

New Zealand Psychological Society
Auckland 12 July, Christchurch 15 July 2022

**Managing High-conflict Court-involved
Families: Advanced Concepts and
Practical Strategies**

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What to Expect From this
Workshop

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Who is here today?

Are you?

- 1) A lawyer?
- 2) A judge?
- 3) A mental health professional?
- 4) Report writer?
- 5) Therapist?
- 6) Mediator?
- 7) Community intervention worker?
- 8) Parenting Coordinator?
- 9) Someone I left out?

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Changing our Thinking- Imagining the Possible

- What does effective intervention look like?
- How do we get there?
- What common mistakes should we avoid?
- How do we keep providers available to families?
- How do we manage risks?

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Assumptions to Question

- Treatment only works if it is:
 - Completely confidential
 - Voluntary
 - Insight-oriented
- Young children can't benefit from services
- We have no idea what works
- Delay is benign

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Adaptations to This Population

- Therapeutic assumptions
- Role boundaries
- Multiple hypotheses
- Consent issues
- Therapeutic assessment vs. forensic assessment
- Impact of involvement with the court system

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*Changing our Thinking-
Imagining the Possible*

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Many families need
SOLUTIONS
before they need **ANSWERS**

**They are NOT mutually
exclusive!*

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The Case for Early Systemic
Intervention

Risks of delay	Difficulties of intervening when problems become entrenched	Initial treatment goals surround universal issues
clear, early, adaptive messages to parents and children	real time observations	Available tools in children's activities and daily routines

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What Goes Wrong in these Cases?

- Focus on blame
- Focus on adults' allegations
- Ignoring developmental issues
- Therapy is too late
- Therapy is poorly structured
- Poor follow up
- Fragmented intervention

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Elements of Successful Visits

- Absence of conflict
- Developmentally appropriate
- Environmental/relationship support
- Structure
- Planning
- Limited distractions

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What Can We Learn from the People who do it well?

- Grandparents
- Deployed parents
- Parents at distant jobs

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Common Elements

- Support for the relationship
- Preparation, consideration in scheduling
- Sharing of kids' information, accomplishments, activities
- Apps for families working together
 - Babiesonthefront.org
 - Keeper, other "grandparent" apps

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Enter *Our* Families...

- Outright resistance..
- Subtle sabotage..
- Absence of supportive behaviors..
- Assumptions of blame..

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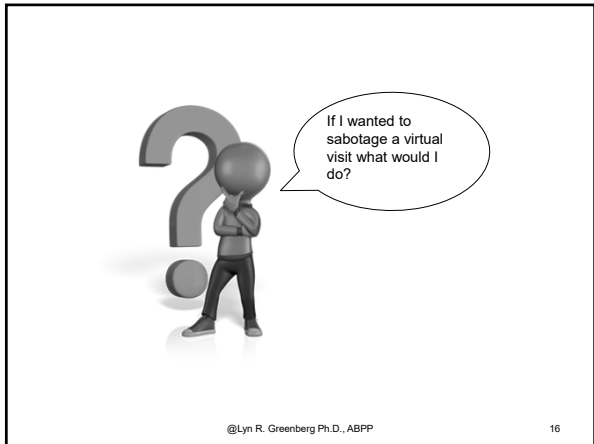
How Can I Make This Work?



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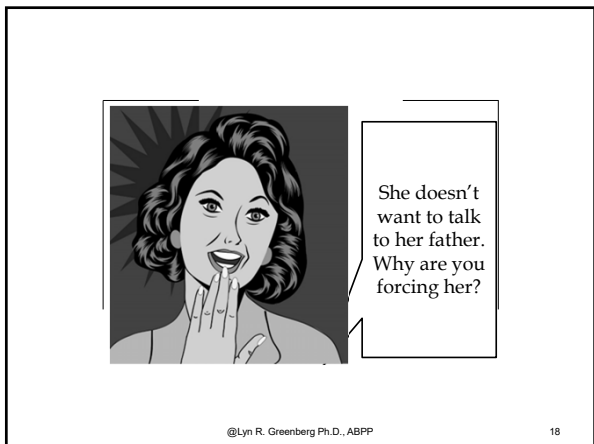
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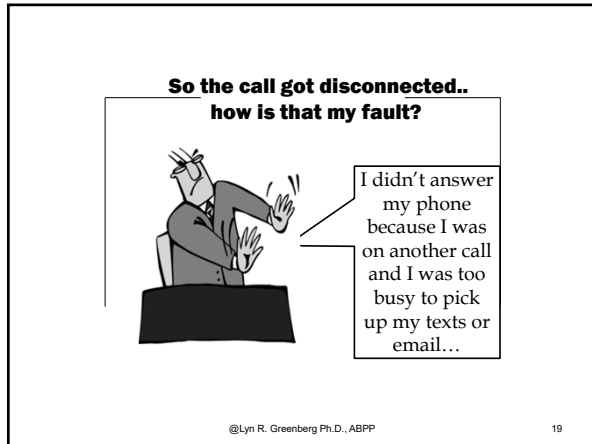
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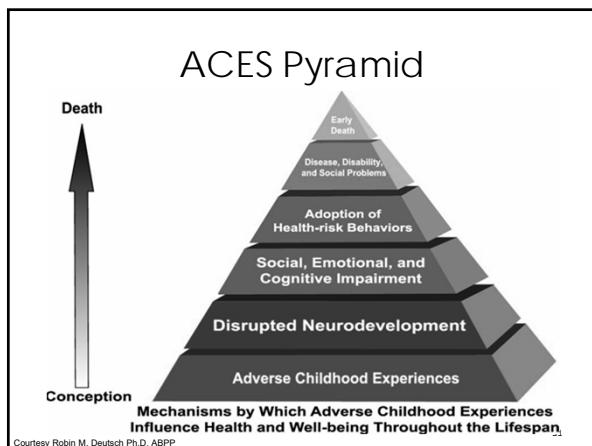
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Conflict is a Frequent Component

- Observed
- Experienced
- Internalized
- Frequently Unresolved
- Interactions with the Legal System

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Implications

- Child continues to suffer from the impacts of conflict
- Poor modeling
- Blame focus rather than resolving problems
- Professionals skip basic steps
- *Severe, longlasting effects on children*

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Implications

- Absence of appropriate parenting, support
- Conflict infects and impacts every area of the child's life
- Child learns to rely on unhealthy coping skills, fails to master necessary abilities

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Impacts on Daily Life

- Medical
- Educational
- Activities and peer relationships
- Daily living skills

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Professional Issues in Tension

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Advocating or undermining?




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

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Problems with therapy in a vacuum...



■ "I know my client is litigating custody, but (s)he would never lie or distort information"

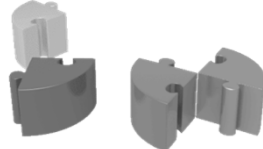
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This is such nonsense. Don't they know co-parenting doesn't work with personality disorders?

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Chaos doesn't work – these families need *coordinated, integrated plans*



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Reversing Common Thinking

- The “little stuff” is really the most critical
- Daily issues critical
- Are logical approaches to problem solving being followed?
- If you can't improve it, create a clear track record
- Explain to the Court why it matters

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What Works?

We don't have perfect science, but we know a lot..

Effectivechildtherapy.org

<https://www.nctsn.org/treatments-and-practices/trauma-treatments>

Coparenting - New Beginnings

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Case Study #1

Isabel, age 11, has been intermittently resisting contact with her father since her parents separated 8 months ago following her father's extramarital affair. She blames him for the breakdown in her parents' marriage and has begun to complain of headaches before her scheduled time with him and prior to her family therapy sessions with him. Her mother alleges that Isabel is also complaining of headaches after both therapy sessions and times with her father, and that those symptoms are interfering with Isabel's ability to complete homework. She also believes that Isabel's headaches were exacerbated by the Covid-19 vaccine that Father insisted that his daughter receive.

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Case Study #1

She believes that Isabel's therapy and parenting time with Father should be suspended "until Isabel is ready" to interact with him, stating that Isabel only has the headaches when it's time to interact with her father. She has filed a motion making this request. Isabel's father contends that these symptoms are "concocted" so that Isabel can avoid interacting appropriately with him. He believes that Mother is prompting these reactions. He also alleges that Isabel's mother has a history of using headaches to avoid things she doesn't want to deal with. He wants Mother held in contempt of court for not facilitating the visits and therapy sessions.

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Conflicts about medical and educational needs may arise from:

- Pre-existing condition that:
 - Worsened after the parents' separation
 - Contributed to the parents' separation
 - Is overwhelming one or both parents
 - Is being weaponized
- Newly diagnosed or recognized condition interacting with underlying conflict

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More causes of conflict

- Poor coping skills in one or both parents
- Child presenting differently in the two households
- Blame and defensiveness
- Poor coordination among providers

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Implications

- Child continues to suffer from untreated or poorly managed condition
- Child learns to rely on condition or physical complaints to avoid normal stress
- Blame focus rather than resolving problems
- Professionals skip basic steps
- *Severe, longlasting effects on children*

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Key Questions to Ask

- If this case wasn't in court, what would the next step be?
- How much detail do I have/need?
- Who do I need to talk to?
- What do I need to know about other professionals' involvement?

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Centering on some basic issues



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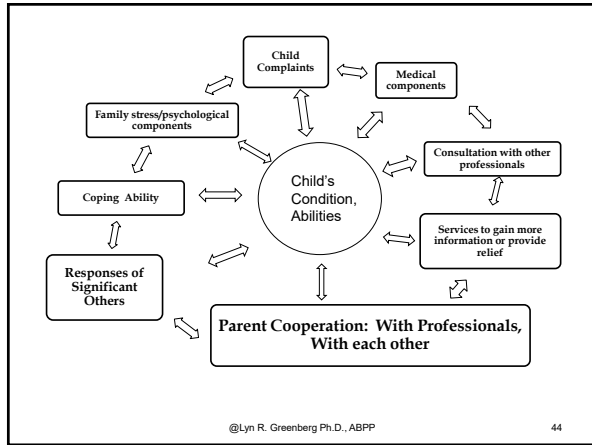
Start with Some Basic Questions...

- What are the issues in this family?
- What are the risks to children's development?
- Are there immediate, low-risk interventions available?
- What shouldn't we do?

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Key points to remember..

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Bypassing the physician is usually a mistake

- Medically standard protocol
- Continuing influence
- Proper procedure for accurate diagnosis
- Solution focused
- Valuable data
- They have information we don't

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If you're doing this, you're missing something



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Development

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The child's "job" is to ...

- *Grow up healthy*
- *Mastering developmental tasks along the way*
- *Learn to have successful relationships with others*
- *Learn to solve problems constructively*
- *Manage stress*
- *Learn emotional control...*

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The parent's "job" is..

- To provide the tools and environment that helps the child reach those goals
- Engage with surrounding systems
- Get necessary help and support
- Support autonomy and development

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Watch What Happens When...

- Someone suggests a solution
- The parents are asked to do something different
- The child is asked to do something different
- Another professional (pediatrician, teacher, etc.) requests cooperation

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Interdisciplinary cooperation
is key..

- The information generated can be extremely powerful
- We each know something that others don't
- Professionals who made initial mistakes can often become valuable team members
- Teaching tool..

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Case Examples

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First things first – establish the
structure

- *Never* skip informed consent processes
- *Beware of:*
 - Requests that you deviate from established procedures
 - “Lining out”
 - Allegations of urgency
 - Requests to exclude a parent

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Additional precautions

- Request a copy of the custody order
- Seek consent from both parents
- Balance procedures
- Consider multiple hypotheses
- Emphasize role boundaries, early and often
- Use extreme caution with opinions

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Systemic Intervention Planning

- What does the child or family 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?
- What assessment questions
 - MUST be answered beforehand
 - Can be addressed while intervention is ongoing

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Systematic Intervention Planning (cont.)

- Available tools and activities
- Focus on behavior
- Potential activities with parent
- Attention to daily issues
- Direct or Indirect Accountability

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Seeking effective orders

- Anticipation & prevention of foreseeable problems
- Planning for the unforeseen: a safety net?
- Maintain child-focus
- Be realistic in terms of desired outcomes

*courtesy of Justice Thomas Altabelli

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Seeking effective orders

- Highly prescriptive, not descriptive, orders (fine brush, not broad)
- Expect compliance and accountability
- Build-in incentives/disincentives/escalator provisions?
- Collaborative approach to drafting?
- Other?
- *Courtesy of Justice Thomas Altobelli

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The Good News..

- Effective intervention is possible
- When services are provided soon enough, child's condition may improve significantly

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Case #3

- Seven-year-old Kenny is the only child of Martin and Sheila, who were married for ten years and have been separated for 8 months.
- Kenny has always been highly active and has occasionally struggled to pay attention in class and to complete his homework. Two prior teachers raised concern that he might have ADHD, but neither parent wanted to consider that diagnosis.
- Kenny's behavior problems at school have recently escalated, as the parents were recently told that he had 15 homework assignments missing and he has been involved in a fight at school resulting in a two-day suspension. He is also struggling with peer relationships.

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Case #3

- Sheila and Martin currently have a 2-2-5-5 parenting plan, which Sheila believes is making it more difficult to manage Kenny's behavior.
- During a brief "recheck" appointment after Kenny had an ear infection, Sheila mentioned the teacher's concerns to Kenny's GP. The physician provided forms that were completed by Sheila and Kenny's teacher, assuming that Sheila would obtain Martin's input.
- The then initiated referrals to evaluate Kenny for possible ADHD.

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Case #3

- The GP and the teacher have suggested that Kenny needs consistency in his environment, which Sheila interpreted to mean that a joint parenting plan is not in Kenny's best interest and that she should have custody of Kenny all week and every other weekend. She is open to considering medication for Kenny. No one communicated with Martin.
- Martin was furious when he learned of this, and instructed the physician not to prescribe anything to Kenny and to suspend any assessments for ADHD until he has had full input.

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Case #3

- Martin believes that Sheila just doesn't have the parenting skills to manage Kenny, and that she went to the doctor without telling him and deliberately sought this diagnosis so that she could seek sole custody of Kenny.
- Martin also spoke to the GP, who did not tell him that Kenny's parenting plan should change. He views Sheila as "wildly overreacting" to Kenny's behavior, while she views him as being "in denial." Each is coming to court to stop the other's preferred treatment plan. Both professionals are overwhelmed

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