Parent-Child Contact Cases:

A Guide to Aligning Professionals Using a Systems Perspective

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With gratitude,

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ABOUT THIS GUIDE

Parent-Child Contact Problems (PCCP), sometimes known as Resist-Refuse Dynamics (RRD), represent some of the most challenging cases faced by family courts and allied professionals. These cases occur when a parent-child relationship is strained, often exhibited by a child resisting or refusing to see a parent. As it is uncommon that a single factor—such as the misconduct of one parent—explains the child's rejection, this guide adopts a multi-factorial approach to these cases. These cases frequently involve an interplay of child vulnerabilities, parental behaviors, co-parenting conflict, the effects of litigation, and the influence of extended systems such as family, peers, and professionals (Kelly & Johnston, 2001). Single factor cases do exist, but are far from the norm. Given this complexity, multiple professionals are often engaged simultaneously addressing distinct aspects of the case: legal processes, child therapy, parent coaching or therapy, and family therapy. This guide aims to foster shared understanding across professional roles by:

- Highlighting the perspectives and ethical obligations of the various professionals who may be involved;
- Promoting cross-disciplinary dialogue to reduce siloed approaches; and
- Offering practical considerations for improving collaboration.

This guide is intended to offer insight into the various roles and responsibilities of practitioners involved in these cases and provide ideas and questions to consider for professionals in their unique roles. By acknowledging the limitations and advocacy stances of our colleagues, we can develop a shared vocabulary and understanding of these cases to better enable a multidisciplinary teamwork approach for improving the lives of children and families.

This guide does not aim to provide legal advice and is not intended to serve as a substitute for the advice of skilled professionals in the area of PCCP. Furthermore, the laws, roles and responsibilities, and ethical obligations of professionals may vary by state and region. Users of this guide are responsible for determining the applicability of information herein to their unique circumstances. Providers are strongly encouraged to seek expert assistance in working on these cases.

WHAT CASES ARE WE TALKING ABOUT?

Cases involving Parent-Child Contact Problems (PCCP) are among the most complex and challenging in family courts. These cases often require both legal and clinical analysis and therefore employ both legal and therapeutic interventions. Often, courts order families to participate in family therapy, sometimes called "reunification therapy"–though the term "family therapy" is considered best practice. Family therapy is the preferred approach to address mild and moderate cases of strained parent-child relationships. Social science literature and clinical experience demonstrate that parent-child contact problems following separation or divorce can arise in a variety of contexts. These include situations in which a child has a legitimate basis to reject or resist a parent (often known as justified estrangement); situations in which the child's concerns are unfounded or disproportionate and shaped by one parent's influence (sometimes referred to as "alienating behaviors"); or, most commonly, cases involving a combination of both dynamics (Fidler & Bala, 2010).

The family therapy approach is intended to improve the current difficulties within the family, including those related to the parent-child relationships and contact, parenting, and co-parenting. PCCP are systemic in nature and therefore it is insufficient to limit this approach to only one part of the system. Interventions designed to work only with the rejected parent, or child, or with the child and rejected parent in joint sessions fail to address the other contributing factors to PCCP cases. Consequently, family therapy for PCCP is multi-faceted and requires the participation of all family members in various combinations (siblings, co-parents, parent-child, new partners etc.). Because of the complexity of these cases, it is not uncommon for other therapists, besides the family therapist, to be involved in the case or with the family. These providers may include individual therapists for the child and/or parents, a prior couples' counselor or co-parenting coach, a parenting coordinator, and sometimes prior family therapists.

Although courts frequently order family therapy to address these complex family dynamics, an understanding and appreciation of the legal system's role in these cases is crucial. Legal intervention is often required to create an appropriate parenting plan for the family, which may include step-up/step-down parenting plans, supervision routines, or determination of decision-making authority. Legal intervention may also include ongoing monitoring for treatment compliance, whether for substance use, mental health, or family therapy. As a result, not only are the issues facing these families complex, but these cases often involve a number of professionals with different goals, backgrounds, assignments, and ethical obligations. At times, the process can feel like "herding cats": numerous professionals moving with good intent toward overlapping goals, but without a shared framework to fully align timing, priorities, and methods. Successful resolution requires awareness of the interplay between legal processes and therapeutic efforts (Saini et al., 2016).

It is crucial to remember that this guide assumes that though the providers and clients involved in these cases are aligned toward the goal of improving family functioning/a parent-child relationship, they may also be misaligned on how to accomplish this goal. The legal and therapeutic support is therefore directed at how to achieve this goal, not whether this goal should happen. There are some cases, for example, in cases of extreme abuse or sexual abuse, where the goal of repairing a parent-child relationship is not feasible or advisable. These cases are not the focus of this guide.

Instead, this guide is focused on the mild to moderate cases of parent-child contact problems. For these cases, there are many contributing factors that may impact a child's resistance or refusal to see a parent. These factors may include the in-parent's beliefs and behaviors; child specific factors such as age, temperament, and cognitive capacity; the out-parent's beliefs and behaviors; the involvement of aligned professionals; sibling relationships; and factors surrounding the separation and divorce. These factors are depicted in the diagram below adapted from Kelly & Johnston, 2001.

FACTORS INFLUENCING A CHILD'S RESPONSE TO PARENTAL CONTACT RESISTANCE /REFUSAL

(In the context of separated or divorced parents)

VOCABULARY LIST

Below you will find a list of commonly used phrases associated with Parent-Child Contact Problem cases.

- **Resist-Refuse Dynamics (RRD)** is often used interchangeably with **Parent-Child Contact Problems (PCCP)** to describe the phenomenon of a child resisting or refusing to see a parent.

- **In-parent, custodial parent, favored parent, aligned parent** are all terms used to describe the parent not targeted by the child's resistance or refusal.

- **Out parent, non-custodial parent, non-favored parent, rejected parent** are all terms used to describe the parent targeted by the child's resistance or refusal.

- **Alienation** describes a situation when one parent purposefully strategizes to distance a child from an otherwise fit parent. This occurs in very rare cases and is a clinical term that should be reserved only for those specific and extreme cases.

- **Alienating behaviors** is a more commonly seen phenomenon and describes circumstances when one parent may be engaging in behaviors that have the effect of creating distance between a child and a parent, whether or not that is their intention. For example, a parent who gives a child a cell phone prior to parenting time with the other parent and says "call me anytime if you feel unsafe." In this circumstance, though there may be a valid reason for this child to feel nervous, the parent's statement and actions here strengthen the desire for a child to have distance from this parent.

- **Justified estrangement** describes a situation where a child may be resisting or refusing to see a parent for a known and valid reason, such as a history of abuse or substance use.

- **Step-up parenting plan** refers to a parenting plan that includes benchmarks to increase parenting time with the out-parent.

POTENTIAL PROVIDERS INVOLVED ON PCCP CASES

Below you will find a list (perhaps not exhaustive) of professionals that may be involved in your PCCP case and their associated roles. This list creates a shared vocabulary as we discuss the way these professionals may influence a PCCP case. Please note that your court and geographic region may refer to these professionals by a different title. It is important to read the role description of these providers so that you can apply the information to your situation.

LEGAL PROFESSIONALS

- ***Judge:*** A public official designated to decide cases in a court of law
- ***Attorney for parent:*** An attorney representing the interests of either the in-parent or out-parent
- ***Attorney for child:*** An attorney representing the stated preferences of a child
- ***Parent coordinator:*** An attorney or mental health provider typically appointed by the court to help co-parents resolve co-parenting disputes, either by recommendation or binding arbitration
- ***Child custody evaluator:*** A neutral provider appointed by the court to make recommendations to the court regarding a parenting plan and custody

MENTAL HEALTH PROFESSIONALS

- ***Parenting time supervisor:*** A neutral professional who monitors and supports visits between a parent and child to ensure the interaction is safe, appropriate, and in the child's best interests; may or may not be mental health professionals, depending on your jurisdiction
- ***Family therapist:*** A therapist either selected by the family or appointed by the court to provide therapeutic support to two or more members of the family; in this instance, the family is the client of the therapist, not any singular client
- ***Individual therapist for a parent:*** An individual therapist may be working with either parent in PCCP cases; this therapist may have been involved working with the individual

prior to the PCCP issues or as a result of them, and therefore may be a community therapist or a court-involved therapist

- ***Individual therapist for a child:*** A therapist working only with the child; some child therapists include limited parent involvement; when working with PCCP cases, it's important to note that the child's therapists may be limited by therapeutic privilege issues in your jurisdiction

- ***Co-parenting coach/therapist:*** A therapeutic provider working with the parenting unit to help facilitate successful co-parenting dynamics

There are other roles that may be specific to your jurisdiction, such as a guardian ad litem or a parenting plan monitor. Be sure to familiarize yourself with the roles and responsibilities of professionals working on these complex cases.

USING THIS GUIDE

Now that we have a shared vocabulary and a basic understanding of the various providers' roles that may be involved in a PCCP case, we can begin to take a closer look at the provider and case dynamics. The following section of this guide takes a deeper dive into each of these professional roles by describing their duties, advocacy stances, potential viewpoints, and limitations. Next, within each role, this guide will offer thought-provoking ideas and questions for that specific helping professional to: a) remember the larger system dynamics that are present in these complex cases and b) guide the client toward the ultimate goal of improving family function and repairing a parent-child relationship. Finally, this guide will conclude with a vignette to demonstrate how the individual professionals can work collaboratively while still maintaining their ethical duties and responsibilities to help improve the underlying family dynamics.

EACH PROFESSIONAL'S ROLE & ADVOCACY STANCE IN PCCP CASES

ATTORNEYS

Attorneys are tasked with advocating for their clients' stated goals and preferences, even when those preferences may not align with what others might view as the client's best interests. For example, in a divorce proceeding, a client may be willing to accept less than an equitable division of assets in order to retain the marital home. While an objective assessment might suggest that a fair and equal division better serves the client's long-term interests, the client's goal may be driven by emotional considerations, and it remains the attorney's role to advocate for that position, after properly counseling their client on what is in their best interests. These dynamics frequently arise in PCCP cases, where clients may become rigidly focused on desired outcomes rather than on what is realistic, developmentally appropriate, or in the child's best interests. An effective attorney can both advocate zealously and provide guidance, helping clients shape legally sound and attainable goals. At the same time, attorneys must operate within clear boundaries: they are obligated to explain the risks and benefits of decisions, ensure that clients understand court orders and agreements, and adhere to professional and ethical standards. An attorney who recognizes that ethical advocacy includes counseling clients about their best interests—even when those interests conflict with the client's expressed wishes—can play a critical role in navigating PCCP cases.

1. Attorney for the in-parent

Attorneys for the in-parent are often representing a parent who has concerns about the child having parenting time with the out-parent. This position may range from general concern as to why the child is resisting or refusing to see the out-parent, to more acute concerns such as a history of substance use or mental health challenges. In rare cases, the in-parent may be responsible for completely alienating a child from the other parent. In most cases, the in-parent has knowingly or unknowingly engaged in alienating behaviors, whereby the intent may not be to alienate the child from the parent, but the effect is to further exacerbate the divide. In these circumstances, the attorney for the in-parent has a two-fold task:

a) First, to understand from their client if there is a genuine safety concern that needs to be addressed by the court or if there are relationship issues at play that could be addressed by a therapist. If further assistance is needed to determine if the child is safe with a parent, the in-parent attorney may recommend a child custody evaluation. It is important for the

in-parent attorney to understand that a family therapist cannot make custody recommendations as that would be an improper dual role (i.e. evaluating custody while simultaneously treating the family). Therefore, the seasoned attorney is mindful of the specific need for a professional: Is it to evaluate or is it to treat? If it is to treat, are we in agreement on what the underlying issue is? Are all relevant parties in agreement on the underlying objective of treatment? For example, is the objective to treat a child's realistic estrangement from a parent due to substance misuse or is it to treat a child's unjustified estrangement from a parent due (knowingly or unknowingly) to poor co-parenting?

b) The second task of the in-parent attorney is to set realistic expectations for their client. Some clients have unrealistic expectations that once they are divorced, they will not need to communicate with their co-parent. In reality, all co-parents have to communicate to some extent, even if it's with the assistance of technology, like a co-parenting app, or with the assistance of a third party, like a parenting coordinator. In some cases, the lack of functional co-parenting may be a significant contributor to why a child is resisting or refusing to see a parent. It may be easier for that child to pick one side rather than navigate adult relationships. A skilled attorney will counsel the in-parent on communication systems that feel safe and comfortable to their client. Similarly, if a determination has been made by the court that a child is safe to have parenting time with an out-parent, the in-parent attorney may work with their client to generate ideas that may help foster the child and out-parent's connection. By doing so, the in-parent attorney is positioning their client well to avoid allegations of obstructing the process or "alienating."

The in-parent attorney can play an important role in supporting the family therapy process in PCCP cases. Below are several thoughts and ideas to help the in-parent attorney assist in reunification efforts while also maintaining their advocacy duties.

Thoughts and questions to consider for the in-parent attorney:

- Advocating for the child
    - The in-parent attorney can work with their client to advocate for approaches and strategies to facilitate reunification that prioritizes the child's well-being and emotional health. The in-parent attorney may need to advocate for staggered goals that meet the child's needs as the process unfolds.
    - The in-parent attorney should assure their client that they understand that they have concerns about the other parent's parenting time with a child. The in-parent attorney should help their client to realize that they can take this one step at a time. The in-parent attorney can ask their client questions like: "What would be an initial goal that would feel appropriate to you?" And should encourage the in-parent to generate a step that they can stick by. The in-parent attorney may need to appeal to the client's self-interest here. If there are no credible safety concerns or the court has ordered a relationship to take place between the out-parent and child, it is likely in the in-parent's self-interest to demonstrate that they are part of the solution and not part of the problem. By offering a reasonable initial goal, the client demonstrates that they are working to address the problem, and the client maintains some control over how the process will unfold.

        - Reasonable initial goals will vary depending on the severity of a child's resistance. For a child who has had no contact with a parent for an extended period, a realistic starting point may be a brief, structured interaction—such as a weekly five-minute phone call facilitated by the family therapist—with the support of the in-parent. By contrast, when a child has only recently refused to attend the out-parent's home, a connection-focused goal, such as a weekly dinner in the community, may be appropriate. In all cases, agreement on the initial goal helps establish clear treatment objectives for the family therapist. Clients should be reassured that these goals are not expected to be implemented immediately, but rather to be achieved gradually with therapeutic support, after which new goals can be identified and built upon.
    - In-parents are often put in the difficult role of being the "voice of the child." This opens their client up for criticism. The in-parent attorney can help their client to encourage the child to use their own voice in the therapeutic process. The client will need to be careful not to be seen as coaching the child, so it will be important to help the client develop a response when the child raises a concern about the other parent. Something simple like: "I don't like to talk badly about your other parent, but I am happy to help you solve the problem. If you have concerns, you can speak directly to your other parent, or I can help you raise the issue with our family therapist so we can all work on it together."
- Understanding legal rights
    - The in-parent attorney can educate the in-parent about their legal rights concerning the parenting plan and custody, as well as identify ways their behavior may impact the reunification process. An attorney must be skilled in helping the in-parent navigate the complexities of the reunification process while ensuring compliance with court orders.
- Facilitating communication
    - The in-parent attorney can help facilitate effective communication between co-parents and professionals, ensuring that everyone's perspectives and concerns are understood and considered.
    - By working with the therapist, opposing counsel, and other providers, the in-parent attorney can help establish clear goals for the reunification process that their client can commit to. These goals should align with the child's best interests and the in-parent's objectives as well as create a structured plan for measurable progress.
    - The in-parent attorney can also document progress through effective communication. With clear communication, the attorney can document the in-parent's positive involvement in the reunification efforts as well as the child's development during the process. Monitoring compliance of all parties involved is an essential role of an attorney in the reunification process.
    - With effective communication, the in-parent attorney can also address concerns regarding the process or the co-parent's behavior in an appropriate manner within the therapeutic context. This will ensure that the issues are being addressed without continuing costly litigation.

By taking these steps, the in-parent attorney can effectively support the reunification therapy process, fostering a positive environment that benefits the child and promotes a healthy relationship between the child and both parents. Furthermore, the in-parent attorney can mitigate allegations that the in-parent is contributing to the child's resistance by helping the client create goals for the reunification process that they can commit to and documenting the client's success in reaching these goals.

2. Attorney for the out-parent

Attorneys for the out-parent are often representing parents who feel wronged by the system and/or by their co-parent. These parents may range from having a general understanding of why their child does not want to see them (e.g. perhaps they can pin-point an event that triggered problems in their parent-child relationship), to having an overwhelming refusal to believe that a child would, on their own accord, resist seeing them (e.g. allegations that the in-parent is alienating the child from them).

A significant part of the out-parent attorney's role is to validate the out-parent's emotional experience while also guiding them toward realistic and constructive solutions. Many out-parents experience a profound sense of injustice and feel compelled to seek validation through the court process. It is therefore essential for counsel to help clients clarify their primary objectives—whether they are pursuing litigation, engaging in family therapy, or some combination of both. Is the client's goal to obtain validation of a narrative of unjust estrangement or to work toward reunification with their child?

While many parents hold both goals simultaneously, an overemphasis on validation through litigation can inadvertently undermine the possibility of reunification. Practitioners in this field often pose a difficult but clarifying question: "Do you hate your co-parent more than you love your child?" When the answer is no, the out-parent may be better positioned to release the need to correct the narrative in court and instead focus on rebuilding trust with the co-parent—creating the conditions necessary for meaningful and lasting child reunification.

An attorney representing an out-parent can play a crucial role in facilitating the family therapy process in PCCP cases. Below are several thoughts and ideas to help the out-parent attorney assist in the reunification efforts while also maintaining their advocacy duties.

Thoughts and questions to consider for the out-parent attorney:

- Advocacy for fair treatment
    - The out-parent attorney can advocate for the out-parent's rights, ensuring that they are treated fairly in court as well as in the therapy process. A parent who is not seeing a child can still play an important parenting role by having access to records and providers, sharing medical and educational decision-making, and enjoying transparent communication from the other parent regarding the child.
    - The out-parent attorney can work with their client to brainstorm ways for the out-parent to remain in their child's lives even when they are not seeing their child. For example, sending birthday gifts or holiday cards, contributing to school fundraisers, or attending extracurricular activities (if appropriate). This signals to the child that their parent loves them unconditionally and is continuing to think of them.

    - The out-parent attorney can assist in gathering evidence that supports the out-parent's ability to maintain a healthy relationship with the child and their prior involvement with the child, such as documentation of involvement in the child's life, health, and education.
- Understanding the legal framework
    - The out-parent attorney can provide their client with a clear understanding of the legal framework, including their rights to parenting time and custody as well as their involvement in therapy.
    - The out-parent attorney can monitor that court orders related to the family therapy process are followed and can take appropriate action if the in-parent violates these court orders. It is encouraged that such action starts by collaboratively addressing any violations through the therapeutic process and then, if necessary, seeking legal relief.
- Facilitate communication
    - The out-parent attorney can facilitate communication between professionals, ensuring that the out-parent's perspective and concerns are considered in the therapy process.
    - The out-parent attorney can help their client communicate with the in-parent by either speaking through counsel or by helping their client draft appropriate written communications. This can help to minimize disputes and foster a more cooperative environment that supports the needs of the family.
- Supporting therapy goals
    - The out-parent attorney should express understanding to their client that having limited contact with their child is painful and that time is of the essence. The out-parent attorney can help their client realize that this process may be (and, in most cases, will be) slower than they would ultimately desire, but that the goal is to build a long-lasting relationship based on trust, rather than to force a child to do something they are stating they don't want to do. It is important for a child to be part of the process of deciding to reunify. The client may need help in slowing down and taking reunification one step at a time. Time spent litigating a narrative, rather than collaborating with their co-parent on taking small meaningful steps in repairing the parent-child relationship, may be detrimental to a case.
    - The out-parent attorney should prepare their client that their child will likely ask them to take some accountability for the current situation of estrangement. This does not mean that the client needs to accept responsibility for actions that did not happen. However, the client will likely be expected to hear their child's concerns and validate their feelings. Validating feelings is quite different from validating perceived wrong-doings.
    - The out-parent attorney should work with the therapeutic team to set realistic goals that ensure the out-parent's objectives are aligned with the child's best interests. The attorney can monitor progress towards goals and advocate for adjustments if the current approach is not beneficial to the child or their client.

By effectively navigating these aspects, an out-parent attorney can significantly contribute to a more positive and productive reunification therapy process.

Concluding thoughts for attorneys for both parents

- Many parents (both in-parents and out-parents) get caught in the past or future and lose sight of the present. For example, parents may be stuck thinking about how the relationship with their co-parent or child was in the past, rather than the current circumstances. Similarly, parents can be caught up in what the future will hold. It is important that attorneys for both parents work with their clients to focus them on the now and the immediate treatment goals.
- Parents may need to develop flexibility in their thinking and goal setting. As treatment unfolds, new goals may be identified, and new needs may be addressed. This is why it is important for parents to stay present and focus on current circumstances and developments. Focusing on small, incremental progress and goal setting allows for the family to build on success.
- Attorneys should work with their clients to establish a realistic end goal for family therapy, and help them appreciate that the goal may change over time as the process develops.
- Attorneys should explain options to their clients about ways to successfully co-parent. Attorneys should consider suggesting co-parenting coaching, a parent coordinator, and/or co-parenting apps. The client may need individual support before (or during) engaging in co-parenting work to prepare them for the difficult task of collaborating with a prior partner.

SUMMARY TABLE: GUIDANCE FOR PARENT ATTORNEYS		
CATEGORY	***ATTORNEY FOR IN-PARENT***	***ATTORNEY FOR OUT-PARENT***
Primary Role and Focus	Understand whether the client's concerns stem from genuine safety issues or relational conflict; Clarify whether the need is for evaluation (custody assessment) or treatment (family therapy); Maintain awareness of professional boundaries and avoid dual roles	Help the client process feelings of rejection and injustice while focusing on realistic reunification goals; Clarify whether the client seeks emotional validation or true repair of the parent-child relationship
Client Education and Expectation Management	Educate clients about the need for ongoing co-parent communication, even post-divorce; Set realistic expectations for what therapy and court orders can achieve; Encourage the client to support the process and avoid behaviors that could be construed as obstruction or alienation	Explain the likely pace and emotional demands of reunification; Prepare the client for gradual progress, possible setbacks, and the need to rebuild trust; Emphasize that patience and cooperation may serve their long-term interests more than litigation
Advocacy and Legal Guidance	Protect the client's right to express safety concerns while promoting compliance with orders that support the child's best interests; If a reunification plan is in place, advocate for incremental, child-sensitive steps	Ensure the client's parental rights are respected within the therapy and legal processes; Advocate for fair access to decision-making information (e.g., education, health, activities) even if parenting time is limited; Use documentation to demonstrate engagement and reliability
Collaboration with Professionals	Coordinate with therapists, child custody evaluators, and opposing counsel to set clear, measurable goals for reunification; Communicate the client's progress and concerns without re-litigating emotional issues	Work collaboratively with the therapeutic team to align legal objectives with therapeutic goals; Bring forward concerns about process barriers constructively, beginning within the therapeutic framework before resorting to litigation

Supporting Therapeutic Goals	Help the client encourage the child to use their own voice in therapy; Coach the client to respond neutrally when the child raises concerns about the other parent; Reinforce steps that help the child feel safe reconnecting	Prepare the client to acknowledge the child's feelings without defensiveness; Encourage acts of consistent care (e.g., letters, gifts, appropriate contact) to signal ongoing love and stability; Support accountability and empathy as part of rebuilding trust
Communication Strategies	Help develop communication systems that feel safe—using structured tools like parenting apps or coordinators; Model problem-solving language that supports cooperation and compliance	Assist the client in drafting appropriate communications with the co-parent or professionals; Promote respectful tone and content that demonstrate good-faith participation in the process
Documentation and Monitoring	Document the client's adherence to court orders, efforts to facilitate contact, and participation in therapy; Use this record to counter alienation allegations and show good-faith engagement	Maintain records of compliance, communication attempts, and involvement in the child's life; Use documentation to demonstrate progress and sustained commitment to the reunification process
Interdisciplinary Sensitivity	Recognize how legal advocacy intersects with therapeutic work; Avoid pressuring the therapist for custody opinions; Promote a shared understanding of the problem (realistic estrangement vs. unjustified resistance)	Understand that therapeutic change cannot be forced by court order alone; Balance legal advocacy with empathy for the child's emotional process and the co-parent's concerns
Diversity and Cultural Considerations	Consider how cultural norms influence parenting expectations, communication styles, and expressions of loyalty or conflict; Encourage culturally responsive interventions	Recognize that differing cultural frameworks may affect perceptions of authority, respect, and reconciliation; Advocate for culturally attuned therapeutic approaches and interpreters if needed

3. Attorney for the child

The child's attorney has a difficult role in PCCP cases. Most often, the attorney represents a child who wants limited to no contact with the out-parent. The child's attorney can therefore exacerbate a situation if they merely echo what the child desires rather than offer the child counsel. All attorneys have the important role of hearing their client's desires and expectations, giving them counsel about some likely outcomes, and then ultimately advocating for their clients. The child's attorney can significantly move a case with PCCP forward if they can work with the child to develop some flexibility of their own. This, of course, assumes that the attorney is representing a child of sufficient maturity to meaningfully participate in the process. Children may often have a rigid and inflexible thinking process–e.g., "I will never see my mother again." The child's attorney can help that child think through some options while still zealously advocating for their client. To continue the above example, the attorney can validate the child's feelings by acknowledging that they hear that the child does not want to see their mother again, while also encouraging the child to recognize that the court is not very likely to say they never have contact with their mother again. Therefore, what does the child view as a reasonable step? It is often in the child's interest to exercise some control over the process. They can do so if counsel is able to advise them that by proposing steps that feel acceptable to them, they can exert some power with their voice. The alternative may be that the court dictates the process without input from the child.

Thoughts and questions to consider for the child's attorney:

- Advocacy for the child
  - The child's attorney's primary responsibility is to advocate for their client, ensuring that their needs and preferences are prioritized throughout the reunification process. At times, a child's preferences may be at odds with what neutral professionals (like a child custody evaluator) may express as the child's needs. In those cases, the child's attorney will work with the child to craft goals that meet both their needs and preferences.
  - If there are any safety concerns regarding the child's interactions with a parent, the attorney for the child can raise these issues in a timely manner and work with the therapeutic team to ensure safety.
- Mediating influence
  - The child's attorney may educate the parents about the child's voice and expressed preferences. This can support the parents in prioritizing goals that are important to the child.
  - When conflict arises between attorneys for the parents, or with the parents themselves, the child's attorney may be able to facilitate effective conflict resolution by representing the voice and needs of the child.
- Understanding the legal framework
  - The child's attorney informs the child about the court process and their legal options.
  - The child's attorney can advocate for fashioning or modification of court orders, as well as compliance with court orders.
  - The child's attorney can advocate for long term support to help maintain healthy parent-child relationships with both parents.

By fulfilling these roles, the child's attorney can increase the effectiveness of the reunification therapy process, ultimately benefiting the child's emotional well-being and fostering healthier family relationships.

Concluding thoughts for all attorneys

- It is tempting in court to look at a complex family situation and think, "This case needs family therapy." But it is important to understand what therapists can and cannot do. Therefore, it is highly recommended that attorneys read the following sections on therapeutic roles to better understand their viewpoints and limitations.
- For family therapy to be successful, parties need to be aligned on basic aspects of the process, such as who will be involved in the process, who will pay for the process, what are the specific treatment goals, and what, if any, additional professionals are needed. Please see the appendix attached to this manual for proposed court clauses to consider in appointing family therapy.
- It is recommended that both parents have a financial stake in the therapeutic process and are responsible for some portion of the family therapy bill. This sets an important foundation that this is a family issue and that both parents are investing their time and money to achieve success. Further, it encourages both parents to want to achieve family therapy goals and be discharged from treatment as it will reduce their financial burden.

THERAPISTS

Therapists may be involved in PCCP cases for a number of reasons. They may be a parent's individual therapist, a child's individual therapist, a family therapist, or perhaps a therapist involved to support co-parenting work. Therapists may employ a number of interventions and may focus on behavioral goals or specific mental health concerns. Unlike attorneys, who may appear in court and hear different perspectives on a presenting issue, therapists often work in isolation. For example, a parent's individual therapist will often only hear that specific parent's perspective. There is rarely a venue for that therapist to receive feedback from the larger system, such as the other parent or family members. This is crucial to understand in cases with PCCP. It is therefore imperative that the therapists working on these complex cases be allowed to communicate with each other so they can better support their clients by understanding how their client's perspectives, actions, and beliefs impact the system.

1. The parent's therapist

The parent's therapist has the difficult job of supporting their client through some of the most challenging times in their life. This therapist must be skillful in supporting their client while also gently challenging their client to make changes. It is the very rare client (including both in- and out- parents) that is not engaging in some behavior or belief that is undermining the family therapy goal of reunifying a parent and child. Therefore, the parent's therapist must consistently and continuously assess their client's willingness to change and underlying motivation. The parent's therapist may employ perspective taking activities, emotional regulation and grounding exercises, and/or conflict resolution techniques. Additionally, some clients may be referred to the therapist because of specific behavior that has influenced family dynamics, such as anger management, substance misuse, or severe mental health concerns. It is crucial that the parent's therapists be allowed to collaborate with the other therapists involved in the case to achieve success in cases with PCCP. It is also important to consider how each parent perceives the other, and how certain interventions may or may not be successful.

Thoughts and questions to consider for the parent's therapist:

- Emotional support
    - The parent's therapist can provide a safe space for the parent to express their feelings, frustrations, and fears regarding the reunification process. This allows the parent to show up in the family therapy space ready to do the difficult work needed to repair relationships. However, it is important that the parent's therapist maintain healthy distance and not align too closely with the client such that they may lose perspective.
    - For the therapist working with the out-parent, the work can focus on developing coping strategies to manage anxiety, stress, or feelings of rejection. For the therapist working with the in-parent, the therapy can focus on strategies to cope with the pressure or blame placed on them.
    - It may be important to address underlying issues from a parent's own past that may affect their relationship with their co-parent and/or child. The parent's therapist can help their client process these issues to foster personal growth and healing.
    - Parents often maintain negative narratives about their co-parents. This can result in a parent predicting that their co-parent will do something bad. It is often helpful for

the parent's therapist and the parent to do some prediction work, which could involve the parent's therapist asking their client to guess what will happen if the client does XYZ and then follow-up to see if their prediction actually happens. This will either allow the parent's therapist to show the client that their predictions are not always correct or will allow the parent's therapist to collect valuable data to share with their collaborating therapists on where the system needs to make changes.
    - It is also possible that a parent's therapist may be involved in a case before PCCP even becomes an issue, possibly even before the separation or divorce of the parents. An aware therapist may be able to pick up hints that a case may be moving in the direction of a parent-child contact problem and make a quick referral for intervention. Early intervention is critical in PCCP cases.
- Communication support
    - The parent's therapist can work with the parent on improving their communication skills, to express their thoughts and feelings more effectively to their child, their co-parent, and the professionals involved in the case.
    - The parent's therapist can assist the parent in setting and communicating realistic and achievable goals.
    - Parents often desire to never speak to their co-parent again. It is important that the parent's therapist does some reality testing with them. Will both parents attend the child's graduation? Their child's wedding? If so, how can the parent's therapist support the parent to be present for those moments?
- Highlighting the child's perspective
    - The parent's therapist can help the parent gain insight into the child's feelings and behaviors, fostering empathy and understanding that can support healthier interactions.
    - The parent's therapist may engage the parent in role-playing exercises to practice interactions with the child (or co-parent). This preparation may reduce anxiety and allow them to participate with confidence during the actual family therapy sessions.
- Collaboration with other professionals
    - The parent's therapist should collaborate with the family therapist, child therapist, and/or co-parent's therapist to share insight about the family's progress and any challenges that an individual may be facing. This creates a cohesive therapeutic approach.
    - Parent's therapists may sometimes make assumptions about the co-parent's behavior. It is very important that a therapist never diagnoses someone that they do not see as their own client.
    - In supporting their client through their journey, the parent's therapist may become isolated, exposed to only a single perspective on multifaceted issues. It is helpful, therefore, to hear the perspectives of other providers in the system and remain open to hearing different narratives and case theories.
    - The parent's therapist can help the parent track their own progress in therapy, providing feedback and encouraging them to celebrate small victories during the family therapy process.

- Psychoeducation
    - The parent's therapist can educate their client on positive parenting strategies and techniques to promote healthy and nurturing interactions with the child.
    - The parent's therapist will often need to employ psychoeducation. It's important for the client to understand child development and the effects of inter-parental conflict on children, as a parent may knowingly or unknowingly place the child in decision-making roles which can have harmful effects on the child.

By providing these forms of support, a therapist for an individual parent can significantly enhance the family therapy process, fostering a healthier environment for the child and supporting a positive relationship between the child and both parents.

2. The child's therapist

In cases with PCCP, the child's therapist has a difficult role. Parents, attorneys, and even judges may often look to the child's therapist to solve the problem. They may ask the child's therapist to tell the court when the child should have contact with a parent, or they may ask the child's therapist to host a meeting with the child and the estranged parent. It is incredibly important that the child's therapist stay as neutral as possible. The child's therapist is NOT (and should NOT be) the vehicle for reunification efforts. The child's therapist must remain a safe space for the child to process difficult life events. This may include their family dynamic but may also include other stressors in a child's life like school or friendships. If a child's safe therapeutic space becomes an area for family dysfunction driven by the agenda of other adults, the child loses the opportunity to process their emotions with a designated therapist. Instead, the child's therapist must be allowed to support the child through the process without being placed in a facilitative role. Further, if a child's therapist is placed in a position of making a statement that supports one parent's narrative, that therapist jeopardizes the child's therapeutic relationship as the aggrieved parent may no longer trust or consent to that child maintaining their therapist.

Thoughts and questions to consider for the child's therapist:

- Providing a safe space for the child
    - The child's therapist offers a safe and confidential environment for the child to express their feelings, fears, and concerns about family therapy. This can be useful in helping the child to articulate their thoughts to their parents and other professionals.
        - The child's therapist should consider whether or not, when, and how information shared with them by the child may be shared with the child's parents and other providers working on the case.
        - It is important for the child's therapist to have a clear understanding of their jurisdiction's therapeutic privilege laws, rules about communicating with the court, and rules about communicating with parents. The child's therapist should consider asking for court orders regarding the parents' decision-making authority.
        - The child's therapist can teach the child coping skills to manage anxiety, stress, or confusion regarding the family therapy process. This can empower the child to handle their emotions effectively.

- Understanding the child's perspective
    - The child's therapist can work with the child to explore their emotions regarding both parents, facilitating a better understanding of the child's experiences and how these affect their willingness to engage with each parent. Here, the child's therapist supports the child in developing critical thinking skills as they consider why they have certain feelings and what experiences/facts support those feelings.
        - It may be helpful for a child's therapist to ask the child circular questions. For example: "What does Parent A think of you having a relationship with Parent B?" "What does Parent B think of you having a relationship with Parent A?" "What do your siblings think?" These questions may shed light on the child's perception of the family issues.
        - If the child exhibits behavioral problems stemming from the parental conflict, the child's therapist can work on addressing these issues, helping the child to develop more positive behaviors and coping mechanisms.
        - The child's therapist can support the child to radically accept that they may not be able to achieve their goal of limited contact (or no contact) with a parent. Instead, the therapist can help the child shift their perspective to focus on what is within their control, for example, the method by which they communicate (text, email, phone, etc.).
- Facilitating communication
    - The child's therapist can assist the child in communicating their thoughts and feelings to both parents, helping to bridge gaps and reduce misunderstandings.
        - Regardless of whether a parent can make legal decisions for a child, it may be worthwhile for the child's therapist to conduct an intake with both parents so they receive a holistic view of the family dynamics and the perceived issue. This also protects the child's therapist from future claims that they are biased, having only heard one parent's perspective.
        - The child's therapist can collaborate with other professionals to ensure that the child's needs and goals are incorporated into the family therapy process and advocate for adjustments when necessary.
        - The child's therapist can provide age-appropriate education about the family therapy process, helping the child understand what to expect and alleviating fears or misconceptions.
        - The child's therapist can act as an advocate for the child's best interests, and help ensure that their voice is heard in therapy sessions while also being mindful of the overall family therapy goals.

3. Family therapist/reunification therapist

The family therapist is typically charged with supporting the family in addressing PCCP. The client is the family and it is important for the family therapist to be clear that they are not there to support any one person's agenda. This is complicated therapeutic work and should only be conducted by family therapists with advanced training in PCCP cases. The family therapist must be skilled in aligning with all members of the family, most of whom have different narratives and perspectives of the presenting issue and who, very likely, have different end treatment goals. The family therapist's first job is to align all participants and professionals on initial treatment goals.

Often, the family therapist may need to set interim goals that advance or evolve as the case unfolds. The family therapist will want to be clear on who the actors are that are present in the case, including mental health and legal actors. The family therapist will also need to be clear with their clients about when and how information will be exchanged with the system. Family therapists must also maintain their neutrality, which is particularly difficult in cases where clients often have divergent viewpoints. It is important for family therapists to assess if they need support in their work from a decision-maker like a parent coordinator or a judge. For example, by making a recommendation to move to the next step in a step-up parenting plan, a family therapist may risk alienating themselves from the child and/or the in-parent. This role may be better placed with a different neutral provider.

Thoughts and questions to consider for the family therapist:

- The family therapist should consider whether or not they have properly screened the case to assess for consensus on initial treatment goals as well as willingness to change and/or facilitate these goals. This may include reading any pleadings or court orders pertaining to the work they are hired to do to make sure it is within their skill set and ethical boundaries. For example, can both parents agree that it is in the best interests of the child to have a relationship with both parents? If the answer to this question is yes, then the family therapist's treatment planning becomes partnering with the family to determine the best way to address parent-child contact problems. If the answer to this question is no, then the family therapist is often thrust into the inappropriate dual role of assessing whether the child should have contact with a parent. These cases should be screened out until agreement is reached that the child should have a relationship with both parents.
- Has the family therapist ensured that all parties are clear on the policies regarding payment and communicating with other professionals on the case? Are all parties clear on how information will be shared with other participants in treatment and other professionals on the case?
- Has the family therapist collected sufficient information to create a thoughtful treatment plan? This may include intake meetings, review of pleadings or custody evaluations, and perhaps speaking to collaterals.
- Has the family therapist connected with other treating providers? Are the other treatment providers willing to collaborate? If they are not willing to collaborate, can the family therapist do the work without their input? If not, is the family therapist comfortable making referrals for different providers? Has the family therapist considered possible ethical dilemmas of treating the same client without collaboration?

SUMMARY TABLE: GUIDANCE FOR THERAPISTS			
CATEGORY	***PARENT'S THERAPIST***	***CHILD'S THERAPIST***	***FAMILY THERAPIST***
Primary Role and Focus	Support the parent through emotional distress while fostering insight into behaviors or beliefs that may perpetuate the conflict; Balance empathy with gentle challenge to promote change	Provide a neutral, confidential space for the child to process feelings and experiences related to family conflict without becoming the vehicle for reunification	Treat the family system as the client; Establish shared treatment goals that prioritize the child's best interests and respect all members' perspectives; Maintain neutrality while coordinating systemic progress

Emotional Support and Regulation	Offer a safe space for expression of frustration, guilt, fear, and grief; Employ grounding and regulation techniques; For in-parents, focus on coping with pressure or blame; for out-parents, address rejection and anxiety	Help the child identify and regulate emotions, manage anxiety, and develop coping skills related to family stress; Maintain a consistent, nonjudgmental stance that fosters safety and stability	Recognize and validate each participant's emotional experience; Facilitate sessions that allow for safe expression while guiding the family toward empathy and constructive dialogue
Insight and Perspective-Taking	Encourage perspective-taking and prediction exercises to test assumptions about the co-parent's behavior; Address unresolved personal issues that affect parenting or co-parenting	Explore the child's perceptions of both parents through gentle, circular questioning; Support critical thinking about feelings and beliefs while avoiding alignment with either parent's narrative	Help family members understand differing narratives and emotional realities; Foster joint problem-solving and help shift focus from blame to shared goals
Communication Skills and Relationship Building	Teach effective, non-reactive communication skills; Engage in reality testing around future co-parent interactions (e.g., graduations, life events); Reinforce respectful dialogue with the co-parent	Support the child in developing language to express needs and feelings to both parents; Provide coaching on safe, developmentally appropriate ways to communicate	Facilitate structured, gradual communication between parent and child; Promote transparency about expectations and progress
Collaboration with Other Professionals	Collaborate with the family therapist, child therapist, and opposing parent's therapist to share relevant insights and coordinate interventions; Avoid diagnosing individuals not under their care	Coordinate with the family therapist and, when appropriate, both parents' therapists; Stay informed of treatment plans while maintaining confidentiality and neutrality	Engage in active communication with all treating providers, attorneys, and (when necessary) the court or parenting coordinator; Clarify information-sharing protocols and boundaries early in treatment
Psychoeducation and Skill Development	Provide education on child development, co-parenting dynamics, and the impact of conflict on children; Address maladaptive behaviors such as substance use or anger dysregulation if relevant	Offer age-appropriate education about family therapy and conflict, reducing misconceptions; Teach the difference between influence and autonomy in family decisions	Educate the family on reunification principles, boundaries, and role expectations; Reinforce understanding of systemic change and patience in the process
Boundaries and Ethics	Monitor for over-alignment with the parent's narrative; Maintain clear limits on advocacy and confidentiality	Preserve neutrality and avoid being drawn into custody recommendations or facilitative roles; Be familiar with privilege laws and obtain court orders clarifying communication parameters	Define scope clearly—reunification, not evaluation; Screen for ethical risks such as dual roles or lack of parental consensus on treatment goals; Seek judicial or coordinator support when system decisions are needed
Goal Setting and Progress Monitoring	Collaborate with the client to set achievable goals and celebrate incremental progress; Track behavior changes and insight gains	Track the child's emotional and behavioral changes over time; Adjust interventions as needed and share progress with the family therapist as appropriate	Establish stepwise, measurable treatment goals (e.g., step-up parenting plans); Review progress regularly with all stakeholders and adjust as needed

Concluding thoughts for all therapists*

- It is important that therapists maintain control over their therapeutic processes. It is easy to be intimidated by legal actors, like lawyers and judges, that may make demands on the therapist's performance. Ultimately, the therapist must remember that they are the clinician, and they are providing the treatment.
- Therapists should be sure not to cross over into any dual relationships. It is not uncommon for legal actors to ask therapists to offer their opinions on custody or parenting plans. This is not the role for a therapist but is instead the role of a child custody evaluator.
- Collaboration is key. It is important that therapists understand how other parts of the system are functioning. Therapists should make sure that their treatment goals are

complementary and not duplicative or, worse, in conflict. For example, a parent-therapist that is supportive of a parent not contacting their co-parent will be in conflict with an expressed family therapy treatment goal to improve co-parenting communication. On the other hand, a family therapist that is meeting individually with clients to discuss emotional regulation where that same client is then working with their individual therapist to work on emotional regulation may be duplicating efforts. The aforementioned scenario may not be an efficient use of resources and has the potential to be counterproductive.

COURT-INVOLVED SYSTEM ACTORS

In cases involving PCCP, there are often neutral professionals who serve in court-involved roles that shape, guide, and monitor the family system. These professionals do not provide direct treatment or legal representation to any individual; rather, they observe the family system, assess progress, and offer feedback and/or decisions that help move the case forward.

These court-involved system actors are often pivotal to the success of interventions in PCCP. In some matters, all of the roles discussed below may be involved; in others, only a judge may be present. Attorneys and therapists should thoughtfully consider how these roles function within a given case and whether the involvement of one or more of these professionals may be necessary. In many instances, therapists and attorneys may have little control over whether a court-involved system actor becomes involved, underscoring the importance of understanding how these roles operate and intersect.

1. Child custody evaluator

A child custody evaluator is typically appointed by the court to investigate, evaluate, and make recommendations to the court on issues pertaining to the child. The recommendations will often include which parenting plan and legal decision-making rights are in the child's best interest. Through a written report, they may also opine on other issues affecting the family like mental health, intimate partner violence, or substance misuse. Child custody evaluators have a unique role in PCCP cases. If their work is done carefully and properly, these professionals can lay the foundation for successful intervention. Often, courts engage a child custody evaluator when they hear divergent stories from litigants. Typically, this may look like one parent (usually the out-parent) claiming that they are alienated from their child while the other parent (usually the in-parent) claims the other parent is a bad actor. The child custody evaluator can therefore provide important information to the system, as a neutral investigator, by looking into these allegations and shedding insight on their viability. A child custody evaluator will speak to the parties, often the child, review relevant documents, speak to collaterals including teachers, medical providers, therapists, babysitters, extended family members etc., and may also observe parent-child interactions. In most cases, a child custody evaluator can provide feedback to the family and the other professionals involved in areas where the parents can make meaningful shifts to address the family dysfunction. The child custody evaluator ultimately aids the family therapist in addressing underlying issues that prevent successful treatment (for example, if there are true and genuine reasons why family therapy would be contraindicated). If, during the family therapy screening process, the therapist determines that the parents are not aligned on whether it is in the child's best interests to have a relationship with both parents, then a child custody evaluator may play a crucial role in addressing this question.

Thoughts and questions to consider for the child custody evaluator:

- Comprehensive assessment
  - The child custody evaluator can perform a thorough assessment of the system, gathering important information about the family dynamics, parenting styles, parents' perspectives, and the child's needs, all of which can inform the family therapy process.
  - The child custody evaluator can identify specific issues or concerns that may be impacting the parent-child relationship, such as behavioral problems, emotional difficulties, communication barriers, substance misuse, mental health, or safety concerns.
  - If needed, the child custody evaluator can provide testimony in court regarding their findings of their assessments and the effectiveness of any reunification efforts, which can inform judicial decisions.
- Recommendations
  - After completing their assessment, the child custody evaluator can recommend targeted interventions that would best support the child's needs. After investigating both parents' perspectives of the family dynamics, it is helpful to provide feedback and recommendations on what will stabilize the family. If a recommendation is to be made for family therapy, it is important for the child custody evaluator to understand the limitations of the family therapist. For example, the family therapist cannot make parenting plans. The skilled child custody evaluator will therefore make recommendations on parenting plans, which will likely include a step-up parenting plan, on which the family therapist can then base their treatment plan.
  - The child custody evaluator may need to assess the current providers in place as well as their ability (or inability) to facilitate family therapy goals. For example, a child custody evaluator may need to make a recommendation that a new therapist be appointed for an individual if the original therapist proves unwilling to collaborate with other professionals, is unwilling to adopt a system's approach to the problem, or is highly polarized.
  - Similarly, a child custody evaluator may make recommendations for additional providers that may be helpful in aiding the family's goals, such as a parent coordinator.

2. Parenting coordinator

A parent coordinator can be instrumental in helping a family through therapy for PCCP by serving as a case manager. As discussed, a family therapist should not create parenting plans and, in the event of a step-up parenting plan, a family therapist should not make recommendations on moving to the next phase of a parenting plan. The latter job is likely the role of a judge or parenting coordinator. Consider a family that has engaged in family therapy and successfully completed the first treatment goal. Now, the family is at a decision point on whether to advance treatment. It is likely that there will be some reluctance from the child and possibly from the in-parent to move forward with the next phase of therapy. It is also possible that the out-parent may wish for a more substantial treatment goal than what the next planned step provides. A family therapist who is placed in the position of selecting the next step is likely to cause a therapeutic rupture with at least one of their clients.

Instead, the parent coordinator can conduct this analysis by speaking to the providers working with the family as well as to the individual family members. Ideally, the parent coordinator is also informed by the report and recommendations done of the child custody evaluator. For example, if the child custody evaluator recommends a 4-step process to achieve a specific parenting plan and the parties have completed step 1, then the parent coordinator fulfills a unique role of assessing whether it is time to move to step 2. Similarly, a parent coordinator may make recommendations to pause at a step or even go back a step if the family is not adjusting successfully. A parent coordinator may also be necessary if a parent has demonstrated difficulty in complying with treatment. This parent coordinator may need to make recommendations or accommodations to facilitate treatment, such as requiring a parent to pay fees for non-compliance.

Thoughts and questions to consider for the parent coordinator:

- Mediating conflicts
  - The parent coordinator can help mediate disputes between parents, fostering effective communication and reducing tensions that may impede the family therapy process.
  - The parent coordinator can improve communication between parents by providing strategies and tools that encourage respectful and productive dialogue, ensuring that both parents are on the same page regarding the child's needs.
- Setting goals
  - The parent coordinator can work with both parents to establish clear, realistic goals for the family therapy process.
  - The parent coordinator can assist in coordinating schedules for therapy sessions, parent-child visits, and ensuring that both parents adhere to the agreed-upon plans to minimize disruptions.
  - The parent coordinator can monitor the progress by tracking sessions, attendance, and any changes in the child's behavior or emotional state and providing feedback to both parents and the rest of the system.
- Considering the parent coordinator's contract
  - Does the contract and/or appointment order give the parent coordinator the appropriate authority to make recommendations on parenting time, including stepping up and stepping down?
  - Does the contract and/or appointment order give the parent coordinator the authority to issue some sort of sanctions for non-compliance?
  - Does the contract and/or appointment allow the parent coordinator to speak to all the important actors on a case?
- Facilitating communication
  - The parent coordinator can help host team meetings to ensure alignment on legal and therapeutic goals. This may include meetings with all providers and/or meetings with the legal team and then meetings with the therapeutic team.
  - The parent coordinator can provide updates and reports to therapists or the court on the progress of family therapy, ensuring that all parties are informed and can make necessary adjustments as needed. The parent coordinator should consider:
    - Does their contract and/or appointment order allow them to communicate with the court? If so, is it appropriate to do so?
    - Do they want to be able to speak directly to the child?

3. Parenting time supervisor

The parenting time supervisor plays a distinct and influential role in cases involving PCCP, particularly when contact is court-ordered but concerns exist regarding safety, emotional risk, or relational stability. Parenting time supervisors are not treatment providers, child custody evaluators, or decision-makers; their role is to facilitate and monitor parenting time in accordance with a court order or referral agreement. In PCCP, parenting time supervisors often become the most immediate interface between the child and the out-parent and have direct contact with the in-parent. As such, their neutrality, collaborative relationships with all family members, emotional containment, and adherence to role boundaries are critical. While they do not determine the cause of a child's resistance or make recommendations regarding custody or treatment, their observations and documentation may significantly influence how the broader system understands the family dynamics. Parenting time supervisors typically observe parent–child interactions, intervene as needed to maintain safety and structure, and document attendance, behavior, and compliance with court-ordered conditions. Depending on the terms of their appointment and/or agreement with all parties, they often provide observational reports to the court, attorneys, other professionals as well as the parents, but they must refrain from offering psychological interpretations, psychological treatment, future parent-child contact recommendations, or opinions outside the scope of supervision. When integrated thoughtfully into a coordinated system, quality supervised parenting time services can help stabilize contact, reduce family conflicts, provide the opportunity for re-establishing, maintaining and/or improving parent-child relationships, and support incremental progress toward less restrictive parenting time arrangements recommended by others. When poorly defined, misused, or unintegrated within the larger system, a less trained parenting time supervisor may hinder the family's and professionals' movement towards their agreed upon goals by becoming inadvertently evaluative, inappropriately aligned with one party, advocating for a particular next step, or undermining the therapeutic approach of the family therapist.

Thoughts and questions to consider for the parenting time supervisor:

- Role clarity and boundaries
    - Does the parenting time supervisor understand if their appointment order clearly defines whether their role is supervisory, facilitative, or purely observational?
    - Does the parenting time supervisor understand if they are being asked—explicitly or implicitly—to assess parenting capacity, credibility, or the causes of the child's resistance?
    - Does the parenting time supervisor understand if they are prepared and equipped to provide the services the courts, the other professionals, and the family are requesting?
    - Has the parenting time supervisor clearly communicated their guiding principles, operating policies and procedures, and the limits of their services to the court, other professionals, and the family?
- Documentation and neutrality
    - Are the parenting time supervisor's reports limited to observable behaviors and compliance with the court order?
    - Is the parenting time supervisor careful to avoid language that attributes motive, diagnoses, or recommendations for future parent-child contact arrangements?
- Relationship to treatment
    - How does the parenting time supervisor's role intersect with family therapy or

reunification work, if present?
    - Is the parenting time supervisor coordinating appropriately with other professionals without duplicating or undermining their roles?
- System impact
    - Is the parenting time supervisor aware that their presence and conduct may influence a child's experience of safety, loyalty conflicts, and willingness to engage?
    - Does the parenting time supervisor's involvement support gradual normalization of contact when authorized? Does it risk entrenching a highly controlled dynamic or moving along too quickly?
- Authority and limitations
    - Does the parenting time supervisor's order permit them to communicate with the court or other providers, and under what circumstances?
    - Is the parenting time supervisor clear about what actions they can take in response to non-compliance or safety concerns—and what actions fall outside their authority?

4. Judge

A judge is the ultimate decision-maker in cases with PCCP. A judge may serve as the driver for the reunification process and can be instrumental to the success of the process. A judge may be placed in the difficult position of setting treatment goals and making custody recommendations pursuant to those goals.

Thoughts and questions to consider for the judge:

- Issuing clear orders
    - The judge should try to identify cases where a PCCP is appearing early on in the litigation, especially with younger children. They should set and enforce clear parenting schedules that provide regular and consistent contact between the child and both parents.
    - The judge should be aware of normal childhood development and how that impacts parenting plans. The judge should remind parties that it is best for children to have both parents involved in their lives and that conflict between parents is harmful to children.
    - The judge can issue clear and specific orders regarding the family therapy process, outlining expectations for both parents and ensuring that the therapy process is structured and focused on the child's best interests. One of the most important components of an order is establishing, or entering, a finding that it is in the best interests of the child to have a relationship with both parents.
    - The judge can encourage both parents to actively participate in the reunification process, emphasizing the importance of cooperation and support for the child's emotional well-being. The judge should consider whether there are appropriate motivations in place for parents to succeed. This may include ensuring that both parents are responsible for paying for treatment and perhaps provisions available to a parent coordinator to assess a fine for non-compliance.
    - By entering clear orders that set timelines for therapy and progress reviews, the judge can help create a sense of urgency, accountability, and motivation for parents to engage in the process more seriously. Judges should consider questions like: Would

regular status conferences be helpful in assessing compliance and monitoring progress? Perhaps regular system check ins?
    - Judges should also consider whether treatment goals are clear and unequivocal. This is a critical component to ensure an enforceable court order and maintaining accountability of actors. If a child custody evaluator has recommended a step-up parenting plan, a judge should question: Are the benchmarks to determine stepping up, pausing, or stepping down clear?
- Appointing professionals
    - The judge may be able to appoint qualified professionals to support the family therapy process. This may include therapists, parent coordinators, an attorney for the child, or child custody evaluators. The judge should be sure to appoint providers equipped to handle the complexities of these family dynamics.
    - The judge can encourage open communication between parents and providers ensuring that all parties are aligned in their goals for the child and the family therapy process.
    - The judge can encourage or mandate mediation sessions between the parents to resolve conflicts, fostering a cooperative spirit and reducing adversarial interactions that could hinder the family therapy process. The judge can encourage or mandate counsel and parties to meet and should encourage counsel to model problem solving for the family.
- Reviewing progress
    - Regularly scheduled review hearings and status conferences can provide opportunities for the judge to review the progress of family therapy, allowing for adjustments to be made where necessary or appropriate based on the child's needs and experiences. Hearings at least two months apart will often give time for new data to emerge (e.g. how the child is doing in school).
    - The judge can address non-compliance if one parent is not complying with court orders and/or treatment recommendations. The judge can take appropriate actions, which may include sanctions or modified custody arrangements to protect the child's interests.
    - The judge can provide information or resources about the importance of reunification therapy and the benefits it brings to the child, helping parents understand the process and their roles within it.

SUMMARY TABLE: GUIDANCE FOR COURT INVOLVED SYSTEM ACTORS					
ROLE	***PRIMARY FUNCTION***	***AUTHORITY & DECISION-MAKING***	***RELATIONSHIP TO TREATMENT***	***KEY CONTRIBUTIONS***	***COMMON RISKS/ PITFALLS***
Judge	Judge Ultimate legal decision-maker; Sets enforceable orders and timelines	Full decisional authority regarding custody, parenting time, and appointment of professionals	Does not provide treatment; Sets parameters and accountability for treatment	Establishes findings that a relationship with both parents is in the child's best interests; Issues clear, time-limited orders and review schedules; Creates incentives and consequences for compliance	Vague or unenforceable orders; Delayed intervention allowing PCCP to entrench; Over-reliance on therapeutic actors to make legal decisions

Child Custody Evaluator	Neutral forensic investigator; Assesses allegations and system dynamics	Makes recommendations to the court; No independent decision-making authority	Informs treatment by identifying contraindications, risks, and structural needs	Differentiates alienation, justified estrangement, and alienating behaviors; Identifies safety, mental health, or relational barriers to contact; Recommends parenting plans and step-up structures that treatment can support	Over-pathologizing the child or parents; Providing recommendations without clear implementation guidance; Insufficient understanding of treatment limitations
Parent Coordinator	Case manager and conflict resolver; Supports implementation of court orders	Authority limited to contract/order; May make recommendations or impose limited sanctions	Coordinates with treatment providers but does not provide therapy	Assesses readiness to advance, pause, or step down parenting plans; Manages disputes without pulling therapists into decision-making; Promotes compliance and system alignment	Acting beyond scope of authority; Becoming triangulated into parental conflict; Assuming a quasi-therapeutic or evaluative role
Parenting Time Supervisor	Supports and monitors parent-child-cotacts, providing a setting and opportunity for the improvement of the parent-child relationship per court order	No decision-making authority; Limited to supervision, support and documentation	Does not treat or evaluate; Can stabilize parent-child contact; May support positive interactions between parents and the child; Can support the treatment goals and plans of other involved professionals	Provides structured, neutral, child focused, supportive environment for contact; Documents observable behavior and compliance; Supports incremental normalization when authorized	Becoming aligned with one parent or the child; Slipping into an evaluative interpretative stance; Offering treatment and future parent-child contact plans; Reinforcing polarized narratives through language or conduct; Undermining the therapeutic process of other professionals

PROVIDER CONCLUSION

The preceding discussion is intended to clarify the distinct roles, responsibilities, and limits of the professionals who may be involved in cases with PCCP. Understanding these roles is essential to effective collaboration and to preventing duplication of effort, role confusion, or unintended conflict among providers. The vignette that follows illustrates how purposeful coordination, informed by an appreciation of each professional's function, can support families in navigating the legal and therapeutic process more efficiently and effectively.

PUTTING IT TOGETHER: A DEMONSTRATIVE VIGNETTE

As a family therapist, you are contacted by parents in the process of a divorce. The parties now live in separate homes and the children (aged 13 and 16) refuse to go to the mother's home. As part of your screening process before accepting this family into family therapy to address the parent-child contact problems, you schedule individual screening interviews with both parents. In your interview with Mother, she claims that she had beautiful relationships with the children throughout their lives. She acknowledges that she is the primary breadwinner in the family and, at times, missed family events, but that she was overall present for the children. She explained that since the start of the divorce, Father has been slowly brainwashing the children against her. She explains that Father likes to be a "friend" to the children and, of course, the children will prefer to be in the home with no rules. The children now refuse to spend time with her. If they do come to her house, they go upstairs into their rooms and refuse to engage with her. If she tries to discipline one child, both children will gang up on her and then run away to Father's house. Mother then explains that the Father has convinced the younger child that if they threaten self-harm they won't be required to go to Mother's house. The younger child has been hospitalized twice in the past six months for suicidal ideation.

In your interview with Father, he informs you that he was the children's primary caretaker throughout their lives. He explains that Mother was present at most final events (like recitals or playoff games), but that she was absent for much of the day-to-day activity. He explains that the children have not told him why they don't want to spend time with their mother, but he suspects it's because of her discipline tactics. Father explains that, although Mother was not present for much day-to-day activity, she was a strict enforcer of her rules. He explains that she spanked the children regularly and most recently, when the children would misbehave, she would drive with them to the other side of town, yell at them in the car, and then tell them to walk home to "cool off." He claims that the youngest child told him that Mother once said to her that she wouldn't care if she got hit by a car on the walk home. Father says that this behavior seems to only happen on the weekends and he's wondering if Mother is using drugs or alcohol. When you ask Father if you believe it is in the best interests of the children to have a relationship with their mother, he replies, "If she's safe, yes."

After conducting your screening interviews with the parties, you then conduct a joint meeting with the parties' respective attorneys. In this meeting, Father's attorney states that there have been recent mandatory reports against Mother from the school alleging abuse and neglect by Mother. Mother's attorney claims that this is a result of Father's brainwashing of the children and coaching the children to say alarming statements to their teachers. At the conclusion of this meeting, you inform the attorneys that you believe family therapy is not appropriate at this time. You explain to the

attorneys that family therapy is appropriate if both parents believe it is in the best interests of the children to have a relationship with both of their parents. Right now, it seems like Father has concerns about whether the children are safe with their mother. Further, you note that the parties are on completely different ends of the spectrum as to why the children are resisting to see their mother. Mother alleges parental alienation and father alleges abuse. You recommend that the attorneys consider a child custody evaluation, prior to engaging with a family therapy. You state that the child custody evaluation will be helpful as it is a comprehensive fact-finding process that will shed light on the system and help identify if family therapy is appropriate. The parties ultimately agree, and a child custody evaluator is appointed.

Several months later, the child custody evaluator's report was filed with the court. In the report, the child custody evaluator recommended 1) individual therapy for both parents and the children; 2) family therapy; 3) primary parenting time with Father with every other weekend and every Wednesday overnight with Mother; and 3) Father to have sole legal decision-making authority given the degree of conflict between the parents, but Mother to have access to all records and providers.

With this background in mind, consider the following options for how this case may play out. In the first option, the professionals involved engage in a siloed and adversarial approach to resolving the family dynamics. In the second approach, the providers embark on a collaborative approach.

OPTION 1: AN ADVERSARIAL APPROACH

Following the advice of the child custody evaluator, both parents and their children are enrolled in individual therapy. Father's individual therapist is flabbergasted that the court failed the children and shares in Father's concern for the children's well-being. She believes Mother is a narcissist and the children are at risk for emotional abuse each time they have parenting time with their mother. Mother's individual therapist believes that the court punished her because she did not take on a traditional female/motherly role and that this is the result of an inherently gendered system. The children's therapists have met with Father and informed him that the children continue to state clearly and repeatedly that they do not want any parenting time with their mother. They have not met with Mother as she does not have legal custody. The younger child's therapist raises minor concern about the child's suicidal ideation, in that it is still present but that the child does not have a plan to harm herself. Father's therapist is concerned that the children and the father will continue to be emotionally abused if they engage in family therapy with Mother. As a result, Father has declined to participate in family therapy, at this time, until the children's therapists believe the children can engage in family therapy with mother.

Father informs his attorney that the children's therapists recommend the children stay with him and that he is fearful that his youngest child will harm herself if she is continued to be forced to have parenting time with Mother. Father's attorney goes into court to get a temporary parenting plan in which the children would live only with him and see Mother only in a therapeutic setting. Mother's attorney claims that this is another attempt by Father to alienate Mother, despite the child custody evaluator stating that Mother should have overnight parenting time. In an abundance of caution, the court grants Father's motion and orders the parties to participate in family therapy. The parties then struggle to find a family therapist. Father claims they are being denied services because the children

are not ready, and Mother believes they are being denied services because Father is sharing a false narrative with the potential providers that prevent them from wanting to work with the family. Ultimately, it has been six months since the court granted temporary custody to father and a family therapist has not been identified. The children have not contacted their mother in those six months.

OPTION 2: A COLLABORATIVE APPROACH

Following the advice of the child custody evaluator, both parents and the children are enrolled in individual therapy. Before beginning work with the children, both child therapists ask to have an individual intake session with each parent. Father initially objects to this as he has sole legal custody, however, the therapists insist that it is important to hear from both parents to be able to provide effective treatment. Father contacts his attorney who informs him that although Father has the right to make decisions for the children, there's no reason why Mother cannot be contacted by the children's therapists. Father agrees and the therapists conduct individual intake sessions with both parents. The children's therapists now have the perspective of both parents on why the children are in treatment and, further, Mother sees these providers as neutral professionals.

Mother's therapist believes it will be helpful to know why the court recommended Mother be in therapy so that she can establish an effective treatment plan. Mother gives permission for Mother's therapist to speak to Mother's attorney. Mother's attorney informs Mother's therapist that the child custody evaluator believes Mother would benefit from some emotional regulation work so that she can effectively communicate with her children and co-parent. Mother's therapist informs Mother's attorney that for her to be effective here, it would be helpful to have the feedback of Father and the children. As a result, she recommends that she either connect with Father's and the children's therapists and/or that a family therapist be appointed.

Mother's attorney then contacts Father's attorney. Together, they discuss the child custody evaluator's recommendation for individual work as well as family work. The attorneys discuss the need for a point person to determine whether the individual work is facilitative to the overall family well-being. They speak with their respective clients, and everyone agrees to move forward with a family therapist. The parties and attorneys agree that the family therapist will be allowed to communicate with the individual therapists as well as the attorneys. They also agree that family therapy will not begin until the family therapist, in collaboration with the individual therapists, believes it is appropriate to do so.

The family therapist begins by meeting with Father and Father's lawyer. The family therapist asks what Father's goals are for family therapy and Father replies to keep his children safe and that he's not sure family therapy is best for the children. The family therapist responds that this is a good goal, but gently challenges Father by wondering if safety means physical, psychological, emotional safety, or all the above? When Father replies all, the family therapist engages in a bit of psychoeducation explaining to Father and to Father's attorney that his children may be experiencing stress not knowing whether they will ever see their mother again, what that might look like, or if they even want to see their mother again. The family therapist asks Father if he could envision a goal of family therapy to be to reduce this stress on the children by helping them explore and establish a healthy relationship with their mother. Father agrees but states that he does not believe the children will want to have overnight time with their mother. The family therapist asks Father and Father's attorney

to take one step at a time and to first think about re-establishing the relationship before deciding on parenting time.

The family therapist next meets with Mother and Mother's lawyer. Mother's lawyer explains that Mother is an excellent Mother and believes that Father has placated the children and allowed this rift between Mother and children to develop. Mother states that she won't settle for less than 50/50 parenting time. The family therapist asks some thoughtful questions about Mother's ultimate end goal. She asks Mother how she will get to her end goal of 50/50 parenting time when the children are refusing to see her? She asks Mother and Mother's attorney if they would be willing to focus their efforts on establishing the quality of parent-child relationship before focusing on the quantity of parenting time.

VIGNETTE DISCUSSION

These two vignettes illustrate how the approach of professionals can profoundly shape outcomes in high-conflict parent–child cases. In the first, adversarial approach, the siloed work of individual therapists and attorneys reinforced polarized narratives, escalated conflict, and created barriers to engagement. Each professional is aligned with one parent's perspective, and the focus has been shifted from the children's needs to parental blame and litigation strategy. As a result, family therapy stalled, the children remained disconnected from their mother, and the intended therapeutic goals were delayed for months.

In contrast, the second, collaborative approach demonstrates how intentional coordination, neutrality, and validation can facilitate progress even in a high-conflict context. The therapists engaged both parents, established rapport, and maintained a neutral stance, while attorneys supported communication rather than fueling adversarial dynamics. By focusing on shared, child-centered goals, reframing parental expectations, and sequencing interventions thoughtfully, the family therapist created a safe environment for parents and children alike. This approach minimized defensiveness, strengthened trust in the therapeutic process, and laid the foundation for meaningful family engagement and potential reunification.

The family therapist's skill was evident in several ways. First, she validated each parent without endorsing their positions. With Father, she acknowledged his goal of keeping the children safe, affirming his protective intent without challenging his authority or motives. With Mother, she allowed her to articulate her desire for equal parenting time and her sense of competence, without reinforcing blame-based narratives. In both cases, validation focused on emotions and concerns rather than conclusions about fault.

Second, the therapist maintained neutrality and avoided taking sides. She did not resolve factual disputes or adopt either parent's explanation for the family rupture. Instead, she asked open, reflective questions that encouraged parents to consider their goals alongside their children's needs. Meeting separately with each parent and their attorney reinforced her impartiality and even-handedness.

Third, she reframed the parents' goals toward child-centered, developmentally appropriate objectives. With Father, she expanded "safety" to include emotional and psychological well-being and provided psychoeducation on the children's stress and uncertainty. With Mother, she redirected the focus from immediate 50/50 parenting-time demands to rebuilding the parent–child relationship first, emphasizing sequencing without dismissing her ultimate hopes.

Finally, the therapist avoided becoming entangled in litigation or advocacy roles. She did not promise outcomes or act as a vehicle for validating a parent's narrative in court. By keeping the focus on process, relationship quality, and the children's well-being rather than parental positions, she established credibility as a neutral professional.

Together, these strategies allowed the therapist to build early rapport, reduce defensiveness, and create a foundation for productive therapeutic work that both parents could tentatively trust—even amid high conflict. Overall, the collaborative vignette was more successful because it prioritized the children's well-being, maintained professional neutrality, and used careful coordination among all providers to focus on constructive, achievable goals rather than conflict and litigation.

CONCLUSION

This guide is intended as an introduction to a holistic understanding of the legal, mental health, and systems-based professionals who may be involved in cases involving parent–child contact problems. The roles described are illustrative rather than exhaustive, and not every case will include all of the professionals discussed. The appendix that follows provides sample court clauses designed to support and facilitate effective therapeutic intervention when appropriate.

The composition of any given case is shaped by jurisdictional practices, court orders, family needs, and available resources. Financial considerations and local availability can significantly influence whether families have access to evaluations, therapy, supervised contact, or coordinated services. Many families are unable to afford multiple providers, and some jurisdictions have limited access to professionals with specialized expertise. The vignette presented is not intended to suggest that successful intervention requires numerous professionals, but rather to illustrate that when multiple providers are involved, collaboration becomes especially important.

Even when all participants share concern for the child's well-being, collaboration can be challenging due to differing roles, perspectives, ethical obligations, and timelines. In this context, the process may feel like "herding cats"—not because professionals lack commitment or competence, but because efforts may unfold in parallel rather than in synchrony, with movement in generally the same direction but without seamless coordination or shared pacing. Whether a case involves many providers or only a few, intentional collaboration helps reduce fragmentation, minimizes the risk of professionals mirroring the disputes of the families they serve, and supports more effective, child-centered outcomes.

APPENDIX: PROPOSED COURT ORDERS

Clauses to consider for proposed court orders and agreements along with footnotes with relevant descriptions:

- The parties and their child(ren) shall immediately enroll in family therapy to address parent-child contact problems ("reunification therapy"). It is expected that both parents will participate in family therapy as directed by the clinical provider. The parties will contact XYZ agency within seven (7) days of the issuance of this court order. The purpose of this therapy is to restore and reunify MOTHER/FATHER'S relationship with the minor child(ren) such that the parenting time established in the DATE OF court order is followed, and, to rehabilitate the parties' co-parenting relationship.
- The court finds it is in the best interests of the child(ren) to have meaningful relationships with both parents. Further, the court finds that MOTHER/FATHER is safe and capable of having unsupervised parenting time, however, the court acknowledges that therapeutic support is needed to reach that point. Both parents shall participate as directed by the therapist. Failure to do so may result in a negative inference by the court.
- If family therapy is not covered by insurance, payment for all family therapy sessions will follow the same payment formula (e.g. 50/50, 70/30), regardless of who attends that session.[1]
- All appointments involving the child(ren) will occur in-person, unless otherwise agreed by the parents or if the family therapist deems otherwise.
- THERAPIST shall be in control over the reunification therapy process including but not limited to: scheduling meetings, frequency of meetings, whether the sessions shall be individual, joint, or with multiple family members, and duration of process. If a dispute arises, PARENT COORDINATOR may issue a binding directive.
- THERAPIST shall develop a treatment protocol that the parties and the minor children will follow in order to achieve the therapeutic objectives listed above. THERAPIST shall work with PARENT COORDINATOR who shall issue recommendations and decisions, as needed, to facilitate the therapist's treatment plan. The parties shall comply with PARENT COORDINATOR's recommendations. The parents shall at all times encourage the minor children to participate in reunification therapy.

[1]It is not uncommon to see language that only one parent pays for family therapy or that each parent pays for the sessions they attend and share the cost of the sessions with the children. These payment arrangements create more conflict for several reasons: 1) By requiring only one parent to pay, a narrative that only one parent or one household is at fault may be perpetuated. Both parents should be financially vested in easing the burden on their child; 2) Parents should be equally motivated to graduate from therapy. If parents are successful in advocating for more therapeutic work for their co-parent and that therapeutic work is solely at that co-parent's expense, the parties are not incentivized to work together.

- If THERAPIST deems it necessary to speak with any additional providers in order to achieve the therapeutic objectives, the parties shall sign the required releases within seven (7) days of request.
- If the parents engage in family therapy, stepparents and significant partners will be included in the family therapeutic work, however, a biological/custodial/first parent shall not be obligated to attend a family therapy session with their co-parent's partner unless it is clinically appropriate (as determined by the therapist) AND if all adults are in agreement. In the first instance, family therapy will work with individuals and various dyads, triads, and subsystems. It is not expected that all adults will need to be present together in session. It is expected that co-parents will attend some sessions together, without their significant partners in attendance.[2]
- The child custody evaluation report shall be released to PARENT COORDINATOR as well as the individual therapists for both parents, the child's therapist, and the family therapist. All providers shall be informed that the report shall remain confidential and may not be disseminated to the family members.
- PARENT COORDINATOR is authorized to host monthly therapeutic and/or legal team meetings.
- [The out-parent's name] initial parenting time is WRITTEN SCHEDULE. PARENT COORDINATOR shall oversee the implementation of the step-up parenting plan as outlined in the Child Custody Evaluation report. PARENT COORDINATOR shall have the authority to make minor changes to the timing of the steps, as needed, after consultation with the parents, legal team, and therapeutic team. If the parents are unable to agree on the next step of the step-up parenting plan, PARENT COORDINATOR shall enter written findings as to their recommendations on implementing each stage of the step-up parenting plan. These recommendations shall be binding for the parents, however, either parent retains the authority to appeal PARENT COORDINATOR's decision to the court.
- [The in-parent's name] shall, in a timely way, calculated to allow a reasonable time for response, notify [the out-parent] in writing of each non-emergency decision he/she needs to make for the minor child(ren) regarding his/her/their health, education, extra-curricular activities, emotional development, moral development, and religious development. The written notification shall include a description of the issue or problem requiring decision, a description of the in-parent's recommendations as to the decision, and the date by which the decision will be made. In regard to each such decision, [out-parent's name] shall have the right to provide [in-parent's name] with a written response and recommendations. [In-parent] shall, as to each issue, consider [out-parent]'s timely recommendations and analysis in making the final decision and shall notify [out-parent] in writing, no more than 3 days following the making of the decision, as to decision made and the reasons why [out-parent]'s recommendations were followed, partially followed, or not followed.[3]

[2]The introduction of new partners and/or stepparents can impact PCCP cases. Stepparents may exacerbate the issue or may act as a protective influence and encourage healing. Nevertheless, the involvement of stepparents in treatment or interventions may be disputed. Clear court orders addressing the involvement of stepparents removes providers from making a decision (to include or not) that may pull them off of a neutral stance.

[3]A clause like this may be important in cases where children have limited, if any, contact with the out-parent. By entering this clause, the court signals to the system that the out-parent is an equal parent, deserving of notice and input, but may also recognize that the out-parent may have reduced insight into the issues given their reduced involvement with the child.

EXAMPLE OF A COURT ORDER WITH A FINDING OF NON-COMPLIANCE BY A PARENT

THE COURT HEREBY FINDS BY CLEAR AND CONVINCING EVIDENCE:

- There is a clear and unequivocal order of this court that Father shall have parenting time with the minor child alternate weekends from Friday after school until start of school on Monday, and alternate Wednesdays from 4:30 p.m. until 8:00 p.m.. (See Judgment of Custody-Support-Parenting Time dated April 5, 2019).
- Mother has clearly and undoubtedly disobeyed the order by: Failing to allow Father to have parenting time for each and every time he was permitted to have parenting time since January 2020. On January 15, 2020, Mother alleged Father abused the child, the court finds Mother's allegations to not be credible. The state's department of children and family unsupported the allegation filed against Father. The department substantiated an allegation of neglect due to the conflict between the parents. Mother further denied Counsel for the child access to his client. The court hereby finds that Mother is intentionally and without justification interfering with the child's ability to have a relationship with Father. Mother has repeatedly denied Father parenting time without justification and Mother's actions are harmful and detrimental to the child. Child enjoys his time with his Father and benefits from a relationship with his Father.
- Mother has the ability to comply with said order. The court specifically finds by clear and convincing evidence as follows: Mother exaggerated allegations of abuse against Father to interfere with the child's relationship with Father. Mother previously denied Father parenting time resulting in a Complaint for Contempt dated June, 2019. The parties reached an agreement to dismiss the previous Complaint for Contempt after Father's parenting time was resumed pursuant to the Judgment of Custody-Support-Parenting time on April 5, 2019.

IT IS HEREBY ORDERED:

- That Defendant / Mother is in CONTEMPT of this court for having willfully neglected and refused to comply with this Court's Judgment of Custody-Support-Parenting time dated April 5, 2019.
- Father shall have parenting time with the child from August 10, 2025 at 12:00 p.m. until September 13, 2025 at 4:00 p.m. or further hearing of this court. Father shall have the right to request the assistance of law enforcement to enforce this order.
- Father shall contact the court no later than 3:00 p.m. to notify the court whether he has the child in his care.
- During Father's parenting time, Mother may have supervised telephone contact or video contact with the child each Wednesday at 6:00 p.m.. Father or his designee shall be able to hear / see each call between Mother and the child.
- Father shall forthwith contact the child's therapist and schedule an appointment for the child as soon as possible, indicating to the therapist that this Order has entered and requesting an emergency appointment.
- During Father's parenting as outlined above, he shall have sole legal custody with respect to any medical, dental, or therapeutic decisions that need to be made during this time. Father shall have the right to access any and all information regarding the child's education and the

child's school is instructed to provide Father with all information he requests regarding the child's education.
- Both parties shall cooperate with the Department of Children and Families.
- While the child is in Father's custody, he shall make arrangements for the child to meet with Attorney Smith.
- Father's child support obligation is temporarily suspended effective today.

IT IS FURTHER ORDERED THAT:
- The Defendant / Mother be committed to the custody of the XYZ County Sheriff's Department for 10 days or until she transfers custody of the child to Father, whichever occurs first.
- This sentence is suspended and a direct capias and mittimus will not issue on condition that Defendant complies with the aforesaid order NO LATER THAN 12:00 PM on August 10, 2025.
- This matter is continued to September 13, 2025 at 9:00AM.

All until further order of this court.

_____ _____

Date

Walt Disney,
Justice Probate and Family Court

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