WE'RE STILL TAKING X-RAYS BUT THE PATIENT IS DYING: WHAT KEEPS US FROM INTERVENING MORE QUICKLY IN RESIST-REFUSE CASES?

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Professionals frequently lament the fact that the dynamics of resist-refuse cases are often entrenched before the family receives effective intervention. Dysfunctional behavior patterns can become entrenched, with severe impairment of children's ability to function. Assessment is a critical component in the process of assisting families, but can come to so dominate the process that the situation is unrecoverable once the assessment is completed and meaningful interventions begin. The authors will describe commonly encountered obstacles to early intervention in resist-refuse cases, ranging from systemic stressors to the persistence of inaccurate beliefs and information and practices that undermine accountability. Practical strategies, including a broader conceptual model, integrating assessment into intervention, encouraging lawyers and courts to take earlier action, and suggestions for future professional development will be addressed.

Practitioner's Key Points:

- Intervention in Resist-Refuse Cases often comes too late to save the child and family from severe emotional dysfunction
- Judicial officers, attorneys and mental health professionals have unique contributions to either impeding progress or promoting solutions
- Practitioners may need to intervene to stop "emotional bleeding" and support the child's or family's functioning, and weigh the risks and benefits of prolonged and repeated assessments compared to evidence-informed intervention
- Scientifically informed interventions exist for many of the problems encountered in these families
- Risk assessment and intervention are not mutually exclusive
- Suggestions are made for judicial education, structuring services and system reform

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Resist-refuse dynamics present complex challenges to professionals (Fidler, Deutsch, & Polak, 2019; Greenberg, Doi Fick, & Schnider, 2016; Greenberg, Schnider, & Jackson, 2019; Walters & Friedlander, 2016). It is common for professionals who provide services in these cases to lament that the family did not receive[1] specialized services more quickly, that so much time and money was wasted on investigations that did not yield clear results, or on re-litigation of every decision, recommendation or allegation. The problems faced by children at the center of conflict, particularly if they have entrenched dysfunctional behavior, can seriously impair their functioning. While risk assessment is essential, the poor outcomes in many of these cases suggest that it may be worthwhile to revisit common approaches to addressing these issues. In this article, we explore some of the obstacles to early intervention in resist-refuse cases and propose potential solutions, amplifying some of our discussion with comparisons to what occurs in medical care.

Medical professionals often encounter patients who are already acutely ill. They may not have regular physicians, or access to the patient's medical history may be incomplete or inconsistent. (Divorcing families may also carry their conflict into this arena.) The common perception of the "medical model" is that physicians do a complete diagnostic workup and arrive at a definite diagnosis before prescribing any treatment. While an intellectually appealing idea, the reality is much more

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complex. Lab tests, complete history and radiologic studies may ultimately be important in arriving at a diagnosis, but not all problems can be identified immediately, and it may be critical to stop the patient's bleeding or support respiratory function even if a complete diagnosis cannot be established immediately. The physician must balance achieving diagnostic certainty against managing immediate risks. The patient's response to initial attempts at treatment, as well as the added information from diagnostic procedures, may ultimately clarify the best course of treatment. Moreover, physicians frequently must weigh the value of potential information to be gained from the diagnostic procedure against the potential risks of the diagnostic procedure. Among those risks is the waste of time, resources and the strength of the patient from undergoing excessive diagnostic procedures that either do not yield precise results or do not change the options for managing the patient's condition.

Similarly, practitioners who work with RRD families frequently encounter situations in which families have undergone extensive and repeated evaluations, depleting the family's resources and leading to months of additional litigation as dissatisfied parents challenge the results and any recommendations for therapy or other services are not implemented.

I. THE APPEAL OF ONE MORE X-RAY – ADJUSTING THE FRAMEWORK

Certainty is appealing. The allegations expressed in RRD cases are often extreme and mutually exclusive, while the reality is generally much more complex. Judicial officers are often asked to order services that support one parent's perspective over the other, such as allegations of unjustified restrictive gatekeeping (Saini, Drozd, & Olesen, 2017) vs. allegations of poor parenting or intimate partner violence. Judges understandably want the best possible assurance that the services they are ordering are appropriate for the actual problem (s), and they may mistakenly believe that delaying services avoids any risk of harm. They hope that one more investigation, trial, or evaluation will provide definitive answers, without the process costing the family more in time, stress or financial resources than the value of the information obtained.

To be sure, risk assessment is an essential part of both evaluation and treatment, and all providers should be constantly alert for risk factors or behavioral patterns that could endanger a child or parent. Parenting plan evaluations, or evaluations to assess potential danger to a child, may serve a vital function. Often, a well-conducted evaluation or child protective services investigation will reveal those risks. In other cases, the dynamics placing a child at risk are much more subtle and complex. Findings in those cases are rarely as clean or definitive as a broken bone observed on an x-ray. Over time, the alert clinician may become aware of risks to a child's safety, which may or may not be the same as prior allegations, and should promptly report any reasonable suspicion to child protection authorities. In many cases, however, the literal "truth" of past allegations may be difficult or impossible to determine. In some cases, and where resources permit, some forms of intervention can begin while a custody evaluation is still ongoing. This is often possible when the interventions being considered are those that support a child's general developmental needs, such as shielding school or recreational activities from conflict, or engaging therapeutic interventions that address the healthy coping abilities that all children need. Such options are described in greater detail below. Early intervention may both stem risks to the child and provide important information for both the custody assessment and treatment/intervention planning.

Over time, clinicians may be able to detect and intervene with unhealthy family dynamics that do not constitute child abuse but nevertheless have a profound and destructive impact on children's ability to cope and develop. Moreover, children and families are in a constant state of change, based on both children's developmental issues and, in some cases, the family's reaction to prolonged conflict or litigation. Children at the center of conflict often fail to master essential developmental skills. Avoiding problems, rather than solving them, becomes a habit. Patterns of poor parenting, undermining of a parent–child relationship, and failure to require children to adopt healthy patterns of conduct interact to create a complex of increasingly severe emotional risks to the child. Linear conceptualizations of cause and effect may continue to appeal to parents who are "stuck" on

establishing blame, but they are unlikely to accurately reflect the complexity of the problem. Well-conducted custody evaluations generally reflect this, and often provide therapeutic recommendations consistent with the complexity of the problems.

II. WHEN DOES ASSESSMENT GET OUT OF CONTROL?

All of the aforementioned assessment issues exist against a backdrop of the issues that judges must consider when deciding what kinds of services they can order and what they should order. Since any order for services will require the parents to spend money that they might prefer to be spending elsewhere, it is likely that at least part of a parent's need or desire will be delayed or unfulfilled. Neither party may be particularly welcoming of services that address a variety of possible causes of a child's problems, or that may require changes in the behavior of both parents. One or both may be committed to the view that the other parent is evil, self-focused, and uninterested in the welfare of the child. The critical focus on the child's developmental needs may get lost in the search for "fault."

Since no evaluation is ever perfect, parents may become focused on obtaining the flawless investigation that is expected to yield the conclusion they desire. Judicial officers, and even evaluators, may lack the training to recognize the abilities and services children will need, even if an absolute conclusion about the "cause" of the problem is elusive. Family therapists know that dysfunctional behavior must be analyzed not just in terms of cause, but in terms of the forces in the child's environment that are maintaining the behavior. Caught up in the search for cause, professionals may lose sight of concepts that are readily recognized when they take a step back from the legal struggle. When the search for a prior cause becomes more important than helping the child manage stress and cope effectively, it is likely that the emphasis has been misplaced.

Moreover, when the court requires the parents to focus on the child's needs and cooperate with a therapist, the parents' cooperation and behavior may yield important information about the nature of the family's problems. For example, some parents are willing to spend thousands of dollars on repeated evaluations but claim they are unable to afford quality therapy. Some of them can respond to psychoeducation or therapeutic services designed to help them focus on the child's current pain and change their behavior to relieve that pain and strengthen the child. Others cannot or will not change their behavior, and if the therapist's requests are appropriate, those responses are also revealing. The results of these efforts may better inform any ongoing evaluation, the work of a parenting coordinator, or the decisions to be made by the court.

As noted above, physicians considering diagnostic procedures must evaluate whether the results will materially affect the available options for treating the patient, and whether the risk of harm to the patient may outweigh the value of the results. The medical model does not completely fit the court-involved family, because of the complex systemic factors that may cause family dysfunction. Nevertheless, such a risk–benefit analysis may be a useful framework to consider when deciding what services to request or order.

To be of any value, risk assessment must be bidirectional – in other words, the decision-maker should consider both the risk of ordering services and the risks of doing nothing. For example, a judicial officer considering ordering family therapy may be concerned that the therapists approved by the parents' insurance carrier will not have the requisite expertise to work in a family law case and will unwittingly cause harm, and that the parents will be unable or unwilling to expend resources for someone with more training. Conversely, doing nothing while a child's behavior continues to worsen, a parent–child relationship is destroyed, and no meaningful efforts are undertaken to teach or expect the child to resolve interpersonal problems can do serious damage. Amid the increasing professional literature on emotional and even medical risks to children at the center of conflict, and about the coping and emotional abilities they need to adjust successfully, it is unsurprising that children and families who do not receive effective help fare poorly.

III. OBSTACLES TO EARLY INTERVENTION

Twenty-twenty hindsight is easy. When faced with a case that has tragically gone wrong, with a child or adolescent who has been severely damaged, and with intractably bitter or battling parents, one can often readily identify missed opportunities to intervene. But at the time that such decisions are being made, other concerns may crowd out consideration of the interventions that would have been likely to prevent poor outcomes. In this section, we review the obstacles that may arise from various professional perspectives, and some of the common misunderstandings, mis-information and training gaps, systemic obstacles and cognitive errors that impede more effective service planning.

A. ISSUES ARISING FROM THE PARENTS

Divorce often represents a financial and emotional earthquake for one or both parents, as well as for the children. Parents are often told, sometimes correctly, that resolving their own emotional issues and resolving the separation peaceably offers the best chance for successful adjustment in the children. Children may resist parenting transitions based on developmental issues or the emotional turmoil around them. In some families, these difficulties resolve as the parents calm down, or the parents receive advice to expect this. As a result, relatively easy interventions that may protect the children, such as enrolling a young child in preschool, are overlooked, delayed, or bogged down in conflict between the parties. In a minority of families, one or both parents are so heavily invested in blame or conflict that the possibility of a solution is threatening to them. Advocates, family members, attorneys or therapists may advise them to resist compromise – often based on the one-sided perspective or distorted perception of a parent.

Financial issues represent a constant stressor during a divorce, which may be the worst financial crisis a family has ever faced. Financial disputes may have precipitated the divorce, but even when this is not the case, the divorce creates new financial stressors for the family. Parents are faced with attorneys' fees, court costs and forensic experts, and the same amount of income must now support two households. Since financial instability may be a major stressor to families after parental separation, an argument can be made that securing the family's financial future also protects the child's needs. Of course, some parents who are willing to spend extensively to litigate blame will claim to be unable to afford therapy or other services, or may argue for delays and additional investigation before services are provided. Even well-intentioned parents may not have the education to know that certain services, such as preschool enrollment or procedures that protect the child from conflict at joint events, may protect children even while other allegations are being investigated. Many professionals do not know this, and do not consider it. For a parent who is invested in ensuring that the situation does not improve, a demand for x-ray after x-ray can delay intervention for months or years.

B. PROFESSIONAL OBSTACLES AND TRAINING ISSUES

Many professionals of all disciplines lack the professional training or experience to deal effectively with RRD cases, especially in the early stages (Bala & Slabach, 2019; Fidler, Deutsch, & Polak, 2019; Greenberg, Doi Fick, & Schnider, 2016; Greenberg, Schnider, & Jackson, 2019). Conflicts among professional roles may also lead to missed opportunities for intervention. Specialized providers are not available in all locations, and parents may initially turn to professionals who come at lower cost but do not have the requisite training to handle these cases. In this section, we review some of the obstacles and offer some suggestions for training and practical solutions.

1. Judicial Officers

To varying degrees (depending on jurisdiction), judges have the authority to order interventions for families – by ordering services or investigations, or by reallocating parenting time or legal

custody. In making those decisions, judges are in effect ordering the parties to follow certain priorities in how they spend their money, time and energy. The narratives presented to judges are often polarized and mutually exclusive – i.e. disruption of the parent–child relationship is a result of *either* "abuse" or "alienation" – rarely reflecting the complexity of poor parenting, exposure to conflict, developmental issues, parent and child vulnerabilities that more often underlie these cases. Judges are rarely presented with clear, grounded information about the child's behavior and how it compares with developmental norms. They may not be informed about the risks of allowing dysfunctional behavior to continue or the types of services that can strengthen the child even if the court has not yet made a finding about the causes of the family's problems. The idea of "one more x-ray" is also appealing for them – they are tempted to either order an evaluation or hear more evidence, to discern what the "real" problem is, before ordering services so that they can allocate the limited family dollars to the *most* effective form of service. They may believe that doing nothing is the same as "doing no harm."

The best custody evaluations identify these complex issues, but it is also common for investigations, evaluations or hearings to follow the polarized thinking of the parents. As noted above, many professionals have observed the impacts of poor quality therapy and worry that therapists who are covered under the family's insurance plan will not have the training or sophistication to provide appropriate treatment. Sometimes these concerns are justified, but viable options are often overlooked.

Judges sometimes receive general education about child development as part of their judicial training, but this information may be difficult to apply in RRD cases unless it is presented in those terms. Judges need clear, in-context information about the impact of the parenting conflict on the abilities children should be learning, whether they are moving forward or regressing, and whether the parents' requests or actions support or inhibit the child's development. They also need clear information about treatment options and the basic elements – such as the involvement of both parents and a detailed, unambiguous court order – necessary for any chance of success. This training, and any associated "cheat sheets" or other tools, must be provided to judicial officers in clear, nontechnical language. Judges should also insist on such clarity from lawyers and experts.

Resources such as the *Gatekeeping Bench Book* (Austin, Fieldstone, & Pruett, 2013) are useful to judicial officers in understanding terminology and making determinations about some of the factors present in a case. Pruett, Cowan, Cowan, & Diamond (2012) developed programs for enhancing facilitative gatekeeping, or parent's encouragement of the other parent's involvement, which present a useful model for prevention and early intervention when a parent is unnecessarily inhibiting contact but not intentionally undermining the other parent–child relationship. Additionally, for judicial officers' continuing education, self-study CD's or webinars could be available outlining the importance of early intervention, treatment options, and ways of crafting effective orders for protecting children and establishing effective services. The AFCC Judicial Webinar series addresses some of these issues, although more specific programs on early intervention may be helpful.

It may also be useful to teach judges to ask certain types of questions when presented with allegations about a child's resistance to contact with the other parent. A question as simple as, "what have you tried to fix this problem?" may put the onus on parents to explain what attempts they have made and justify any resistance to services or settings that may help. It may also be useful to inquire about any anticipated harm from a request being made by a parent. When a parent requests a reversal of the custody plan, it may not be difficult for the other parent to identify potential harms from such a plan. It is typically much more difficult to Justify opposition to preschool, or to *appropriately structured* family therapy. The reasonableness of parents' proposals for, or objections to, services may provide the judge with important information.

2. Lawyers

Lawyers may see some of their responsibilities as more important than, or even inconsistent with, early intervention to protect children. Since legal codes of ethics require lawyers to advance

their clients' interests, how lawyers define that obligation may determine whether the well-being of the child is included in their consideration (Bala & Slabach, 2019).

Financial demands arise in this setting as well. Lawyers may feel that the client's resources need to be conserved for what seem to be more pressing issues, such as financial disputes, and they may be less familiar with the questions to ask to determine what mental health referrals might be worthy of consideration. They may prioritize focusing on more specific and familiar, even quantifiable issues, such as division of property and support. Even when the disputes involve the children, the focus is often on "time share" and decision-making rather than on the details of the child's current developmental status or emotional condition and what each parent is doing about it.

Lawyers may also face pressures to resist cooperation and compromise, even if the lawyer believes such steps would be best for the children, the adult client and the case. Many parents, particularly when they are emotionally distressed or angry, expect their lawyers to advocate their desires. Parents may have unrealistic expectations of what litigation can accomplish, and about the implications for their children if conflict continues. The lawyer may fear a professional complaint or being fired by the client for not being "tough enough," or later being sued by a former client if the lawyer's cooperation is second-guessed by another lawyer or the client is unhappy with the result. Lawyers may also fear that if they refer a client to an individual therapist who maintains an objective focus rather than endorsing a parent's skewed viewpoint, it may harm the parent's relationship with the lawyer. Lawyers and therapists for parents often do not communicate frequently enough, so each may be counting on the other to "reality check" a difficult client. In actuality, it is the combination of both professionals that is often most helpful in encouraging parents to change behaviors that could lead to poor results in the legal process as well as harm to children. (See Campbell, 2020 for elaboration.)

Lawyers can have an enormously important role in obtaining prompt intervention, if they are sufficiently knowledgeable to present the right information and effective proposals to the court. When judicial officers are asked what the most effective strategy would be for getting them to issue specific and effective orders, they frequently respond that lawyers should bring those orders to them (Bala & Slabach, 2019). Lawyers also need training on how to select appropriate therapists, inquire about their training, craft effective orders, recognize when treatment is going off course, understand therapists' ethical obligations and collaborate effectively with their adult clients' therapists. Many resources are available to assist them in these areas.[2]

Lawyers need to know enough about children's developmental needs, or obtain enough consultation, to request orders that are relevant to easing the child's distress. They may be more effective in getting action from judges if they present reasonable, developmentally appropriate solutions with little risk of harm. For example, a proposal for a child attend preschool, or resume an after-school activity, may carry more weight if it is framed in terms of the child's developmental needs, rather than simply as a means to facilitate a parenting transition.

3. Mental Health Professionals

Some obstacles to early intervention can arise from mental health professionals (MHPs) involved in the case. Therapists may not have adequate training for working with court-involved clients; those who become overly aligned with a parent's view may fail to remain objective and inadvertently escalate conflict. Poorly planned and/or uncoordinated treatment may exacerbate conflict rather than resolving it (Greenberg et al., 2003).

Traditionally, MHPs are taught to align with their clients' interests, which is often interpreted as being identical to advocating the parent's or child's expressed view. Viewed from another perspective, a core purpose of therapy is to assist clients (whether parents or children), to cope in a healthier way with the actual stressors in their lives. For all members of a separating family, this includes adjusting to a change in the family structure. For parents, it may include learning to conduct themselves in a way that does not expose the children to conflict, accepting that the other parent will

have a role in the children's lives, understanding the expectations of the legal system, and changing their behavior as necessary to meet those expectations. Just as parents may fire attorneys who appear to be too conciliatory, some will have difficulty tolerating a therapist who explores alternative interpretations of events, confronts dysfunctional behavior, or recommends changes in the client's own behavior rather than just blaming the other parent. That being said, a therapist who fails to address these issues and unequivocally supports the parent's perspective may be doing the parent no favors, as the parent will ultimately encounter a professional whose role is to be neutral and objective rather than the parent's advocate. Many such parents have been shocked by the results of an evaluation or court hearing, because they have never been exposed to a more realistic interpretation of events or better problem-solving approaches.

Therapeutic confrontation, reframing and motivational interviewing (Iannos & Antcliff, 2013) are part of many therapists' skill sets, as many therapy clients enter treatment because of pressure from another person or setting (employer, spouse, legal situation, etc.) to change their behavior. Therapists who are unwilling to use those tools may need to recognize their limitations for dealing with custody-disputing parents. Other therapists simply fail to recognize that their work with a custody-disputing parent is a situation in which they need to apply those skills, as their clients appear to be entering therapy voluntarily and are seeking a supportive ally in their struggle against the other parent.

The "pull" to align with a client's expressed wishes is particularly strong when the therapeutic data is coming directly from a child. Therapists working with these children need to be familiar with research on children's adjustment to divorce, developmental issues, and the types of interactions that can influence children's statements and perceptions. The *Association of Family and Conciliation Courts' Guidelines for Court-Involved Therapy* (2011) outline essential areas of knowledge for treating children at the center of custody disputes, and Mental Health Professional organizations continue to undertake training efforts for non-specialized therapists (Fidnick & Deutsch, 2012; Fidnick et al., 2011).

It has been the first author's observation that enhancing competence among children's therapists and family therapists may include reminding them of what they already know. A surprising number of therapists who would never support avoidance or regressive behavior on the part of a child toward school or other environments nevertheless fall under the influence of conflict and support such behavior in children of divorce. Therapists also need to be cognizant of historical therapeutic models that are unlikely to work, and reject cases that are set up to fail (Fidler, Deutsch, & Polak, 2019; Greenberg, Doi Fick, & Schnider, 2016; Greenberg, Schnider, & Jackson, 2019). For example, lawyers and judges often recommend "reunification therapy" that is limited to the rejected parent and child, or individual child therapy that does not include both parents and the family system. Both of these models are unlikely to be effective and may unwittingly escalate conflict (Fidler, Deutsch, & Polak, 2019). Therapists should have clear informed consent procedures, and templates for consents and orders that include the elements necessary for the intervention to succeed. This is discussed in further detail below.

Some custody evaluators, parenting coordinators and forensic experts also inadvertently create obstacles to effective intervention. Professionals who are poorly informed about available options for services, or who fail to maintain a systemic and developmental perspective, may overlook options to support the child's emotional independence. While many evaluations end with recommendations for treatment or other services, too many evaluators offer poorly defined treatment plans that are inconsistent with current knowledge. Other experts make negative judgments about family members' potential to progress based on their response to treatment that was inappropriately structured or not well adapted to the parents' situation. Just as physicians do, informed MHPs can make reasonable inferences from available research and create evidence-informed intervention plans. Medical interventions rarely come with guarantees, but it is generally not suggested that children should not receive health care unless there is certainty about the outcome. Experts discussing the risks of intervention, without addressing the risks of doing nothing, are not providing helpful information to the court (Greenberg & Lebow, 2016).

IV. BROADER SYSTEMIC OBSTACLES

A. THE REMARKABLE PERSISTENCE OF INACCURATE INFORMATION, BAD IDEAS, AND INEFFECTIVE PROCEDURES

When there is too little information exchange between professionals with different bases of information, new information may not reach seasoned professionals. Overwhelmed and frustrated professionals may repeat to each other outdated concepts and generalizations that *seem* true, but are actually inconsistent with current research and, in some cases, long-established professional knowledge outside their subspecialty. In addition to the fallacy that every element of blame must be established before services can begin, common outdated beliefs and practices include the following:

1. The Assumption that Change must be Voluntary

This is sometimes expressed by stated beliefs that parents must acquire insight, that the primary goal is to change parents' beliefs, or that there is no point in requiring services unless the parents have internal motivation for change. This is contradicted by studies that show the effectiveness of behavioral therapies for dysfunctional family dynamics and even for families in which abuse has occurred, as well as the effectiveness of behavioral parent training especially when problems are caught and addressed early (Greenberg, 2019; Greenberg, Schnider, & Jackson, 2019; Lutzker & Merrick, 2009, Lutzker & Edwards, 2009; Pedro-Carroll, Sandler, & Wolchik, 2005; Reed et al., 2013). It also contradicts the common experience that many adult clients attempt psychotherapy with some kind of external motivation (such as pressure from a job or spouse). It is also common for children to enter psychotherapy based on the perception of others (parents, teachers) that it is needed. Many only later recognize the benefits themselves, after seeing the benefits of adopting new strategies.

The consequence of expecting "insight" is that it moves the focus of interventions from the behaviors that need to change to a vague expectation that parents change their opinions or beliefs. Particularly for parents who are still litigating, this can be a difficult or impossible goal. Often, parents' feelings and attitudes do not change until they disengage from the legal struggle, try new methods of coparenting, see changes in their coparent, feel financial deprivation from the costs of litigating, or see positive results from new strategies. From the perspective of their emotional development, children cannot wait for parents to "achieve insight" to experience relief from the impacts of conflict, and it certainly is not in their interest to get no help until most of the family's resources are exhausted. Many parents can certainly benefit from personal therapy, but specific changes in behavior – for example, setting limits with children, shielding them from the parental conflict, improving parenting skills, and making positive statements to support parenting transitions – can be taught (and set as behavioral expectations) without parents needing to change their opinions of one another.

2. Absence of Accountability, Poor Therapeutic Structure

Another traditional concept is that mental health services can only work if they are completely confidential. In high conflict cases, however, protection of the children and effective treatment often requires some form of external accountability, at least with respect to the parents' cooperation. Resist-refuse cases frequently include parents who are so entrenched in their disparate views that they are resistant to even the most reasonable steps to limit the impact of conflict on their child – such as setting appointments, promoting children's cooperation, or setting procedures to limit conflict at organized events. Since children are not in control of their environments, protecting them requires that parents cooperate with qualified child-centered professionals and comply with court orders for therapy, parent education or other services.

Early intervention often requires judicial officers to order parents to take concrete steps they do not want to take and hold them accountable if they do not comply. Professionals and parents frequently lament that parents who refuse to cooperate often face few consequences or no consequences at all. In some cases, the court will consider a parent's noncompliance during a trial months or even years later, or after a custody evaluator/assessor has identified the issue during a long investigation process. But by the time that occurs, the child may be seriously dysfunctional and face a long road to healthier behavior. Frustrated parents may also begin to exhibit the effects of prolonged stress with more dysfunctional behavior.

Obstacles to accountability include large judicial caseloads that make prompt follow up difficult, poorly defined expectations for cooperation, difficulty proving intent or malicious intent, and a shortage of resources for other professionals, such as children's (best interest) lawyers, who might be able to promote cooperation. As noted above, a particularly common error occurs when the court orders therapy only for child or for the rejected parent and child, with no expectation of involvement, cooperation or support of the therapeutic process by the preferred parent. Poorly planned interventions are unlikely to succeed, but failed treatment can add to professional pessimism that anything can be effective. Lawyers representing uncooperative clients may oppose any order that would be specific enough for their clients to be held accountable, and judicial officers may lack the training, confidence or time to craft and enforce sufficiently detailed orders or recognize that RRD is rarely a one-sided phenomenon.

3. Loss of Developmental Focus, Linear Thinking

The legal world is largely linear and often reductionistic. Judges are asked to make discrete decisions and findings of fact, often between alternatives presented by the parents and framed from the parents' perspectives. Even when parents present their wishes using language about the best interests of the child, their perceptions of children's behavior are often colored by their own emotional needs and legal positions. Some issues, such as financial disputes, can be framed in discrete terms, and judges are often asked to make decisions about parenting plans or decision-making authority that parents perceive as global "wins" or "losses."

Children's lives are much less linear. A true understanding of a child's life requires constant recognition that much of a child's development takes place outside of the court context. Children are engaged in a variety of systems – including school, recreational activities, extended family, sibling, peer relationships, and in some cases medical or special education systems. Each setting both imposes demands on the family and offers the child the opportunity to obtain independent emotional support, outside of the parents' issues or legal struggles. In fact, children are least likely to suffer harm from trauma when they have interpersonal resources and supportive adults who can help them resolve the experience (National Scientific Council on the Developing Child, 2015). Programs such as Head Start Trauma Smart provide coping-focused therapeutic, educational and recreational activities to help children master the abilities they need to achieve healthy development, regardless of whether a "definite finding" can be made about the allegations between their parents (Austin & Greenberg, 2019; Blaustein & Kinniburgh, 2010; Fidler, Deutsch, & Polak, 2019; Greenberg, 2019; Greenberg, Schnider, & Jackson, 2019). While specific, content-focused trauma treatments should not occur unless there has been a definitive finding of trauma (Deutsch, Drozd, & Ajoku, 2020; Drozd, Saini, & Vellucci-Cook, 2019), many of the abilities that underlie successful adjustment can be taught and promoted both in appropriate therapy and in children's daily activities. One of the most tragic losses to children occurs when every activity or aspect of their lives becomes another canvas for parental conflict or for parents "proving" the correctness of their own perspectives (Johnston, Roseby, & Kuehnle, 2009). It is critical that MHPs and other professionals consider, and constantly remind themselves, that children's lives do not or at least should not entirely revolve around us and the legal struggle.

Judicial officers typically respond to the issues brought to them by the parties. If no one has helped the parties to think broadly enough about their children's well-being, critical information that could help the child develop, or facilitate a parent–child relationship, may never be considered. Judicial decision-making is based on evidence presented in the courtroom, and judges lack the knowledge and authority to undertake independent evaluation of the psychological issues. Judges can "develop their own evidence" by asking their own questions, but they need to know what questions to ask and a witness who can answer those questions has to be put forward by one of the parties.

B. POLITICIZATION, EXTREME RHETORIC

When children resist contact with a parent, their behavior is often distressing to one or both parents, and to observers. There are legitimate criticisms that the early conceptualizations of this phenomena (such as Gardner, 1992), overemphasized blaming the preferred parent for the child's behavior and ignored real risk factors like intimate partner violence. Conversely, other authors have exhibited complete denial that children's perceptions, feelings or behavior can be influenced by parents or other adults who are invested in interfering with or destroying the other parent–child relationship. Over the past 25 years, scholars, researchers and clinicians have identified many issues relevant to RRD, including but not limited to enhanced knowledge about children's development, the extent of their vulnerability to external influence, the impacts of trauma, interpersonal violence and parental conflict, and the parenting practices and deficits that may be involved in these families. The *Family Court Review* has devoted several special issues to this topic, and most current literature emphasizes the complexity of these family dynamics. Unfortunately, the analysis of these cases often remains highly polarized, occurring against a background of gender politics, selective presentation of information and scholar-advocacy bias (Sandler et al., 2016). Advocates at both extremes have distorted the literature, engaged in personal attacks, and accused professionals who disagree of condoning abuse or ignoring dangers to children.

Some advocates and advocacy groups have also targeted judicial officers, children's lawyers, guardians ad litem and mental health professionals, who often cannot defend themselves because case information is confidential by law, or because of a professional obligation to protect children from public airing of their family's struggles. In some jurisdictions, agenda-driven legislation is also common. Some advocates blur the distinction between one-sided descriptions of RRD cases and the more complex, nuanced, research-informed models that have been developed in recent years. These tactics drive polarization and encourage an oversimplified, us vs them approach – exactly the opposite of what children caught in complex family dynamics need. In addition to their genuine desire to avoid doing harm to a child, judicial officers may be as vulnerable as anyone else to either oversimplified rhetoric or the bullying tactics adopted by some advocates. Doing nothing, or acceding to a request to delay any action until after another evaluation or hearing (more x-rays), can appear to be less professionally risky than taking action.

C. IS THAT THE CHILD'S VOICE YOU'RE HEARING?

In most jurisdictions, courts are required to consider children's views in some way, deciding the weight to be assigned to the child's views based, in part, on the child's ability to form and express their independent views. In many respects, the expectation that children's perceptions and feelings be considered is a positive one, based on a desire to afford dignity and respect to a child impacted by a legal proceeding. *How* we listen to children, and whether our approach truly empowers the child, is more complex.

This issue may be particularly fraught in RRD cases, specifically because one parent is alleged to have consciously or unconsciously influenced or manipulated the child's perceptions or feelings. Parents engaged in high conflict behavior often do not model or teach children healthy skills for

resolving problems. Children may become accustomed to avoiding problems rather than resolving them, or reliant on unhealthy coping responses such as becoming the emotional caretaker of a needy parent, regressing to behavior characteristic of younger children, withdrawing from independent relationships, avoiding all emotion, and refusing to engage with others to resolve conflict. Children may be unable to tolerate conflicting feelings, refuse to engage with anyone who is involved with the rejected parent, and fail to develop essential problem-solving abilities such as weighing competing possibilities. Such children, and especially adolescents, can appear mature, definitive, and emphatic when asked the questions they expect about their views and preferences or "positions" in the custody conflict (Fidler, Deutsch, & Polak, 2019; Greenberg, Doi Fick, & Schnider, 2016). It takes an astute, qualified interviewer to explore beyond the expected questions and detect the delays in emotional development that compromise a child or adolescent's ability to form a reasonable opinion. Judges may not have the time or training to fully explore the bases of child's perceptions and feelings, what efforts have been attempted to resolve problems with a parent, and how the child is functioning emotionally.

It is important to remember that when children and adolescents express opinions that are not based on their own experiences and healthy coping abilities, they are *not* empowered. Healthy children develop decision-making skills gradually, starting with smaller decisions and progressing to more important ones. Healthy children can discuss the advantages and disadvantages of various plans and can tolerate gentle exploration of their expressed preferences. When children do not have those abilities, but their expressed preferences are relied on for the parenting plan anyway, there is considerable risk of ongoing emotional harm to the child – particularly if they are asked to make the life-altering decision about whether to see a parent. In some jurisdictions, there is a formal or informal presumption that a child who has reached a certain age can express a meaningful preference that should be given considerable weight by the court. In those cases, children may be directly or indirectly pressured to resist both therapy and contact with the rejected parent until they reach the age at which their preferences will be weighted heavily by the judge. Many children have been heard to say that they need not cooperate with therapy or the parenting plan because when they reach a certain age, the judge will let them decide their own parenting plan. Judges and other professionals who set limits with these dynamics, or with the parents who enable them, may find themselves accused of not listening to the child or even of "violating the child's rights." Unfortunately, those may be the very professionals who are being most attentive to the various aspects of the child's perceptions and functioning.

V. TOOLS AND POTENTIAL SOLUTIONS

Entrenched RRD cases are complex, and it can often seem overwhelming to consider the level of systemic changes that may be involved in promoting earlier and better intervention for children. Children at the center of conflict could benefit greatly from a more wholistic view of their lives, and earlier and better case management. Systemic change can emerge from a variety of sources, ranging from broad actions to reduce judicial caseloads to practical steps to promote better results for individual families. We do not purport to have perfect answers, but in this section, we offer suggestions for overcoming obstacles on both a systemic and individual case level.

A. COUNTERING THE MYTHS

In much of the material above, we have described questionable or inaccurate assumptions about children and families that have had a disturbingly long life span in the family court system. Inaccurate assumptions persist about the nature of effective intervention, how families change, how to recognize children in trouble, the possibilities for earlier intervention, and how much assessment is needed before any services can be provided to stem the "emotional bleeding" that can so severely

handicap children emotionally. Countering inaccurate information can occur through better training as described above, but may also require constant alertness and energy from every professional involved in a case, and a willingness to confront outdated "truisms" and myths. Structures and practical tools for viewing these families differently may help.

B. DEVELOPMENTAL FOCUS

In many jurisdictions, initial court documents filed by parents focus primarily on outlining the ultimate result that a party desires, both financially and in terms of the parenting plan and parental authority. The documents may make claims about each parent's sensitivity to the child or parenting abilities, but often offer little information about the child's actual developmental status, daily routines, upcoming parenting decisions about developmentally appropriate opportunities, and any areas outside of the parental conflict that may pose risks to the child. Since parental conflict impacts children on a daily basis, failure to attend to these issues may leave unaddressed the most destructive impacts of the parenting conflict.

On a systemic basis, gathering information differently may be a key to focusing attention on these issues. A surprising amount of revealing information is generated when questions are asked that go beyond allegations that a young child is "not ready" to spend overnights with the other parent, or that a child who should be using language is regressing to tears and acting-out behavior at the time of parenting transitions. Such developmental inquiry is unlikely to be possible in the setting of a hearing but could be part of standard inquiry at other "entry points" into the legal system, whether that be mediation, consultation with a lawyer, or completion of a form asking those questions.

Absent such systemic-level change, inquiry about a child's daily life, activities, and the attempts being made to promote developmental progress should be an early area of focus when dealing with an RRD case. With young children, for example, it is frequently proposed that parenting transitions be at a neutral location when parent-to-parent transitions are not working well, or the child is demonstrating regressive behavior such as tearfulness. The issue often missed is that preschoolers, particularly those who have been exposed to trauma or exposed to protracted parental conflict, *need to be mastering language and active coping skills*. These abilities are central to successful adjustment, and parents focused on their own conflict may not be attending to them well. A child who is enrolled in preschool gets active, consistent, developmentally appropriate support for healthy coping abilities, including resolving conflicts and expressing their feelings with words. These healthy abilities are promoted on a daily basis, without reference to the parental conflict unless parents are interfering in that setting. School and recreational activities serve many of the same functions for older children (Austin & Greenberg, 2019; Blaustein & Kinniburgh, 2010; Drozd, Saini, & Vellucci-Cook, 2019; Greenberg, 2019), who also need to master healthy coping abilities in order to achieve healthy adjustment (Davies, Martin, Sturge-Apple, Ripple, & Cicchetti, 2016; Pedro-Carroll, Sandler, & Wolchik, 2005).

If the "job" of children is to master these healthy abilities, the primary responsibility of parents is to create and protect the opportunities for these to occur. This may be a useful lens through which to view RRD cases, given that once cases progress to severe entrenchment, the child's resistance can often extend well past the resisted parent to any coach, teacher, parent, friend, or extended family member who still engages with the resisted parent (Warshak, 2001). Protecting children's ability to form independent relationships, and not have all areas of life infected by the parental conflict, can be conceived of as a fundamental responsibility of parenting, and a reasonable expectation of both parents. Counsel and mental health professionals working with parents should attend to these issues. Is a preschool-aged child getting an opportunity for that independent, supportive experience separate and apart from the parental conflict? How are parents behaving at school and recreational events? How do parents respond to requests that they support these opportunities? Have specific, reasonable requests for behaviors that protect the child from conflict been refused?

Greenberg, Doi Fick, and Schnider (2016), and Greenberg, Schnider, and Jackson (2019) have presented a detailed framework for developmentally-focused early intervention in RRD cases. But an initial step is for counsel to inquire about these issues, to make proposals for child-protective opportunities and protocols, and be able to present a record of the parents' responses to these suggestions and requests. This requires that both parents be able to focus beyond the issue of parenting time to the child's broader emotional health. In many cases, expanding children's access to neutral environments may make it possible to arrange more effective parenting transitions, both because this negates the need for both parents' presence and because the child's time in the neutral environment will likely have reinforced healthier behavior. If the child's access to such experiences is undermined, unreasonably restricted to one parent's sphere of influence, or supported only for its role in enabling parenting transitions, that should raise concerns. While these developmentally focused approaches may be less inherently satisfying to angry parents than securing a court decision blaming the other parent, they are also more likely to be helpful to the child.

C. TEMPLATES AND MORE EFFECTIVE ORDERS

As stated above, the time pressures of a courtroom crowded with cases gives both the judicial officer and counsel less time to think about the nuances of cases and carefully draft an order that covers many of the issues unique to each case. This is an area where lawyers, MHPs and judges can have a positive impact. Each professional group can help create a standard order that addresses the issues that commonly arise with a "check the box" format to adopt those areas that are relevant to the individual case. One critical issue to address is the amount of information that can be released by the therapists and who can receive that information (court, lawyers, parents, evaluators, other related MHPs). Again, training for judges and lawyers is helpful here. "Safe harbor" models, in which absolutely no information can be released by the therapist, may have conceptual appeal when the judge's hope is that therapy alone will resolve the issues. Unfortunately, such structures are typically ineffective in RRD cases and may even escalate conflict, particularly if the therapist over identifies with one side in the conflict or uncritically accepts the client's or child's "expressed view," with no "reality check" from other therapists or a neutral professional such as a parenting coordinator. Greenberg and Sullivan (2012) and Greenberg, Schnider, and Jackson (2019) describe tiered forms of information sharing that allow essential information to reach the court while encouraging some level of discretion on behalf of the child. Direct reporting can be limited to procedural issues (attendance, general statements about participation, lateness or no show), or based on specific circumstances such as a parent relitigating or not cooperating with the therapists.

Payment issues should be clearly addressed, including who pays what amount and when, and the procedure and consequence if one party fails to pay as ordered. In some jurisdictions, the court may denominate payment of fees to the therapist as a form of child support, if properly structured and permitted in the jurisdiction. Other procedural areas would include who is required to participate, the timing or number of sessions and how dates are set – typically, therapists should be given considerable discretion in scheduling and structuring sessions, including requesting that parents deviate from the parenting schedule if necessary for each parent to participate in transporting the child. Sample forms for stipulations and orders can be found in the *AFCC Guidelines for Court-Involved Therapy* (2011), Bala and Slabach (2019), Fidler, Deutsch, and Polak (2019), and Greenberg, Schnider, and Jackson (2019).

Judicial orders can include provisions that aid in enforcement of the orders and minimize returns to court for modifications and determinations about contempt. These would include both "carrots" and "sticks." Typical "carrots" would include automatic step ups in parenting time if certain goals are met (e.g., complete 80% of the ordered therapy and the monitor then goes away). This would be coupled with an order that allows a direct report from the therapist about session attendance. A typical "stick" is the opposite. Fail to complete the therapy and no change occurs in the parenting plan. For ethical reasons, MHPs typically do not include such provisions in their standard orders. But

forms could include a general prompt for enforcement mechanisms, and lawyers can certainly advocate for them.

Parents can be incredibly creative in finding ways to frustrate orders to address RRD dynamics, which is another reason why it can be extremely important for therapists to develop standard forms for stipulations (elsewhere referred to as "orders on consent") or court orders and collaborate with counsel in framing the order for a specific case. Conference calls between the therapist and all counsel, or in some jurisdictions including counsel and the court, may help to identify problems, prevent some, and deal expeditiously with the problems that are likely to arise. Standard orders are likely to be more comprehensive in identifying potential problems and may include suggested language for goals and consequences or a "check off" of issues that the judge can identify.

An increasingly critical issue is the need for the court order to include behavioral expectations, such as requiring parents to exercise their parental authority to promote the child's cooperation with treatment and parenting transitions. (Getting the child to the office parking lot, or the waiting room, is insufficient.) Since there are common problems that occur repeatedly in these cases, templates can be created of common behavioral expectations and then augmented by the mental health professional, attorneys and the court. Deutsch, Drozd, and Ajoku (2020) have developed a tool, specific to issues of parent–child engagement that can be used to both guide behavioral expectations and assess the effectiveness of treatment. This can be paired with behavioral expectations for both parent cooperation and child mastery of healthy coping abilities.

Many courts have standard orders directing parents not to disparage one another in front of the child. We believe that this language is often insufficient, and could be strengthened to include an affirmative obligation to shield the child from conflict, not allow the child to see legal documents, and refrain from discussion of the legal matter, serving the other parent with papers, or other hostile acts during parenting transitions and at the child's school or other neutral settings. Specialized message boards for parents, such as OurFamilyWizard and Coparenter, provide a forum for documenting cooperation, or lack thereof, on issues such as following a therapist's recommendations to reduce conflict at school events.

Many parenting programs already include specific suggestions for parents as to how to support children's parenting transitions and relationships with the other parent, and a reasonably informed mental health professional can look at the problem parenting or child behaviors being reported and suggest positive, adaptive behavior changes. Greenberg, Doi Fick, and Schnider (2012, 2016) included some examples of this type of instruction. Some additional possible templates, which may of course require adaptation to the situation, are attached as Appendix A.

One sample describes guidelines for parenting transitions of young children, while the other relates to protection of school and other settings from conflict. In the event of a safety risk or restrictions on a parent's involvement, it may be necessary to modify the examples to require compliance with a monitor during a parenting transition or some other specific circumstance. If the parent is subject to some restrictions but does not represent a danger to the other parent or child at public events such as school activities, these templates may serve as a tool for allowing the parent to continue to fulfill some aspects of the parental role and have healthy engagement with the child. This makes it easier for the court to more carefully craft restraining orders to limit only the parenting conduct that is at issue in the case. For example, if a parent cannot attend the school activity, modifications may include having someone provide a video of the event, followed by a congratulatory phone or Skype call between parent and child. These may be critical initial steps to support therapeutic progress.

There is no perfect order, and it is realistic to expect some parents to frustrate the most carefully constructed language. In addition, there may be some behavioral expectations that, for legal reasons, cannot be included in a court order. For that reason, it is critical that courts use another powerful tool in their arsenal – articulation of findings and expectations that frame the context of the order.

VI. THE CRITICAL ROLE OF THE COURT'S FINDINGS AND "EXPECTATIONS"

Not everything can be included in a court order. For example, it may be legally problematic to require a parent to refrain from exhibiting tears or a sad expression when the child transitions to the other parent, even though such behaviors powerfully impact children. For this reason, it's critical that judicial officers use the other powerful tools available to them, such as the ability to make on-the-record findings or articulate the Court's expectations and the behaviors that the Court wants to see improve. The Court can articulate the importance of ensuring smooth and peaceful transitions, protecting the child's ability to enjoy independent activities, setting limits with the child to ensure appropriate behavior, cooperating with a therapist, etc.

This is more than just use of a "bully pulpit." By grounding these expectations in what would normally be expected of parents (such as ensuring school attendance, completion of homework, that the child get enough rest, that physicians' instructions be complied with, etc.), the Court conveys an important message about the connection between these issues, normal child development, and the Court's considerations about the child's best interests. Judicial officers can directly tell parents that their level of cooperation on these issues, and the observed results for the child, may be a factor in the Court's later decisions. This latter point is important because some parents may comply with the specific language of guidelines such as those attached, while simultaneously undermining the intent of those instructions by finding other ways to expose a child to the parent's emotional distress or conveying contradictory messages to the child while outside of public view. No order, or statement of judicial expectations is foolproof, but judicial officers' statements of the results they expect to see can be very powerful.

VII. CONCLUSION

The risks to children from chronic exposure to parental conflict, including entrenched RRD cases, are well established. It is common to hear professionals express frustration that a family received quality intervention too late to resolve the problem, restore a threatened parent–child relationship, or salvage the child's emotional functioning. Many of the causes of such delay are systemic and rooted in the polarization of high conflict child custody cases, as well as the surrounding political climates. The appeal of the endless x-ray is considerable, particularly if the parents have the means and motivation to support repeated investigation over problem solving.

Many types of interventions that can stabilize or assist the child – coping-focused therapy, involvement in preschool, orders restraining the parents' conduct at school events – come with minimal risk and offer essential developmental support to the child. If all professionals are aware of effective services and the risks of delay, the family's responses to those services may provide an enormous amount of useful information – either improving the family's situation or providing the behavioral basis for further orders.

APPENDIX A

SUGGESTED ELEMENTS FOR TRANSITIONS AND SCHOOL INVOLVEMENT

The suggestions listed in the following pages are for consideration only and are not intended to substitute for the necessary adaptation to a particular case. Where realistic safety concerns exist, or the Court is taking precautions while an assessment is being conducted, additional elements may be necessary such as involvement of a monitor or parenting transition supervisor. Trained and experienced mental health professionals may be of assistance in adapting general principles such as these to specific case situations.

These types of instructions are most effective when accompanied by findings or an articulation of expectations from the court about the kinds of conditions which help and hurt children and the potential role of those conditions and the parents' compliance in future decisions by the Court.

Transition of Young Child Between Parents
(Sample Expectations)

1. The (receiving parent) will drive to the location of the pickup. The parent will park at the curb, wait in the car and unlock the door.
2. The (transitioning/sending parent) will walk out to the other parent's car with the child, place the child in the back seat of the other parent's car, fasten the child's seatbelt, place the child's backpack or bag of supplies in the car, and close and lock the car door.
3. The (transitioning parent), will either wave or say hi to the receiving parent. The other parent will respond in kind. Neither parent will discuss issues in the parenting conflict, make any references to lawyers or the court case, exchange hostile glances or hand gestures, serve the other parent with legal papers, or engage in any other action to disturb the peacefulness of the transition for the child. The transitioning parent will set clear limits with any regressive or noncompliant behaviors demonstrated by the child.
4. Upon fastening the child's seat belt, the transitioning parent will say, "Goodbye, (child's name). Have a good time with (the other parent). I will see you when you get back." The transitioning parent will then immediately walk away from the car.
5. Upon completion of this procedure, the receiving parent will drive away.
6. If the transitioning parent has essential information to pass on to the receiving parent, the transitioning parent will post a message via (approved parenting message board) not less than 2 hr before the transition time. Urgent information may be conveyed by text.
7. Absent extraordinary circumstances, the transitioning parent will ensure that the child is clean and rested prior to the parenting transitions. The transitioning parent shall avoid scheduling play dates or other activities in such a manner that they must be interrupted to facilitate the parenting transition. In the exceptional circumstance of an external activity such as a birthday party for another child, parents shall provide prompt notice of the invitation to the other party and confer regarding the feasibility of allowing the receiving parent to pick up the child at that location.

SHIELDING THE CHILD FROM CONFLICT AT SCHOOL AND NEUTRAL ACTIVITIES

(Sample Instructions)

It is the expectation of this Court that parents engage their best efforts to protect the child's independent, developmentally important activities from the impact of the parenting conflict. Each parent has an independent obligation to actively shield the child from such conflict, including making all efforts to prevent the child's exposure to legal documents, direct or indirect references to the custody conflict, and direct or indirect expressions of hostility between the parents.

1. Except when both parents are present for an externally organized event (school recital, play, athletic contest, etc.), neither parent shall be present at the time that the other parent picks up the child. (This can be modified to specifically restrict the days that either parent can be at the school or volunteer for school events. If one parent only has parenting time on the weekends, a provision specifically allowing that parent to volunteer for school events may be necessary.)
2. (Parent A) shall remain _____ feet from parent B during all school events.
3. If the parents encounter one another at a school event and the child is present, each parent shall say hello to the other. Neither parent will discuss any aspect of the parenting conflict in the child's presence, serve one another with papers, or make reference to lawyers,

hearings, or any other aspect of the legal conflict. The parents shall also wave or politely greet any other adult who is present for the activity, as a model of socially appropriate behavior for the child.

4. After the practice or other independent event, the child may briefly approach the non-custodial parent to say hello. That parent will then direct the child back to the parent who has parenting time that day.
5. After the practice or other independent event, the non-custodial parent may briefly approach the child to praise the child's performance or efforts, then redirecting the child back to the parent who has parenting time.
6. Each parent will exercise appropriate parental authority to require that the child exhibit polite and socially appropriate behavior at all times, including the child's behavior toward both parents, extended family, friends and other adults.
7. Both parents will consistently encourage the child to remain with peers and follow all rules related to the activity. Unless the child is injured, neither parent shall support the child withdrawing from the activity to be with the parent.
8. Both parents will be polite to school and athletic or activity personnel and refrain from mentioning any aspect of the custody conflict.
9. It is the responsibility of the transitioning parent to ensure that all supplies and equipment necessary for school or a child's activity are transferred to the receiving parent. It is recommended that the parents each purchase a uniform for the child's independent activity. If essential but non-duplicated items (soccer shoes, costumes for a play, homework, etc.) are left behind with the parent who does not have custody and the items will be needed the same day, it is that parent's responsibility to ensure that the items are left at the school office not less than 2 hr before they are needed. The parent will not remain at the school for the parenting transition. If the items will not be needed the same day or the school will not permit them to be left at the school, the parent will make arrangements to leave the items at a mutually agreed location for direct pickup by the other parent.

ENDNOTES

1. Walters & Friedlander (2016) describe the "(intractable) Resist/Refuse Dynamic (RRD) as a complex set of interacting factors, family dynamics, personality characteristics and vulnerabilities, conscious and unconscious motivations, and other idiosyncratic factors that combine to contribute to the unjustified rejection of a parent. In our discussion of early intervention in these cases, we refer to resist-refuse dynamics as the full complex of factors that may contribute to a child resisting parenting transitions. At the early intervention stage, it may be premature to draw conclusions about the contributing factors, or the degree to which the child's reaction is "justified." The dynamic may include all of the factors mentioned by Walters & Friedlander (2016), as well as other transient, developmental and systemic factors.

2. See for example, Association of Family and Conciliation Courts' Guidelines for Court Involved Therapy (Association of Family and Conciliation Courts, 2011) and the American Psychological Association's Ethical Code (American Psychological Association, 2017).

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