

REUNIFICATION THERAPY (RT)
VICKIE DALTON, PSYD, HSPP

- WHAT IT LOOKS LIKE
- HOW IT DIFFERS FROM FAMILY THERAPY

WHAT IT LOOKS LIKE

While no clear consensus on definition of RT, the following encompasses most:

- RT is a recently developed therapeutic modality designed to help address parent-child contact issues in high conflict, litigious families
- The goals are different for each child, the favored and non-favored parents
- The RT therapist should have specialized knowledge in the dynamics of high-conflict families and also have competencies in family, systems and cognitive behavioral modalities.

WHAT IT LOOKS LIKE
(CONTINUED)

- RT therapist has the role of fostering healthy child adjustment- often within the context & history of maladjustment that they perceive as somewhat "normal"
- RT will often involve the entire family but in various combinations
- RT will have as a major goal to engage in **assessment coaching**. If this distracts from the necessary work with non-favored parent and child, then it can be referred out to a separate therapist.

WHAT IT LOOKS LIKE (CONTINUED)

- RT should **NOT** be expected to make decisions or recommendations about custody or parenting time
 - this would mean taking on a dual role (ethical breach) and would distract from the focus of clinical work with the family.
- RT **MUST** collaborate with the other professionals to share progress or struggles and to glean information on compliance, learning and accountability outside of the RT sessions.
- RT must communicate back with the court in a real time manner – either directly to a PC or within a status hearing/update with all legal parties.

WHAT IT IS NOT

- It is not Confidential:
 - RT needs to have release and access to communicate with all necessary parties including other therapists for the children or the parents, the GAL or PC if case has one and attorneys
 - Reports back to the court and updates provided to court and attorneys
 - No private communication between RT and the individual parents or attorneys

WHAT IT IS NOT (CONTINUED)

- Not insurance Billable
 - Some debate about this
 - Doesn't often meet the criteria of medical necessity or functioning requirements
 - Can not allow process to be dictated by "approved session limits"
 - Many insurance refuse coverage for "court ordered therapy" regardless (except S/A)
 - Insurance doesn't cover required aspects such as phone calls, document review and prep or court and travel cost regardless

WHAT IT IS NOT (CONTINUED)

- It is NOT Client Centered
 - Meaning that the client's thoughts, feelings and wishes are not necessarily the dictating factor in decision making.
 - It is more directive and less supportive in process

NEEDS TO BE COURT ORDERED

- Court order in place with identified parties and named therapist
- Order needs to dictate that RT structures the parties attending, length and frequency of the RT sessions
- Order needs to include fee arrangement
 - My opinion is both parents have some financial responsibility
 - Could include the option of adjusting financial responsibility if obstruction is suspected or found.

THERAPEUTIC INTERVENTIONS
INDIVIDUAL SESSIONS:

First appointments are individual with each parent and then each child

- To gain understanding of relevant history and create goals
- To help individual parties feel heard and address resistance
- Gain insight regarding potential need for *appropriate* individual therapist
- Explain the process including individual and family involvement, communications, boundaries, and make suggestions for reading material and tools

THERAPEUTIC INTERVENTIONS
INDIVIDUAL SESSIONS
(CONTINUED):

- Begin to teach and practice healthier communication skills
- Work to identify and correct faulty reasoning and entrenched anger
- Identify Problem Solving approaches rather than Dichotomous Thinking
- Identify individual roles or personal struggles that contributed to the problem

THERAPEUTIC INTERVENTIONS
FAMILY SESSIONS:

- Attempt to engage in Co-parent coaching
 - if possible: very early parts of the RT process – to ensure same messages being heard in real time
 - If refusing to be present together: will attempt later in the process or even refer out.
- Dyad of child and non-favored parent
 - Practice the improved communication and boundaries, ex: empathic listening and validation skills
 - Building trust and good memories
 - Move clear focus to **now and future**

THERAPEUTIC INTERVENTIONS
FAMILY SESSIONS
(CONTINUED)

- Dyad of child and non-favored parent (continued):
 - Review progress or struggles as they emerge
 - Re-establish appropriate levels of parent/child authority and respect
 - Begin outside of session activities and visits and monitor application of skills and genuine effort applied outside of the session

THERAPEUTIC INTERVENTIONS
FAMILY SESSIONS
(CONTINUED)

- Dyad of Favored Parent and Child
 - Minimal in nature
 - Focus on healthy and appropriate communication in support of the relationship with non-favored parent and child
 - Opportunity for the child to learn to communicate directly with favored parent
 - Opportunity to monitor the genuine nature of the communication and support

TERMINATION

- When visits outside of the sessions progress without significant incident
- When RT has witness conflict or problems with healthy communication and appropriate resolution
- When it appears the parenting time can progress to what has been ordered
