

The FUTURE Series - IX

Family Unification Techniques: Unique Relationship Enhancement

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TIME-SHARE PLANS (PHYSICAL CUSTODY) DURING REUNIFICATION THERAPY

1. There are many competing claims about how time-share plans (TSPs) should be arranged during reunification therapy, especially when the estrangement seems to follow from alienation patterns on the part of a particular parent and possibly the child him- or herself. Some MHPs recommend mild restrictions in the time a possibly alienating parent can spend with a child, to vast restriction to the visit time allowed, to supervised visitation only, right on through to no visitation at all.

2. It is our opinion that the effectiveness of such restrictions in bringing about true reunification is not easy to predict. (By “true” reunification, we mean “reunification” not based on a child’s faking that things are “okay” when he or she is with the estranged parent, but rather based on the child being able to *truly* feel comfortable in the estranged parent’s company.)

3. There are several possible outcomes that may occur when a child’s visitation with an alienated parent is vastly restricted.

- The restriction may scare the alienating parent into greater seeming cooperation, or actually bring about a “true” change.
- The restrictions will reduce but not eliminate the time the alienating parent and his or her allies have to brainwash the child.
- The restrictions may allow the child to have extended opportunities to see that the target parent is not dangerous and to more completely integrate into the family values at the target parent’s house.
or
- The restrictions may simply scare the child into fake compliance or even worse, to work in direct opposition to the goals of reunification by motivating the child more than ever to demonize the target parent.

When all is said and done, severe restrictions work best when the child, at some level, understands that he or she has been led astray by the alienating parent’s use of lies or selected truths. However, in some cases the MHP will have no other choice other than limiting or restricting contact between the AP and the child.

4. If the child does not accept that he or she has been deliberately misled, heavy restrictions in the amount of time this child is permitted to spend with the AP will be seen and experienced as a punishment. It will engender sadness and anger in the child and end up in co-creating depressive moods. If visitation is totally suspended, one may end up with a child who “gives up hope” on the surface, but is inwardly still angry and depressed. The child may eventually *seem to* bond with the TP, but this will be a shaky bonding. If the TP has a good bit of money and can offer “perks” to the child, this may seemingly help the bonding as the child gets older and more and more values what money can do for him or her. Emotionally, such children often become flat-affect manipulators.

5. “Ultimate” or long-term prognosis can also depend on any Significant Other who enters the child’s life via one of the parents. The personality of the newcomer can help or hinder the bonding patterns.

6. A MHP must consider that if he or she severely restricts contact between a child and an AP, it will probably be necessary to set up a strict, full-time monitoring program in the TP’s house. It is not at all uncommon for children, with the explicit or not-so-explicit help of the AP, to defy or ignore a rule put forward by the MHP. Children have been known to run away from a TP’s house, with or without being picked up by the AP. This could be dangerous. If the TP has shared or sole legal custody of the child at the time of the defiance, the AP’s behavior may constitute “kidnapping,” but this doesn’t lessen the danger to the children. It is easy to prevent this type of defiance in an in-patient setting, where the children are monitored 24/7. Such control is not easy to arrange in typical out-patient settings.