

Chapter 1

Reunification: What Is It, What Is It Not, and What Does It Involve?

“What are we trying to do, what are we trying to achieve, what are we trying to prevent?”

– Henry Kissinger¹

One of the biggest and most salient issues before the family courts and family law specialists (not to mention general practitioners who handle family matters) today is the need to repair damaged relationships that have occurred between a parent and a child. Some of the damage, or what I am calling Broken Bonds, may actually have occurred as a result of a family dissolution/divorce and associated tensions and conflicts. Judges and guardians as well as therapists, attorneys, and parents are often presented with a conundrum. Is it possible to effectively repair a damaged relationship of varying degrees and types in the face of litigation, acrimony, and embitterment? In many cases, serial re-bonding attempts may already have been attempted and failed or only partially succeeded. A relatively new term before the family courts is “Reunification Therapy” or “Reunification Counseling.”²

A view has developed that children who are distanced from, and maybe even hostile to, a parent are virtually always the result of what is now referred to as Parental Alienation. This is not true, although Parental Alienation may

1. Peggy Noonan, *The Missing Order in American Politics*, WSJ | OPINION (May 9, 2019, 7:14 PM), <https://www.wsj.com/articles/the-missing-order-in-american-politics-11557443675>.

2. Even though the terms “therapist” and “counselor” are used interchangeably today, historically, a therapeutic process generally meant deeper layers of analysis and treatment. The term “counselor” has been employed to represent briefer forms of intervention with less analytical dimensions. In the rest of the book, we will use the term “Reunification Therapist” to apply to both options.

be a component, or the major component, in many cases of Broken Bonds.³ In many cases presented for Reunification Therapy, alienation was not originally extant. However, some parental behaviors may devolve into alienating behaviors as conflicts and disagreements between parents increase. This can be as simple as one parent being angry at the other for either real or perceived misgivings and attempting to punish (consciously or otherwise) the other parent by undermining their relationship with the child.

In alienation cases, the parents are usually given one of two labels: Either the “target parent” or the “aligned parent.” The target parent is the parent who is being alienated and of whom the child has developed a negative view. The aligned parent is the parent with whom the child has sided with against the target parent. There are exceptions to this pattern. For example, a third party could be the alienator (grandparent, paramour, professional, etc.). In many Reunification Therapy cases, these terms do not always apply because alienation may not be the (exclusive) basis of the parent-child breach. Thus, I would propose giving each parent a new label to better fit their status in these cases. The parent that has Broken Bonds with their child and is seeking to (re)establish the bond, I call the “seeking parent” or the “unbonded parent.” The parent with whom the child has stronger bonds, I refer to as the “connected parent” or the “bonded parent.”

The frustration levels of judges, parents, and, not to mention, children can be relatively high as various procedures are applied in order to reconnect a parent and child. Attorneys often find themselves in the position of having to agree to Reunification Therapy on behalf of their clients without having clear guidelines in terms of goals, plans, methods, timelines, and defined measurable outcomes. All of these important concerns will be addressed accordingly in later chapters of this book.

What Makes Reunification Different?

Reunification is a special type of intervention that is not, per se, psychotherapy (clinical); it is not family therapy, nor is it any other type of the presently practiced (forensic) therapeutic interventions. This is important to know because many therapists who come from different schools of thought and methodologies are applying their particular brand of therapy to this social and legal dilemma—usually without much success.

3. For a detailed analysis of programming and brainwashing of children, see STANLEY S. CLAWAR & BRYNNE V. RIVLIN, *CHILDREN HELD HOSTAGE: IDENTIFYING BRAINWASHED CHILDREN, PRESENTING A CASE, AND CRAFTING SOLUTIONS* (2d ed.) (2013), published by the ABA Section of Family Law.

Some Therapies (and Counseling) Practiced in the United States

There are hundreds of different social, psychological, and psychiatric therapies presently available in the United States. Following are just a select few:

- Adlerian Therapy
- Affective-Experimental Family Therapy
- Anger Management Therapy
- Animal-Assisted Therapy
- Art Therapy
- Attachment-Based Family Therapy (ABFT)
- Bowenian Family Therapy
- Client-Centered Psychotherapy
- Cognitive Analytic Therapy
- Cognitive Behavioral (Family) Therapy (CBT)
- Compassion Focused Therapy (CFT)
- Conflict Resolution Counseling
- Confrontation Therapy
- Co-parenting Counseling
- Dialectic Behavior Therapy
- Divorce Counseling
- Drug Intervention/ Rehabilitation/Post-Rehabilitation Therapies
- Emotionally Focused Therapy (EFT)
- Existential Therapy
- Family Systems Therapy/ Structured Family Therapy
- Focus Acceptance and Commitment Therapy (FACT)
- Forensic Counseling/ Therapy
- Freudian Psychotherapy
- Functional Analytic Psychotherapy (FAP)
- Gestalt Therapy
- Grief Counseling
- Holistic Therapy
- Imago Therapy
- Insight Therapy
- Intensive Short-Term Dynamic Psychotherapy
- Internal Family Systems Therapy (IFS)
- Marriage and Family Therapy (MFT)
- Mediation Counseling
- Milan Systematic Family Therapy
- Milieu Therapy
- Mindfulness Therapy
- Multimodal Therapy
- Parent Management Training/Coaching
- Pastoral Counseling
- Play Therapy
- Practical Application of Intimate Relationship Skills (PAIRS)
- Rational Emotive Behavior Therapy (REBT)
- Relational-Cultural Therapy
- Relaxation Therapy
- Role Play Counseling
- Sex Therapy/Counseling
- Somatic Therapy
- Strategic Family Therapy
- Stress Reduction Therapy
- Traditional Psychotherapy
- Trauma Therapy
- Twelve-Step Programs
- Values Clarification Therapy
- Wilderness Therapy

Because there are hundreds of therapies being practiced today, it needs to be specifically stated that virtually *none of them are the correct singular tool* for a reunification goal.

Differences between Other Forms of Therapy/ Counseling and Reunification

The question of the differences between Reunification Therapy and other types of therapies arises in about 60 percent of cases. Following is a listing of some differences between Reunification and other forms of therapy/counseling.

Factor	Other Therapies/Counseling	Reunification Therapy
Length of time	Not usually determinant	Differentiates short and long term, but should be as brief as possible
Referral sources	Varied from self to other professionals/institutions	Often legal related Occasionally self and other professionals/GAL
Focus/goals	Individual and/or family/couple Simple to complex goals	Bonding between parent and child Clear goal: re-bonding
Treatment plan	Interventions matched to presenting problems (Often not done, but should be.)	Interventions matched to parent-child bonding problems Plan must be done (usually progressively)
Confidentiality	Usually exclusively between client/patient and treating professional	Rarely present Specified at onset Obligations also to the court, GALs, and others
Reporting obligations	Limited, if any, by client/professional contract	Often directed by the court, mediators, GALs, or others as well as to whom the information is reported
Metrics	Supposed to be present Often not articulated exactly	Should always be identified Short-term and long-term differential
Parties to the therapy	Limited unless otherwise specified Often a closed relationship	Often others Usually identified prior to the initiation of therapy
Legal involvement	None unless progress reports to probation or other agencies are requested/required	Often clear and named

Other professionals involved	None to one or few	Some to many—GALs, therapists, evaluators, etc.
Likelihood of previous interventions	None to one (sometimes more)	Likely none to many
Theories and methods	Based on school of thought/training (mostly talk therapies; usually no radical interventions)	Evolving field—many nontraditional methods employed Sometimes radical interventions proposed; however, caution must be exercised here
Risk assessment for proposed interventions	Not necessarily done (but should be)	Should be done Helps to create safety/backup plans
Ground rules for participation	May or may not be necessarily stated	Always stated and verify they are understood
Signed releases	Few, if any (except for HIPAA)	A few to many clarifying what, how, and when things will be done
Basis for termination	Self-termination capacity or therapist recommended	Court or therapist determined Possible GAL input when goals are reached

So, What Is Reunification?

Reunification is different from all of the therapies just listed. It is a *goal-oriented process*, (usually) with specifically identified parties. It is often operating within a legal framework and generally driven by a court order for a parent (the seeking parent) and his or her child(ren) to (re)establish their social-emotional bonds. *It is the process, techniques, methods, and theories that are employed to repair, reconnect, rebuild, heal, normalize, and/or stabilize a relationship between a parent and child that has become damaged, distant, absent, and/or alienated.* GALs, attorneys, child advocates, other clinicians, and various family members may be involved in the process. In order to perform this function, it is crucial that the therapist have forensic knowledge and the skill sets articulated in Chapter 8 of this book (“Skill Sets and Qualities to Look for in Selecting Reunification Experts” on page 149).

Finally, we should differentiate bonding and re-bonding. Bonding, or *unification*, is when a parent and child *never bonded* or unified in the first place. Separation at birth or early on in the child’s infancy is an example of such a case. Long-term alienation (even during a marriage) is a second example. *Re-bonding*, or *reunification*, is when a relationship between parent and child is damaged and/or severed at some point *after they were originally unified* to some degree and type. *The reunification is bringing parent and child back together* into a more coherent, caring, and functional relationship.

What Does Reunification Involve?

All of the following modalities are employed to facilitate improved communication, feelings, acceptance, shared time, activities, understandings, and, ultimately, a normalization of the parent-child relationship. It is a process to create or recreate family role engagement. It is reestablishing family cultural connections by rebuilding roles (such as fatherhood or motherhood) that have been impaired or even severed. It is based on the premise that these roles, if reestablished, will benefit the child in their present and future developments. The interventions and activities listed here are just a few that can be implemented in different sequences—all toward the goal of mending damaged parent-child bonds. Professional discretion is a key element in picking the right modality at the right time. The Reunification Therapist or Counselor can self-correct if one modality is not appropriate at a particular time. Keeping track of exactly which interventions are performed is important. Some will work better toward short-term goals, whereas others can be utilized for longer-term goals. Flexibility of application shows the child that the Reunification Therapist is not “out of tricks” and is not frustrated with them (as some parents and children are adept at developing frustration in the other parent and/or the Reunification Therapist).

Selected Examples of Reunification Activities and Techniques

- Articulation of therapist’s roles and goals
 - Court-ordered role
 - Ground rules for all parties
 - “Middle man” role of therapist
 - Differentiation of reunification from more traditional therapies
- Coaching of parties (includes dos and don’ts)
- Teaching parents and children new scripts based on re-affiliation language
 - For old issues
 - For new issues
 - Proper behaviors and language guidelines both in and out of sessions
- Role playing and reverse role playing sessions
- Memory games (to reactivate and/or correct historical recollections/distortions)
- Guided emotional presentations
 - Parent(s)
 - Child

- Challenge session (also called “bubble busting”)
 - Oppositional defiant child session (This issue is discussed on page 40.)
- Collaboration meetings (such as with both parents). Use of articulated agenda—with and without child present
- External activities (with and without the therapist present)
 - Shopping
 - Lunch/dinner
 - Park/playground
 - Movie
 - Visits with the extended family
 - Etc.
- Assisted session
 - GAL-assisted session
 - Relative assisted session (grandparents, siblings, etc.)
 - Targeted reintegration with extended family member(s)
 - Sibling(s) included
- Involvement of the other parent (with child)
 - Guided interaction with specific goals
- Resource sharing session
 - Parental knowledge/ideas
 - Common interests or hobbies
 - Educational assistance where indicated
 - Parental or therapeutic assistance
- Education on “what is a healthy social relationship” (See section on parenting on pages 167–168.)
 - For child
 - For parents
- Skype, FaceTime, or other alternative contact methods
 - With therapist
 - Without therapist
 - Coaching on utilization and possible problem scenarios
- Problem-solving session
- Question and answer session
- Project session
- Progress assessment session
 - Update on child’s life
 - Update on parent’s life
 - Update on relationship
- Story sharing session
 - Similar scenario discussions
 - Recollection comparison session

- Sharing videos/photos
 - Sharing family photos
 - Sharing family videos
 - Watching educational films related to family issues and functioning
- Child empowerment analysis and classification
 - Degree and type of empowerment
 - Which decisions are they (the child) making? (explicit/implicit)
 - Which decisions are parental and co-parental?
 - Which decisions are collaborative (parent and child)?
 - Which decisions are judicial/GAL/therapeutically based?
- Letter-writing session
- Alternative topic(s) session
- Resetting of agenda session with child and parent
- Concerns session
 - Parent(s)
 - Child
 - All together
- Music expression session
- Personal goals of child session
 - Peer relations
 - School
 - Future
 - Etc.
- Hobbies and interests delineation
- Maturity session
 - Defining maturity
 - Matching behaviors to maturity model
- Ventilation session
 - Anger
 - Frustration
 - Positive emotive time
 - When feelings are a positive versus a dysfunctional guide to action
- Understandings
 - Motive explanation session
 - “Why does my father/mother keep doing this to us?”
 - Child protective of a parent who doesn’t have broken bonds
 - (Another) distortion clarification session
 - Co-parental common ground session
 - Parent-child common ground session
 - Historical flashbacks/corrections session (also see memory games)

- o Child's perspectives
 - o Child's (continued) understanding of legalities/reunification therapy, goals, and progress
 - o Child's perspectives, beliefs, and understandings⁴
- Developing continuity plan for future
- Social contract for termination
 - o List for continued functional behaviors
 - o (Possible) checkup session (date, time, and place)
 - o Reporting of progress to appropriate parties

These are only some approaches employed in reunification. Some are quite different from "regular therapy." The choice of topic and sequence is up to the professional in terms of customization (no two cases are exactly the same). Even where there are some similarities to other therapies, the *Reunification Therapist sets and keeps the focus on bonding or re-bonding.*

Agenda for Initial Meeting with Parents⁵

It's important for all Reunification Therapy work to at least have a tentative agenda for each meeting. This flows out of the treatment plan and the social histories of the parent-child relationship. This is generally done with the seeking parent, but both parents can be (and usually are) utilized in gathering information. The initial meeting should include:

- Understandings of the present court order/legal documentation.
- The parent's perspective on the past (parent-child) relationship, quality, and contact.
- How they ended up in the present situation with less and/or damaged contact.
- What professional and nonprofessional attempts have been made prior to the present Reunification Therapy? Past records relevancy and availability?
- Their opinions on what has either helped or hindered their social bonding with the child.
- Their understanding of Reunification Therapy and providing them with the information on how it differs from other therapies.

4. See Appendix A for Child Inventory of Parent's Characteristics (p. 245).

5. A child meeting may also be advisable if it is adapted to their age and cognitive/emotional capacities.

- Listening to any specific concerns or anxieties they may have about the Reunification Therapy and responding to them.
- Any topics or approaches that they (the parents) would say are problematic or “off base” at the beginning.
- Their range of tolerance for different interventions that might be suggested/implemented.
- Any differentiation they have between short-term and long-term goals.
- Explaining their active participation in developing and implementing a (flexible) treatment plan.
- Educating them on the role that metrics has in actually being able to assess progress in specific and more global terms.
- With whom the sessions and progress will be shared.
- The nonconfidentiality feature of Reunification Therapy.
- Other topics as they arise for moving forward.
- Confirming that all professional releases are signed.

When meeting with the already-connected parent, a lot of the agenda items are similar. One difference is that it is important to emphasize the parent’s degree of verbal, gestural, and physical cooperation, as this is very important to the potential success, or lack thereof. This professional encounter may be seen as somewhat unusual because the connected or bonded parent often feels (and could have been told) that they are not a key ingredient of the reunification process. In fact, many court orders and attorney agreements do not even include any mention of the connected parent. They may be given directives to “cooperate” with no guidelines as to what this term actually means. *It is the job of the Reunification Therapist to objectify terms like “support,” “cooperation,” “assistance,” and any other synonym that relates to facilitating the process.* When this is presented, parents often say that they did not realize they would have to (or may not want to) be in such a (support) role. Hearing statements like, “I thought it was between Alice and her mother” or “Why am I involved in this when the problem is between my son and his father?”

Also, it is important to let the presently connected parent know that checkups with them by phone, e-mail, text, or in person may also be required and are helpful to the process.

It should be explained that if more time is allocated by the therapist to the parent seeking better bonds, that in and of itself is not evidence of bias, although some parents may (freely) claim this. This issue of “bias” should be explained and understood up front. If the Reunification Therapist is ordered to, asked to, or agrees to work on re-bonding, the therapist is actually, by assignment, perceived as “biased” in a way. The goal (and process) is to rebuild an important social bond. This does not mean that the therapist is obligated to execute on negatives presented by a parent or child (“I don’t want to talk to him” or “This will never work”). *The Reunification Expert will*

listen and utilize all information in a discretionary way to meet a predetermined goal. If that's bias, so be it. Bias needs to be differentiated from a clear mission.

The connected parent can be trained to keep his or her own log of the child's commentary and behaviors that reflect the metric progress items. Teaching them how to identify specific behaviors ("I'd like to call dad tonight") or the presence of certain feelings ("I liked being with mom this weekend. She didn't ask me any questions about court") can be contributory to the knowledge base of the Reunification Therapist so that he or she can continue with the treatment plan or modify it accordingly.

In general, *both the seeking and the connected parent are going to go through an educative process* in the early contact with the Reunification Therapist. What Reunification Therapy is, how it is different from other therapies, what the specifics of execution are, and how the parents can act cooperatively to ensure its success are all laid out in the early sessions, and continue to be reinforced throughout the process. Rewarding (acknowledging) the parents for their cooperation, observations, and support is also part of the reinforcement that the Reunification Therapist consistently provides. Obviously, there has to be *a corrective process* if a parent missteps. An example of this is a mother who agreed not to discuss any legalities directly with the children that arose while in session with the father (some parents are capable of co-joint sessions and some are not). Upon going home, she violated her agreement and had some in-depth discussions with her children that had socio-legal implications. The Reunification Therapist used this information to help her see the impact of continuing to draw the children into the "ping pong ball" role. She promised a self-correction and admitted that she had "slipped," but just needed to "check something out that came up in the session with the father." Reunification Therapy experts cannot be frustrated by this sometimes *up and down dimension* of rebuilding bonds, as it is very common and requires *patience and consistency*.

Figure 1.1 on page 13 visually represents the various areas in which a parent and child may become unified (linked/connected) for the first time or reunified (re-bonded/reconnected) after a gap occurred in time and meaningful contact. Reunification can take place on many social-psychological levels; from the individual level with himself/herself (micro) all the way to the societal levels (macro).

Disadvantages of the Nonbonded Parent

- Often out of marital or couple's home
- Lost time—wants more
- Lost authority
- Sees children only at selected (limited) times

- Comes to be viewed as an “outsider”
- Anger and resentment build up
- Custodial parent has undue or high levels of influence
- Viewed as antagonist due to court action and demands for more time
- Asking or begging for contact results in a perception of weakness
- Often afraid to behave like a real parent
- Other parent can generate past stories (real and otherwise) to use as ammunition for continued distance

Common Areas of Parent-Child Conflict⁶

Following are some of the common topics that arise in parent-child conflicts:

- Peer selection
- School performance (including homework)
- Dress and body adornment
- College selection
- Travel
- Sexual activity
- Drug use/abuse
- Cyber use/abuse
- Romantic relationships
- Family involvement/disengagement (including extended family)
- Sibling conflicts
- Sleep/activity schedule
- Planning
- Language use
- Spending/economics
- Loyalty
- Affection or lack thereof
- Helping the family
- Behaving responsibly
- Curfew
- Diet
- Physical activity levels
- Control themes
- Love credibility
- Legal conflicts
- Financial matters

6. These are often the themes where the seeking parent has lost impact and connections.

- Contact frequency and types
- Religious differences

These and other topics may have legitimacy or are part of the conflict patterns that are not well grounded in social reality. The latter occurs when a child asserts “You’ve never loved me,” and the history is replete with social data to confirm the opposite.

Figure 1.1 shows the levels in which reunification can occur. Reunification is therefore a multilevel process from an individual child (Level I) coming to grips with false or inaccurate beliefs (my mother abandoned the family) all the way up to integrating more effectively with society (Level VI). A successful bonding experience not only (re)connects a child with a parent (Level III) but may also bring divisive parents together (Level II) over common goals for their child. Healing a breach with a parent frequently improves sibling relations (Level IV).

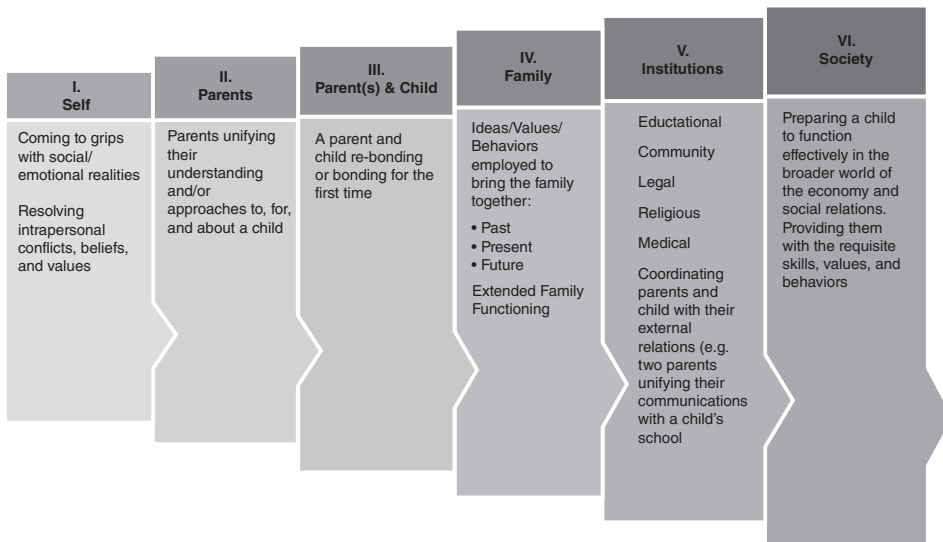


Figure 1.1 Levels on Which Unification and Reunification Can Occur⁷

Finally, re-bonding usually spins off into stronger connections to the institutions (educational, religious, etc.) in which the child is already functioning or will be soon.

7. Re-bonding impacts on all six levels of individual, family, and community functions.