Families Moving **Forward** »

MULTI-FACETED FAMILY THERAPY FOR PARENT-CHILD CONTACT PROBLEMS
Important Information for Parents and Lawyers

There is consensus among experienced practitioners, supported in the social science literature, that a family therapy approach referred to as Multi-Faceted Family Therapy (MFFT) is preferred for mild and moderate cases of strained parent-child relationships. This includes parent-child contact problems after separation or divorce when the child may have a good reason to reject or resist a parent, when the reason may be unjustified or disproportionate, or in cases with elements of both. Generally speaking, the family therapy is intended to improve the current difficulties within the family, including those related to the parent-child relationships and contact, parenting and co-parenting. Detailed parenting plans, court orders, regular court monitoring and accountability/sanctions for noncompliance are important structural components needed for successful family therapy in parent-child contact problem cases. FMF provides *multi-day interventions* that utilize the MFFT approach.

Parent-child contact problems, like other relationship problems, are systemic in nature. Consequently, it is not sufficient to limit intervention to only one part of the system, such as individually with either the rejected parent or child, or even with the child and rejected parent in joint sessions. The preferred parent's participation and coparenting work is essential to the success of the therapy. Siblings may be contributing to the parent-child relationship problem, especially when they are also resisting contact. Therefore, optimally, the family therapy is multi-faceted in that it requires the participation of all family members in various combinations (e.g., individual sessions with the child and each parent, parent-child sessions, co-parenting sessions, and whole family sessions).

Unfortunately, even when court-ordered, some referrals are not suitable for MFFT. Careful screening and intake with the lawyers and the parents at the outset are important to determine if a particular family is suitable. After a preliminary screening call with the lawyers and completion of a brief Parent Referral Form by both parents, a more thorough Clinical Intake Consultation (CIC) is conducted. This usually involves meetings with the parents and children to determine suitability in terms of the nature of the compromised parent-child relationships. More severe parent-child contact problem cases regardless of the cause of the problem are unlikely to respond to the family therapy being summarized here, and may require other clinical or legal remedies.

The therapist is not a custody assessor, arbitrator, mediator, or parenting coordinator. This means the purpose of the family therapy is *not* to determine IF it is in the child's best interests to have contact with a resisted or rejected parent. Rather, in consenting to the family therapy both parents must agree, or the court must order, that it is in the child's best

interests to have contact with the resisted or rejected parent irrespective of the reason for the parent-child contact problem, be it justified, unjustified or a combination of both.

MFFT requires a therapist who has specialized training and considerable experience working with separation/divorce and court involved families. The therapy utilizes interventions consistent with cognitive behavioural and solution-focused therapies. Parent education is a large component of the work. The reciprocal relationship between feelings, thinking and behaviour are fundamental; changing one often changes the other. The therapy can be conducted in the office and in the community.

In some cases, the parents will have obtained a court order for the MFFT or they may have consented to a court order. Notwithstanding there being a court order, once accepted for MFFT, like in any therapy, the parents will be required to provide their informed consent contained in a detailed Family Therapy Agreement. Moreover, parent consent is a fundamental part of the acceptance criteria for MFFT because the therapy requires both parents' participation. It would be wasteful of time and money to begin the therapy only to discover the parent is not agreeing to consent to participate.

It is imperative for the parents, children and any other professionals currently involved with the family to understand what the family therapist can do and not do in their role as therapist. As noted, the role does not include determining whether or not it is in the child's best interest to restore contact with the rejected parent. Nor does the role include making decisions about the parenting time schedule. However, the role does include assisting the family members to implement the parenting time schedule ordered by the court or agreed to by the parents. To more readily accomplish this, and because the therapist is not a mediator, parenting coordinator, assessor or arbitrator, it is preferable for the parents to enter the therapy with an agreed to, detailed and unambiguous parenting plan or court order that includes the regular and holiday/special day parenting time schedule. It is not uncommon for gains to be achieved early on in the therapy, only to be met by *unnecessary* setbacks caused by conflict arising from a lack of clarity or dispute around an upcoming holiday period, for example.

In some exceptional cases, the parents will be unable to agree on an interim parenting time schedule and there will be no court order for one. In these cases, it may be possible at the outset for counsel to establish a parenting time schedule phased in over time commensurate with the passage of therapy. (For example, the plan might say, after four (4) weeks of therapy, the parenting time will be _____ and after eight (8) weeks of therapy it will be _____.) In other cases, the parenting time may be limited to the contact during family therapy as deemed appropriate by the therapist for the purpose of the therapy. This latter option, is problematic to the extent that it puts the therapist in a decision-making role about the child's contact with a parent and consequently, may compromise his or her role as therapist. The therapist, however, should be able to decide on smaller issues such as the context of contacts, protocols for transfers, telephone and email, parent-child contact, co-parenting communication and child-related information sharing).

Additional goals for the family therapy include:

- fostering overall healthy child adjustment;
- restoring, developing or facilitating adequate parenting and co-parenting functioning and skills;
- assisting parents to resolve relevant parent-child conflicts;
- developing family communication skills and effective approaches to problem solving;
- assisting parents to fully understand their child(ren's) needs for healthy relationships with both parents and the negative repercussions for the child(ren) of a severed or compromised relationship with a parent in their young lives and as adults;
- restoring or facilitating contact between the child and the resisted/rejected parent
- assisting the parents and child(ren) to identify and separate each child's needs and views from each parent's needs and views;
- working with each family member to establish more appropriate parent-parent and parent-child roles and boundaries;
- correcting child(ren)'s distortions and providing more realistic perceptions reflecting the child's actual experience with both parents;
- assisting the child(ren) to differentiate self from others, and to be able to exercise age-appropriate autonomy; and,
- assisting parents to distinguish valid concerns from overly negative, critical, and generalized views relating to the other parent.

MFFT involves a family systems approach to therapy. As such the therapist is permitted to use his or her discretion in sharing information obtained from one family member with another. Often, many professionals are involved with families experiencing parent-child contact problems, such as the CAS, OCL, other therapists, physicians and teachers. Ensuring coordinated services is essential to successful treatment. Accordingly, one requirement of the therapy is for current, and in some cases the previous professionals, to exchange information as required. As noted, the court's oversight of family therapy is imperative; the therapist may provide status updates or progress reports to the lawyers and court when necessary.

Experienced clinical and legal professionals agree the longer a parent-child contact problem exists the worse it can become and the harder it may be to remedy. Initial delays are common as parents and their lawyers struggle to agree to the terms in the Family Therapy Agreement. Even once the therapy gets started, delays related to scheduling and other reasons can occur. These delays may indicate the family relationship difficulties are too severe for the family therapy approach. As the therapy progresses, children and parents may find the work challenging. The parents may struggle with implementing the parenting time schedule previously agreed-to or court ordered. However, while noting it can be stressful, it is usually best to attempt to problem solve any issues that may arise, instead of avoiding these, because parent and legal conflicts, delays or significant gaps

between sessions are likely to increase the associated stress and anxiety and exacerbate the strained parent-child relationships.

Often, the attempted solutions can become or exacerbate the problem. It is not helpful to continue with an approach that is proving to be ineffective and which may well be exacerbating the problems. It is for this reason that careful monitoring of any progress is important. A status conference in court or with the lawyers is one way to monitor progress. If the identified therapy goals are not being met to some extent within 60 to 90 days of the therapy beginning, careful consideration needs to be given to additional court support or legal remedies, in an effort to prevent the contact problem from becoming worse with the passage of time.

While parents may have different views about the causes or reasons for their child's reluctance or refusal to have contact with a parent, both parents must be committed to being part of the solution. The family therapy requires not only a commitment of effort, but also of time expended both in the weekly sessions and in between sessions reviewing educational material and completing homework. Often, more than one session per week of the various family members will be necessary, particularly in the first 6 to 12 weeks.

Because after school hours are usually preferable to a child missing school or a parent missing too much work, the distance to the therapist's office and the time needed to travel there, often in rush hour, needs to be considered. Finding an experienced therapist with specialized training reasonably close to the children's school or residence is preferable to lengthy travel at the end of the day when the children are fatigued and may have other activities and lessons they would prefer to be doing.

MFFT does not provide a quick fix. Please keep in mind that steps forward coupled with a step or two backwards often characterizes good and sustainable change. This should be expected as a normal part of the process and provides an opportunity to learn from and correct mistakes.