



# Columbine Counseling Center

## **Viewpoint** – A Quarterly Newsletter

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### ***Impediments to the Establishment of Collaborative Teams with the HCD<sup>1</sup> Family***

In entrenched conflict divorced families it is common for there to be several therapists involved with various family members. The typical scenario in such circumstances is that each therapist has a part of the family story. It is often difficult for any one therapist to gain a full understanding of the rich and complex interplay of family dynamics.

Recent formulations (Johnston 2000, Sullivan and Kelly 2001) in HCD and alienation cases have drawn attention to the need for coordinated services among professionals. Toward that end, the establishment of collaborative teams, where members share strategy and information concerning a particular family, has been the developing and most favored method of intervention. One therapist generally heads up the team and coordinates the flow of information between individual therapists, attorneys and the courts. In Colorado this mental health professional is frequently termed the Parenting Coordinator (PC see ahead).

While the collaborative team process is sometimes expensive and difficult to maintain, this method offers new hope for emerging or entrenched HCD families. There are however impediments to the establishment of these teams. These "roadblocks" often place additional pressure on the collaborative team members to maintain a cooperative stance. The impediments can be divided into three broad categories: therapist as advocate, floating allegations and resistant client. The remainder of this article will address each of these issues and suggest ways in which team members can avoid such difficulties.

#### ***Therapist as Advocate***

A therapist's empathic alliance with his or her client often creates a favorable or sympathetic impression of the client for the therapist. This impression can lead to an advocate role in defending or supporting the client's behavior or actions related to divorce conflict. For therapists working with HCD families, it is important to consider that coordinated service may be better than isolated advocacy. Therapist advocacy can turn into uncritical acceptance or "inappropriate advocacy" (Lund 1995) of a client's perspective concerning family disputes. Oftentimes therapists form extremely strong bonds of understanding and cooperation with their client. In its best manifestation, therapy combines clinical acumen with compassion.

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<sup>1</sup> High Conflict Divorce

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Therapists working with HCD family members need to be “on guard” for adopting an inappropriate advocacy stance. They must remain alert to the complex nuances of family dynamics. The polarizing effect of entrenched HCD family dynamics can make collaborative efforts difficult. Therapists should question their professional response to continued allegations or impending legal procedures. It has been recommended that therapists working with HCD families “view it as their ethical obligation to coordinate with other professionals...” (Johnston 2001).

Given the above considerations, the therapist’s stance in regards to these issues is critical. It is helpful for therapists working with HCD families to be able to “de-center” from their advocate position long enough to appreciate the role their client plays in the family dynamics. Participation in a collaborative team can assist the individual therapist in gaining a broader perspective of family issues, thereby benefiting their client in a comprehensive fashion.

### ***Floating Allegations***

Allegations of parental misbehavior are the norm in HCD families. Social services and/or the police may have been involved repeatedly in determining whether or not abuse and/or neglect has occurred. Once determinations concerning allegations have been made by the court or by competent assessment, therapists and/or attorneys all too often continue to support their client in light of unsubstantiated allegations. In some instances, there is an aspect of the allegation, which is accurate. For example, at some point in time a parent may have behaved inadequately as a parent. This however does not make them inadequate several years hence. There may have been findings from a parental responsibility evaluation, which suggest parental limitations. These limitations must be understood to have been made at a point in time and may in fact have been remedied by the parent.

Undetermined and/or unresolved allegations often “float” in the family environment. Family members, therapists and attorneys, many times debate them endlessly. Labels such as “borderline client” or “alienating parent” can stay with a family member long after the divorce. The danger with these types of allegations and labels is the polarizing effect that they can have on caregivers, therapists, family members, and others involved with the family. The family becomes focused on blame and defense rather than the broader perspective needed to maintain each parent-child relationship and diminish interparental anger.

For the collaborative team, it is important to maintain perspective. Collaborative team members must learn to tolerate differing opinions in regards to such undetermined allegations and search for consensus. A family-specific historical perspective is helpful in reminding therapists, attorneys and family members that what was the operative dynamics in the family at some point in time may have changed. New or improved relationships may have formed post divorce. Children may have matured, creating different parent/child relationships and a change in parenting time needs. Despite parent limitations or faults, children still need to develop and maintain a relationship with each parent whenever possible.

### ***Resistant Clients***

Despite our best intentions at establishing cooperative teams of professionals with HCD families, some parents or other caregivers resist cooperation. There are opportunities for clients, through their attorneys, to file endless motions and rebuttals of court orders. While

the importance of due process and constitutional rights should not be impeded, a fine line exists between determining the rights of parents and the larger and more comprehensive needs of the family community and the children in particular. For example, it may be that a parent has missed some parenting time within the HCD family. A motion seeking to address this perceived injustice often has a polarizing effect, which creates unintended consequences. In short, it is difficult for collaborative team members to maintain a position of cooperation with the entire family when they are being asked to testify in regards to contempt motions or sanctions requested by one or the other parent through their attorney. Oftentimes it is far better for a family member to address concerns such as lost parenting time, ongoing lateness at transitions, or difficulties with telephone access, in a therapeutic rather than a legal setting.

A more direct form of resistance is a parent's refusal to cooperate with the collaborative team or the PC. This places the team and/or the PC coordinating treatment in a difficult position - needing direction from the court but also needing continued cooperation from both parents. The cooperating parent may also be placed in the unenviable position of having to litigate, even though it is the uncooperative parent who is forcing them to do so.

In Colorado the PC can act as the therapeutic point of reference for all family matters. Micromanagement of family matters as they pertain to parenting time is best accomplished when the enormous forces of continual litigation and polarization of opinion are held at bay. Court orders can be written in ways that specify disengaging the parents (Sullivan and Kelly 2001). Orders can also specify procedures to be implemented, which protect parenting time while ongoing assessment and intervention proceed. Lawyers, extended family members, therapists and other interested parties can develop a two way communication system with the PC, which stresses, above all, collaboration. Improved conference calling capabilities can keep team members in touch with each other.

Over time the PC can develop a "meta-view" of the family disturbance. The "meta-view" incorporates ongoing family based information gathering from all sources, and combines that data with competent assessment information<sup>2</sup>. The "meta-view" provides all professionals involved with a clearer picture of family dynamics. It points the way towards the containment, diminishment and eventual resolution of conflict.

The above article is meant to serve as a starting point in our quest to provide HCD families with better service. Collaborative teams coordinate intervention for an entire family system. Coordinated therapy, and by extension therapeutic jurisprudence (Johnston 2001), has the advantage of providing a more pervasive, less adversarial benefit for each family member. In order to work together, therapists, lawyers and the court must share information, tolerate different family members points of view, communicate clearly and, above all, express compassion for the larger family system and the children growing up in that system.

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<sup>2</sup> In Colorado Special Advocate investigations are becoming the norm. It is noted that HCD families often benefit from comprehensive Parental Responsibility Evaluations (PRE). In short, hasty investigations, orders based on incomplete findings and poorly formed ideas concerning family dynamics, can create further difficulties for an already troubled family. A comprehensive PRE should adequately describe the family system and offer a step-wise plan for effective case management and intervention.

## REFERENCES

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