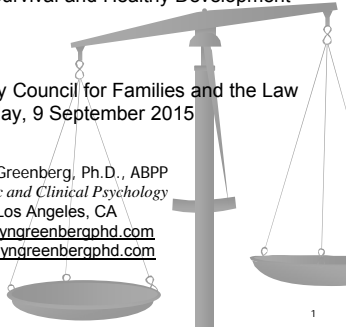


Integrated Service Planning for Children of Conflicted Families – Research and Practice Developments to Support Emotional Survival and Healthy Development

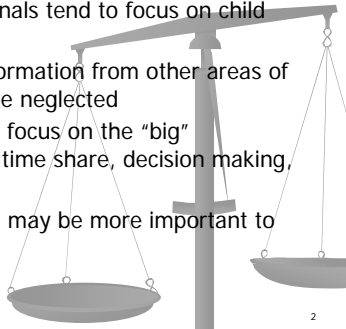
Israel Multidisciplinary Council for Families and the Law
Wednesday, 9 September 2015

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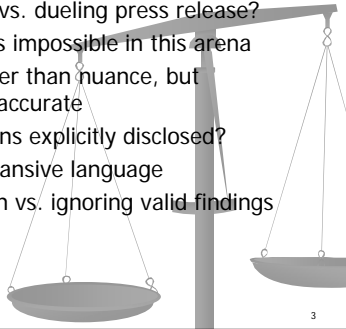
Which research and issues do we attend to?

- Custody professionals tend to focus on child custody research
- Much relevant information from other areas of psychology may be neglected
- Professionals may focus on the “big” issues...parenting time share, decision making, etc.
- Issues of daily life may be more important to children

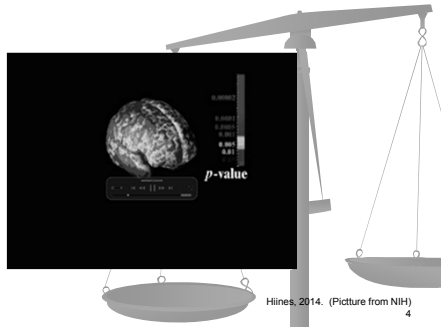


Critical evaluation of scientific information/claims

- Academic debate vs. dueling press release?
- Perfect research is impossible in this arena
- Epigrams are easier than nuance, but considerably less accurate
- Were the limitations explicitly disclosed?
- Cautions with expansive language
- Overgeneralization vs. ignoring valid findings

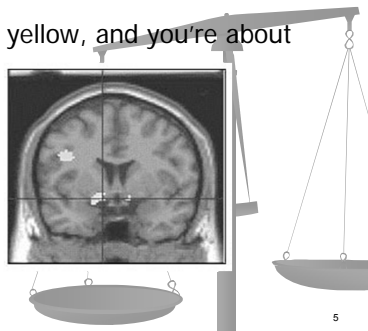


Nothing persuades like a picture of a brain..



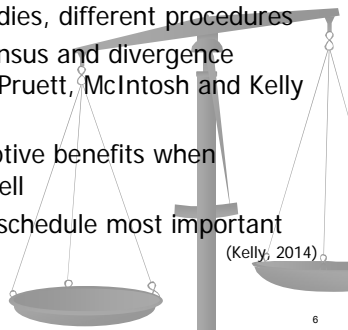
But is that really what they look like?

(Take away the yellow, and you're about there..)



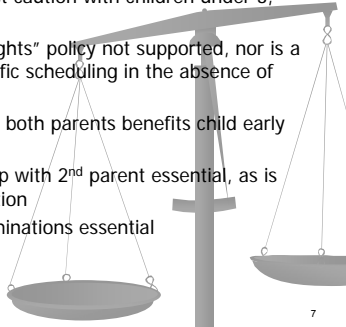
Young Children and Overnights

- Contrasting studies, different procedures
- Points of consensus and divergence summarized in Pruett, McIntosh and Kelly (In Press)
- Social and adaptive benefits when implemented well
- Consistency of schedule most important



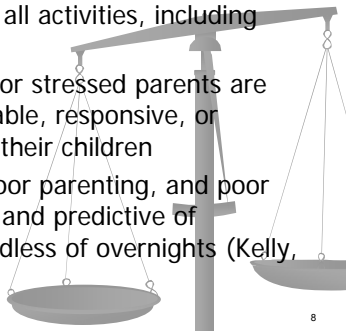
Young Children and Overnights

- Some studies suggest caution with children under 3, other do not
- A blanket "no overnights" policy not supported, nor is a presumption of specific scheduling in the absence of information
- Early involvement by both parents benefits child early and into the future
- History of relationship with 2nd parent essential, as is parental communication
- Individualized determinations essential



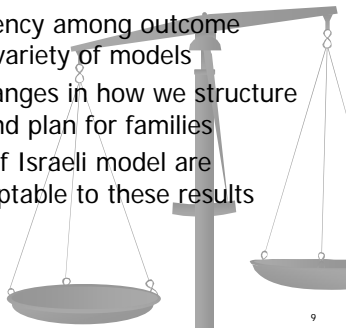
We also know...

- Fatigue impairs all activities, including parenting
- Exhausted and/or stressed parents are often less available, responsive, or consistent with their children
- High conflict, poor parenting, and poor communication are predictive of outcomes regardless of overnights (Kelly, 2014)



Converging results on critical issues

- Marked consistency among outcome studies from a variety of models
- May require changes in how we structure interventions and plan for families
- Some aspects of Israeli model are particularly adaptable to these results



The “small stuff” to adults may be hugely important for children

- Daily skills, routines, developmental tasks, age appropriate activities are critical
- Legal system often neglects these, or inquiry is not sufficiently detailed
- Information on these issues is often lost when we don't involve children in interventions (parents' perceptions often not reliable)
- Outcome studies (and clinical data from children) suggest that these are the most important issues to them and their development

Johnston, Roseby and Kuehne (2010); Dunn (2001); Reed et al (2013); Sandler et al (2010), Pedro-Carrol (2005), etc.

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Children's Outcome is Related To

- Coping *Effectiveness* (healthy coping skills)
- Coping *Efficacy* (belief that what one says or does will work)
- Access to healthy relationships
- Stability
- Authoritative parenting

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Factors We Can Impact, That Are Related to Outcome (Adapted from Pedro-Carroll, 2005)

Individual Factors

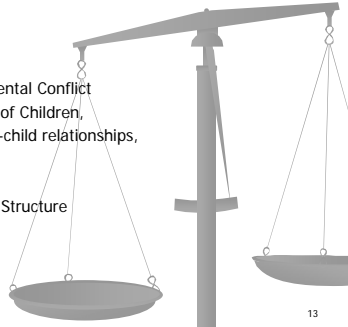
- Active coping style
- Accurate Attributions
- Hope for the Future,
- Realistic appraisal of control
- Effective coping skills

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Factors We Can Impact, That Are Related to Outcome (Adapted from Pedro-Carroll, 2005)

Family Factors:

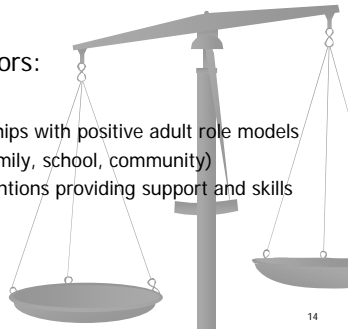
- Protection from Interparental Conflict
- Psychological well-being of Children,
- Solid, supportive parent-child relationships,
- Economic Stability,
- Authoritative Parenting
- Household Stability and Structure



Factors We Can Impact, That Are Related to Outcome (Adapted from Pedro-Carroll, 2005)

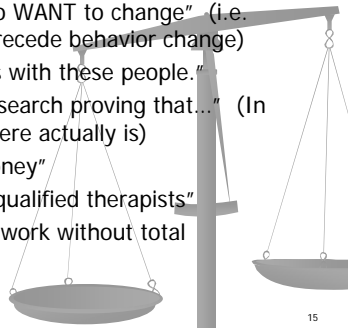
Extrafamilial Factors:

- Supportive relationships with positive adult role models
- Support network (family, school, community)
- Preventative Interventions providing support and skills training
- Effective Therapy



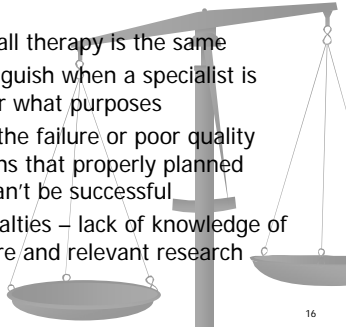
Truisms and Self-fulfilling prophecies

- "People have to WANT to change" (i.e. Insight must precede behavior change)
- "Nothing works with these people."
- "There is no research proving that..." (In many cases, there actually is)
- "There's no money"
- "There are no qualified therapists"
- "Therapy can't work without total confidentiality"



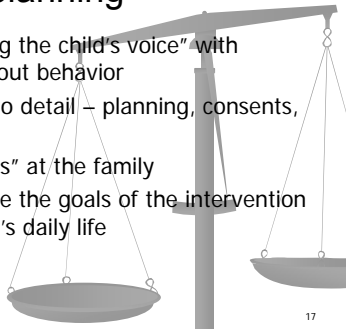
Common errors in intervention planning

- Assuming that all therapy is the same
- Failure to distinguish when a specialist is needed, and for what purposes
- Assuming that the failure or poor quality treatment means that properly planned interventions can't be successful
- Diverging specialties – lack of knowledge of current literature and relevant research



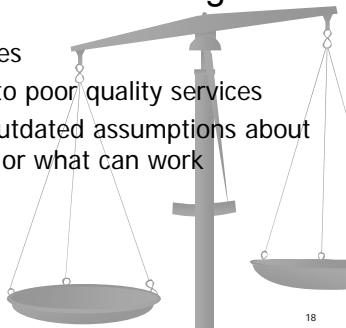
More errors in intervention planning

- Confusing “hearing the child's voice” with rewarding acting-out behavior
- Failure to attend to detail – planning, consents, orders
- “Throwing services” at the family
- Failure to integrate the goals of the intervention plan into the child's daily life



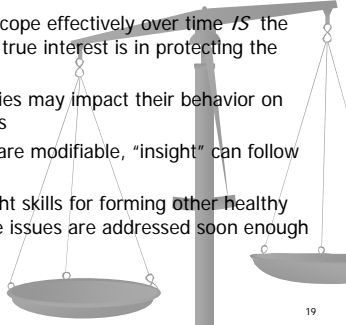
Other Obstacles to Effective Intervention Planning

- Limited resources
- Prior exposure to poor quality services
- Inaccurate or outdated assumptions about what is known, or what can work
- Tunnel vision



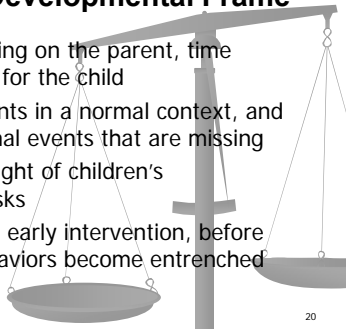
Changing our Thinking in Light of the Research

- The Child's ability to cope effectively over time *IS* the ultimate issue, if our true interest is in protecting the child
- Parents' coping abilities may impact their behavior on divorce-related issues
- Skills and strategies are modifiable, "insight" can follow behavior change
- Children can be taught skills for forming other healthy relationships, if these issues are addressed soon enough



The Child's Context: Keeping the Developmental Frame

- While we're focusing on the parent, time continues to pass for the child
- Put abnormal events in a normal context, and consider the normal events that are missing
- Consider data in light of children's developmental tasks
- More options with early intervention, before dysfunctional behaviors become entrenched



Avoiding Tunnel Vision...

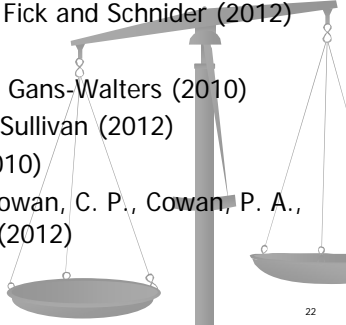
Consider:

- Behavior outside divorce-related issues
- General coping abilities
- Rules/expectations in various settings
- Reactions of significant adults to child's behavior and statements
- Child's coping and behavior over time



Adapting and Integrating Models..

- Greenberg, Doi Fick and Schnider (2012)
- Lebow (2003)
- Friedlander and Gans-Walters (2010)
- Greenberg and Sullivan (2012)
- Sexton et al (2010)
- Pruet, M. K., Cowan, C. P., Cowan, P. A., Diamond, J. S. (2012)



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I don't feel like going to math tutoring today, so I think I'll just "pop over" to Dad's house

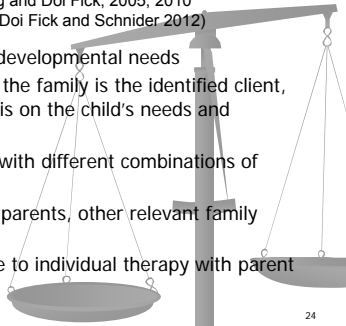


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Child-Centered Conjoint Therapy

(Greenberg and Doi Fick, 2005, 2010
Greenberg, Doi Fick and Schnider 2012)

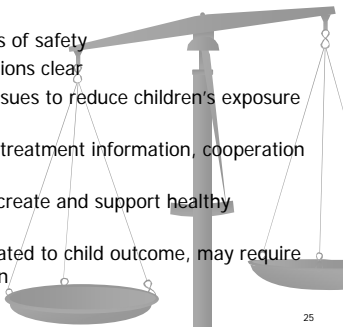
- Focus on the child's developmental needs
- Whether the child or the family is the identified client, the therapist's focus is on the child's needs and development
- Therapist may meet with different combinations of family members
- Involvement of both parents, other relevant family members
- Models are applicable to individual therapy with parent involvement



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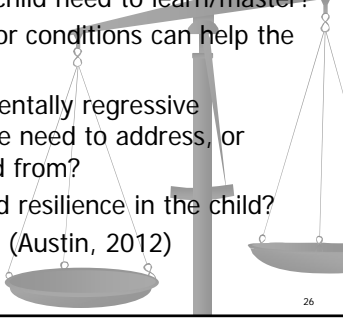
Balancing Accountability, Privacy and Effectiveness

- There are many kinds of safety
- Keeping the expectations clear
- Addressing specific issues to reduce children's exposure to conflict
- Criteria for reporting treatment information, cooperation and progress
- What's necessary to create and support healthy behavior?
- Coping *Efficacy* is related to child outcome, may require sharing of information



Systemic Intervention Planning

- What does the child need to learn/master?
- What activities or conditions can help the child get there?
- What developmentally regressive influences do we need to address, or protect the child from?
- How do we build resilience in the child?
- Activity analysis (Austin, 2012)



Broad view of therapeutic services

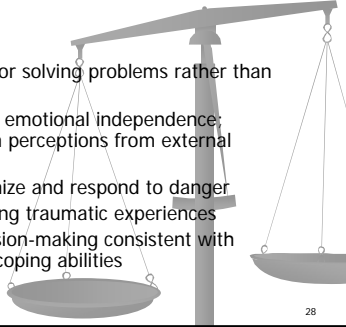
- May not be limited to face-to-face sessions
- Interim support
 - Phone calls, conference calls, email "boosters"
 - Review/assistance with parental communication
- Auxiliary communications, record review
- Services in the event of relitigation
- Much depends on therapist's role, terms of order
- Realistic goals may include resolving issues even if contact with parent is limited



Progress Occurs in a Developmental Frame

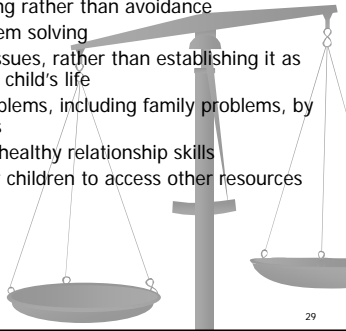
Children need:

- Active coping skills for solving problems rather than avoiding them
- Gradually increasing emotional independence; separating their own perceptions from external narratives
- The ability to recognize and respond to danger
- Support in overcoming traumatic experiences
- Participation in decision-making consistent with developmental and coping abilities



Effective Children's Treatment

- Supports active coping rather than avoidance
- Enables verbal problem solving
- Resolves traumatic issues, rather than establishing it as a central issue in the child's life
- Supports solving problems, including family problems, by engaging with others
- Supports or teaches healthy relationship skills
- Creates a context for children to access other resources





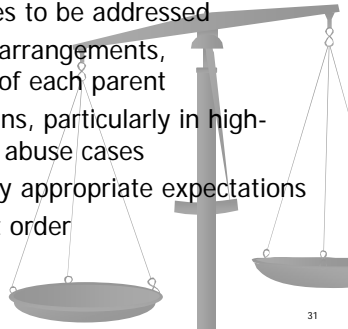
The undermining therapist...

"I'm the advocate for the child, and my client doesn't want to see her Dad..."



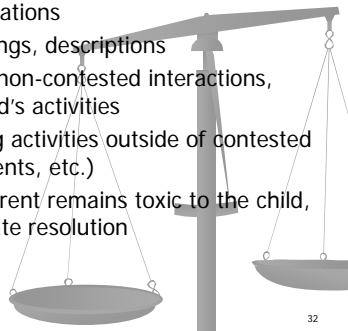
Structural issues for Therapy (Greenberg and Doi Fick, 2005)

- Specifying issues to be addressed
- Transportation arrangements, responsibilities of each parent
- Rules for sessions, particularly in high-conflict or child abuse cases
- Developmentally appropriate expectations
- Clear treatment order



Progression in treatment content..

- Behavioral expectations
- Language of feelings, descriptions
- Initial practice in non-contested interactions, knowledge of child's activities
- Support parenting activities outside of contested issues (school events, etc.)
- If contact with parent remains toxic to the child, support appropriate resolution



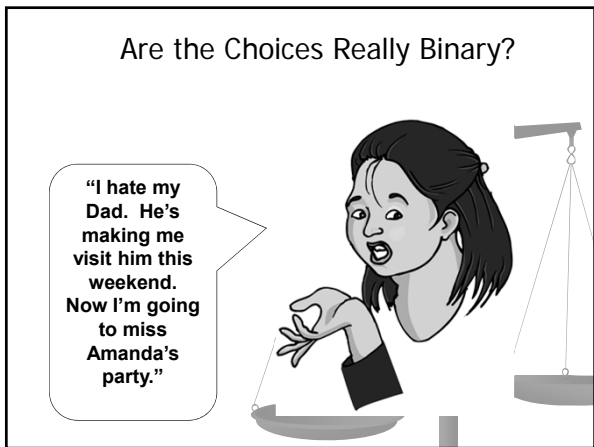
Dealing with Children's Dialogue

- What should we look for and listen to?
- Everything has developmental consequences
- Incorporating psychological knowledge into how we interact with children









Are the Choices Really Binary?

"No, I haven't asked my Dad if he'd take me."

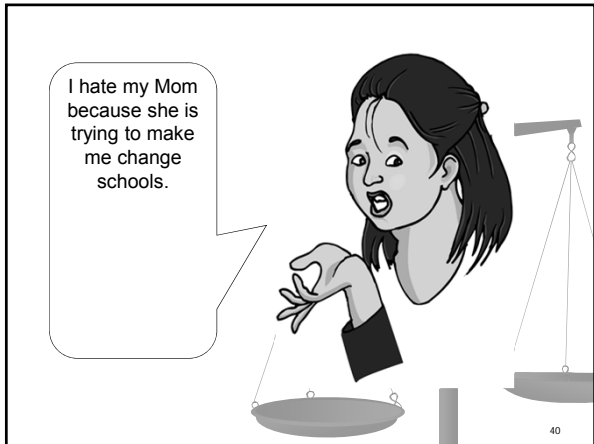


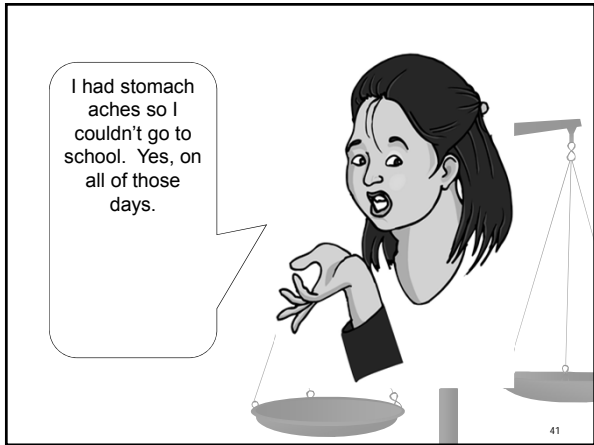
"Mom and Dad are arguing about what camp I should go to again"



"Why should I bother telling them how I feel? No one listens to me anyway"



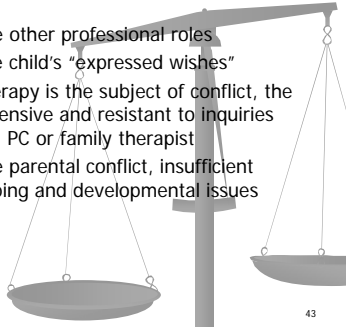






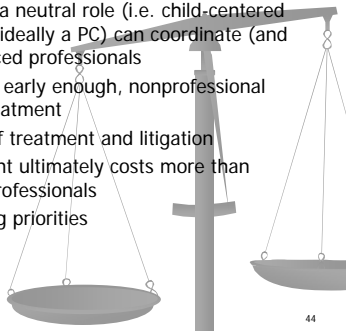
Common Therapist Mistakes

- Bias
- Failure to respect the other professional roles
- Overemphasis on the child's "expressed wishes"
- Particularly when therapy is the subject of conflict, the therapist may be defensive and resistant to inquiries from minors counsel, PC or family therapist
- Overemphasis on the parental conflict, insufficient attention to daily coping and developmental issues



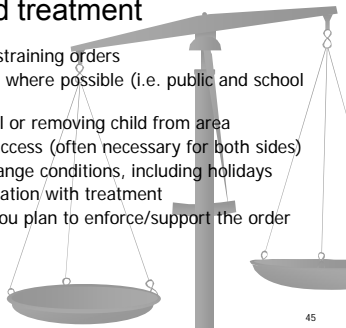
Maximizing Resources for Children

- A single specialist in a neutral role (i.e. child-centered conjoint therapist or ideally a PC) can coordinate (and teach) less experienced professionals
- When intervention is early enough, nonprofessional resources can aid treatment
- Compare the costs of treatment and litigation
- Poor quality treatment ultimately costs more than engaging qualified professionals
- Judicial officer setting priorities



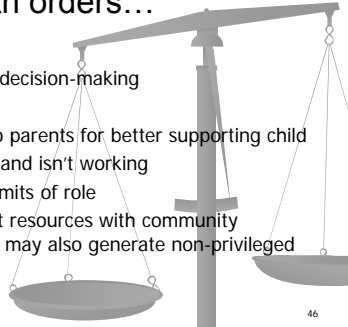
"The judge decided, I'm here to help you make it work..." Underlying orders aid treatment

- Details and limits in restraining orders
- Maintain parental roles where possible (i.e. public and school events if safe)
- Orders regarding travel or removing child from area
- Structured telephone access (often necessary for both sides)
- Detailed order re exchange conditions, including holidays
- Expectations re cooperation with treatment
- Parents should know you plan to enforce/support the order



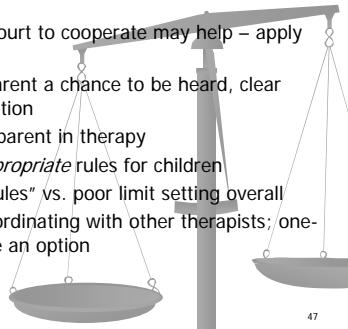
Therapist can (and should) assist with specific behaviors to comply with orders...

- Specific dialogue
- Structured routines, decision-making
- Rules and contracts
- Recommendations to parents for better supporting child
- Feedback re what is and isn't working
- Ability to articulate limits of role
- Combining treatment resources with community involvement – which may also generate non-privileged data



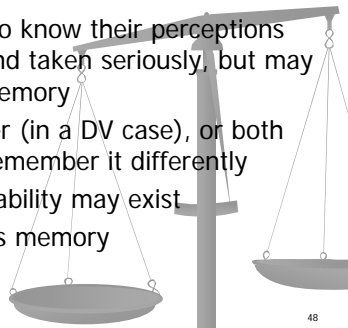
When there is high conflict or an alleged traumatic history....

- Direction from the Court to cooperate may help – apply to both parents
- Give the reluctant parent a chance to be heard, clear direction for cooperation
- Clear rules for each parent in therapy
- *Developmentally appropriate* rules for children
- Assess for “special rules” vs. poor limit setting overall
- Central specialist coordinating with other therapists; one-way releases may be an option



How does a parent accept responsibility?

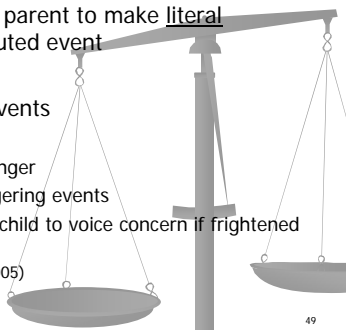
- Children need to know their perceptions are accepted and taken seriously, but may not be literal memory
- Alleged offender (in a DV case), or both parents, may remember it differently
- Criminal vulnerability may exist
- Trauma impacts memory



How does a parent accept responsibility? (cont.)

- Not necessary for parent to make literal admission of disputed event
- Future focus
- Rules for future events
 - Safety
 - Management of anger
 - Avoidance of triggering events
 - Empowerment of child to voice concern if frightened or distressed

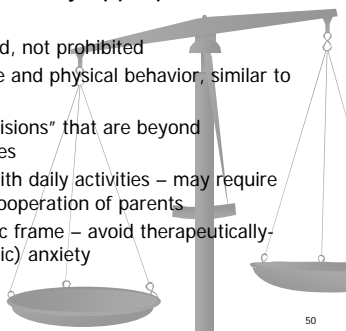
(Doi Fick and Greenberg, 2005)



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Rules/progress for children must be developmentally appropriate

- Touch – child initiated, not prohibited
- Appropriate language and physical behavior, similar to all other adults
- Avoid expecting “decisions” that are beyond developmental abilities
- Integrate progress with daily activities – may require judicial support for cooperation of parents
- Place tasks in realistic frame – avoid therapeutically-heightened (iatrogenic) anxiety

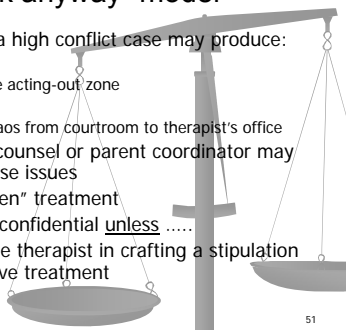


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The “I didn’t want it to work anyway” model

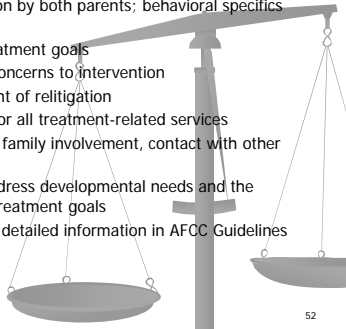
- Sealed treatment in a high conflict case may produce:
 - No treatment at all
 - An accountability-free acting-out zone
 - Unprotected children
 - Simple transfer of chaos from courtroom to therapist’s office
- Presence of minor’s counsel or parent coordinator may mitigate many of these issues
- Criteria for “safe haven” treatment
- Conditional orders – confidential unless
- Consider involving the therapist in crafting a stipulation that will allow effective treatment



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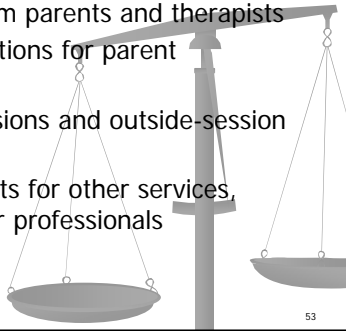
Treatment orders should include:

- Expectation of cooperation by both parents; behavioral specifics helpful
- Court's concerns and treatment goals
- Clear path from court's concerns to intervention
- Contingencies in the event of relitigation
- Payment arrangements for all treatment-related services
- Parameters for extended family involvement, contact with other professions, etc.
- Sufficient flexibility to address developmental needs and the therapist's ability to set treatment goals
- Sample orders and more detailed information in AFCC Guidelines



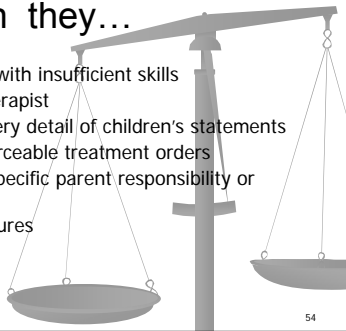
The Skilled Therapist Needs Flexibility

- Getting info from parents and therapists
- Setting expectations for parent cooperation
- Structuring sessions and outside-session interventions
- Referring parents for other services, consulting other professionals



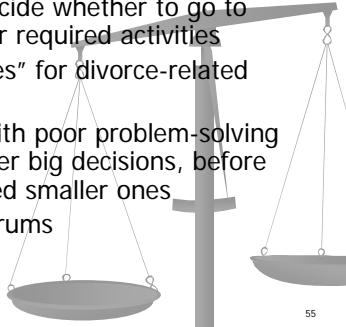
Someone May be Trying to Sabotage Treatment when they...

- Push for a therapist with insufficient skills
- Bind and gag the therapist
- Demand to know every detail of children's statements
- Write vague, unenforceable treatment orders
- Resist requests for specific parent responsibility or behavior change
- Bypass initial procedures



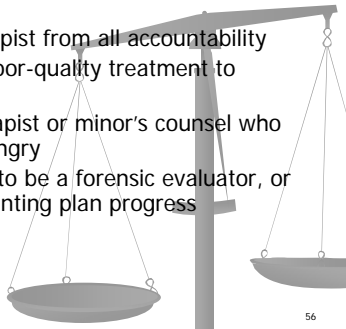
More Tips for Sabotaging Progress

- Let the child decide whether to go to therapy or other required activities
- Set "special rules" for divorce-related issues
- Give children with poor problem-solving skills control over big decisions, before they've mastered smaller ones
- Rewarding tantrums



Still More Tips for Sabotaging Progress

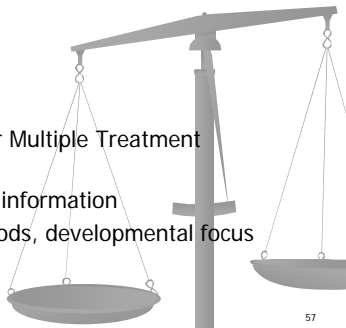
- Insulate the therapist from all accountability
- Allow biased or poor-quality treatment to continue
- Remove any therapist or minor's counsel who makes a parent angry
- Ask the therapist to be a forensic evaluator, or to determine parenting plan progress



Assessing the Quality of Treatment

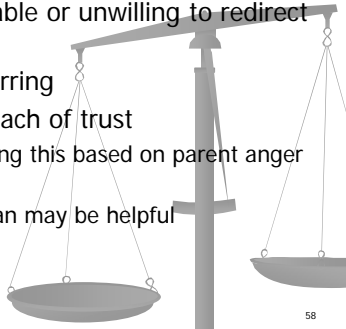
Look For:

- Professionalism
- Role Boundaries
- Ability to Consider Multiple Treatment Hypotheses
- Openness to new information
- Appropriate methods, developmental focus



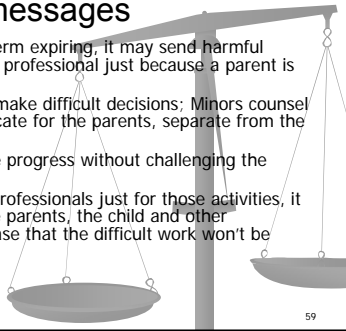
When is a change necessary?

- Therapist is unable or unwilling to redirect treatment
- Splitting is occurring
- Irresolvable breach of trust
 - Cautions re doing this based on parent anger alone
 - Coordinated plan may be helpful
 - Procedures



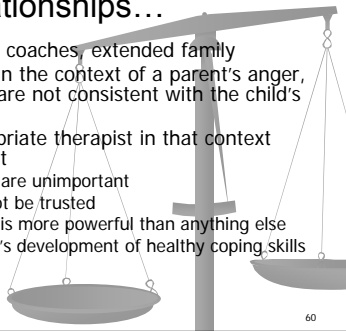
Avoiding decisions for the wrong reasons, cautions regarding the messages

- Absent the person's term expiring, it may send harmful messages to remove a professional just because a parent is unhappy
- PC's are appointed to make difficult decisions; Minors counsel are appointed to advocate for the parents, separate from the child
- Therapists don't create progress without challenging the parents or child
- If the Court removes professionals just for those activities, it sends messages to the parents, the child and other professionals on the case that the difficult work won't be supported



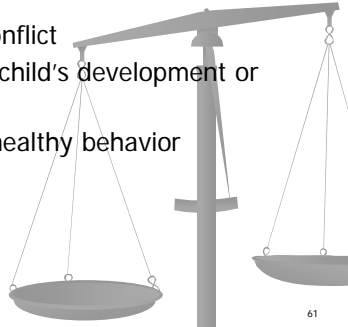
Children at the center of conflict have often lost many relationships...

- May include friends, coaches, extended family
- May have occurred in the context of a parent's anger, or accusations that are not consistent with the child's own experience
- Removing an appropriate therapist in that context sends messages that
 - The child's feelings are unimportant
 - Relationships cannot be trusted
 - The parent's anger is more powerful than anything else
 - Undermine children's development of healthy coping skills



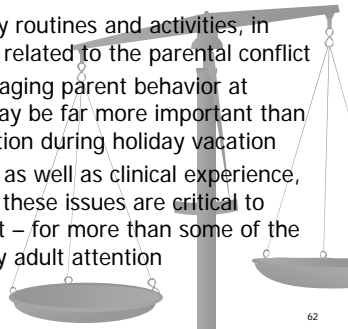
Conversely, continuing an inappropriate intervention can cause harm

- Escalation of conflict
- Undermining a child's development or independence
- Reinforcing unhealthy behavior



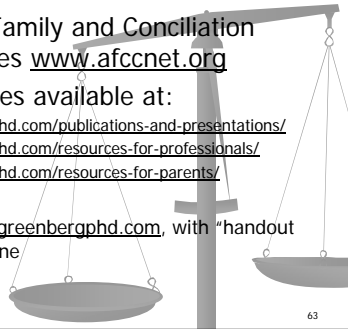
The Child's Tapestry is Smaller, and Larger, Than Ours

- Comprised of daily routines and activities, in addition to issues related to the parental conflict
- To the child, managing parent behavior at soccer practice may be far more important than the time of transition during holiday vacation
- Outcome studies, as well as clinical experience, demonstrate that these issues are critical to child development – for more than some of the issues that occupy adult attention



Additional Handouts/Resources

- Association of Family and Conciliation Courts Guidelines www.afccnet.org
- Additional articles available at:
 - <http://lyngreenbergphd.com/publications-and-presentations/>
 - <http://lyngreenbergphd.com/resources-for-professionals/>
 - <http://lyngreenbergphd.com/resources-for-parents/>
- Additional Handouts
- Or email admin@lyngreenbergphd.com, with "handout request" in subject line



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