

## **Parental Reunification Therapy**

by Mary Ann Aronsohn, MA, LMFT, February 2004

In a divorced or separated family, a parent can sometimes lose contact with a child for any number of reasons. Courts will occasionally recommend that a therapist be used for the purpose of gradually introducing or reintroducing a child to a biological parent. In other cases, the parents or the attorneys will suggest such a course of action. When a therapist is asked to do this sort of work, there are several tasks to accomplish:

1. First, the therapist should make contact with and gain at least a minimum of trust with both biological parents. This is crucially important so that the work can begin without a strike against it. Both parents need to feel a strong degree of fairness and neutrality from the therapist, in order for them to allow the child to move forward in the process and not sabotage it (consciously or unconsciously). The therapist should offer to speak with both parents over the phone before any in-person contact, setting the tone for even-handedness from the start. The initiating parent should be asked how it might be best to make contact with the other parent in order to give the best possible chance for connection and success.
2. The therapist must then decide how to structure the first session. It is important to determine whether the child is prepared to meet with the unfamiliar parent without the familiar parent present, or whether s/he needs the transitional safety of the presence of the familiar parent. If the parents are experiencing high conflict already over this issue, or one is actively opposing the process, it can be wise to begin the process without the child, and try to gain the cooperation of both parents. Often the only real leverage the therapist will have with the parents is the well-being of the child, based on what we know of children's needs. As a general rule, children are best off when they have the loving presence of both parents in their lives. Most parents, even those with severe problems, can be seen as having something of value to offer to their children, and the therapist needs to capitalize on this.
3. If the parents have difficulty with drug/alcohol issues, or are limited in their ability to handle conflict in healthy ways, the therapist may wish to put off the parental reunification until the parents have worked on those issues (with drug or alcohol treatment programs, anger management classes, etc.). This preparatory work can make the difference between a successful reunification and a continued separation between child and parent.
4. The therapist may benefit from contact with other professionals dealing with the case, such as minor's counsel, parents' attorneys or therapists for any of the family members, or child custody evaluators. It is wise to gain releases of information in case the therapist decides to use the option of consulting with these other professionals.
5. The therapist then meets with the family, and proceeds to work with the members to deal with whatever issues are present. A lot of education may be necessary; with the adults, about the importance and the how-to's of co-parenting, about child development and the effects of separation/divorce on children, and about

- how to keep children out of the middle. With children present, the therapist will probably be needed to open up issues of what questions the child has about the previous absence of the parent, to help the parent find appropriate answers to those questions while remaining supportive of the relationship the child has with the familiar parent, to help the child by normalizing the kinds of feelings s/he is likely to be having toward either of both parents, to encourage the healthy expression of such feelings, and to teach communication skills and model respectful engagement.
6. At all times it is important for the therapist to remain alert to the possibility of one parent (or both) inhibiting the child's relationship with the other parent. This phenomenon can be blatant or subtle, and needs to be addressed as soon as the therapist is fairly sure it is occurring. It is critical that the therapist reassure the parents that s/he understands the parent wants the best for the child, and at the same time to gently confront the parent about separating his/her feelings toward the other parent from the child's experience of that parent. The relationship the familiar parent has with the child will not break if s/he allows the child to build a relationship with the other parent. Addressing these fears can be very helpful. At times it might be wise to recommend individual therapy for one or both parents to deal with these fears.
  7. Another point to underline with the child is that all humans have strong points and flaws, and that it is possible to see the parents in this light. This can allow the child to receive from the parents what they have to offer the child, while setting limits in some way against the behaviors and traits that the child does not appreciate in a parent. As the relationship grows, the therapist can help the child and parent to choose some ways of interacting that are pleasurable for both, and help them begin to discuss some of those activities.
  8. The next step would be to expand the connection to the world outside of the sessions. If a child is small, the interactions outside of session can begin in gradual ways such as a meeting in a park with both parents present. The familiar parent can be present at a distance that is comfortable, so that the child can see her/him and still gain some experience of the less familiar parent. This transitional way of interacting can go on as long as the child needs it, until everyone is more comfortable. If these interactions are framed as "experiments," this leaves the family members freer to think through what is working and what is not, rather than assuming that the entire process is failing or succeeding after individual meetings.
  9. The therapist will probably be needed to debrief after such encounters, helping to analyze what worked and what did not work as well, helping the parent respond in appropriate ways to the child's concerns, and generally encourage the development of a healthy relationship. Once the therapist thinks that the process is well under way, s/he can end the treatment; making sure the family knows that the therapist will remain available if needed.
  10. Lastly, a therapist doing this kind of work should remain open to receiving professional support, by case consultations and checking with other professionals working with the family. This work can be very difficult, but also is potentially very satisfying when one sees progress among family members.