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## Ten Tips for Mental Health Professionals Who Work with Families Struggling with Parent-Child Contact Problems

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Treatment of families in which a child resists or refuses contact with a parent can be difficult for even the most seasoned professional. Amplified by litigation, the built-in emotional intensity of this problem leads family members to fully deploy their defenses and to be battle-ready.

Therapy minefields are everywhere. These ten tips highlight helpful precautions and strategies.

1. **Be mindful of the number of these cases you accept at any given time.** Cases with parent-child contact problems can emotionally tax even the most seasoned mental health professionals. When the conflict escalates, these cases may require many hours and several points of contact weekly. More than three or four of these cases in a professional's caseload may easily overwhelm a practice and lead to burnout.
2. **Remember to focus on enjoyable activities.** Families typically tend to focus on historical and current problems between the child and rejected parent. In order to improve relationships, the focus needs to balance work on these problems with work creating positive expectations and experiences built into the relationship through enjoyable activities both in and out of the therapist's office.
3. **Implement a communication intervention for the coparents.** A frequently needed intervention for high-conflict coparents is to structure communication so that emails are filtered to a particular folder or through an app such as OurFamilyWizard.com or Talking Parents. This allows a parent to avoid the anxiety and fear of what the coparent has to say as every electronic *ding!* announces a new email. Rather, a parent can choose a convenient time to engage in the business of coparenting.
4. **Establish a communication intervention between the professional and clients.** Both professionals and clients will benefit when the professional creates a boundary around the time that he or she is able to engage with the families. Such a boundary will free the professional from feeling as though he or she is obligated to respond to clients the moment a message comes in.

5. **Set realistic expectations for the coparents about the reconnection process.** A rejected parent may expect that a good reconnection therapist will be able to rapidly return things to “normal.” Everyone in the family needs to understand that this is generally a slow, lengthy process of building trust between the rejected parent and the child. Small but meaningful steps in parent-child reconnection are a more sustainable intervention goal.
6. **Help the child to develop realistic expectations about interactions with the rejected parent.** Usually children are anxious about renewing their relationship with the resisted parent. Sometimes they are oppositional to substantial increases in time. There is a higher likelihood of success when parent-child time progresses as planned by the treatment team. Trust is gradually re-established as consistent and positive experiences occur between the child and rejected parent.
7. **Remain flexible and open as your work with the family evolves.** A central premise of Family Systems Theory is that movement by one family member creates changes in the other members. Reconnection therapy invariably requires that the interventionist be flexible and open to the ways these unique individuals and families may behave, grow, and change in response to treatment.
8. **Keep focused on your responsibilities as a reconnection therapist.** Reconnection therapists are not in a position to render opinions on psycho-legal questions, including but not limited to: if a parent is competent, if abuse has occurred, or if alienation has occurred. Reconnection therapists may have information that evaluators or judges may find useful, but the reconnection therapist’s job is not to make a legal determination or to provide formal recommendations about parenting time disputes.
9. **Avoid making recommendations outside the treatment plan.** Reconnection therapists must be very vigilant to prevent any of their recommendations from being viewed or characterized as custody or parenting time recommendations. Rather, any recommendations about the rejected parent spending time with the child should be clearly communicated as limited in scope and time as well as in the service of achieving treatment goals rather than the court-ordered nature of a custody schedule.
10. **Seek support and peer assistance to avoid burnout.** Families experiencing parent-child contact problems are among the most complex and dynamic of clinical challenges, and significant polarized advocacy positions in the field make this work even more difficult and risky. Thus, reconnection therapists should be involved in a peer consultation and case discussion group. Ongoing professional education, consultation, and support are essential to do effective clinical work with this population.

John A. Moran, PhD, Shawn McCall, PsyD Esq, and Matthew Sullivan, PhD have many decades of experience working with high-conflict families where a child is resisting or rejecting contact with a parent. They are the authors of the recently published Amazon #1 Best Seller *Overcoming the Alienation Crisis: 33 Coparenting Solutions*.

