Early Systemic Intervention with Resistance-Refusal Dynamics

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Copies of Handouts and Additional Resources

http://lyngreenbergphd.com/
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
Risky Practices

• One-sided treatment
• Interpretive play therapy
• Failure to consider multiple hypotheses
• Neglecting developmental issues
• Orienting treatment around adult allegations
Resistance-Refusal Dynamics

- Multiple possibilities/components
  - Developmental issues
  - Legitimate parenting concerns
  - Child characteristics
  - Traumatic History
  - Conflict behavior, external influence
- Components are *not* mutually exclusive
Impact of Resistance-Refusal Dynamics

- Distort or delay emotional development
- Long term emotional adjustment
- Regressive symptoms
- Poor coping skills
- Relationship disturbances
- Some children more resilient than others
Degrees of Research Support

• Evidence Based vs.
• Evidence Informed vs.
• Failing to consider available evidence vs.
• Inappropriate extrapolation
• Disregarding available evidence vs.
• “Flying by the seat of our pants”

Key Findings to Know..

- Detailed in Greenberg and Lebow (2016)
- Compelling consistency on key findings
- Evidence for intervention with behaviors we see
- How much adaptation is needed
- Resources from child’s daily lives
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
• Access to normative activities
• Management of developmental risks


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
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
How are these children coping?

https://www.youtube.com/watch?v=Edb9plpHO7k

https://youtu.be/Edb9plpHO7k
Resistance-Refusal Dynamics (Young Children)

- Typically don’t repeat hostile narratives independently
- Greater patchwork of strengths and weaknesses
- Regressive symptoms
- Preschool/kindergarten may be critical
- Abilities that support parenting transitions are also *globally* adaptive
Critical Issues

• Developmental regression (often to the nonverbal)

• Impacted by Adults’ emotional reactions

• Vulnerable to adult interpretations

• Promoting language critical
Early Signs of Trouble

- Developmental regression
- Marked differences depending on who is present
- Conflict at transitions
- Resistance to practical solutions
- Inability to support developmental progress
Resistance-Refusal Dynamics (Cont.)

- School age children:
  - Accustomed to complying with external rules/demands
  - Can respond to clear limits
  - Often involved in external activities
  - Closer to peers in social behavior if problem not entrenched
Early Signs of Trouble

• Developmental regression
• Rejection of previously enjoyed activities
• Guarded communication, changing stories
• Inappropriate behavior when both parents present
• Marked behavioral changes depending on who is present
• Rejection of skills assistance, practical solutions
• Stress-related medical complaints
“I really think my psychological best interests would be best served by 50-50 custody.”
"I hate my Mom. I want to live with my Dad."
“She’s mean.”
“She never lets me do anything.”
“Like last night, she made me turn off my computer game right in the middle, and she yelled at me too.”
“I was supposed to be doing my math. I hate math.”
Resistance-Refusal Dynamics (Cont.)

• Adolescents (not entrenched):
  • Irreconcilable tension between family conflict and normal development
  • Can respond to clear limits and *appropriate* family therapy
  • External activities are a resource
  • Prefer avoidance
  • Prompt intervention critical
Confusing issues with Adolescents

• They may have their own concerns
• May appear more mature than they are
• Vested with decision-making that they aren’t ready for
• Need to resolve independent issues with parents
• Uneven mood, temperament may be normal
• Adults abandon normal expectations
Early Signs of Trouble

• Developmental regression
• Inability to articulate own complaints
• Rejection of problem solving, coping skills
• Abnormal social behavior
• Parent won’t set limits
• Physical complaints
• Risk of entrenched behavior
I have lots of friends.
I’m in a club every day after school and next year I’m running for class President.
I really hate my Dad because he won’t let me move to New York with Mom…no, I won’t miss my friends at all.
“Why are you asking me all these stupid questions? Don’t you believe me?”
“Why are you asking me all these stupid questions? Don’t you believe me?”
Trauma-Sensitive, Non-Suggestive Approach

• Children often exhibit behaviors that *may* result from trauma
• While allegations are under investigation, therapist’s role is to support healthy coping skills
• Trauma may come from multiple sources
• Active consideration of multiple hypotheses
• Education to parents re: multiple meanings of children’s behavior
• Specific instructions for therapeutic tasks
Coping-Focused Approach is Trauma Sensitive

- Strengthen independent abilities
- Develop independent emotional resources
- Language of feelings
- Graduated practice on non-contested issues
- Grounding in daily activities
- Aids accurate understanding
Responding to Children’s Statements

• May be unusually direct
• Avoid tainting other investigations
• Explore current sources of anxiety and stress
• Equip with skills for current structure
• Explore reasonableness of anxiety/fear
• Structure for therapeutic tasks
• Reinforce age-appropriate behavior
Progression in Treatment..

• Behavioral expectations

• Language of feelings, descriptions
  • Use non-loaded, generalized materials
  • Multiple hypotheses, constantly
  • Protocol for exploring alternate possibilities
  • Remember the child’s outside life!

• Initial practice with parents in non-contested interactions

• Parent’s knowledge of child’s activities helpful
Progression in Parent Interventions

1. Support safe parenting activities
2. Graduated practice
3. Parenting skills geared to specific goals
4. Coordination among professionals
5. If contact with parent remains toxic to the child, support appropriate resolution
Maximizing Resources

• Single specialist
• Teach front line therapists.
• When intervention is early enough
  • Nonprofessional resources can aid treatment
  • External professionals can address specific issues
• Cheaper than litigation
• Engaging qualified professionals, clear orders
• Judicial officer setting financial priorities
“The judge decided; I’m here to help you make it work...”

Clear Underlying Orders Aid Treatment

• Interim parenting plan
• Details and limits in restraining orders
• Maintain parental roles where possible (i.e. public and school events if safe)
• Travel or removing child from area
• Telephone or web visits
• Detailed order re: exchange conditions, including holidays, and procedures around the child’s activities
• Expectations re: cooperation with treatment, clear treatment orders
• Areas of parental authority
Create Developmentally-Appropriate Therapeutic Tasks

• Within and outside of therapy
• Create tasks that are difficult for the parent (or child) to reasonably object to
• Use opportunities created by school or outside activities
• Work through the details of objections
• Protective structure
• Set limits
• Reality testing
Analyzing and Selecting Activities

• What developmental tasks will it help the child achieve?
• What level of interaction is required or permitted?
• Match to:
  • Parents’ and childrens’ abilities
  • Status of relationship
  • Available resources, activity structure
• Is the court willing to help?
• Establishing contingencies

Therapeutic Interventions Versus Parenting Plan Assessments

• What questions can only be answered with an assessment?
• How extensive does the assessment need to be?
• What behavioral data can be gathered through treatment focused on daily issues?
• Can assessment be concurrent with intervention?
• Financial resources – where should the money be spent?
Structure and Interventions: Children and Families

- Clear treatment orders, consents
- Conference call with counsel
- Accountability
  - Logical connection between goals and procedures
- Resist pressures to proceed without one
- Decline cases that are set up to fail
The Therapist Can (and Should) Assist with Specific Behaviors to Comply with Orders...

<table>
<thead>
<tr>
<th>Specific dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured routines, decision-making</td>
</tr>
<tr>
<td>Rules and contracts, email confirmation, detail</td>
</tr>
<tr>
<td>Recommendations to parents for better support of child</td>
</tr>
<tr>
<td>Feedback regarding what is and isn’t working</td>
</tr>
</tbody>
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The Therapist should also be able to:

• Ability to articulate limits of role
• Generate clear, behavioral data
• Maintain objectivity
• Consider multiple possibilities
Preparation of Parents....

- Direction from the Court to cooperate
- Apply to both parents
- Lawyers: Help your client see advantages
- Clear rules
- Assess for “special rules” vs. poor limit setting overall
- Coordinate with parents’ therapists
Why/How Should I Talk My Client Into This?

- Managing issues early
- Refuting allegations
- Exposing the other parent’s faults
- Getting help for your own client if necessary
How Does a Parent Accept Responsibility?

• Discussion of contested issues (i.e. abuse allegations) may need to be deferred while investigations/assessments are completed
• Support of healthy child behavior
• Perceptions vs. literal memory
• Contracting for future behavior
• Permission to tell therapist what did and did not work
• Coordination with parent’s provider
Practice and Follow-Through on Non-Contested Issues

• Parents gain understanding about the child’s daily life and activities
• Tailoring restraining orders and responsibilities of aligned parent
• Regular contact between both parents and therapist
• Spend part of each child’s session discussing daily life and issues
• Discussion and therapeutic contracts re issues in each parent-child relationship
• Detailed, careful follow-through
Changing Our Thinking...

- Details of Daily Life Matter
- Attention at every level may produce meaningful information for the Court
- Detail in treatment orders
- Focus on development
- Addressing the issues early
- Getting initial orders in place
- Resources for Rapid Response
Use available tools

- Children involved in many systems
- Daily activities provide resources and sources of data
- Between-session tools (Family Wizard, Coparenter)
- Addressing training gaps
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?
• What assessment questions
  • MUST be answered beforehand
  • Can be addressed while intervention is ongoing
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
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