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Reunification Therapy Contract

Rationale for Reunification Therapy and Its Emphasis on the Co-Parenting Relationship

Baker (2007) and many others report that children who grow up refusing or resisting contact with a parent go on to suffer low self-esteem/self-hatred, depression, drugs/alcohol abuse, lack of trust, alienation from their own children, divorce, and other problems (e.g. identity difficulties, low achievement, anger issues). Further, in adult children from divorced parents, Ben-Ami and Baker (2012) found significant associations between persistently negative attitudes toward one parent as a child and lower self-sufficiency, higher rates of major depressive disorder, lower self-esteem, and insecure attachment styles as adults.

The amount of conflict between parents during and after separation is the most powerful predictor of poor mental health in children in divorced families (Kelly, 2005; Pruett, Williams, Isabella, & Little, 2003; Schick, 2002).

Hello and welcome. If you are reading this, you have probably come to this office in order to engage in a form of family therapy called, “Reunification Therapy.” Reunification Therapy is often recommended or court-ordered for families in which there has been a divorce or separation and one or more of the children do not wish to associate with one of the parents. The Reunification Therapy offered by this office closely follows the research findings, structure, philosophy, and procedures found in the scientific, legal, and professional literature. Please do not hesitate to ask questions about the process.

We will use the term “preferred parent” to refer to the parent that the child accepts, and the term “rejected parent” to refer to the parent the child is avoiding. I will use the term “child” throughout this document to refer to any children in the family involved in reunification.

The only acceptable outcome in this process is a win-win-win, that is, both co-parents and the child are living with more joy and affection and less distress in their lives than before the counseling began.

Below are several features of Reunification Therapy which must be understood and accepted by the co-parents before proceeding. Please carefully read the entire document and *write your initials in the space to the left of each of the items* to document that you have read, understood, and agree to the conditions of Reunification Therapy. In addition, please date and sign where indicated. You may have your attorney review this agreement before signing it.

1. ____ This is an agreement between Dr. Kevin R. Byrd, Ph.D., HSPP, from here on referred to as the therapist, and _____, from here on referred to as the co-parent, for the therapist to render the professional services described below. Modifications to this agreement must be made in writing and signed by all relevant parties.
2. ____ Before the damage to a parent-child relationship can be addressed, the co-parenting relationship must first be normalized and stabilized. Therefore, the co-parenting relationship is a central focus of Reunification Therapy. Once the co-parenting relationship is stabilized and functional and healthy communication is occurring between the co-parents (usually requiring 10 – 20 sessions), a second phase of Reunification Therapy will follow, focusing on the child and rejected parent.
3. ____ When discussing current problems, co-parents often want to dwell in the past. They falsely believe that it is important for the therapist to know how treacherous, violent, deceitful, hostile, abusive, resistant to change, or harassing the other co-parent has been. However, Reunification Therapy requires almost exclusive focus on the present and future well-being of the child.
4. ____ Neither co-parent will diagnose the other through reading books, the internet, magazine articles, et cetera. Neither will either parent share even a professionally determined diagnosis of the other with friends or relatives. Medical and mental health records are private.

5. ____ Both co-parents will understand that this form of therapy is based on education, problem-solving, and skill building. You will receive a binder with the relevant materials that should be brought to every session.
6. ____ Each co-parent will obtain a copy of *Overcoming the Parenting Trap: Essential Parenting Skills When a Child Resists a Parent* by Moran, Sullivan, & Sullivan (\$19.95) Between-session readings will be assigned.
7. ____ You will focus on listening to and validating the concerns of your co-parent. We will talk a lot about validation – accepting and understanding the other person’s feelings and the reasons for them.
8. ____ There will be no “mind-reading,” once Reunification Therapy begins. Mind-reading is presuming to know the intentions, motivations, thoughts, or feelings of your co-parent. Likewise, there will be no “crystal ball reading,” that is predicting how your partner will behave in the future.
9. ____ No defensiveness, disdain, self-centered diatribes, arguing, blame, accusations, or hostility will be tolerated. The therapist will be respectful but direct in cutting off unhealthy verbal and non-verbal communication between co-parents. This includes behaviors such as rolling one’s eyes, interrupting, or any utterances and facial expressions that convey disdain or disengagement.
10. ____ You will strive to be aware (mindful) of your intentions (i.e., what it is you want to accomplish) throughout the session and the impact your words and behavior in and out of the session are having on the other partner.
11. ____ In general (there may be some exceptions) we will not discuss any volatile issues until the therapist determines that the mindfulness, validation, self-expression, and listening skills are sufficiently developed.
12. ____ No unilateral parenting decisions will be made that relate to the child(ren)’s mental health services, medical services, extra-curricular activities, religious upbringing, or major educational matters such as curriculum or school choice. All such decisions will be processed in co-parenting sessions, or perhaps outside of therapy once significant gains have been made in therapy.

13. ____ Reunification Therapy takes precedence over the child(ren)'s extra-curricular activities. We will try to work around activities that are already underway. However, future activities will not be scheduled until the co-parents and therapists have had a chance to discuss the impact of new activities on the therapy.
14. ____ In the event a child refuses parenting time with the rejected parent, a plan to ensure that parenting time happens when it is supposed to happen will be devised in session with the co-parents using the negotiation, validation, and interpersonal effectiveness skills learned in the early sessions.
15. ____ From here forward, no co-parent shall ever, *ever* say to the child anything disparaging, dismissive, rude, or hateful about the other co-parent. Each co-parent shall openly and consistently encourage parenting time and an affectionate relationship between the child and the other co-parent. No parent shall say anything to the child or behave in such a manner as to cause the child to feel any fear or insecurity when with the other parent.
16. ____ If the child says to a co-parent anything disparaging, dismissive, rude, or hateful about the other co-parent, the co-parent hearing the remarks will express hope that the other co-parent and child will be able to build a better relationship, or respond in a manner equally supportive of an affectionate, healthy relationship between the child and other co-parent.
17. ____ Any misbehavior on the child's part will be discussed in our sessions. To the extent possible, if a punishment is in place in one home, it will be equally in place in the other home. It is essential that the child feels that his or her parents are working together on discipline.
18. ____ If a co-parent suffered traumatic experiences that impact the current co-parenting relationship, the traumatized co-parent's emotions will be respected. The traumatized co-parent is not responsible for the onset of his or her symptoms, however, he or she is responsible for taking measures to minimize the impact of those symptoms on the reunification process.

19.____ A therapist cannot help parents build a cooperative, trusting, good-faith co-parenting relationship while the parties are waging legal battles. Co-parents are encouraged to suspend all litigation during the Reunification Process. If litigation persists or ensues, Reunification Therapy may be suspended until such matters are resolved.

Co-parent Signature / Date

Co-parent Printed Name