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Tailoring clinical interventions to fit the problem.

COMPARISON OF TRADITIONAL PSYCHOTHERAPY WITH REUNIFICATION THERAPY

The chart below explains the essential differences between each of these forms of therapy. There is consideration confusion within the mental health field between individual, couple, and family therapy versus court-ordered reunification therapy for strained child – parent relationships. The latter refers to a forensic context in which the order and way in which the therapy is conducted is accountable to legal guidelines and roles and must be followed. This form of therapy does not offer the same freedom of theoretical orientation, therapeutic options and discretion by the therapist to alter procedures, make referrals, and change the goals according to what the therapist determines is most helpful to the client at the immediate time that this service is provided. The following twenty categories assist the therapist in identifying the uniqueness and distinction among each approach, the purpose, and the objectives to be achieved. This allows the therapist to create a tailored, bespoke therapeutic intervention unique to the needs of each particular family.

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
1. Whose client?	Psychotherapist	Barrister, jurisdiction of the court, systemic CF reunification family therapist	Professional role
2. Relational privilege that governs disclosure in each relationship	Therapist-patient privilege	Informed consent and / or consent / court order for full disclosure and non-confidentiality	Professional role
3. Finances	Self-pay or family member, managed care or insurance reimbursement	Pre-determined by legal teams and / or court, percentage or full financial responsibility clearly determined in advance. Unlikely insurance coverage which requires DSM diagnosis and other non-covered, non-therapeutic services	Who pays does not determine the process nor the outcome

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
4. Roles	Latitude may start with one presenting problem and psychotherapist switches roles, e.g., individual therapy for parents might change to couples therapy	Systemic CF reunification family therapy for strained parent child relationships is a limited, restricted, well-defined role	Systemic CF reunification family therapist must refer out to another therapist or back to court for therapist appointment to provide counselling and psychotherapy, e.g., for anxiety, depression or substance abuse
5. Goals	Therapeutic objectives are mutually determined between the psychotherapist and the patient. Patient defines problem; psychotherapist reframes difficulty according to diagnosis,	Client, legal team, and court define narrow objectives and focus on systemic CF reunification family family therapy aims without deviation into other areas that may require a referral for professional attention	Different preferences and goals for the child and each of the parents

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
6. Process variables	Alleviation of symptoms and specific behavior changes, such as overcoming depression or anxiety or life adjustments arising from loss	Overcoming contact refusal, or phobias of reconciliation with rejected parent. Clarification and reframing of foundation for the rejection and unfavorable attitude on the part of either parent or both parents and the child	Maintaining boundaries both in content and in role

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
7. Selection of psychotherapist	Self-referral or recommendation, or managed care list	In mild or moderate cases, parents may agree or the barrister may recommend or submit names to the court or the court will make the choice. In moderate to severe cases of estrangement, alienation, rejected parents select the systemic CF reunification family therapist according to their comfort level and the expertise of the reunification therapist within this specialized area	Choice by the rejected parent vs. by parental agreement. The systemic CF reunification family therapist must have no prior relationship with the family to avoid dual roles

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
8. Theoretical foundation	Psychotherapist choice according to presenting problem	Family systems model in which the identified client is the family. Flexibility and documentation are encouraged because systemic CF reunification family therapy is an emerging therapeutic modality. It is a structured and focused intervention. Psycho-educative, cognitive-behavioral, systemic family therapy, psychodynamic and psychoanalytical as well as residential de-sensitization have been described as	Blame and assignment of fault.

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
9. Participants	Patient and collateral individuals	For mild and mild to moderate strained child parent relationships or estrangement or alienation cases, both parents and children participate; for moderate to severe and severe alienation cases, the rejected parent and the favoured parent and one or more of the alienated or high-risk children may be designated to participate individuality, conjointly or successively.	Attempts by the non-cooperative parent to interfere or participate obstructively in the process by undermining the child's attitude and authority of the rejected parent, attendance and participation in the reunification of the child – parent relationship.

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
10. Rules or process guidelines	Determined by psychotherapist and patient	Guidelines for practice standards and ethical considerations and specific court orders, e.g., reporting requirements for success such as increased frequency of contact and improvement in the obstacles encountered from either parent or child requiring court intervention	Parties and barristers resistant to change
11. Frequency of visits	Weekly or as defined by the patient and therapist	1 – 3 times per week as defined in the systemic CF reunification family therapy plan, order of the court, or the therapeutic experience of the therapist on the	Resistance go participation by the child and / or rejected parent / “favoured” parent

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
12. Cognitive set and evaluative attitude of each psychotherapist.	Supportive, empathetic; may be directive or nondirective.	Direct, neutral, objective, detached, goal-driven without distraction / deviation.	Structured vs. unstructured approach.
13. The nature and degree of alliance in each relationship.	A helping relationship; allies or advocacy, rarely adversarial	A helping relationship based upon detailed documentation, external pressure for compliance, court sanctions or punitive measures for noncompliance with anticipated resistance by the child supported by the likely adversarial alienating other parent.	Sensitivity to feelings and like ability vs. adherence to role and respect for following pre-determined procedures and goals.

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
14. The different areas of competency for each expert	Therapeutic modality techniques for the treatment of the impairment.	Training and experience Private Law Independent Expert Witness ISW and systemic CF family therapy needs assessments, contact assessments, forensic analysis, infant observation, observations of the dynamics of attachment, separation and divorce mediation and / and individual child therapy, co-parenting therapeutic approaches, and systemic family therapy, multi modality therapy.	Adequacy of foundation / professional qualifications

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
17. The scrutiny applied to the information used in the process and the role of historical truth.	Patient reports with minimum external scrutiny as the truth or accuracy disclosed to the psychotherapist and psychotherapist formulates the intervention and offers an opinion based on their subjective experience of the patient.	Litigant information supplemented with and verified by collateral sources and scrutinized by the systemic FC reunification family therapist and the court. Prior to the initiation of systemic CF reunification family therapy, the therapist must review documents and obtain objective history of the case in order to achieve objectives as defined by the court.	Adequacy of foundation / subjective vs. objective information and reporting.

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18. The goal of the professional in each relationship is different.	Psychotherapist defines treatment goals with patient's participation in an attempt to benefit the patient by developing a therapeutic alliance and working within the therapeutic relationship.	Systemic CF reunification therapist addresses the goals as defined by the court and later refined by the therapist according to progress in achieving stated objectives of alienated child (children) and target parent. Progress affects co-operation vs. resistance of the alienating parent and how this parent will accommodate to the changes taking place, etc., supportive vs. sabotaging. The accommodation and / or readjustment of the alienating parent's attitudes and behavior is or will be addressed by his or her individual reunification therapist, the Guardian ad Litum and / or ultimately the presiding Judge.	Professional role / patient preferences vs. court order. Real vs. false allegations require clarification. Any allegations such as child safeguarding from increased contact with the rejected parent must be addressed in court, either delaying or suspending reunification therapy until complaint resolved.

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19. The impact of the critical judgment by the psychotherapist on the therapeutic relationship, process variables, and outcome.	The basis of the relationship is the therapeutic alliance; gains or errors in the critical judgment of the psychotherapist may impair or enhance that therapeutic alliance. Psychotherapist serves as patient's advocate.	The basis of the relationship is successive approximations and objectivity toward the defined goal within an evaluative framework; critical judgment is less likely to cause serious emotional harm in contrast to exacerbation of conflict, child temper tantrums, and false allegations generated by the alienating parent. Child safety and the child's well-being are always the priority.	Professional role / relationship determined by therapist-patient vs. court mandate and parental and child compliance to the reunification plan.

CATEGORIES / ISSUES	PSYCHOTHERAPY	REUNIFICATION	CONFLICT TYPE
20. Criteria for success.	Patient satisfaction.	Effectiveness based upon evidence and documentation in achieving temporary, and forecasting long-term, reconciliation and stabilization. Success may be defined as ability for an alienated child and rejected parent to be able to interact and maintain a limited contact schedule, or re-establish a relationship to maintain a contact schedule and shared parenting. Or ideally establish or re-establish a strong emotional bond and attachment with each other and enjoy the frequency to time-sharing and the favoured parent which would cease alienation tactics	Adequacy of foundation / party preferences vs. shared parenting responsibility.

Research on the Failure of Traditional Therapy.

- Clawar & Rivlin (2013: p. xxvii) research cites, that of 1,000 sampled cases, “even under court orders, traditional therapies are of little use, if any, benefit in regard of treating this form of child abuse”.
- Reay (2015:p.199) “In separation and divorce cases where a child is severely alienated from a once loved parent, traditional therapeutic approaches grossly fail”.
- Dunne & Hedrick (1994, p.31) find that “traditional therapies and interventions are not successful in rehabilitating children affected by (parental alienation)”.
- Fidler, Bala, & Saini (2013, p. 116) note that “therapy in more severe cases, which may include some moderate cases, may be associated with alienation becoming more entrenched”.
- Miller (2103, p. 16) finds that, “therapists who insist on a trial of conventional therapy (e.g. see for myself) are exceedingly unlikely to succeed, such an approach is worse than worthless, because while the therapist provides futile treatment, the child, already injured, is deprived of effective intervention - including protection.
- Gottlieb (2017, p. 9) states that “traditional therapies invariably lead to calamitous results: the alienation deepens, and when the therapy fails, the targeted / alienated parent is blamed: after all, it is claimed that, even with the benefit of therapy, the relationship between the rejected parent and the child was not restored.

Research on the Failure of Traditional Therapy

- Fidler & Ward (2017, p 22) argue that “cases involving allegations of abuse and alienation require practitioners who have considerable clinical experience and specialized training”.

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