size Really Does Not Fit All: The Importance of Incorporating Culturally Relevant Adaptations in Reunification Therapy (April Harris-Britt, Diane Paces-Wiles, Noa Wax, 17 September 2021, Family Court Review. <https://doi.org/10.1111/fcre.12601>
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It is highly probable that A Team Approach
is Part of the Solution



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Team Approach-1

- Team consists of:
 - Judge
 - Attorneys
 - Therapists
 - Family Member
 - Optional
 - Alternative decision-maker (PC or Case Manager?)
 - Guardian ad Litem
 - Counsel for Minors

Mixing roles.....blurred boundaries.....multiple hats for one person may cause problems

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Team Approach – Considerations₋₂

- **Confidentiality:** Must be customized to suit needs of case. Parents must authorize team members to share information with one another and the court.
- **Court Orders:** Must be specific and detailed, with clearly stated objectives and expectations.
- **Management and Accountability:** Cases must be managed with frequent returns to court and immediate consequences for failing to follow Court Orders.

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Team Approach – Considerations₋₃

- **Treat the System:** Rejected parent may be most willing and eager to participate in therapy, *imperative* that the aligned parent is also included
- **Team Coordination:** Not uncommon for divisiveness, polarization in family system to be mirrored in the team (“parallel process”). Team must communicate regularly, and ensure effort is coordinated.

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Team Approach – Considerations⁴

- **Previous Interventions:** Family members may have already engaged in therapeutic services. This can be a mixed blessing.
- **Realistic Expectations:** “Reunification” may be misleading. Goal may be preventing resistance from becoming refusal.
- **Measurable Treatment Goals and Accountability:** How will success be determined?

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CREATING ACCOUNTABILITY¹

- The difference between accountability and punishment
 - Promotes behavioral change
 - “Fake it till you make it” (Cognitive Behavioral Therapy)
- See Measures of Accountability (Drozd et al, 2020).
- Within the court order – prophylactic
- Costs and financial consequences in lieu of contempt sanctions

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CREATING ACCOUNTABILITY⁻²

- Establish within the order requirements for reimbursement for expenses wasted due to missed contact
- Costs of parenting time enforcement (attorneys fees, court costs)
- Creative sanctions for bad behavior or unreasonable litigants or alienating parent: book reports, essays, etc.

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ACCOUNTABILITY & CONTEMPT

Contempt should remain a tool in the toolbox

- BUT it comes with downsides – creating further distance between the child and the parent who caused punishment to the favored parent
- AND it keeps the parents focusing on punishing the other parent rather than allowing the therapeutic process to work.

Knowing Knowns while Searching for Unknowns

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THE COURT'S ROLE AND RESPONSIBILITY

- Ultimate authority for appropriate behavior and intervention
 - Comes from statute, precedent, experience, education
- Role model for authoritative parenting
 - The Bully-pulpit
 - Clarify possibility of intervention and sanction
 - Keep lawyers focused on goals
 - Authority to order early assessments and interventions

Knowing Knowns while Searching for Unknowns

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BARRIERS TO JUDICIAL ROLE

- Ambiguous statutory standards/directions
- Lack of experience and education
- Overwhelming caseload
- Lack of resources

Knowing Knowns while Searching for Unknowns

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BEST PRACTICES FOR COURTS: Case Management/Judicial Continuity-1

- Promotes good behavior from personality disordered
- Allows case manager or judge to gain knowledge about the family members over time
- Decision-maker gains credibility & respect of parties
- Cuts down on judge shopping and delay

Knowing Knowns while Searching for Unknowns

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BEST PRACTICES FOR COURTS Case Management/Availability-2

- Early response and avoids delay
- The bridge between the clinician's need for flexibility according to the family's changing needs and the need for detailed specific court orders as framework.
- Frequent contact for review of activity and growth.
- Parental accountability – clear limits and consequences
- Team members accountability – measuring progress

Knowing Knowns while Searching for Unknowns

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The Team at Work






Knowing Knowns while Searching for Unknowns

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Knowing what we know & living with the unknown unknowns

- Remember safety first, last and always for children.
- Recognize you've been correct to be wary of 'binaries'
- Decline to take an 'all or nothing' approach
- View behaviors as a family relational problem rather than a pathology of one parent or a child
- Know that behaviors and relationships are dynamic and changing
- Know there is insufficient empirically validated evidence supporting a single factor alienation theory; parental alienation is not a diagnostic syndrome
- Order assessments that analyze all family members and interactions and relationships as a dynamic organism
- Watch for future analyses from the professionals

Knowing Knowns while Searching for Unknowns

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Application of Finding the Unknowns to Knowns

KNOWN KNOWNS	analogies, lateral thinking
KNOWN UNKNOWN	build hypothesis, measure, iterate
UNKNOWN KNOWN	brainstorming, group sketching
UNKNOWN UNKNOWN	research, exploration

In your professional life.....

In your personal life.....

Making a commitment.....

Note: The whole point is the steady conversion of “unknowns” to “knowns.”

Knowing Knowns while Searching for Unknowns

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Q & A

See handouts including references

THANK YOU!

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 Problems and Solutions?
 Known Knowns, Known Unknowns,
 Unknown Unknowns:
 When a Child Resists or Refuses Contact with a Parent.

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Problems and Solutions? Known Knowns, Known Unknowns, and/or Unknown Unknowns When a Child Resists or Refuses Contact with a Parent **Leslie M. Drozd, Ph.D.**

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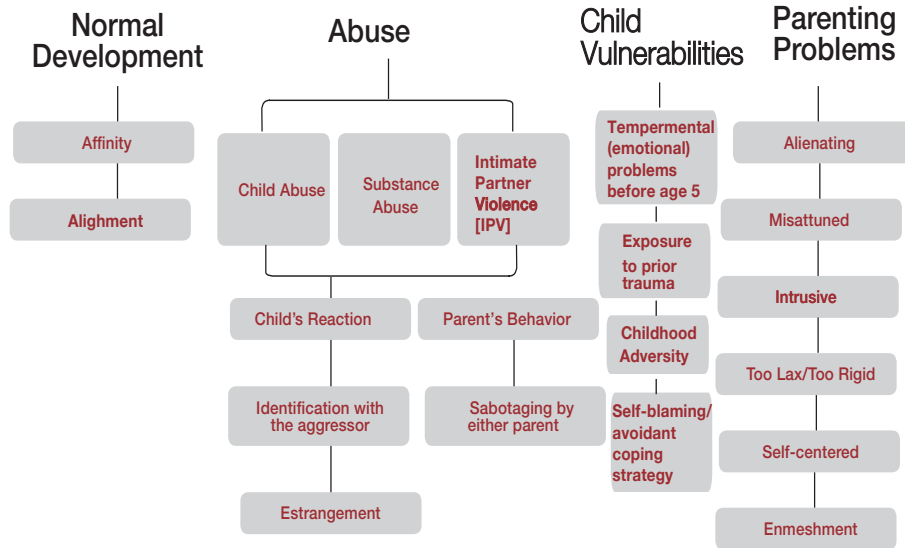
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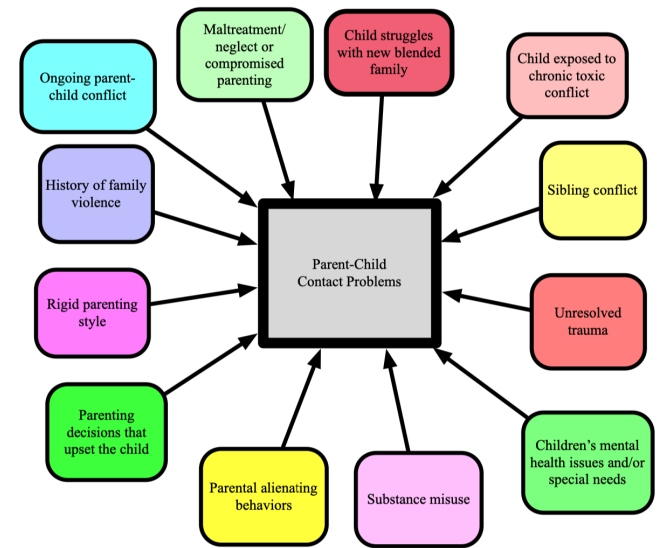
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RRD/PCCP Decision Trees



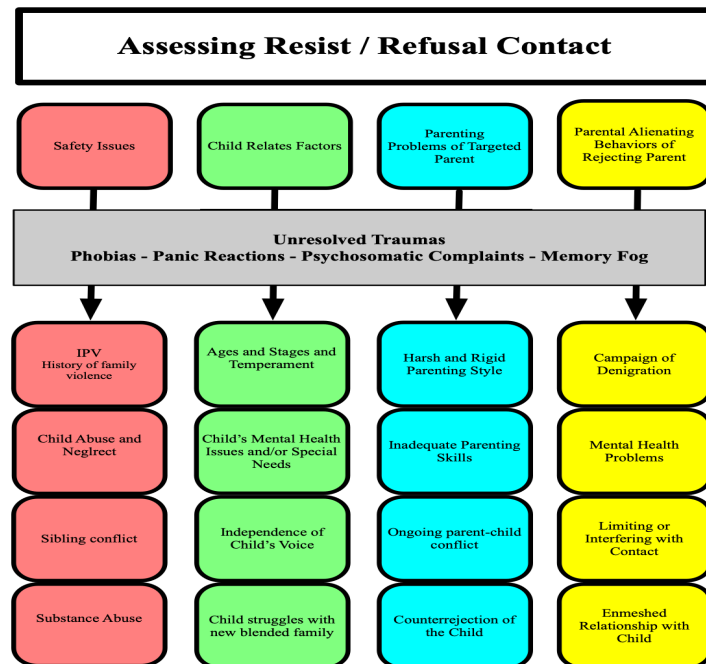
Multi-Factor Theory of Parent-Child Contact Problems (PCCP)



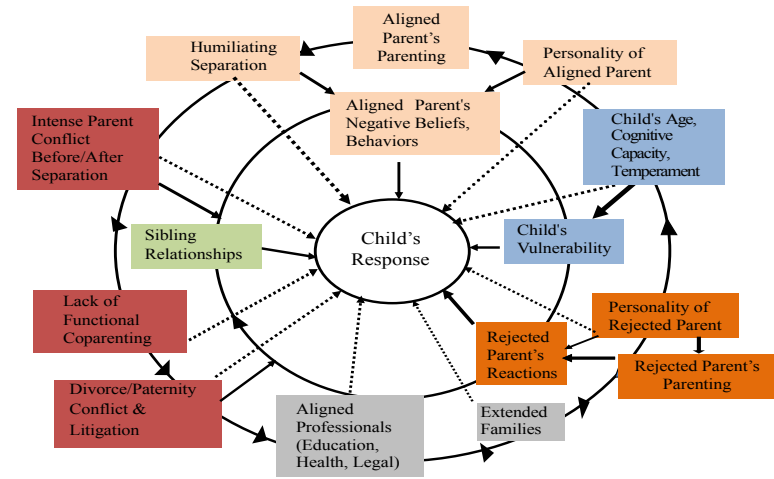
Deutsch, Drozd, & Saini, 2021

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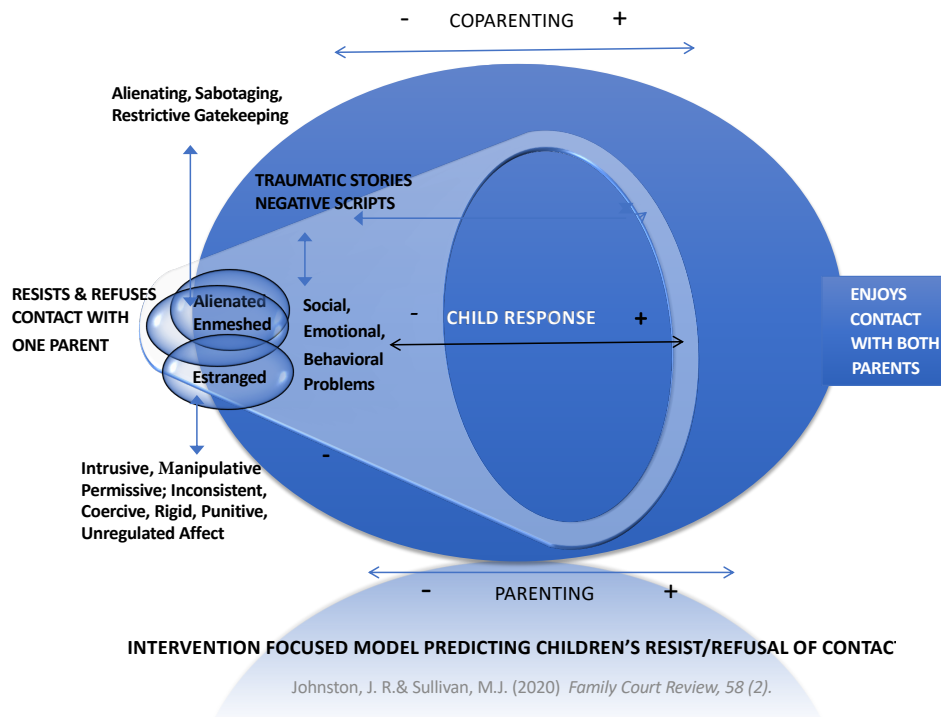
Parenting Plan & Child Custody Evaluations: Using Decision Trees to Increase Evaluator Competence & Avoid Preventable Errors.



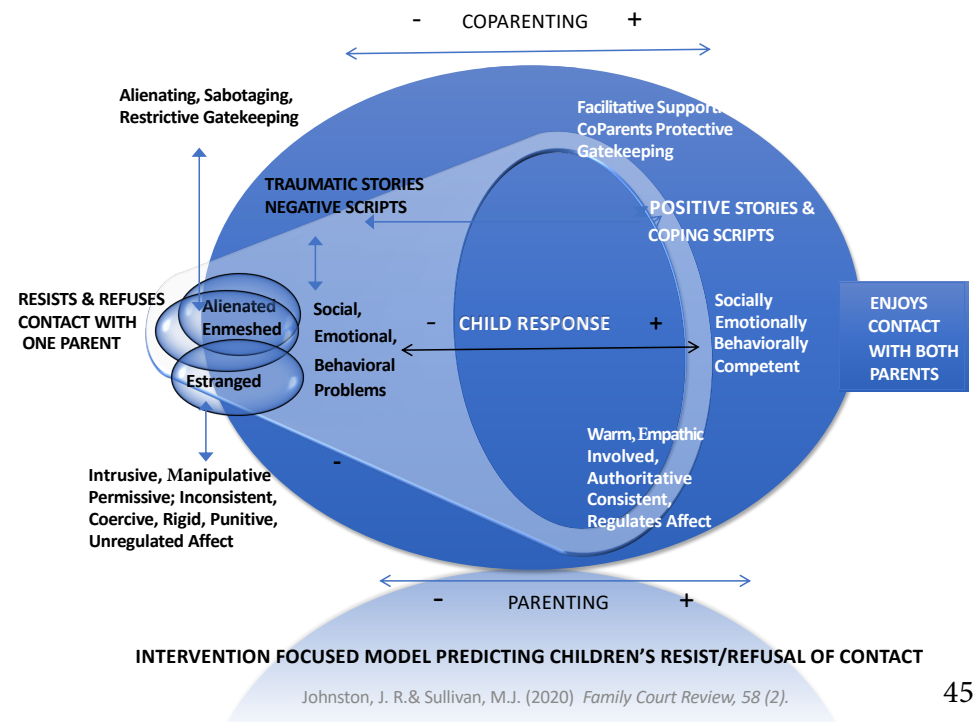
Factors contributing to & sustaining parent-child contact problems



Adapted from Kelly & Johnston, 2001
091221



Johnston & Sullivan, 2020



PCCP: Severity, Legal, & Clinical Interventions

Assessment: Level of Severity	Mild	Moderate	Severe
<ol style="list-style-type: none"> 1. Parental conduct 2. Protection vs the probability of harm 3. Rigidity of child's perceptions/behavior towards his/her parents 4. Frequency of parent-child contact 5. Duration of strained relationships 6. History of parents' rigidity 7. Responsiveness to education/treatment as suggested 8. Compliance with court, orders, parenting plans, and treatment agreements 	<ol style="list-style-type: none"> 1. Minimal interference/ badmouthing 2. Parent values child's relationship with other parent but occasionally displays misguided protective behavior 3. Child values relationship with both parents, but displays discomfort (not extended to extended family) 4. Minor interruptions of parent-child contact (e.g. late, missed visits, short-lived transition difficulties in presence of FP) 5. Situational and infrequent relationship strain (eg. due to affinity, alignment, expected and time-limited upset over parents' separation) 6. Generally flexible but can be rigid 7. Responsive to treatment/education to improve parent-child relationships 8. Compliant with parenting plan, treatment agreement and court orders 	<ol style="list-style-type: none"> 1. Episodic interference / badmouthing 2. Parent's overprotection (unwittingly or intentionally) undermines the child's relationship with the other parent 3. Child displays more resistance than at mild level, although reactions are mixed, confused or inconsistent (eg., before or during transitions, while with resisted parent) 4. Contact is sporadic, infrequent and/or delayed 5. Pattern of missed opportunities for parent-child contact; child takes longer to settle in after transitions than at mild level and may become unsettled closer to return time to FP 6. Generally rigid but some instances of flexibility 7. Attends treatment but sporadic and/or with minimal success 8. Inconsistent compliance with parenting plan, treatment agreement and court orders 	<ol style="list-style-type: none"> 1. Psychologically abusive alienating behaviors related to mental health issues (eg. paranoia) 2. Identifies actions as protecting (rights of) child, despite repeated investigations or evidence that demonstrates that the risk of future harm is improbable, or make malicious allegations knowing they are unfounded 3. Rigid / extreme child reaction to rejected parent (eg., threats to run away, of harm to self or others, acting out or aggressive behavior) 4. No or very infrequent contact between child and RP 5. Chronic parent-child disruptions 6. Inflexible position taking 7. Refusal of treatment / Previous attempts for treatment unsuccessful 8. Noncompliance with parenting plan, treatment agreement or court orders
Legal Interventions: From court support, monitoring to intervening	Detailed parenting plan, including specified parenting time with RP, and primary residence care with FP Early case conference Court management and monitoring Referral to parenting education or counselling with experienced therapist Warning of sanctions for noncompliance of parenting plan and orders	Highly detailed parenting plan (specified court ordered parenting time for child with RP) Court monitoring Continuity with one judge Warning of sanctions or custody reversal Sanctions for noncompliance (contempt of court, opportunity to purge contempt) Consideration for joint custody to ensure involvement of the rejected parent in child-related decision making Consideration for extended periods of contact over holidays with rejected parent (eg, summer school break) Consideration for equal parenting time Court appointment of a therapist experienced in alienation	Strong sanctions for noncompliance implemented Possibility of transfer of custody to RP with one of more of the following monitored by court: -interim interruption of contact (at least 3 months) with FP, or indefinitely until behaviour change demonstrated - monitored or supervised contact with FP - use of transitional site to prepare for transfer of custody to RP -eventual return to FP if there is an absence of parental alienating behaviors demonstrated
Client Interventions: Map interventions to client needs	Preventative parent education Psychoeducational groups for children Family therapy (members seen in various combinations) Therapist reporting back to court when there is noncompliance with parenting plan, orders or treatment agreement	Court ordered family therapy (members seen in various combinations) to repair relationships & implement court ordered parenting time with rejected parent Additional therapy for child, rejected or favored parent Intensive residential family intervention (may be with one family or group therapy), with both parents and children, combining therapy and psychoeducation (e.g., family camp program, weekend workshop) Therapist reporting back to court for noncompliance with parenting plan, orders or treatment agreement Parenting Coordinator (case manager / monitor interventions)	Custody reversal (as above) accompanied by reintegration intervention with child and RP, followed by intervention/therapy to reunify FP Parent education and individual therapy for FP with a view to reunification with child Therapist reporting back to court when there is noncompliance with parenting plan, orders or treatment agreement Parenting Coordinator (case manager / monitor of interventions)

RRD TOOLKIT: TEN STEPS FOR ATTORNEYS WORKING WITH RESIST-REFUSE CASES

Step 1: Meet client

- Listen to their story. Develop rapport. What is the family narrative (according to your client)?

Step 2: Identify "Red Flags"

- Notice early warning signs given time is of the essence in these cases.
- The goal is early identification & intervention.

Step 3: Develop multiple perspectives

- Consider multiple hypotheses.

Step 4: Educate the client about the family systems approach -- the many parts of the mobile.

- Coparenting Trap

Step 5: Teamwork I:

Consult & collaborate with opposing counsel.

- Overcoming Parent-Child Contact Problems

Step 6: Teamwork II:

Assess the family with mental health professional

- Identify strengths & vulnerabilities.
- Build on resiliency & create solutions.
- Identify treatment goals and objectives.

Step 7: Identify Participants and Providers

- Participants (coparents, child with each parent, dyads, individuals).
- Providers (family therapist, trauma specialist, individual therapist, parent coach).

Step 8: Develop Treatment Plan

(with measurable treatment goals and frequency of sessions)

- Education component.
- Family systems work.
- Treatment of trauma (if trauma is assessed).
- Individual work (e.g. complicated grief, mental health issues, skills to manage conflict, stress, & trauma).

Step 9: Develop a Court Order

- Case management - judge or 3rd party manager.
- Step-ups based upon achievement of measurable goals.
- Create motivation to move forward & keep everyone accountable.

Step 10: Ongoing Case Management

- Dialogue between clinicians, attorneys, judge (and/or 3rd party case manager).
- Check-ins regarding accountability measures.
- Modify interventions as needed to keep motivation alive and viable.

COURT ORDER CHECKLIST FOR RRD CASES*

THE ACCOUNTABILITY FRAMEWORK

(*May or may not all be in the same order)

PARENTING TIME

- _____ Statement re best interest of child to have a healthy relationship with both parents.
- _____ Schedule (specific and detailed)
- _____ Transition process (who, how, restrictions on space, conversation, recording)
- _____ Communication between parent and child during other parent's schedule
- _____ Exchange parenting time agreements
- _____ Holidays, special occasions, vacations, emergency events
- _____ Restrictions regarding stepparents or other family members
- _____ Consequences of missed parenting time

PARENT COMMUNICATION

- _____ Telephone, text, email, Our Family Wizard
- _____ BIFF (brief, informative, friendly, firm)
- _____ Response time (non-emergency and emergency re child)
- _____ Co-Parent Counselor
- _____ Parenting Coordinator

PARENTING RULES

- _____ Disciplinary practices
- _____ Diet and exercise

- _____ Use of screen time (t.v., iPad, laptop, cell phone, games)
- _____ Sleep habits
- _____ Homework responsibility
- _____ Driver's License
- _____ Purchase of car
- _____ Purchase of cell phones
- _____ Hair Cuts, Ear Piercing, Tattoos, etc.

THIRD PARTY PROCESS

- _____ Doctor's appointments and attendance
- _____ School activity involvement
- _____ Extra-curricular activities (who may attend; how are they selected)
- _____ Religious practices

EDUCATION OF PARENTS

- _____ Name educational programs parents need to attend (reporting about compliance)
- _____ List books, articles parents will read

RRD THERAPEUTIC INTERVENTION

- _____ Name the Therapist (or how to choose therapist; required qualifications)
- _____ Name all family members involved as directed by therapist
- _____ Those involved in any one session determined by therapist
- _____ Transportation to and from sessions per clinician's determination
- _____ Who pays for therapist, in what apportionment, consequences of non-payment

- _____ Statement of cooperation with therapist's schedule and communications
- _____ Deadline for first contact
- _____ Deadline for signing service agreement with therapist
- _____ How frequent as per clinician's judgment
- _____ Duration of treatment
- _____ Goals of intervention
- _____ Determine no dual roles
- _____ Reporting requirements and limitations
- _____ Grievance procedure
- _____ Termination of therapist process
- _____ No new therapist without agreement or court order

CASE MANAGEMENT

- _____ Other team members and each member's role (e.g., lawyers, minor's counsel, individual therapists, parenting coaches, substance abuse programs, pastor, parenting coordinator, case manager, judge, etc.)
- _____ Who has decision-making powers (scope of decision-making powers)
- _____ Statement of cooperative, collaborative process
- _____ Frequency of meetings/reports

CUSTOMIZED CONFIDENTIALITY

- _____ Communication among all team members with agreed upon limits to the privilege afforded mental health and legal professionals
- _____ Parents to give written authorization for communication among professionals

- _____ Direction for limiting the report of child's statements to therapist
- _____ To facilitate family reintegration
- _____ To avoid adversarial process and splitting among team members

BEHAVIORAL GOALS AND STEP-UP PROGRESS

- _____ Name behavioral goal; if/when met, next step (in separate Treatment Plan?)
- _____ Conditions, expectations, pacing (In separate treatment plan?)
- _____ Consequences of not meeting goals; (In separate treatment plan?)
- _____ Who makes decisions about next step if no agreement, or consequences of not meeting the goal/expectation.
- _____ Pathway to return to court

WHAT SHOULD I ORDER FOR THAT?

A. Mild

a. Characteristics

1. Usually younger children (under 8/9)
2. Some contact interference, badmouthing, but minimal and absent a consistent pattern; not an effort to prevent child's relationship with the other parent
3. Parent values child's relationship with other parent; occasional displays of misguided or justified protective behaviors
4. Usually able to cooperate on major and day to day child related decisions; parental conflict minimal; coparenting communication usually respectful

b. Orders for mild characteristics; early intervention

1. To give them some help and keep it from developing into moderate or severe
2. Education courses
3. Books/articles/resources
4. Coaching
5. Mediation
6. Coparent counseling
7. Orders require same detailed/specific language with return and accountability as moderate cases with therapeutic interventions

B. Moderate

a. Characteristics

1. Child usually older than 8/9 (because they can hold onto the narrative without slipping into having fun with the rejected parent.)
2. The 10 characteristics of an estranged child

3. Child may be disillusioned, unhappy about separation, new partner, angry with one parent, but not “alienated.”
4. Difficulties with transitions; child doesn’t want to go.
5. Child takes longer to settle in after transitions; guarded and cautious initially.

b. Orders for Moderate Characteristics; Family Systems Therapy

1. Forensic vs. therapeutic clinician (refer to services and therapeutic process module)
2. Customized confidentiality
3. Detailed orders for accountability

C. Severe

a. Characteristics

1. Favored parent sees actions as protecting rights of child despite repeated investigations or lack of evidence demonstrating harm or risk of harm to the child
2. Intrusive and psychologically controlling parent
3. Mental illness (psychotic or quasi psychotic thinking, profound emotional dysregulation, extreme or bizarre behavior)
4. Severe personality disorders or characteristics (e.g., paranoid, antisocial, borderline, narcissistic)
5. Favored parent advances malicious allegations of abuse against the other parent knowing these are unfounded

b. Orders for Severe Characteristics

1. Boarding school
2. Changing Custody
3. Stopping Intervention
4. Saying Goodbye

EXAMPLE: TERMS IN COURT ORDER FOR THERAPEUTIC INTERVENTION

1. A violation of this order may subject the parent in violation to civil or criminal penalties, or both.
2. Parent-Child Treatment Program
 - A. The family therapy is based on the premise that both parents want the child to have a meaningful and engaged relationship with both parents.
 - B. Neither parent may unilaterally withdraw from the treatment program.
 - C. The initial members of the treatment team include a family therapist and a Parent Coordinator, preferably if the parents agree to such, or a private Recommending Mediator by appointment. The person will serve as a case manager and coordinator of all services to ensure a consistent and coherent approach. Both should be provided with a copy of the evaluation.
 - D. The family therapy will focus on redemption for Mother, excavation and rediscovery for the child, and patience, acceptance, and resilience for Father. This cannot be an open-ended endeavor, and there will be monitoring and expected attainment of benchmarks.
 - I. The family therapist and case manager shall confer at a minimum every two weeks.
 - II. If at any point, Mother's investment is questionable, appears to be only superficially compliant, appears to be complying to the minimum degree necessary, or is in any way not fully invested, the case manager is empowered to request an expeditious hearing to consider the on-going progress, if all parties are taking advantage of the opportunity to constructively meet the child's best interest, or if alternative directions need to be considered.

- III. If Father proves unavailable and progress is thus unable to occur, there shall be a hearing to determine if treatment is a feasible endeavor.
- IV. Father will need to make himself available for therapeutic work, and for contact with the child, during California waking hours despite whatever inconvenience that may present to him.
- V. Mother's position must be that she would not allow the child to skip school, that she would not allow the child to have a beer party at her home for 12-year-olds, and that it is not acceptable that she does not have a relationship with and spend quality, enjoyable time with her Father.
- VI. The therapist is empowered to determine the frequency of sessions in order to proceed briskly. It is expected that Mother will have a minimum of two sessions per week, possibly as many as five if needed and beneficial. Mother shall work on accepting the realities that this large forensic examination has identified and then prepare to work with the child to address the damage that has been done and lay a foundation for something new. At a minimum, the therapist shall work with the family to address all of the areas identified in the CCE analysis section, its subsections, and the summary. The therapist will also choose the frequency of sessions for Father and the child.
- VII. For the first six weeks of the therapy, Mother and Father would be seen separately for individual work, and the therapist can determine how to proceed with the child. Mother's work will be the difficult journey of providing a more accurate picture of what happened for the child. The treatment team shall address the topics identified in the assessment, at a minimum, and some examples of potential interventions are included therein. If a benchmark is not met, a hearing shall be considered. If one benchmark is delayed by three weeks or more, which then delays subsequent benchmarks, a hearing must be held.

- VIII. It is expected that at three weeks, Mother should be at a place where she is fully accepting responsibility for her part and what she has done.
- IX. At six weeks, she should be well on the way to having practiced and prepared what she is going to say to the child.
- X. By nine weeks, the process of Mother delivering the messages to the child shall have begun. The therapist and case manager can decide whether the child would most benefit from the work with Mother's reconciliation of the past occurring at an intensive intervention, in the outpatient office format, or other format.
- XI. By twelve weeks, Mother shall be preparing and encouraging the child for Father's presence to observe events in the child's life, such as tennis practice or matches, ballet, or other events.
- XII. By fifteen weeks, the observations shall be happening with the therapist also present as an objective observer for the historical record as well as to intervene and correct behavior by any party: Mother, the child, or Father. Observations should occur a minimum of every three weeks and possibly more frequently if Father and the professional can arrange for such.
- XIII. By the third observation, which is no more than twenty-four weeks along, Mother shall be encouraging and preparing the child to engage with Father in some way if she has not already.
- XIV. The work shall focus on gradually increasing the duration to a full ten-hour day of the parent-child contact through week thirty-six. The therapist has the discretion to introduce voice and/or video calls during this time period. The therapist can decide whether group WeChat/Skype/FaceTime call with the therapist's presence is preferred or if a video chat recording software that will capture both sides of the call will suffice, though live participation is initially encouraged.

- XV. Weeks thirty-six through forty-five continue to extend the duration of the parent-child contact to two consecutive ten-hour days as well as introduces some, also increasing, windows of time without the presence of the therapist.
- XVI. Between weeks forty-five and sixty, the therapist's direct interventions may be limited to being 'bookends' such that the therapist should meet people at the start of the parenting time and then at the end to debrief on each of the consecutive ten hours parenting days. At this point, live participation in the calls should end if it has not at this point. Recording is still advised in order to provide an objective record
- XVII. Between weeks sixty and eighty-one, single over-nights between the two days are introduced.
- XVIII. Between weeks eighty-one and ninety-nine the child will have parenting time with Father every third Friday at 9am or after at the end school until Monday return to school or 9am.
- XIX. Thereafter, the child will have parenting time with Father every third Thursday at 9am or after school until Tuesday return to school or 9am as well as holidays as provided for.
- XX. With regard to Father, his work will include understanding what to expect from the child during the process and prepare.

SAMPLE TERMS FOR ORDER RE COORDINATED FAMILY THERAPY

1.) Coordinated Family Therapy

a) The parents agree to participate in a Coordinated Family Therapy (“CFT”) approach to achieve their goal of establishing positive relationships for each parent and the children, and to create a family structure focused on the emotional and psychological health of each member of the family. The CFT process will involve the coordination legal, clinical, and educational professionals as follows:

i) *Family Therapy:*

(1) The parents will meet with Dr. A or a different agreed-upon therapist at least twice per month, or as recommended by that therapist.

(2) Dr. A will determine the configuration of the family members who will meet with *(her/him/them)* at different times (e.g., Father alone, Father and Mother together, Mother and children together, children alone, etc.)

ii) *Therapeutic Parenting Coach:*

(1) The parents will each meet with a separate therapeutic parenting coach at least once per month.

iii) *Parent Reading and Further Education:*

(1) The parents will purchase and read “Overcoming the Co-Parenting Trap: Essential Parenting Skills When a Child Resists a Parent” no later than *(3 weeks from now)*.

iv) *Therapeutic Parenting Coordinator:*

(1) The parents agree that a Therapeutic Parenting Coordinator (P.C.) will

1 assist with implementing and achieving the goals and expectations of
2 CFT, as defined in paragraph v.

3 (2) The parents agree that the Request for Domestic Violence Restraining
4 Order, Response to Request for Domestic Violence Restraining Order,
5 and this Stipulation will be provided to the P.C. who will disseminate
6 the documents to all parenting coaches and therapists to read.

7 (3) The P.C. will have authority to recommend that the parent and
8 children have their own individual therapist to assist the Family
9 Therapist if beneficial to the process.

10 (4) The P.C. will communicate with the Family Therapist, parents' and
11 children's individual therapists and parenting coaches, and the legal
12 team on a regular basis pursuant to the Confidentiality Authorization
13 and Release defined in paragraph vi.

14 (5) The P.C. may provide recommendations related to any of the goals
15 and expectations of CFT, as defined in Paragraph v, including but not
16 limited to, continued or alternative therapy for the parents or children,
17 coaching, or educational support for the parents or the children, and a
18 parenting plan.

19 (6) The parents agree to Dr. B's appointment as the P.C. if she is
20 available. If Dr. B is unavailable, the parents will discuss and agree to
a different P.C. That doctor is appointed under Family Code section
730, and therefore has quasi-judicial immunity.

v. Goals and Objectives of CFT:

(1) The parents agree that their goals and objectives of CFT include,
but are not limited to:

1 (a) Improving each family member's individual and family
2 functioning;

3 (b) Developing a healthy relationship between each parent and
4 child, with frequent and ongoing contact between each parent and child;

5 (c) Developing each child's ability to self-soothe, avoiding
6 suicidal thoughts;

7 (d) Lessening the child's anxiety (e.g., able to sleep in a room
8 apart from Mother.

9 (e) Develop each child's ability to make healthy decisions about
10 what they eat or drink, how active they are, how much they sleep on school
11 nights, and ensure that the parents each support those healthy habits.

12 (f) Father's acknowledgment about how his behavior and/or
13 manner of communicating may be perceived by others, his understanding of
14 how to have a healthy and constructive relationship with the children, and his
15 demonstrated ability to appropriately discipline the children;

16 (g) Mother's identification of how her role in the family has
17 contributed to its current functioning, understanding how to promote the
18 children's healthy relationship with Father, her clear acknowledgment with
19 the children of her desire that they have a normalized relationship with their
20 father, and her demonstrated support of the children's individuation and
disentanglement from her.

(h) Institution of age-related rules for the children, including,
but not limited to rules related to screen time (computer, tablet, videogames,
etc.), socializing, and curfews;

(i) The parents' demonstrated ability to use age-appropriate and

1 effective communication skills so that they can set reasonable boundaries for
2 the children without the children experiencing those communications as
3 excessive criticism or attack;

4 (j) The children will accept reasonable limit setting from each
5 parent;

6 (k) The parents are able to avoid speaking negatively about the
7 other parent in the presence of the children, or allow a third-party to do so;

8 (l) The parents will demonstrate their ability to communicate
9 respectfully with one another regarding matters related to the children, and
10 will not expect the children to carry messages back and forth between them.

11 *vi. Confidentiality Authorization and Release:*

12 (1) CFT is a team approach through which effective communication
13 between all therapeutic professionals and the legal team (Judge
14 _____ and all counsel involved) is necessary to achieve the
15 goals and objectives of CFT.

16 (2) The parents authorize their family and individual therapists,
17 parenting coaches, and the children's individual therapists, or any
18 representatives thereof, to discuss information with the P.C. that is
19 related to achieving the goals of CFT.

20 (3) The parents consent to the release by their family and individual
therapists, parenting coaches, and the children's individual
therapists of any statements, written information, records, or
documents requested by the P.C. that is related to achieving the
goals of CFT; provided, however, that any such statements, written
information, records, or documents shall not be admissible as
evidence in this legal proceeding.

1 (4) The parents authorize the P.C. to discuss information with the legal
2 team that is related to achieving the goals of CFT; provided,
3 however, that any such discussion may take place only within a
4 Case Management Conference where both counsel are present, or
in writing provided to both counsel concurrently.

5 (5) The parents consent to the release by the P.C. of statements,
6 written information, records, or documents requested by the legal
7 team as a whole that is related to achieving the goals of CFT;
8 provided, however, that any release shall be simultaneously
released to both counsel.

9 (6) The parents agree that their family and individual therapists,
10 parenting coaches, and children's therapists will not be called as
11 witnesses at trial in this matter, and that the therapists' disclosure
12 of any information to the P.C., and the P.C.'s disclosure to the legal
team, shall not waive the psychotherapist-patient privilege.

13 (7) This release and authorization will remain in full force and effect
14 unless revoked by both parties.

15 2.) Accountability and Consequences

16 a) The parents agree that meeting the goals of the CFT is essential for their
17 children's best interest, and that they understand that if certain goals are not
18 met in a timely fashion, they may be subject to consequences that include
19 the loss of parenting time with the children, sanctions in the form of
20 monetary orders, or other appropriate consequences. For example, should
either parent be unable to acknowledge his or her part in the dysfunctional
family relationship within 60 days, they may be required to meet with their

individual therapist or family therapist on a weekly basis or more frequently,
and lose parenting time with the children until that goal is met.

3.) Costs and Fees of Therapeutic Professionals:

- a) Each parent is responsible for the costs of their individual therapist and parenting coach;
- b) The parents will share equally the cost of the family therapist, the children's therapists, and the P.C.

Table 3-2. FAMILY-BASED REINTEGRATION THERAPEUTIC MODELS: TREATMENT GOALS AND CLINICAL INTERVENTIONS

Child	Rejected parent	Favored parent
Goals <ul style="list-style-type: none"> • Lessen anxiety • Correct errors or fixed distortions • Improve global functioning • Develop realistic view of rejected parent rooted in actual experience • Disentangle child from parents' difficulties and ongoing conflict • Differentiate child's experience of rejected parent from aligned parent's experience • Help child develop coping skills and understand multiple perspectives • Assess and address other mental health concerns • Work through intense emotions associated with rejected parent and parental conflict 	<ul style="list-style-type: none"> • Help parent relate to child in loving, noncoercive, and nonintrusive manner, without counterrejection • Change behavior and destructing beliefs • Help parent develop insight into his or her contribution to the problem • Get parent to acknowledge or admit real culpability, make apologies when appropriate • Address distorted or simplistic view that other parent is entirely to blame • Correct misperceptions • Provide more complex understanding of situation to help parent become more child focused and develop empathy for the child 	<ul style="list-style-type: none"> • Get parent to allow child to have reciprocal relationship with both parents, free of interference and exposure to parental alienating behaviors. • Gain parent's cooperation and support in reunification process • Educate parent on importance of child's sustaining good continuing relationships with both parents • Address allegations and concerns about other parent and child's physical safety with therapist and rejected parent • Differentiate valid from distorted concerns • Differentiate parent's experience from realities of child's experience • Inform parent about legal consequences for not complying with court order allowing contact between child and rejected parent • Educate significant others about their contribution to the problem • Restore coparental and parent-child roles within family • Help coparents develop new patterns of communicating with and responding to each other • Address realistic, legitimate parenting concerns • Reduce child's exposure to hostility <p>Polak, S. & Moran, J. (2017) <i>The Current Status of Outpatient Approaches to Parent-Child Contact Problems in <u>Overcoming Parent-Child Contact Problems</u></i> (editors Judge, A. & Deutsch, R.). Oxford University Press.</p>

Table 3-2. CONTINUED

Child	Rejected parent	Favored parent	Significant individuals/ coparent
	<ul style="list-style-type: none"> • Ensure child does not behave in a rude, obnoxious, or abusive manner toward rejected parent • Engage in corrective transactions between rejected parent and child as well as between all family members • Break coalitions 	<ul style="list-style-type: none"> • Help parent set limits and respond appropriately if child's behavior is inappropriate or hurtful • Provide supportive, encouraging, and positive messages about contact with rejected parent • Redirect parent's neediness away from child and to other, appropriate sources Restore parent-child boundaries 	
Clinical interventions	<ul style="list-style-type: none"> • Cognitive restructuring, reframing, challenging • Individual therapy sessions • New experiences with rejected parent 	<ul style="list-style-type: none"> • Individual therapy, parent coaching, psychoeducation, coparenting sessions, parent-child sessions, family sessions • Individual therapy, coparenting sessions, parent-child sessions, family sessions • Psychoeducation and cognitive restructuring on importance of good ongoing parent-child relationships • Active collaboration among professionals involved 	<ul style="list-style-type: none"> • For rejected parent-child dyad: Assess inappropriate behavior by rejected parent; note discrepancies between child's stated views about contact with rejected parent and child's behavior when in rejected parent's presence

NOTE. Based on Darnall (2011), DeJong & Davies (2012), Friedlander & Walters (2010), Gottlieb (2013), Johnston, Walters, & Friedlander (2001), Walters & Friedlander (2010).

CHANGES IN RESIST-REFUSE DYNAMICS CHECKLIST (CRDC)

Leslie Drozd, Ph.D., Michael Saini, Ph.D., Marjorie Gans Walters, Ph.D., Barbara Jo Fidler, Ph.D., & Robin Deutsch, Ph.D., ABPP

Rejected/Resisted Parent's (RP's) Name _____
 Favored Parent's (FP's) Name _____
 Child's Name, Age, & DOB (Please Use One Form Per Child.) _____
 Name of Rater: _____ Rater is (Circle one.): Family Therapist/ Parent Coordinator/Case Manager /Judge
 Date Form Filled Out: _____

A. FOR THE CHILD

(i) Behavioral Indices For The Child (Rejected Parent).	(RP)				
	N	R	S	O	VO
1. Child greets the parent in a friendly manner (e.g. at minimum child says hello).					
2. Child has ongoing contact with parent without signs of resistance.					
3. Child can comfortably sit in a room with parent.					
4. Child participates in activities with parent (e.g. plays games, goes places like movies, builds with Legos, etc.).					
5. Child engages in spontaneous conversations with parent.					
6. Child engages in respectful conversations with parent.					
7. Child seeks/maintains relationships with the parent's extended family.					
8. Child does homework with parent.					
9. Child accepts reasonable limit setting by parent.					
10. While with the parent, child freely talks about their experiences while in the other parent's care.					
11. While with the parent, child speaks positively about the other parent.					
12. Child seeks out the parent's advice with specific problems or issues.					

(i) Behavioral Indices For The Child (Favored Parent).	(FP)				
	N	R	S	O	VO
1. Child greets the parent in a friendly manner (e.g. at minimum child says hello).					
2. Child has ongoing contact with parent without signs of resistance.					
3. Child can comfortably sit in a room with parent.					
4. Child participates in activities with parent (e.g. plays games, goes places like movies, builds with Legos, etc.).					
5. Child engages in spontaneous conversations with parent.					
6. Child engages in respectful conversations with parent.					
7. Child seeks/maintains relationships with the parent's extended family.					
8. Child does homework with parent.					
9. Child accepts reasonable limit setting by parent.					
10. While with the parent, child freely talks about their experiences while in the other parent's care.					
11. While with the parent, child speaks positively about the other parent.					
12. Child seeks out the parent's advice with specific problems or issues.					

(ii) Emotional Indices For The Child (Rejected Parent).	(RP)				
	N	R	S	O	VO
1. Child spontaneously displays affection towards parent in front of other parent.					
2. Child is comfortable being engaged in activity with parent at same time they are in front of other parent.					
3. Child is comfortable sharing feelings with the parent (e.g. worries, needs, fears, etc.).					
4. Child approaches parent for comfort.					
5. Child displays affection towards parent (e.g. sitting appropriately close-by, age-appropriate hugging, cuddling).					

(ii) Emotional Indices For The Child (Favored Parent).	(FP)				
	N	R	S	O	VO
1. Child spontaneously displays affection towards parent in front of other parent.					
2. Child is comfortable being engaged in activity with parent at same time they are in front of other parent.					
3. Child is comfortable sharing feelings with the parent (e.g. worries, needs, fears, etc.).					
4. Child approaches parent for comfort.					
5. Child displays affection towards parent (e.g. sitting appropriately close-by, age-appropriate hugging, cuddling).					

Deutsch, R. Drozd, L., & Ajoku, C. (2020). Trauma-informed interventions in parent-child contact cases, In B. Fidler & N. Bala (Eds), Parent-child contact problems: Concepts, controversies & conundrums. Family Court Review, vol 58(2).

(ii) Cognitive Indices For The Child (Rejected Parent).					(RP)
	N	R	S	O	VO
1. Child has some age-related capacity to see the “good” and the “bad” in parent.					
2. Child demonstrates age-appropriate capacity for seeing different perspectives as new situations arise, both within the family and within the child’s social relationships.					
(iii) Cognitive Indices For The Child (Favored Parent).					(FP)
	N	R	S	O	VO
1. Child has some age-related capacity to see the “good” and the “bad” in parent.					
2. Child demonstrates age-appropriate capacity for seeing different perspectives as new situations arise, both within the family and within the child’s social relationships.					

B. ABOUT EACH PARENT

(i) Behavioral Indices About Each Parent (Rejected Parent).						(RP)
	N	R	S	O	VO	
1. Parent supports the child’s relationship with other parent.						
2. Parent consistently maintains positive support for other parent’s involvement in child’s life.						
3. Parent demonstrates ability to understand/accept the child without blaming.						
4. Parent expresses hope that the child will have the best possible relationship with other parent.						
5. Parent does <u>not</u> tell or convey indirectly to the child any negative views of other parent.						
6. Parent takes responsibility for his/her role in causing disruption of the child’s relationship with other parent.						
7. Parent includes other parent in child’s life (e.g., medical, academic, social).						
8. Parent complies with the court-ordered parenting plan.						
9. Parent can be at the same activity with other parent.						
10. Parent communicates directly with other parent, rather than expecting child to carry messages back & forth.						
11. Parent communicates respectfully with other parent.						
12. Parent greets other parent cordially during transitions in front of child.						
13. Parent demonstrates good emotional boundaries with child.						
14. Parent supports the child’s activities by ensuring child attends the activity.						
15. Parent supports child’s social relationships with peers.						
16. Parent redirects child to discuss any complaints/commentary/concerns about other parent with that parent.						
17. Parent demonstrates reasonable progress towards treatment goals.						
18. Parent demonstrates in observable actions the ability to <u>not</u> expose their child to their own negative beliefs & fears about the other parent.						
(i) Behavioral Indices About Each Parent (Favored Parent).						(FP)
	N	R	S	O	VO	
1. Parent supports the child’s relationship with other parent.						
2. Parent consistently maintains positive support for other parent’s involvement in child’s life.						
3. Parent demonstrates ability to understand/accept the child without blaming.						
4. Parent expresses hope that the child will have the best possible relationship with other parent.						
5. Parent does <u>not</u> tell or convey indirectly to the child any negative views of other parent.						
6. Parent takes responsibility for his/her role in causing disruption of the child’s relationship with other parent.						
7. Parent includes other parent in child’s life (e.g., medical, academic, social).						
8. Parent complies with the court-ordered parenting plan.						
9. Parent can be at the same activity with other parent.						
10. Parent communicates directly with other parent, rather than expecting child to carry messages back & forth.						
11. Parent communicates respectfully with other parent.						
12. Parent greets other parent cordially during transitions in front of child.						
13. Parent demonstrates good emotional boundaries with child.						
14. Parent supports the child’s activities by ensuring child attends the activity.						
15. Parent supports child’s social relationships with peers.						
16. Parent redirects child to discuss any complaints/commentary/concerns about other parent with that parent.						
17. Parent demonstrates reasonable progress towards treatment goals.						
18. Parent demonstrates the ability to <u>not</u> expose their child to their own negative beliefs & fears about the other parent.						

(ii) Emotional Indices About Each Parent (Rejected Parent).						(RP)				
	N	R	S	O	VO					
1. Parent demonstrates the ability to emotionally regulate.										
2. Parent demonstrates flexibility in their emotional responses.										
3. Parent is able to differentiate their emotions from their child's feelings.										
4. Parent demonstrates sensitivity & empathy regarding their child's experiences.										
5. Parent supports other parent's autonomy with the child.										
(ii) Emotional Indices About Each Parent (Favored Parent).						(FP)				
	N	R	S	O	VO					
1. Parent demonstrates the ability to emotionally regulate.										
2. Parent demonstrates flexibility in their emotional responses.										
3. Parent is able to differentiate their emotions from their child's feelings.										
4. Parent demonstrates sensitivity & empathy regarding their child's experiences.										
5. Parent supports other parent's autonomy with the child.										
(iii) Cognitive Indices About Each Parent (Rejected Parent).						(RP)				
	N	R	S	O	VO					
1. Parent accepts that the child wants to have contact with both parents (without raising the past and reverting to blaming the child's prior hostility/rejection on the other parent).										
2. Parent accepts that relationship with other parent is important for child and does <u>not</u> revert to past beliefs.										
3. Parent demonstrates an ability to separate his/her own negative thoughts and feelings about the other parent from the child's needs to have a relationship with other parent (e.g. statements such as "your other parent left us" are absent).										
(iii) Cognitive Indices About Each Parent (Favored Parent).						(FP)				
	N	R	S	O	VO					
1. Parent accepts that the child wants to have contact with both parents (without raising the past and reverting to blaming the child's prior hostility/rejection on the other parent).										
2. Parent accepts that relationship with other parent is important for child and does <u>not</u> revert to past beliefs.										
3. Parent demonstrates an ability to separate his/her own negative thoughts and feelings about the other parent from the child's needs to have a relationship with other parent (e.g. statements such as "your other parent left us" are absent).										

Overview of the Checklist.

The Changes In Resist-Refuse Dynamics Checklist (CRDC) is a checklist designed to give professionals guidelines through which to observe, assess, and understand the behavioral, emotional and cognitive changes that need to occur to resolve these parent-child contact problems.

- It is important to note that the CDRC should not replace a comprehensive screening of violence.
- The CDRC is not a diagnostic tool.
- The CDRC may work best when combined with other tools for assessment.
- The CDRC should only be used by trained professionals.
- The CDRC may not be appropriate for use with all cases.

Instructions for completing the CDRC.

Please fill in the names of the Rejected/Resisted Parent's (RP) and the Favored Parent (FP) in the chart. For each item below, please indicate in the last three months whether the item has occurred N=Never, R=Rarely S=Seldom, O=Occasionally, VO=Very Often. There are no wrong answers. Please complete this to the best of your knowledge. If you don't know, please leave your answer blank.

Dimensions of the CDRC.

The CDRC has two sections: (1) the child; and (2) the parent. Each section is divided into behavioral, emotional and cognitive indices. In turn, each section is sub-divided into a part for the favored parent and a part for the rejected parent to fill out.

Scoring the CDRC.

This rating form is designed to be filled out by a professional who has observed (or heard testimony about) the parent-child interactions. This form is not designed to be scored.

Application of the CDRC.

The use of the CDRC is for trained professionals (i.e., therapists, attorneys and judges). Should a professional wish for a parent to fill out the form, the form will need to be adapted and personalized. The professional may use this checklist to set treatment goals and to facilitate a discussion with each parent about their measures of progress with their child(ren). For example, this might be filled out at the start, at various stages during, and at the end of therapy.