

The FUTURE Series - II

Barry Bricklin, Ph.D.
Gail Elliot, Ph.D.

Family Unification Techniques: Unique Relationship Enhancement (FUTURE)

OVERVIEW OF REUNIFICATION THERAPY

1. Please note that the following abbreviations will be used in the FUTURE Series.

- RT refers to Reunification Therapy.
- AP refers to the Alienating Parent, one who is actively seeking to undermine a child's relationship with the so called
- TP, or Target Parent
- MHP means Mental Health Professional

2. Reunification Therapy or RT, is *not* like traditional therapy. RT will rarely be effective if it becomes simply a back-and-forth exchange of ideas. While traditional “talk therapy” (e.g., offering insights, co-creating multiple perspectives, etc.), and “good listening” are certainly vital parts of the process, much of what is required is more like a combination of lecturing, teaching and supervision than traditional therapy. An alienated child will use traditional therapeutic exchanges as a means of bargaining, deceiving and manipulating. Alienated children have been led to feel “empowered” by the AP, and frequently use “therapy” to make regal demands, believing they can indeed be the tails that wag the dog.

3. The MHP is wise to avoid arguments about the truth or falsity of past claims and allegations made by the AP and child, or about the truthfulness of events not personally observed.

4. Children *should be told* about the AP's behavioral patterns that foster and maintain alienation. Some of the more subtle ways this is done is by the AP's allowing the child to complain about every single flaw in the TP's personality as though each one reflects a demonic and dangerous attribute. The AP, instead of challenging and correcting these distortions, validates them by agreeing with the child's statements. The AP may not be actively agreeing with the child, but may be failing to challenge and correct the child. The AP may also respond in a manner that suggests to the child that the AP agrees with him or her, and supports him or her, although the AP does not say this directly. For example, the AP may emotionally over-react to what the child is saying about the TP. While this is not explicit support for the child's accusation, it is certainly perceived by the child as validating support. The AP will also emotionally over-react to

every distorted belief and assertion the child makes, again “confirming” their “truthfulness.” The AP and the child come to accept a common perception of the TP as “bad” or “evil” or as “being two different people, one good and one bad.”

5. When a MHP agrees to conduct RT, the court has (probably) already concluded that an alienation pattern exists. Hence, what is accepted as factual has already been established and conclusions will have been derived from these legally established facts. The AP and the child will insist these conclusions are based on lies. A dilemma for the MHP is how he or she will approach this issue. Has the “truth” been established? Or is it the job of the therapist to conduct a further diagnostic investigation? This can indeed be a disconcerting situation for the MHP, and merits more discussion among MHPs. Maybe the best position for the therapist is to accept the idea that there is really no way to establish the credibility of many of the assertions made by *all* of the disputants, and simply say that whatever happened was then, this is now—our mission now is reunification. From a practical perspective, a MHP is wise to avoid taking on a reunification process unless the court has specifically ruled that alienation exists, and who is responsible for it.

6. Traditional therapy could be eventually helpful, especially if the child comes to accept the idea that he or she was deliberately misled, and also thereby moves away from an “empowered” demand-making position, and moves into the attitude critical for traditional therapy to succeed, an openness to self-change, and a willingness to view critical issues from multiple points of view.

7. The MHP will need to find a “mental position” or attitude that makes it comfortable to work in a clinical situation in which each participant harbors one or more hidden agendas, agendas often at odds with those of the therapy. The challenge for you, the MHP, is to find a mental position that can remain positive, alert, creative, interested and at least mildly emotionally warm, in the midst of a situation where pretty much everyone is out to manipulate and possibly intimidate you.

8. For quite some time there has been a growing awareness that treating custody-driven estrangement and/or alienation scenarios required the mental health field to create and develop far more specialized treatment services than can be provided for by traditional techniques. The field has indeed responded. One will nowadays encounter terms like: parent coordinator; consultant to the court; alienation specialist; special master; therapeutic re-contact clinician; therapeutic reunification clinician; supervised-visit clinician; and many more. Indeed even the ultra conservative American Psychological Association refers to the growing emergence of professionals who serve in such roles as operating “unlike mediators and custody evaluators,” since these new professionals typically function with “quasi-judicial clout, allowing them to make binding recommendation to the courts about parenting arrangements” without necessarily having the voluntary agreement of either parent.

Hence, the question arises as to what prepares a MHP to play a role in an estrangement/alienation case. There is no exact answer to this question, since what is seen as needed may be different in the scientific community as opposed to the legal community. Further, neither field of endeavor, the scientific community as well as the legal community, has created a definitive set of criteria that qualifies an individual to serve as an expert in this area. Various organizations have made suggestions, but these are only suggestions as to what kinds of knowledge would be helpful for a MHP to have in his or her background. The most inclusive list we have found includes: child development, family dynamics, child and adult psychopathology, effective parenting patterns, knowledge of the effects of high-conflict divorce on all family members, school issues, dispute resolution techniques, extensive knowledge of the intricacies of alienation/estrangement scenarios and research relevant to each of these categories.

Nevertheless, in our society there are many ways a person can become recognized as an “expert” in a field for which there are no specific academic criteria. We will confine our remarks to two circumscribed areas. One area is the scientific community. The other area is the one controlled by the legal system. While individuals designated as an expert by a court are sometimes also viewed by the scientific community as “experts,” this is not always the case, since the criteria used in each setting, while overlapping, are not the same. Further, in a legal setting, the ultimate designation of the “expert status” of some individual is made solely by the court, and not by either the academic or scientific community.

Within the scientific community, persons generally demonstrate expertise in one or more of several ways.

One way is to have conducted research in the area of concern. This research will usually have been published in scientific journals, books or book chapters. Such persons may, instead of, or in addition to, these accomplishments, be able to demonstrate extensive clinical experience in a certain field, experience that is noted by peers. One sign of this is in the nature of the referrals these individuals come to get from their peers. Clients are referred to them specifically for treatment within the relevant area of noted expertise. These individuals are frequently called upon to consult in cases where the area of noted expertise, here estrangement patterns, are of central interest. Such consultations are requested by other professionals, those in the legal field as well as those in the mental health field. These individuals are frequently called upon to provide lectures, workshops and seminars in the area of noted expertise. All of these achievements will usually be listed in the noted expert’s curriculum vitae (resumé). These pathways, then, are the methods by which an individual establishes expert-status within the scientific community. Things are different in the legal field. Judges view a candidate for the role of an expert through the general lens of Federal Rule of Evidence, No. 702. This standard, in one wording or another, is used in most states. It says that if scientific, technical or other specific knowledge will assist the trier of fact (the judge or jury) to understand certain evidence or determine a fact in issue, and/or a person is needed to execute a scientific, technical or highly specialized methodology, that person may be qualified by the court as an “expert” by virtue of demonstrating “knowledge, skill,

experience, training or education” in the relevant area of concern. In a nutshell, in the legal system, a judge decides who is an expert. Note that this role, “expert,” is not a designation-for-life. Expertise must be established or earned in every case in which the potential expert is to appear. This mechanism takes note of the fact that the individual issues in any particular case may call for different areas of expertise, even within any general category (e.g., “mental health issues”).

This is why we recommend that a mental health professional should not become involved in any estrangement case unless his or her responsibilities and roles are carefully delineated in a court order. The MHP’s “expertness” in the area is thereby explicitly made known by the court.