

THE CHALLENGE OF REUNIFICATION THERAPY

Child custody cases are notoriously acrimonious and can be quite difficult for forensic examiners to complete. One of the examiner's most important evaluative decisions is that of custody and visitation rights and one common recommendation of these evaluations is reunification therapy in which parents and children undergo a process that aims to reconnect the bond and work through any issues that may have stemmed from the separation. This important evaluative decision and the process that follows necessitates that the individuals providing services to the family in this process (1) be appropriately qualified; and (2) follow a standardized protocol when performing reunification therapy. However, it appears that standards for credentials can be quite lax, and no empirically supported protocol has been developed. The threefold purpose of this article is to examine the credentials required to provide reunification therapy, discuss the importance of reunification based on both child development and the long-term effects of parental absence on a child, and outline appropriate reunification therapy protocols.

Even before accepting a case for reunification it has been my experience that it is imperative to interview all the parties that are going to be involved. The parents, guardian ad litem, and the attorneys. If any one of these individuals are not on board to seriously pursue reunification it will not work. It is my opinion an attorney must control their client. If a mother is hostile to reunification and there really is no sound reason not to pursue reunification that attorney should not just advocate for their client's wishes but convince them they must cooperate. In the many cases I have done successful reunification therapy I had both attorneys supporting my work and telling their client they must cooperate.

CREDENTIALING

There has been no nationwide consensus on what credentials are required to perform a child custody evaluation. However, the Association of Family and Conciliation Courts (AFCC) an international organization of cross-functional Family Court specialists from judges to custody investigators, is attempting to do so. According to AFCC, "Child custody evaluators should have the minimum of a master's degree in a mental health field that includes formal education and training in the legal, social, familial and cultural issues involved in custody and access decisions" (Association of Family and Conciliation Courts, 2006, p.8). This recommendation is consistent with field observations made by master's-level therapists and social workers who are often called upon to perform these evaluations. The AFCC further posits, "Child custody evaluators shall possess appropriate education and training. All evaluators who have fewer than two years experience are encouraged to seek ongoing supervision prior to offering to perform or accepting appointments to conduct evaluations" (p.9). It is important to note that the AFCC offers these guidelines as aspirational and that these guidelines are currently not legally binding requirements.

The American Psychological Association (APA) has not proffered an opinion as to the necessary credentials for child custody evaluators. They have, however, drafted a set of guidelines for evaluators to follow when performing child custody evaluations. These guidelines are also aspirational in intent, intended to facilitate the continued systematic development of psychology and help create a high level of practice for psychologists. The APA's very first suggested guideline is entirely consistent with U.S. Family Court statutes: "The purpose of the evaluation is to assist in determining the psychological best interests of the child" (American Psychological Association, 2010, p. 864). The psychological best interests of the child includes issues such as development, attachment, physical needs, social needs, educational needs, cultural/environmental variables, and family dynamics. It would make clinical common sense that a professional doing these assessments should be competent in assessing and diagnosing mental illness and personality disorders for adults and diagnosing childhood disorders. They should also be competent in understanding childhood emotional and cognitive development.

CHILD DEVELOPMENT AND PARENT-CHILD SEPARATION

Attachment, development, and family dynamics are of particular importance in regards to reunification therapy. These three major areas are affected by the absence of one parent from a child's life. They are also the most prominent factors when discussing the need for reunification. Parent-child attachment provides many things for a child. Several features of attachment theory are important when discussing custody evaluations and reunification therapy. First, attachment gives the child a sense of security and safety from harm. Thus, interruptions in the attachment relationship can be expected to lead to fear or anxiety in the child and the accentuation of attachment behavior towards attachment figures (Byrne, O'Connor, Marvin, & Whelan, 2005). Secondly, different forms of attachment have been found to place children at higher risk for future problems. Children separated from one parent are more likely to develop an insecure form of attachment to that parent, which places the child at risk for future developmental problems and potentially at higher risk to develop psychopathology later in life (Byrne, et al., 2005). Third, attachment relationships formed early in life are carried forward and influence attachment in other important social and romantic relationships. Thus, a child who forms a poor attachment with either of their parents will likely have difficulty forming positive, adaptive attachments in other relationships later in life. Finally, parental separation can be a stressful challenge to a child's ability to form attachments to his/her mother and father. Young children are not developmentally ready to deal with the stress that parental separation or the constant movements from house to house present. This is especially true for infants and preschool aged children. There has been support for the positive effects of living in two households for school aged children (Dunn, Davies, O'Connor, & Sturgess, 2001). While judges have been very reluctant to order movement from one home to another after formal schooling has begun, they seem to be more willing to order such movement for younger children when attachment is developing and the effects of parental separation are more profound (Byrne, et al., 2005). This seems to be an area where reunification therapy would be especially useful.

Reunification therapy may also help to improve the child's experience. Children in joint custody situations have been shown to report significantly greater positive experiences, higher self-esteem, and equally adequate adjustment when compared with maternal custody situations (Wolchik, Braver, & Sandler, 1985). Children in joint custody situations tend to spend more time with the nonresidential parent than did children in maternal custody situations, which would help create a more positive, secure attachment with both parents.

Early separation can have a profound developmental impact on the child. Studies demonstrate a direct connection between maladaptive attachment during early periods of critical parent-child relationship development and inefficient right brain emotional regulatory functioning, as well as poor adult mental health. Children who experience this relational trauma during these critical periods can miss opportunities for social-emotional learning, which can lead to an inability later in life to adequately address and process novel or stressful emotional stimuli (Schoore, 2001). Furthermore, the level of parent-child relationship stress experienced in infancy and early childhood permanently stresses responses in the brain, which then affect memory, attention, and emotion (Gunnar, 1998).

Another potential result of parental separation can be the development of Reactive Attachment Disorder. This may result from constant changing of primary caregivers, which prevents the formation of stable attachment relationships with either parent. The development of this disorder may result in children who are emotionally withdrawn and do not seek out comfort, or it may result in the exact opposite, where children are overly sociable and non-selective in seeking out comfort and affection from various sources (Strous, 2011). Either of these manifestations of reactive attachment disorder can be problematic both in childhood and later in adult life. These forms of social dysfunction persist into future relationships and may have profound negative effects on the individual. Whereas securely attached children tend to be more independent, socially competent, inquisitive, cooperative, and empathic (Strous, 2011), attachment-disordered children demonstrate a serious risk of developing psychopathology, including personality disorders (Fonagy, 2000).

Young children have not yet developed their capacities for historical memory or concepts of time. Consequently, infrequent contact with either parent places young children at risk for disrupted relationships, a profound sense of loss, and severe depression later in life (Kelly, 2005). Thus, it has been argued that both parents should participate in a wide array of activities with the child, both during the day and at night, and both during the week and on weekends (Lamb, 2002).

REUNIFICATION PROTOCOLS

Given the potentially profound life-long effects parental separation can have on child development and attachment, it is peculiar and disturbing that there is no standard protocol to follow when instituting reunification therapy. While the American Psychological Association

and other similar bodies have begun to endorse or establish guidelines and protocols for child custody evaluations, these professional institutions have not established similar guidelines for the actual process of reunification therapy. Similarly, research has examined appropriate guidelines for child custody evaluations, but similar research regarding the therapy that may occur after the evaluation is scarce.

Several protocols for use with reunification therapy have been suggested and deserve close scrutiny for reunification therapy service providers who await standardized protocols. Von Bahr (2011) outlines distinct stages encountered in reunification therapy. The first stage is assessment, which consists of the therapist identifying any barriers to reunification and gaining a deeper understanding of the issues that led to estrangement. This stage focuses primarily on meeting with the estranged parent and gathering information about the family unity. This stage will typically take 30-60 days.

The second stage, commitment and planning, focuses on building acceptance, an integral part to reunification. All past blaming issues are acknowledged and addressed during this stage. It is important for children at this stage to feel free to express all feelings of guilt, self-blame, or abandonment. Other essential features of this stage include establishing rules and boundaries regarding contact amongst all involved parties, clarifying parent roles, and evaluating the parenting plan. This stage typically lasts 30-90 days depending on case specific variables (Von Bahr, 2011).

One must evaluate a child's resistance to reunification, and attempt to desensitize the child to fixed decisions made and certainly if another parent has coached them. For a professional to defer to a child's decision not to see a parent is not in that child's best interest, particularly when there is a possibility of another parent coaching that child. It is also important to evaluate a child's anger and ambivalence and work to help them express these feelings to be assist the parent in good listening skills, empathy, acceptance, and the ability to apologize.

Integration is the final stage in this model. In this stage, visitation begins, starting with phone contact and progress towards supervised visits and eventually unsupervised contact. This stage is tailored to deploy a wide variety of visitation procedure and process options. Visitation may consist of only phone contact until the child is 18; it may eventually include unsupervised overtime visits with the estranged parent becoming an active part of parenting for the child. The options are endless because they depend on such factors as the number of children, the ages of the children, the physical distance between the parents' homes, the duration of the separation, and the degree of parent and child pathology, to name just a few. This stage typically can be expected to last 60-120 days.

Reunification therapy is a frequent outcome of child custody evaluations and can have profound effects on child development and attachment. Parental separation can lead to insecure parent-child attachment, which increases the child's risk of experiencing maladaptive attachment

in future relationships and developing potentially serious psychopathology. Thus, reunification therapy is clearly a useful and needed service and the need for an empirically studied and validated protocol for carrying it out is clear. While relevant professional bodies have begun to establish guidelines for custody evaluators in Family Court, the time has come for these same professional bodies to establish reunification therapy guidelines for practitioners working with these families after the Court has finished its work.

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Paul M. Reitman, Ph.D., L.P., F.A.C.F.E.

Adam Gierok
Research Assistant
Doctoral student at Argosy University – Twin Cities

Dr. Paul M. Reitman Ph.D. L.P. F.A.C.F.E. is in private practice seeing patients both on an inpatient basis at three Twin City Hospitals, and seeing patients in an outpatient clinic. He is the President of Psychological Consultants of Southern Minnesota since 1981. He is a forensic psychologist throughout the State of Minnesota doing civil commitments for mentally ill, chemically dependent, mentally ill and dangerous, mental retardation, sexually dangerous persons, sexual psychopathic personalities, competency exam for criminal responsibility, guardianship, and in family law. He has trained students pursuing their doctoral degrees in 9 month diagnostic practicum, and advanced practicum. He has taught courses in forensic psychology and on assessing sex offenders at Argosy University.

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