



## Welcome to Reunification Therapy Work.

Reunification Therapy is a form of specialized forensic psychotherapeutic intervention to integrate an estranged or alienated family member into a child or dependent adults' life. A general definition of "forensic" related to these services mean: Specialization and scientific research for investigation, assessment, and treatment within the mental health field from a trained professional by the discretion of a court to address and treat behavior related court involvement. Reunification Services are court ordered, mediated, or requested by child or adult protective services. This means that the participants involved are not always willing, prepared, or psychologically ready to connect with the new or estranged family member(s) and there may be a significant amount of family conflict and trauma. I often receive questions and hear many assumptions related to a misunderstanding of what, how, and when reunification therapy is effective or appropriate along with the roles and expectations of this intervention. This document is intended to give you a general introduction, provide informed consent, and outline the focus of Reunification Therapy. There will also be documents that are required to be signed as acknowledgements in this process and are non-negotiable to engage in the process. Refusing to sign an acknowledgement does not free a participant from the expectations and rules associated with the services. As a substitute for the term "parent" I supplement the term "caretaker" due to the diverse situations these services may take place. This document is not intended to answer all questions and potential circumstances a family or court system may encounter, only the most general circumstances. Each family's dynamic and case is unique with its own history, trauma, legal and protective system involvement, experiences of intimate partner violence, domestic abuse, and other factors that affect the dynamic. It is my hope that I can provide you with some sense of safety, reassurance, and predictability throughout this process from any perspective and a feeling of transparency.

### What triggers a request or court order for Reunification Therapy Services?

This is not an all-encompassing list of who may or may not be involved in reunification services. Each professional and court system may also require expectations that are not listed here. Here are the most traditional scenarios. It is not uncommon when people hear "reunification" they think of Child Protective Services or DHHS involved cases. Some of these cases may require this intervention, however the steps involved in this therapeutic process is very different from what many child protective actions, traditional family therapist, and individual therapists provide. Due to any number of life circumstances, a child or even dependent adult, has been separated for a significant period from another critical family member or caretaker. This could look like a parent just finding out they have a child after many years of separation; A caretaker who has been incarcerated for a significant period of time or institutionalized for any number of reasons; A caretaker that has been involved in long term military operations overseas and due to the nature of their work or divorce was unable to carry out a typical connection while serving; A primary caretaker refraining from supporting a relationship with another legal caretaker for any number of reasons, i.e.- caretaker substance abuse, history of domestic abuse, caretaker mental



health concerns, and physical distance or moves that interfere with this relationship and most commonly “parental alienation”. The list of scenarios is endless and is not always mother/father or dual parent related. There is also the situation of child estrangement when the child refuses contact for various but legitimate reasons. It is not uncommon for this to involve foster families with birth families, grandparents, extended family members, or other unique situations like institutional placement of a child and transitioning back to a community family living situation after an extended period of estrangement.

Reunification Therapy Services are not Custody Evaluations. Custody Evaluations are extensive and in-depth services that are provided for a specific determination for custody of a child(ren) to the court, and often trigger the request for reunification services. It is not uncommon for a Custody Evaluator to be involved prior to, or with Reunification Therapy Services. Some of the steps in Reunification Therapy intake and fact finding may feel like a custody evaluation and mirror similar ethical standards and practices when a Custody Evaluation has not been completed. It is not the goal of the Reunification Therapist (RT) in this process to determine where a child(ren) permanently lives or to make a legal determination related to this, this is the decision of the court. However, in extreme cases which are highly unlikely, it is within the reunification therapists scope to make temporary custody and contact recommendations that are treatment focused to repair a relationship. A Custody Evaluation is more widely encompassing and measures many diverse and investigative measures outside of fact finding and evaluation for reunification. A Reunification Assessment will take place when a Custody Evaluation has not been completed. This is an extra step to the process and will be outlined in an acknowledgement. There are different fees and costs to a Reunification Assessment if a Custody Evaluation has not been completed. It is often less costly to have a Reunification Assessment with therapy services completed if a full Custody Evaluation is not required or the parties are unable to financially cover the cost.

Reunification Assessments are partially able to be billed to insurance if the therapist is a participant in those members’ health plan and the billing codes are part of a covered service under that plan. This lessens the financial burden for some. A fee agreement will come separately based on the complexity of the case and the hours involved. Additional costs are incurred outside of insurance covered services due to background and information collection during an assessment and can cost anywhere from \$1600-\$3600 on average as a ballpark estimate. This is typically split between the parties. Most Custody Evaluations are on average \$5-10,000 depending on what is involved, and often times up to \$20,000. I do offer a very limited amount of pro bono and reduced fee work when an extensive need presents and can be supported in documentation by the caregiver. DHHS involved cases may occasionally cover the fees if it is part of a case plan with DHS.

What is the focus in the Reunification Therapy?

Three major questions must be asked and assessed in Reunification Therapy Services: If reunification should happen and the context of what led to the contact interruption (which is often determined by



the court and/or a custody evaluation when completed), when reunification should take place, and how reunification should take place. It is my hope that a Custody Evaluator or the Court has determined the first question as this helps guide services and saves time and potentially money for the parties. However, often it is the case in our state that none of these questions are clear or there are issues presented by the caretakers that must be addressed first before the process can officially start. Iowa does not have current legislation related to reunification therapy services which makes it a very grey area and very few judges and attorneys understand how to interact with it. All parties (Reunifying caretaker, Existing Caretaker, children) are typically required to engage in their own separate individual therapy if they are not already accessing this resource. A release of information will be required to move forward. The purpose of this is to receive concerns or feedback from trained professionals to assess ongoing risks that may not be disclosed during reunification therapy. This is also for me to help communicate issues that are present during the reunification therapy process that lie outside the scope of the service and will need addressed in an individual setting. Reunification Therapy can be very triggering for some and bring up past issues of abuse or trauma of their own that are affecting the joint caregiving relationship and relationship with the child.

In a best-case scenario below is an idea of what types of sessions and approximately how many of each are involved in the process. This is not an exact number and due to case specific needs and relationship dynamics, can change or increase at any time especially when there has been a history of domestic abuse or sexual abuse in the family. Here are the types of session and frequency in a typical case with low conflict. These can happen in any order or combination after a full evaluation has been completed. This is not all encompassing and is only one example of any number of scenarios that may take place, and may happen in any particular order depending on a case.

- Assessment and Intake of primary caretakers and child(ren) each individually.
- Individual sessions with family therapy goals with each caregiver and child(ren) for 4-8 sessions per participant on average.
- Joint Caretaker session to assess cooperation and lay ground rules for future sessions. Typically, 3-5 sessions from intake, but may happen later in process.
- Joint Caretaker sessions when appropriate to address coparenting conflict and cooperative parenting, when possible, approximately 3-8 sessions.
- Caretaker/Child(ren) Family sessions 4-12 sessions per caretaker. To address communication and introduction/transitions in the relationship as well as integrating estranged parent.
- Whole family sessions 3-8 sessions, where all family including extended or other non-legal caretakers participate for finalizing reunification services.



If at any point during the process it is found to be detrimental or adverse to the wellbeing of the child for any reason, services will be paused and referred to their legal counsel and the courts for further guidance and decision making. Most commonly conflicts arise in situations of moderate to severe parental alienation, substance use that is unaddressed, and concerns of violence, physical or sexual abuse from one party to another that are newly reported, or are found to be ongoing.

Who is required to participate in the process?

The two main adults or caretakers involved in the relationship and the child(ren) involved. This would be the primary caretaker currently supporting and parenting the child and the other adult(s) that are requesting or may be court ordered to have contact that may have been estranged or new to the child. This also may apply to dependent adults. Legally these are typically the roles that are required to participate in the process.

In reunification therapy services with me, I hold expectations beyond the “legal” family roles defined by the court. Stepparents or anyone identified that will be a primary caretaker in a child’s life without receiving monetary support (such as a professional, non- family day care provider who would be exempt) are also required to participate on some level in the process. Attitudes and emotions related to a child or dependent adults’ reunification with another caretaker spread beyond the legal responsibility of the court identified caretakers to those who will be involved in the daily care of the child at each household. It cannot be stressed enough the impact a toxic or defensive grandparent or paramour has on success in reunification therapy, even if they are not legally required to participate.

Who is the client in Reunification Therapy?

This is a tricky question to answer. There are many roles involved in the process and this looks different based on the specifics of your situation. Ultimately the client is the relationship between the primary caretakers (estranged caretaker and current caretaker), the child(ren), and the court (or agency that holds court authority). Reunification Therapy is a specialized form of family therapy to address significant separation and psychological hurdles in this relationship. Aside from the primary focus of treatment being on the relationship as the client, the primary focus for safety of the child(ren) above all else. If there is any behavior or concerns for safety of the child(ren) at any point in the process services will be suspended and recommendations may be provided to guide the court and other service providers involved to address any concerns.

Substance Use, Sexual Abuse, Domestic Abuse, and Intimate Partner Violence:

It is not uncommon in Reunification Therapy requests and court orders for there to be ongoing custody disputes and disagreement over a history of any number of high risk and high conflict dynamics. Often these dynamics are not isolated to the current caregivers and there is a potential for patterns of these dynamics to take place in other areas of a person’s life. Reunification Therapy services can be very



triggering and threatening to a child(ren) if these areas are not considered and carefully evaluated for safety, especially if there is a history of violence or sexual abuse in any capacity for one or both caregivers, and the child. Due to this, outside of personal report within the presenting relationship, it is part of the reunification process for the therapist to determine if a background check is needed and to complete a criminal records review and to check any registries for sexual misconduct and abuse for any current actions or patterns that would be detrimental to reunification or would play major factors into treatment goals of the child and family unit, or if reunification services should be suspended until other presenting issues are addressed. This will be completed on a case-by-case scenario based on disclosed issues at the beginning of the case or may be requested after services have started if it is discovered there is a history or existing abuse. It is also possible a polygraph may be requested if this has not been completed, and there is significant conflict in information shared to help determine facts.

If suspicions or confirmed reports of substance use surface or was a major factor in the absence of that caretaker, random drug tests may be requested at the cost of the caretaker if there is suspicion a parent is under the influence or is struggling with their sobriety. A release of information will be requested for any substance use treatment a caretaker may be involved in. If a drug test is requested, it will be done through the party's attorney from me. That party will have 24 hours to comply regardless of day of the week. If a client fails to complete the request within the time frame or refuses it will be considered an admission of use and a positive result for substances.

During the process of Reunification Therapy services, it is a common expectation that both caretakers engage in services, including joint sessions at some point. It is important to consider if this is an appropriate step in the process and alternatives to preserve safety or re-traumatization from historical issues. This may be confusing at first, however interpersonal conflict between caretakers does not necessarily mean that they both do not have the ability to parent. In addition to this, if a previously abusive caretaker has participated in appropriate and extensive therapies to address past abusive behavior and actions, it does not mean it may be appropriate to hold joint sessions if the other caretaker is still working through this individually. As a result of this, a careful focus to these dynamics is given to make sure safety can be secured and both caretakers are able to engage fully.

#### Court Orders and Outside Professional Roles and Bias

Due to the nature and history of family circumstances that lead to a court order of Reunification Therapy it is typical to have multiple professionals involved in the process and individual therapists who do not always agree. In Reunification Therapy, the focus of the therapy is a specific relationship, versus an individual's personal or biased needs. There is also an increased and more restrictive ethical process that is followed by the Reunification Therapist. An Individual Therapist focuses on the needs and support of their specific client, regardless of external facts to develop therapeutic rapport. Individual therapists are often trained to operate from their client's perspective only, even if it is lacking facts or opposing information is present. It is also not uncommon for those in individual therapy to be encouraged to



estrangle themselves or their children because the family or individual therapists may not have balanced information outside of the therapy relationship from other professionals or people who will participate in a reunification therapy process. This means that a traditional therapist will view things from the client's perspective and naturally align with this for treatment purposes. A Reunification therapists' goal is to reunify the caregiver and child(ren) and to report to the court on the ordered services without individual bias as an independent and neutral evaluator. It is not uncommon for goals between traditional individual and family therapy services to conflict with reunification. Due to the need to protect the most vulnerable in these situations, it is the Reunification Therapists' primary concern to protect the welfare of the child(ren) involved above the adults and to question everything. For example, in cases of severe alienation related to abuse allegations against the estranged caretaker, A child may report the abuse to their therapist and others at the coaching and influence of the alienating caretaker.

Because of this, it is not uncommon for the individual therapist to support the allegations the child client or their caretaker reports. In reunification therapy it is the therapist's role to question this and evaluate for other potential hypothesis (outcomes).

But if I do all of this, will I be guaranteed reunification?

A court order does not necessarily guarantee that reunification will take place. If at any time it is assessed to be a detriment to the child, reunification therapy will be suspended or adapted to address the given need first such as clear and determined abuse, neglect, and substance abuse. If the need is unable to be addressed or is too harmful to be addressed, it will be placed back into the hands of the court for review and further determination. It is not uncommon for success of the reunification process it may require a court order to have individual or family treatment transferred to a new therapist able to cooperate with and support the reunification process. If a therapist of a child(ren) disagrees with or has recommendations against reunification therapy, The reunification therapist will request special considerations to continue. The reason therapy services will not cease in these situations is due to the potential influence and bias that often present in traditional individual and family therapy services along with influence and allegations of caregiver alienation and coaching of the child that may extend to treatment professionals who have only heard from one caregiver and the coached child. It is not uncommon for even the most trained therapy professionals to align with stories and reports by a child that is actively being alienated due to this reason. When this is a factor, and is not an uncommon occurrence, careful evaluation of the services and treatment plan will be conducted, and adjustments made to secure safety of the child or address bias in the case.

Mandatory Reporting, HIPAA, Confidentiality, Privacy and Existing Protective cases.

As part of the Reunification Process, it is important for me to disclose and share my status as a Mandatory Reporter. What does this mean in the State of Iowa? I am required by law and my professional board of ethics to assess and report any concerns that meet the Iowa Department of



Human Services Dependent Adult and Child Abuse criteria for potential abuse. These are outlined here: <https://dhs.iowa.gov/child-abuse/what-is-child-abuse>. It is the Department of Human Services' role to decide when specific forms of abuse have occurred for juvenile court involvement, this is not all encompassing. There are many other forms of abuse and neglect that may take place, but do not fit the scope of the Department of Human Services in Iowa. Just because a report of child abuse is not confirmed, it does not mean it didn't take place, it simply did not meet criteria for the department to intervene. The same in reverse is often true. In cases of Parental Alienation and coaching it is not uncommon for abuse to be confirmed or founded due to the relationship and influence by the alienating parent and child in these investigations. If the current Reunification Therapy is related to a current case that is open, or abuse that has already been investigated and a decision made by the Department of Human Services, it does not require me to report unless new or material information presents that meets the outlined criteria for abuse. I also am not able to remove or confirm abuse for the department and their processes. If a situation presents where I am legally required to report, in limited situations consultation with parties on the case may take place for review of facts and if it is a reportable event. HIPAA does not apply to Mandatory Reporters in these situations.

Because Reunification Therapy is often under a court order or mediation agreement, HIPAA between the involved parties and the court also does not apply within the context and scope of the case. It does, however, apply to the public and others not involved in the case related to these rights. Please be aware of this when sharing information. Although through ethical practices releases of information will be requested, the Reunification Therapist does not need a release of information in a forensic therapy service such as Reunification Therapy when it is court ordered to provide information to the court or attorneys or to communicate on matters in the case. This does not mean that everything said will be aired, however it does mean that all conversations, records, and reports are subject to court submission including any recordings of interviews or sessions that may take place. It is the responsibility of the court and attorneys to make sure the proper limits and filings are completed to protect this information from the public view.

In the context of family therapy, there is a general ethical rule of "no secrets". This does not mean that intimate details shared that are not related to the reunification goals are subject to open sharing with others involved in the process, it doesn't guarantee they are able to be kept secret either. What it does mean is anything significant or a concern within the parenting and child(ren)'s relationship or that would affect reunification will be part of the therapy process. I will work with the individual and their individual therapist to self-disclose the issue or concern in a safe and productive manner during future reunification or other family sessions so long as it pertains to the goals around reunification therapy when appropriate. Please keep in mind that information disclosed may also be included in reports to the court.





Privacy is a big issue and can be confusing about what this means and what is privacy. Privacy in the reunification therapy process is the following: Allowing a participant safe, quiet, and confidential space away from distractions (technology, tv, other family, etc) where they can speak freely without concern for others or being overheard. A second aspect of privacy is related to outside of the therapy space. It is not uncommon for family members and caregivers to question a child or each other on what they discussed in session. Pressuring or requiring someone to disclose what they shared is also a violation of their privacy. One area of privacy that does not apply to these services is related to reports to the court.

Confidentiality is similar to privacy; it is an aspect of it. Confidentiality means that anything discussed with me in my role as a therapist is protected information unless the proper documents are signed for consent to share outside of the case. Information that is shared is on a need-to-know basis for the purposes of the treatment goals of Reunification therapy. Therapy notes, plans, etc are also subject to confidentiality and have special protections related to HIPAA and Mental health laws. Before entering any arrangement, it is important to understand that confidentiality looks different in reunification therapy services. It is the expectation of all parties that these documents will remain sealed by the court and attorneys and will not be made available for the public to view. If there are concerns of Domestic abuse, personal contact information will be redacted until safety can be confirmed if it can be.

#### Court Reports, Scope of Therapist and Authority

Due to the circumstances that bring a family and caretakers to Reunification Therapy services, it is not uncommon for reports to the court and recommendations to be provided. These are provided at the request of court orders, upcoming court dates, and occasionally individuals involved. Information in these reports is related to a review of family dynamics, general progress or barriers to treatment, the overall goal of reunification, collateral contacts and interviews, recordings of sessions and interviews for transparency and accuracy in testimony, and additional recommendations to reach this goal. In reunification therapy services extensive research and professional references to support a recommendation are included to educate the court to understand the need for further action, or a reason for an action in a case. This also means that multiple suggestions may be offered in a report to the court on best case scenario options. It is the responsibility of the judge to determine which, if any of the recommendations and information are relevant, or if they have a separate recommendation due to additional information in a case that the reunification therapist would not have access to or awareness of.

It is not the role of the therapist to enforce a court order and decide right or wrong, it is the authority of the judge and the court process to do this. It is the obligation for the reunification therapist to follow a court order when it comes to the order for services, reporting, parenting time, decision making, etc. As a therapist I am unable to force attendance, I can only report back on what attendance looks like and allow the court to decide next steps. It is cautioned, not complying with court ordered services does have the potential for severe legal consequences, no matter the reason. As a therapist, I am also not





responsible for the outcome of a case. This is up to the original parties involved and the judge as there are many factors outside of the reunification therapist's role and scope of the case.

### Estrangement vs Alienation

The most common reasons for Reunification Therapy Services typically fall in to at least one of these categories. Here is a definition:

Estrangement is when a child voluntarily refuses contact or contact is severed due to circumstances outside of the family's control. This occurs when significant abuse or neglect is present by a caretaker and the child reasonably rejects contact with the parent for their own protection; Abuse or Neglect occurs and a parent with healthy protective capacity intervenes for the safety of the child and is supported with credible evidence such as failure to thrive, bruising, scars, hospitalization, caretaker substance abuse with failed drug screens. Estrangement can also be when a family or caretaker is involved with military service and while they are on deployment for extended periods, they may sign over temporary guardianship and need to go through a reintroduction process with their child when returning home, especially with single parents. Estrangement is also when a caretaker has been incarcerated for a significant period and the child needs to be slowly reintroduced to the caretaker.

Alienation also comes in many different forms and may be disguised as estrangement or credible abuse allegations. Sometimes it is unintentional and simply an educational opportunity in families between caretakers and is easily resolved once it is addressed. Alienation is a serious situation and has very specific clinical and court related actions to address the situation. For facts related to the impact of Alienation and how it is a form of child abuse, a handout will be provided separately.

Combination of both factors most commonly exists where a caregiver may have been abusive or struggled with substance abuse in the past which led to estrangement, but during that time apart the primary caretaker has contributed to the child's refusal by using alienating tactics to support ongoing refusal and negative feelings toward the other parent. An example of this would be when a parent has been verbally or physically abusive on limited occasions when under the influence of substances, which caused the child to be weary and resistant to contact, however after submitting to extensive treatment, rehab, and therapy along with attempted visits with positive interactions, the child still resists due to the primary caretaker criticizing and defaming the other parents' efforts and attacks the relationship. The rejection of the previously abusive caretaker also extends to their family that the child may have had a positive relationship with.

### Professional Credibility Related to Reunification Therapy

It is common for attorneys and caretakers opposing reunification to attack and scrutinize the credibility and training of professional performing reunification services. This is especially true in cases of alienation. Training on addressing these issues is not typical in education and internship programs for



those entering the therapy profession and professionals who are not specially trained in this area should not be engaged as a Reunification Therapist. For disclosure to help with understanding my background here is a summary of my education and experiences along with trainings:

- 25 years total experience with 17 years working in multiple areas of child and adult services covering treatment of developmental disabilities, brain injuries, child and adult protective service, case management, inpatient brain (formerly known as mental) health, long-term residential juvenile treatment services, work in a forensic long term inpatient mental health unit with state and federally committed adult criminal and sexual offenders. Outside of direct treatment eight years were working in Medicaid Managed Care and Medical Emergency and Social Services.
- Master of Social Work from Arizona State University (2020)
- Continuing Graduate course work in Drama and Expressive Arts therapy (2009-present)
- Graduate course work in Public Health, Community Health and Education (2005-2007)
- Co-Parenting Coordination training through the Association of Family and Conciliation Courts
- Child Custody Evaluation and High Conflict Family Dynamics training and certification through the Association of Family and Conciliation Courts.
- Training in the areas of Infant and Early Childhood Mental Health, Early Childhood Attachment and Development, Trauma Responsive Therapy, Developmental Neuroscience, Child-Parent Psychotherapy (CPP) techniques, Neutral Evaluation and Bias awareness, Forensic Interviewing.
- Level One and Two Certification Gottman Therapy interventions with families and couples
- Level One Certification in EMDR (Eye Movement Desensitization and Reprocessing)
- Various other trainings through NASW, Kids First, AAMFT, ICJC, and AFCC.
- Member of the Association of Family and Conciliation Courts
- Member of the Iowa Infant and Early Childhood Mental Health Association
- Member of the North American Drama Therapy Association
- Member of the National Association of Social Workers, Iowa Chapter