

Reunification Therapy

DR. JOSEPH KOWALOW, PHD, MA, LMFT
DR. VICTORIA DALTON, PSYD, HSPP

When do families use Reunification Services?

Reunification services are available for families in which there is a breakdown in the relationship between a parent and child(ren) such that a child is refusing or resisting contact with a parent. We use the word 'reunification' because it is the word that is used in the literature to represent the restoration of a relationship and some type of communication between parent and child. Breaks in parent-child contact occur within complex family systems, so it is rarely the case that one parent can solve this situation single-handedly. Therefore, all family members are asked to be active participants in the reunification process.

Reunification services blend the skills and methods from several different fields— psychotherapy, coaching, and dispute resolution. This is not a therapy service and is not covered by health insurance, because there is no presumption of an "illness" that is being treated. The focus of these services will utilize a systemic, solution focused approach to disputes and dysfunction that are preventing the parent-child relationship from moving forward in a healthy mode of development.

Reunification therapy has 3 distinct phases.

Evaluation phase:

1. Each parent meets with the clinician separately. This allows each parent to meet the clinician who will be working with the children and to provide their perspective on the background of the struggles occurring within the family system.
2. Once both parents have completed these meetings, the children meet with the clinician for several sessions to get to know one another and to consider the children's perspective on the family struggles and how they might benefit from addressing these with their parents.
3. The children's sessions are followed by a meeting between the children and the parent they are resuming contact with at the clinician's discretion.

Review and Recommendations:

Once the evaluation phase is complete, the clinician discuss options for how the family might best address their difficulties. The clinician will make a recommendation about which of two paths the family can most productively follow. If the normal process of reunification experiences extreme difficulty, it may be prudent for the clinician to recommend that a meeting occur between both parents, the clinician, and the attorneys to update and coordinate an agreeable course of action for the reunification process.

Commitment phase:

The clinician will have 1 meeting with each household (estranged parent and other parent and child/children). During these meetings, the recommended plan and specific therapeutic goals are communicated and the clinician solicits a commitment to actively participate in the plan. During this time, rules for the sessions are reviewed with each member of the family.

Intervention phase:

- 1. Clinical intervention: Issues relating to family dynamics and healthy systemic structure are addressed along with issues relating to events leading to the fracture in the family's functioning. Therapist advises and monitors family interactions to avoid the "justice loop."
- 2. Community intervention: Family and therapist meet in a public setting such as a park or restaurant for the purposes of exposing the family to normal and healthy family interactions utilizing skills obtained in the clinical phase. Therapist meets for the first hour of interaction. Clinical issues are not intended to be processed during this time. This is time for the family to enjoy each other.
- 3. Tiered visitation: Non-clinically directed or supervised visitation begins. Meetings at the end of every tier take place in order to process successes and challenges from the previous month as well as prepare and set expectations for the coming month.

The following is my recommendations for the next steps in this process. This is a standard reunification plan. There have been no concerns as both children and dad have been wonderful during the community phase. The children have been highly interactive and dad has been very appropriate. No concerns are currently present that would preclude a recommendation going forward.

1st month: 4 hour visit where the children and dad meet in a pre-determined location (my hope is that the children help select a location) on either a Saturday or Sunday every week for the month starting May 4th. These visits are to be in a public setting such as a mall, restaurant, park, movie, etc. We will meet in my office at the end of the month for a session to talk about how visitation is going and if any kinks need to be worked out. A crisis plan may be developed in case emotional/physical escalation develops during visits. This is so both children and dad feel they are adequately supported.

2nd month: 8 hour weekend day visit. These visits may be in public or may now take place at dad's home if he chooses. A crisis plan may be developed in case emotional/physical escalation develops during visits. This is so both children and dad feel they are adequately supported. We will meet in my office at the end of the month for a session to talk about how visitation is going and if any kinks need to be worked out.

3rd month: Overnight visitation. This will be a Saturday morning (10am pickup) and the children will stay with dad until Sunday (5pm drop off). A crisis plan may be developed in case emotional/physical escalation develops during visits. This is so both children and dad feel they are adequately supported. We will meet in my office at the end of the month for a session to talk about how visitation is going and if any kinks need to be worked out.
4th month: Indiana State Parenting Guidelines or other permanent visitation schedule as determined by the judge.

Confidentiality:

Reunification Services are NOT confidential as these are not therapeutic services and the clinician will be responsible for reporting back to the court the details and progress of these services. However, information about the family or any individual involved in the process will not be shared without the client's or their parent's consent or outside the scope of the services being rendered. Because this is a family matter and a family file, information about the family members and their participation and progress in the reunification process may be shared, albeit discreetly, with any other family members at the clinicians' discretion. It is also understood that the clinicians will consult with attorneys regarding with this case when appropriate, and no release is required for them to do so

Financial:

It is incredibly helpful to have the court's support to determine the financially responsible party. Either a retainer is required for a block of sessions and report writing or a credit card is left on file to charge each session. Payment is required at the time services are rendered. No billing.

Where the court can help the most:

Supporting that the clinician, and the clinician alone, is directing this process. There is to be no harassment to speed the process along or inhibit the therapeutic progress. This therapy is most efficacious when BOTH parents support the concept that families must work through problems together. Iterating this message from the judge up front is incredibly useful and supportive of the therapist. This includes maintaining regular appointments, having some flexibility of schedule, and vocalizing support to the child/children.

How long does reunification therapy take?

Short answer: A couple of months or a year.

The truth is that this process is completely dependent upon the families willingness to participate, alter unhealthy patterns, accept help for licensed professionals, work on forgiveness, and establish a new, healthy relationship.

Questions
