**OVERCOMING BARRIERS FAMILY CAMP:**

**A PROGRAM FOR HIGH-CONFLICT DIVORCED FAMILIES**

**WHERE A CHILD**1 **IS RESISTING CONTACT WITH A PARENT**

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Overcoming Barriers Family Camp is an innovative program designed to treat separating and divorced families

where a child is resisting contact or totally rejecting a parent. Both parents, significant others, and children

participate in a 5-day family camp experience that combines psycho-education and clinical intervention in a safe,

supportive milieu. This article describes the components of the program, from referrals to intake to aftercare.

Evaluation immediately following the camp experience is provided for the camps that ran in 2008 and 2009, and

6-month follow-up interview information is provided for the 2008 camp program as well as 1-month follow-up

about the initiation of aftercare with the 2009 families. A discussion of the strengths and challenges of this

approach with entrenched, high-conflict family systems concludes the article.fcre\_1293 116..135

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*divorce*; *reunification*; *re-integration*

Overcoming Barriers Family Camp (OBFC) is a 5-day, 4-overnight family camp

program designed to deliver intensive treatment to high-conflict families. The program is a

combination of psycho-education, clinical intervention, and milieu therapy, delivered to

families stuck in the impasse of the divorce transition who present a child who is resisting

or refusing contact with a parent.

**HISTORY OF DEVELOPMENT**

The camp concept initially began with one of the author’s attempt to reunify a father

with his children at Camp Common Ground in Vermont. After careful screening for issues

of abuse and safety and initial work with the entire family, the father–son intervention was

to be the culmination of the family work. This intervention was unsuccessful as the aligned

parent did not follow court orders, went to the camp with the children, and the children

would not leave the car. Following this initial attempt to use an intensive camp model, a

group of forensic psychologists, court personnel, a judge, and attorneys met over several

months and developed the current model. This intervention model includes all members of

the restructured family system (parents, spouses, and stepsiblings).

The program was piloted in 2008 with five families for 3 days. Inclusion of all family

members added to the challenge, but proved crucial to the camp’s success. Surprisingly, all

parents in exit interviews requested a longer camp, more co-parent interventions, and more

parent–child interventions. The 2009 OBFC was 5 days and built on the experience of the

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pilot program, adding daily co-parent meetings, parent–child or family meetings as often as

possible, and psychologist interventions with all camp participants throughout the camp

experience.

**FAMILY CHARACTERISTICS**

The characteristics of the 10 families who participated in the 2 years of OBFC are as

follows:

1. The divorcing or divorced co-parents are quite conflicted, still embedded in the legal

adversarial court process, and, therefore, organized to address their family system’s

dysfunction with strategies that may be functional in litigation but are antithetical to

creating and implementing a parenting plan for their child (Sullivan, 2008). Some

of the families have been embedded in this context for years, engaging in repeated

custody evaluations, hearings, and trials. In fact, all but one family who attended

OBFC were court-ordered over the objection of the favored parent.

2. There are significant polarities in the perspectives of the parents, with all parent

dyads having common themes in their impasse—the favored parents’ perspective

organized by what they consider a “protective” stance as it relates to the rejected

parents’ access to the child, alleging abuse, poor parenting, neglect, and/or domestic

violence in the spousal/co-parenting relationship. The favored parents assert that the

high level of interparental conflict is significantly, if not exclusively, perpetrated by

the rejected parent. The rejected parents assert that they are victims of “alienation”

by the favored parent (Fidler & Bala, 2010; Kelly & Johnston, 2001). The themes

associated with this stance are that they are good parents, historically positively, and

often significantly, involved in their children’s lives. Further, the rejected parents

report that the favored parents have been attempting to remove them from their

children’s lives by carrying out a malicious agenda, and they are either impaired by

mental illness or driven by malicious and/or retaliatory motives or tactically making

spurious allegations to gain an advantage in divorce issues other than those concerning

the children (e.g., property and support, relocation, school placement, etc.).

Finally, they, like their co-parent, attribute most, if not all, of the cause of their

co-parenting conflict to the other parent.

3. The child presents with varying degrees of expressed hatred, fears, anxieties, and

other symptoms of distress (somatic, etc.) and extreme resistance or total refusal

to any contact, sometimes engaging in verbal and physical aggression with his/her

rejected parent. With the favored parent, the child expresses affection and evidenced

boundary diffusion and separation issues. The child tends to have a variety

of adjustment problems that place him or her on the vulnerable side of the

resilient-to-vulnerable continuum of child functioning (Emery, 2004).2 The

dilemma for family court professionals working with these families is that a determination

of a parenting plan that is not damaging to the child and is based on the

child’s expressed intense hatred, fear, mistrust, etc., toward the rejected parent can

potentially support either parent’s position in litigation. The child’s vehement

expressed negative emotions and rejection may be as consistent with child alienation

as well as a child who has been neglected and abused or exposed to domestic

violence.

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4. Two pervasive and troubling aspects of these families are that the intensity and

severity of the child’s rejection seem exaggerated and out of proportion to many

of the allegations of misconduct on the rejected parent’s part, and yet there is also

credible evidence supporting the favored parent’s concerns about the child’s experience

of the rejected parent. The presence of *both* sets of parental contributions to

the child’s response is consistent with the reformulation of child alienation offered

by the work of Marin group published in several articles in *Family Court Review*

in 2001 (e.g., Kelly & Johnston, 2001).

5. All families have had a series of ineffective, failed, or even counterproductive

traditional mental health interventions. Various members of the family, particularly

the child, had been involved in multiple mental health interventions. The conflict

and polarities that exist between the parents have not been resolved by these

interventions, compromising and often terminating professionals’ attempts to

work with the family. In our cases, mental health professionals were almost always

pulled by one parent or the other into adversarial court processes. Once involved

in litigation, mental health professionals often allied with a particular parent’s

perspective, losing their working alliance with the other parent (if they ever had

one), and organizing the structure of their work with the child from that aligned

position, thus compromising any ability to intervene effectively in the pathological

dynamics that pervade these family systems.

6. A significant portion of the cases came to the OBFC with a clear determination by

neutral evaluation and the court that the child’s rejection was a response to a

pervasive pattern of alienation on the part of the favored parent (who had exclusive

custody). The referral for the family to attend the camp was considered a

“final” intervention, ordered by the court, before more extreme interventions were

considered that may place the child with one parent solely or in a placement

outside either parent’s care and control (Sullivan & Kelly, 2001; Fidler & Bala,

2010). These cases presented with the child still expressing hatred and fear and

refusing contact and the favored parent still not supporting contact with the

rejected parent. The family arrived at the camp with the legacy of a “high stakes”

custody battle, resulting in heightened and more extreme intensity of all of the

factors that created the impasse.

7. Several families who came to OBFC after a neutral evaluation acknowledged

many factors at work, including poor or inconsistent parenting by one parent with

fear or safety concerns resulting in isolation and overprotection of the children by

the other (Drozd & Olesen, 2004). These families arrived at the camp appearing

as polarized and entrenched as other families, but their dynamics proved more

quickly responsive to camp interventions.

**PROGRAM GOALS**

The objectives of OBFC are to provide a family system’s intervention to high-conflict

families who have the characteristics described above. The family is involved in the

program—mothers, fathers, their new marital partners,3 and the child(ren). This “whole

family” approach allows the program to have the greatest potential impact on the family

system dynamics that contribute to their impasse (Fidler & Bala, 2010; Friedlander &

Walters, 2010; Johnston & Campbell, 1988; Johnston, Roseby, & Kuehnle, 2009; Kelly &

Johnston, 2001; Sullivan & Kelly, 2001).

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The specific goal of overcoming obstacles to reconnecting the child and rejected parent

is addressed by focusing throughout the program on the family system’s multiple dynamics

that impact the child’s response to their unique situation (Johnston & Campbell, 1988;

Kelly & Johnston, 2001). These authors identify the individual (parents and child), interpersonal

(the parent–parent and parent–child relationships), and broader context factors

(significant others, extended family, mental health and legal systems, etc.) that have created

and maintain the dysfunctional impasse of the family system, preventing co-parents from

moving functionally through the divorce transition to a stable, functional, postdivorce

custody situation for themselves and their children.

The goals of OBFC are to provide intensive psycho-education to all members of the

family, including co-parenting work (meeting multiple times with the parent dyads) and

creating safe “connections” between the rejected parent and the child in a carefully

constructed camp milieu. The work with the co-parents has the goal of them leaving the

camp with an agreement about a sharing of parenting time or, when that was not possible,

at least a process for how they can continue to work collaboratively on this agreement after

the camp. Regardless of whether this goal is accomplished, all parents receive a detailed

aftercare program that is focused on supporting the parenting plan they leave with or will

still need to finalize after the program. We provide a *written* aftercare plan to each set of

parents when they exit the program (see example in Appendix A). Finally, we have parents

sign releases of information for professionals working with the family in aftercare to

enhance the likelihood that the clinical information gained about the family in the program

can be communicated to the providers and, if still necessary, the court.

**PROGRAM DESCRIPTION**

Taking families out of their usual context, having *two* parents and the child(ren)

involved, and delivering a combination of (a) psycho-education, (b) intensive clinical

intervention, and (c) an enjoyable camp experience are essential components to this

innovative approach.

1. The camp experience: OBFC is set in a tranquil, secluded family summer camp in

upstateVermont. The camp has a well-established, family-oriented program, including

a seasoned administrative staff (who were intrigued by the challenge), incredibly

competent counselors, and provided a rich program, including a myriad of recreational

activities (yoga, hikes to the creek, outdoor and indoor games, etc.), arts and

crafts, and typical family camp offerings (campfire, sing-alongs, music, a talent show,

etc.). During this camp week, the space was solely devoted to the OBFC program.

2. The clinical program: Three seasoned clinical psychologists provided a pro bono

commitment to work with these families in a 5-day camp setting. (The first-year pilot

camp was 3 days, extended to 5 days the second year after all participants expressed

a desire for longer camp.)At the onset of the camp, the clinical team met for a briefing

of the families (reviewing legal and mental health documentation about each family,

as well as the pre-camp interviews with each parent and professional(s) who were

working with them). During the course of the camp, the clinical team intervened in

the following ways:

a. Providing a 3-hour psycho-educational group for parents (separating the favored

and rejected parents) and children (providing two groups in 2009 to accommodate

the age ranges of the children).

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b. Conducting co-parenting sessions. The two clinicians who ran the morning

parent groups met in a co-therapy format with the co-parenting dyads, with the

goal of discussing and resolving current issues and the eventual goal of agreeing

to a parenting plan, and recommending and gaining agreement for professional

services that would support this parenting plan.

c. Designing and carrying out interventions to reconnect rejected parents and their

child during the camp experience in the afternoons and evenings. These included

engaging in parallel activities (watching the children play a game on the field),

engaging in a shared activity (working together on an art/craft activity, going on

a walk), or more intensive clinical interventions (family meetings).

**REFERRALS AND INTAKE**

Referrals for the camp typically were received 2 or 3 months before the camp occurred

in late July. OBFC has become better known in the family court community across the

United States and Canada through presentations at conferences, word of mouth to fellow

court professionals, and dissemination of brochures. Working with the cases from initial

referral to participation at the camp has been a labor-intensive, unpredictable, and ultimately,

last-minute process. From a pool of over 36 inquiries in 2008 and almost 50

referrals or inquiries in 2009, factors such as the timing of court hearings, the willingness

of judges to make orders to mandate attendance (see a sample court order for OBFC in

Appendix B), and the ability of families to pay the costs of the camp created uncertainty as

to whether the camp will run or not each year up to the last week.With several families, the

threat of referral to OBFC has been an unintended court intervention that has resolved the

custody disputes in the case!

The intake process includes obtaining information about the families to facilitate the

clinical work with them and for them to have a successful family camp experience. On the

clinical side, multiple interviews with parents to both provide information about the camp

and obtain their perspectives on their situation occur. The initial 1.5-hour interview

screened the parent campers for issues (domestic violence, substance abuse, major

untreated mental illness, and medical conditions) that contraindicated camp participation.

In addition, interviews with the key professionals involved augmented our understanding of

the family dynamics. Working alliances are formed with the parents in these interviews,

laying the foundation for the intensive work that occurs in the camp. On the camp side, our

camp director obtains information from the families about everything, from transportation

plans (we have had families from all over the United States and Canada attend), special diet,

allergy and other medical issues, preferences for activities, etc.

**THE OBFC PROGRAM**

The morning groups (9 a.m.–12 p.m. daily) worked separately with favored parents,

rejected parents, and children. These groups were each facilitated by an experienced

psychologist and an aide for support. These support professionals were able, through their

involvement in the parent groups, to work more effectively as counselors in the milieu

(where they had counselor and buddy roles).

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**THE MORNING PARENT GROUP STRUCTURE**

The parent groups were divided into an “in” parent group and an “out” parent group. The

rationale for this division was twofold: (a) the shared experience of the parents in these

positions in the family system would create an “identification system” for these parents—a

shared experience that created intimacy, trust, a sense of commonality, and alliance to use

in both the group and for support in the camp experience and afterwards4; and (2) the focus

of the psycho-educational component could be better tailored to the favored and rejected

parent. The clinical team was concerned that this division might create an adversarial

“tribal” dynamic in the camp, but that did not appear to happen as the camp unfolded. The

clinicians made a concerted effort to connect with parents from the other group (both in the

clinical interventions and camp experience) to create crossover and avoid polarization.

The morning parent groups provided three overlapping functions:

1. *Psycho-education*: Both clinicians utilized the group time to provide substantive

information about the dynamics of high-conflict divorce, the deleterious impact of

litigation on co-parenting, and current systemic conceptualization of the alienated

child (Kelly & Johnston, 2001); practical strategies to manage and respond to an

alienated child and alienating parents (Baker & Fine, 2008; Warshak, 2001); and

legal and psychological interventions relevant to aftercare support, such as parenting

coordination (Deutsch, Coates, & Fieldstone, 2008; Deutsch, 2008; Sullivan,

2008). Group themes focused on motivation and possibility of change, catching and

correcting cognitive distortions, issues of fear, safety, overprotection and underprotection,

coping strategies for intense affect, and effective tools for direct

communication. Methods to deliver this relevant information included didactic

presentation (usually brief), discussion, parents sharing their experiences historically,

role playing, and, most importantly, using their experiences at camp to highlight

concepts that were being presented throughout the groups (Arbuthnot,

Gordon, Stratton, & Stratton, 2005; Leahy, 2003). The intent of this educational

component was to introduce new ways to understand their situation in order to

create new possibilities to respond in their situation (addressing their “impasse”)

(Johnston et al., 2009; Roseby & Johnston, 1997) from a new perspective.

2. *The “lab,” the “microcosm of life outside*”: The group leaders used the group

experience as a laboratory to translate new ideas about the parents’ situations to new

approaches and behavior in the camp setting. Members of the group engaged in

structured exercises (e.g., the exchange of written communication between children

and “out” parents, where the rejected parents wrote their hopes for their children

and the children wrote to the rejected parents a list of issues that the rejected parents

needed to address in order to repair their relationship with the child). The parents

engaged in role plays as a rehearsal to engage more functionally with their children

and co-parent later that day in the camp experience. The group leader introduced a

theme, such as “messages that keep a child in the middle of conflict” or “taking

responsibility for my role in the family dynamic.” Initially, the group leader played

the role of the child or the other parent. Over time, group participants took over and

played the roles, including their own experiences. (These role plays allowed the

parents to try on what they were learning in the safety of the “lab,” get feedback

and support from clinicians and other parents, try out the rehearsed interaction, and

bring back the experience to the next group for further processing [whether it had

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gone well or poorly]). This interplay between the group and camp experience was

one of the most potent and unique aspects of the treatment.

3. *Group process*: The intensity of the parents’ identification with other members of

their morning group, both because of their shared past experience and what they

saw each other experiencing in the camp, was also utilized as a clinical tool. The

psychologists used other parents in the group to challenge each other about their

problematic attitudes and conduct. For example, a father who was threatening to

push the court to send his estranged daughter to boarding school was told by several

group members that this was unreasonable and would further estrange him. Similarly,

a father’s raucous behavior the night before was observed by group members

as off-putting, if not scary, for his children. A mother’s keeping her children solely

at her side during the camp activities was challenged by other mothers. A favored

father’s “overprotection” of his daughter was examined by the group, and feedback

that his behavior was too extreme was provided by members. Fellow group

members also provided comfort, support, and reassurance. The two mothers in the

rejected parents’ group were repeatedly reassured that they were thoughtful, compassionate,

and good parents, despite their rejection by their own children. The

impact of hearing feedback from other parents rather than the psychologist had a

significant therapeutic effect in the morning group process.

**THE MORNING CHILDREN’S GROUPS**

The children’s group met in the “teen” room in a barn. The barn was available for

physical activity during breaks, and an art room in the barn was also available for projects.

In 2008, the nine children were in one group, ages 11–17 years. In 2009, the children were

divided into two groups, five children in a 7- to 11-year-old age group and six children in

a 12- to 14-year-old age group. For the first 2 days, the two groups were combined for most

of the time. The first hour and a half was devoted to group exercises, followed by a break

with some physical activity. The last hour resumed in the teen room and ended in the art

room where the kids worked on an ongoing project that provided a venue for both reflection

and group connection. The children chose a cigar box and decorated the outside to reflect

their outside self, and the inside to reflect their inside self (Roseby & Johnston, 1997). One

13-year-old boy, who was seen as very angry, decorated his box with screws and sharp

objects protruding from the inside and the outside. This box needed to be shipped to him

after the camp as it would not be allowed through security at the airport.

The overall goals of the group were to (1) alter the child’s polarized and rigidly held

view of each parent into a more realistic nuanced view based on his/her actual experience

and (2) restore relationships within the family.

In 2008, there were three group sessions. In the first session, the goals were to create

common ground and safety, to help children identify the importance of relationships, to

develop trust within the group, and to help the children understand different points of view

(Roseby & Deutsch, 1985). In the second session, the goals were to identify how thoughts,

feelings, and behaviors are related; to identify cognitive distortions; and to practice role

switching (Roseby & Johnston, 1997). In the third session, the goals were to learn a

problem-solving model, to learn to listen actively and overcome barriers to effective

listening, and to share hopes for each member of the group (Pedro-Carroll, 2005; Pedro-

Carroll, Sutton, & Black, 1999).

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The children responded best to activities in which they could move around. For example,

when discussing how thoughts, feelings, and behaviors are related, they worked in groups

of four and one person was the director. The director put the other three in roles, based on

a prepared scenario. From each vantage point, they discussed their thoughts, feelings, and

behaviors.

In 2009, with two extra sessions available, the children practiced role switching and a

problem-solving model more intensively. The older children had an opportunity to work in

vivo on a problem one of the girls had. In this situation, she was excluding her father from

participating in an activity she had set up for the entire camp. The group leader was able to

use that example to facilitate the problem-solving model. The children brainstormed

possible solutions, looked at the positive and negative consequences of each solution, and

came up with a solution that was satisfactory to the group and to the camp director. The

opportunity to understand different points of view, receive feedback from the group, and to

then share the solution with the younger children provided a link from the group to the

camp experience.

The children found a sense of belonging and normality in sharing their stories and

noting the common experiences. Though these young people were very different from each

other and would be unlikely friends in another setting, they reported feeling very bonded to

each other and “friends for life.” They found that meeting others with similar situations in

which they held similar thoughts and feelings was normalizing and helpful. About three

quarters of the children shifted so that they were able to identify and share their views about

perceived strengths in other children’s noncustodial parents.

In the second session, the rejected parents wrote their wishes and hopes for their

children and a connection with their children. This was framed as the first meaningful

connection they would initiate at the camp, and their notes were shared with the kids

anonymously. Messages included declarations of love, being proud of their children, asking

to be given a chance, asking the child to open up their minds and hearts, and giving them

whatever space is needed. They were told these would be shared with their children in a

supportive group. The children desperately tried to figure out which card came from their

parent, yet described the messages as “fake.” In a second exercise in 2008, the children

wrote to the rejected parent what that parent would need to do to connect with them in a

more positive manner. Messages focused on taking responsibility, not being over reactive,

to be given space, to be more honest and trustworthy, and to apologize. Again, this was

framed to the rejected parent as another meaningful connection and read anonymously in

the parent group. The group then processed their children’s feedback, highlighting

common issues and strategizing ways to connect given this feedback. In 2009, the younger

group wrote messages back while the 12- to 14-year-old children refused to send messages

back to the rejected parents, stating that they did not “deserve” to hear from them and that

they were not going to connect. This older age group bonded more intensely around

rejection until the last session.

**CO-PARENTWORK**

The two psychologists who worked with the parents in the morning groups also worked

together with the co-parent dyads on a nearly daily basis to (1) address the dynamics that

maintained their high level of interparental conflict; (2) structure, plan, and support the

connections between the rejected parent and child; (3) address disputes in the parenting

plan; and (4) discuss and recommend aftercare services.

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Not surprisingly, these co-parent dyads were locked in high-conflict interactional patterns

that manifested intensely in the co-parent meetings. The two psychologists met with

the parents in highly structured meetings (sometimes modelling more child-focused, functional

interactions for the parents), to agree to and carefully choreograph connections

between the rejected parent and the child and attempt to address their polarized perspectives

about the child’s response to their high conflict in a more functional manner.

Sadly, many of the co-parents had not met in a supportive format such as these meetings

for months or years. The only time they saw each other was when they both appeared in

court. The work had varying degrees of success—some families were able to agree to a

parenting plan (with parenting time for both parents) while others moved back into the

court system for more litigation about their custody issues.

Each set of co-parents had a final meeting with the two psychologists who had worked

with them during the camp program. These final meetings were used to emphasize progress

during the program, to provide a manageable structure to co-parent despite their unique

conflict dynamics, to finalize any agreements they had made about their parenting plan, and

to present the recommended components of aftercare.

Each family was returning to a unique situation both in the family court process and with

regard to professional interventions. With input from the entire clinical team, the two

psychologists addressed aftercare needs with the co-parents and provided a written aftercare

plan. The clinical team made specific recommendations for professionals who could

serve in the roles recommended in their home communities to assure quality care. To

maximize the continuity of our clinical understanding of the families derived from the

camp, we documented that it was “essential” for aftercare professionals to connect as soon

as possible at the onset or continuation of their work to obtain a status of the family after

camp, treatment progress, and to provide consultation to the professionals about working

with these difficult families.

**THE OBFC MILIEU**

The idyllic setting (700 acres in rural Vermont), extraordinarily skilled counselors,5 and

careful coordination between clinical and camp staff created a powerful, therapeutic experience

for all the families. The structural components of the OBFC milieu included (1) the

use of camp space, (2) planned camp activities, and (3) planned and ad hoc clinical

interventions:

1. Use of the camp *space*:

*Dining room/indoor activity center*: There were several large tables in proximity to

each other in a large multipurpose room. Staff were assigned strategically at tables

to support connection between and among parents and children. A kids’ table built

cohesion in that group and was used to separate kids from their favored parent. A

screened porch with both sitting areas and a large craft table allowed for interactive,

indoor spaces. A table tennis and foosball area invited campers to participate in

active indoor games, to engage different collections of parents and children, and to

allow some spectating as well. There was a table tennis tournament and “Big Show”

performance (a talent show) the last evening of camp that nearly every camper and

staff participated in.

*The bathhouse*: One bathroom facility was located in proximity to the cabins—

toilets (gender segregated), showers (three inside, three outside), common sinks

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(two rows of four sinks)—consciously structured and supervised to encourage and

support the negotiation of family interaction.

*Cabins*:A cluster of cabins were used almost exclusively for gender- and age-based

camper groups (with a counselor) to sleep in each cabin. This space was used to (a)

separate the favored parents from their children (a persistent camp-wide effort); (b)

mix favored parents and rejected parents (initially without their specific knowledge

of parent roles), to create parent–parent “identification systems” to build bridges

between the rejected and favored parent groups; (c) build cohesion between children

of similar age and gender; (d) provide input to the clinical team by having a

staff member in each cabin, providing their observations and reports to clinicians

each morning; (e) create cohesion in “father” and “mother” groups; and (e)

build strong bonds between cabin counselors and children, who often required

comfort and reassurance (it was often the children’s first experience of sleep-away

camp).

*Staff space*: The “farmhouse” was off limits to the campers, allowing a readily accessible

retreat from the milieu for the clinical team to meet during the day, coordinate

treatment, share information, design interventions, coordinate with camp director,

debrief each evening (9 p.m.–11 p.m.), and plan for next day (7:30 a.m.–9:00 a.m.).

*Common space*: The kitchen, outdoor grounds (grassy hills, volleyball, basketball

courts, a play structure with swings and slides, etc.), porches, paths to and from areas

of the camps, and a creek that ran through the camp grounds were places where

connections (walking past, waving, making eye contact, interacting) between

children and rejected parents occurred. There were always camp counselors accompanying

or in close proximity to campers using these spaces, to monitor and

support constructive interaction.

2. Strategic structuring of camp *activities*:

*Whole camp activities*: All campers could either be invited as an option or required

to participate in whole group games, drumming, campfires, meals, daily all-camp

meetings, the “Big Show,” and the ending circle ritual. All these activities were

carefully orchestrated to provide varying structures, demands, and supports for

family interaction. The camp director took photos and created a slide show, which

was viewed on a continuous loop the last morning.

*Strategic inclusion/exclusion of groups*: The clinical team utilized camp activities to

promote the goals of reconnecting rejected parents and children by keeping favored

parents apart in their own activities, placing rejected parents and children in

proximity—parallel play (several rejected parents had very positive “connections”

with their children just by being able to observe them in play as they had not seen

them, sometimes in years). Similarly, the children were aware of these parents

observing them, which had an impact on them. Strategically designing activities that

had a range of engagement demands—rock-paper-scissors (quick, random mixing),

tag, listening to ghost stories at the campfire (sharing space, little demand for

interaction), creating and floating boats down the creek, handpicking groups to

compete on a song lyrics game, ping-pong (singles, doubles, spectating), planning

and rehearsing performances for the “Big Show”—allowed for many and varied

types of connections.

*Phasing constructive engagement between family members*: Activities were structured

to begin with less demands for in-family connection (focusing first on parent–

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child connections across families), then increasing the demands for within-family

interaction, while being sensitive to the differing ability to connect within families as

appropriate to the particular dynamics of the family. This demanded staff to be

attuned and flexible to provide hands-on support when issues occurred. For example,

a family on one extreme had a son who, by bolting from common space, sent a

rejecting message to a rejected mom.

Another family with more workable dynamics who was unexpectedly engaging

cooperatively and positively necessitated an individualized set of interventions and

accommodations. Work with this family resulted in changing the camp rules for

them, to permit their entire family to engage in activities not appropriate for other

families.

Activity planning was a clinical and camp staff collaboration that attempted to

“titrate” more positive engagement between co-parents and the rejected parent and

children in activities as well as to encourage (not force) connections structurally, but

manageably.

3. Planned and ad hoc clinical *interventions* in the milieu:

*Planned interventions by the psychologists*: As a result of clinical meetings at the

beginning, middle, and end of the day, where assessment of readiness to connect

co-parents and children with the rejected parent occurred, opportunities to have

dyadic interactions supported by one or two clinicians took place throughout the

day. Parents were prepared (often rehearsing during morning groups) to optimize

these opportunities for rejected parents and their children to connect by addressing

the dynamics of their relationship with their child, to anticipate and deal with

rejection, to listen supportively when a child expressed negative feelings, and to

look for opportunities to continue to engage. Favored parents worked in the

morning groups (and were continually encouraged by staff) to support their child’s

openness to interact with the rejected parent, despite their own fear, anger, and

distrust of their co-parent. Before these meetings occurred, children were asked if

they were ready for such a contact, supported by the psychologist, and, often,

favored parent.

Children were never forced to engage with a rejected parent. For one family, the

co-therapists worked with the mother and father to structure a meeting with the

children, who the father had not seen for a year. The child therapist prepared the two

children and connected with the mother to build an alliance. The three therapists

met with the family of four to support the father’s structured and prepared apology,

the mother’s encouragement of the interaction, and the children’s questions. The

older child was overheard telling her father later that day, “I guess I don’t need to

be mean to you anymore.”

*Ad hoc interventions for spontaneous “critical incidents”*: These interventions

occurred throughout the camp, usually because something counter to the goals of

more positive engagement between the children and their rejected parent had

occurred. Clinicians intervened to both set limits and use incidents to hammer home

why conduct was disruptive (a son splashing water on his mother at the creek,

necessitating an intervention with the father and son to set a limit around abusive

behavior; another son pouring a glass of water on his father, necessitating a direct

confrontation of the child by a psychologist and support to the father). As the camp

progressed, a momentum built such that both children and rejected parents

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requested support from clinicians to connect with each other to take risks to make

progress in their relationship.

*Buddy interventions*: Each camper was assigned a staff “buddy.” These were camp

staff with varying degrees of clinical or educational experience. These buddies

engaged in interactions with their campers (usually responsible for two campers)

to provide support, to listen, to engage in an exploration of issues, and to report

back to clinicians on these discussions. These buddies were often present to support

interactions that occurred between family members during the activities (sitting

next to family members at meals, playing games, doing activities, etc.). When

clinicians were concerned about “decompensation” in more psychologically vulnerable

campers (which occurred on two occasions), buddies were alerted to keep

these campers on “close observation.”

4. *Other camp components*:

Some additional OBFC components that were essential to the success of the

program are briefly described below:

*Security*: There was a “night watchman” who stayed in a central place (in front of the

bathhouse) in the cabin complex. Hewas on duty 9 p.m.–6 a.m. and did hourly rounds

with a flashlight. The last night of the 2008 camp, we had concerns about a particular

camper’s agitated state and were able to keep in contact, alerting the security person

about the concerns and arranging to have closer surveillance of that camper.

*Coordination of staff activity, information flow between camp staff and clinicians*:

The camp director’s coordination and “linkage” role between camp staff and clinicians

were key. She was the hub of the wheel and link as she conveyed information

back and forth between camp staff and clinicians. Shewas present at both the clinical

meetings and camp staff meetings, sharing information between the two services.

She was also the camp rule setter and ultimate enforcer of the rules.

*Camper interface with the outside world*: Every reasonable effort was made to

disengage campers from the outsideworld. Cell phone and PDAusewas discouraged

and limited in terms of where and when these could be used. Minor children were not

allowed to have cell phones at camp. Despite these rules, issues with regard to

logistics of arrival and departure, dealing with parents using the phone to contact

attorneys, and extended family support and work issues all required intervention at

times during the camp.

*Planning and structuring entry and exit*:

1. Entry—The arrival of families posed multiple challenges for the camp. We

encountered highly anxious, resistant family members (the favored parents and

the children) and highly anxious, frustrated, rejected parents who wanted immediate

connection with their children. We provided orientation to the camp, had

parents sign releases of information and informed consent forms, and structured

initial contact with co-parents and rejected parents and structured activities for

the arriving campers. Dealing with the staggered and somewhat unpredictable

arrival times (flying in from various parts of North America) was challenging as

well. In 2009, we began the psycho-educational groups on arrival day to provide

structure, foster connections, and reduce anxiety.

2. Exit—Several strategies were implemented the last day of camp to help bring

closure to the camp experience:

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a. Final meetings with each co-parent pair to provide feedback about the status

of their family as perceived by the staff and clinical team aswell as to specify

after care recommendations.

b. An ending ritual for the camp community—the “ending circle,” with all

campers, clinicians, and staff included appreciations, a last song, full camp

pictures, and going around and saying a word that captured the camper/staff

experience. “Appreciation”was theword voiced by one 14-year-old girlwho

had continually expressed resistance and detachment during the camp

experience.

c. Supporting final connections as parents and children left—if connections

had been made—and supporting saying goodbye in a manner appropriate to

that relationship occurred. One set of co-parents stayed on to talk together,

within staff view,while counselors stayed with their children.Another father

viewed his children playing ball with their mother across a small path, and

said, “Thank you” to the mother and children as they prepared to leave.

*Staff debriefing*: OBFC is an intense experience for the clinicians and camp counselors,

and some debriefing was done after the campers left to process the experience,

obtain immediate feedback from staff about what went well and what was

problematic, and to do some planning for future camp experiences. The structured

debrief, led by the psychologists, was preceded by all camp staff and clinicians

engaging in a relaxing shared activity and a meal.

*Program evaluation*: During an exit interview conducted by either an observer to

the program or one of the psychologists, parents provided various ratings on a scale

of 1 (*very poor*) to 5 (*very good*). The adult ratings of the camp experience in

general were positive (see Table 1), with 5 out of 11 adult participants in 2008 rating

the experience a 5 out of 5, and 6 rating it a 4. In 2009, 9 of the 10 adult participants

rated the camp experience a 5, and 1 rated it a 4. For both years, the participants

overwhelmingly rated the morning group activities a 5 (most positive), with two

participants (one for each group) rating it a 4 in 2008. In 2008, three participants

rated the camp activities a 5, seven rated them a 4, and one rated them a 2 (less

positive). Eight out of 10 participants in 2009 rated the sessions with psychologists

a 5, and 1 a 4. In 2008, four adult participants rated interactions with psychologists

a 4, five rated it a 5, and two rated it a 4.5.

**TABLE 1**

Adult Participant Ratings (2008 and 2009, combined *N* = 21)

Ratings 1 (very poor) to 5 (very good) by each parent group (favored and rejected)

*Camp Experience Favored Parents Rejected Parents*

Morning groups 4.91 4.36

Afternoon camp activities 4.05 4.50

Interactions with staff members 4.59 4.70

Interactions with other camp participants 4.50 4.60

Sleeping arrangements 3.95 3.80

Physical setting 4.91 4.70

Sessions with psychologists 4.78 4.89

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Comments from 2008 included many participants asking for a longer camp, longer

morning parent group, and more time with clinicians. In 2009, comments included ideas

about remarketing the camp (from two custodial “in” mothers) and positive reflections on

the safety of the camp.

The feedback provided by the children in 2008 focused on what their parents should do,

for example, come without the children, learn how to parent, learn how to get along, learn

how to parent together, and that the children should come either after the parents have been

at camp or when they leave. When offering hopes for the group, three children said “stay

strong,” two said “give your parent a chance,” and two focused on coping with difficult

situations.

In 2009, the children offered messages to others children who might attend camp. They

included, “stay with children, try to bond with the group, try to have fun, make the best of

it, come prepared, and put up necessary barriers.”

Six to nine months after the conclusion of the 2008 camp, the three psychologists

contacted the families to find out the current status of the families and what gains were

maintained. One of the favored parents did not return multiple messages. Of the five families,

one is enjoying a joint access and responsibility co-parenting plan; in a second family, the

children are visiting their father on full alternate weekends (living nearly an hour away from

the residential parent); and in a third family, the mother is still estranged from the children

and has given up pursuing access.A fourth family is now engaged in litigation, and the child

is visiting the estranged father with some resistance.The fifth family is having mixed results.

The custodial mother is seeing the children in family therapy and weekly for dinner, but the

children are reportedly continuing to resist. None of the 2008 families left with written

aftercare plans, and none had immediate intervention after camp, though for three of the

2008 families a parenting coordinator or other contact person was in place. Follow-up

interviews for the 2009 families will be completed in March 2010.

Finally, from our follow-up from the 2008 camp of court involvement and engagement

with recommended professional services, one case settled in court with a parenting coordinator

in place with no further court involvement, one family continued involvement in

recommended aftercare and had additional court involvement, two families have been

working with a parenting coordinator and family therapist, and one family has continued

some court involvement and the rejected parent has reestablished regular parenting time

with his/her child.

Follow-up of the 2009 session 1 month after the program focusing on engagement with

recommended professional services found that three of the five families sought the assistance

of a parenting coordinator (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004) or

other mental health professional serving as a therapeutic access coordinator who continues

to work with the family. This more concerted effort to assure continuity of care when the

family returns to their community was a critical goal of the 2009 program (Sullivan &

Kelly, 2001).

**CONCLUSION**

OBFC was developed by an interdisciplinary group comprised of attorneys, a judge and

court personnel, mental health professionals, and family camp administrators and staff who

were frustrated by the failure of traditional mental health and family court interventions to

address the needs of families where one or more children are resisting or refusing contact

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with a parent. The unique and innovative aspects of this program include involving all

members of the family system in either a 3- or 5-day family camp program, which includes

an intense psycho-education morning program; a safe, structured, and supported

experiential-based camp milieu; intensive co-parenting work; and parent–child interventions.

These interventions weave together to reconnect children to their rejected parents and

address the underlying dynamics that maintain the children’s problematic response to their

parent’s high conflict. Specific written aftercare plans are provided to the parents to support

progress that has been made during their camp experience. The camp staff and clinicians

have an unusually comprehensive and nuanced view of each family member as they attempt

to negotiate their needs and interests in a 24-hour milieu.

OBFC holds promise for helping those families on the continuum of alienation and/or

estrangement, where questions of safety, poor parenting, and enmeshment exist, but where

severe mental illness, acute and ongoing domestic violence, or substance abuse is not a

factor. The camp provides a “holding environment” where both parents (the rejected parent

who sought a court order and the favored parent who resisted a court order) on exit

interviews and follow-up view the camp as an overwhelmingly positive experience. The

psycho-educational morning groups focus on the present family situation, teach critical

thinking, more effective problem solving and communication, how to deal with strong

affect, how to understand the family conflict and the child’s response to that conflict, as well

as understanding the deleterious effects to co-parents of their protracted involvement in the

legal system itself. These crucial foci of intervention cover similar areas to those described

by Warshak’s Family Bridges Workshop (Warshak, 2010). The OBFC goal, to overcome

obstacles to reconnect the child and rejected parent, includes helping the favored parent

develop a deeper and broader understanding of the family dynamics and the potential harm

to children of having little or no contact with their other parent, and helping the rejected

parent focus on his/her part in the family dynamic, including an understanding of his/her

parenting practices, and the effects of each parent’s beliefs and actions on the family system.

In this safe, sequestered environment, parents and children are encouraged and supported to

take risks to experience the value each relationship holds for the other in their own family.

OBFC works on the premise and expectation that, with proper safeguards and structure,

families can return to a situation where two safe, healthy parents can be meaningfully

involved in their children’s lives. There is an intense process of progress and failure that

occurs in working with the fragile re-connected bonds over the duration of residence at this

family camp. All parents and children leave with new perspectives about, and experience

with, their new found ability for change to occur and the paths sustaining change must take.

At OBFC, family members learn that the process is slow and arduous, but the small steps

taken at camp can be profoundly transformative, and the experience can lead to a variety of

directions in aftercare other than the traditional mental health interventions that parents and

children in these chronic situations often come to resist and resent. Finally, court orders that

support aftercare involvement are essential to have in place *prior* to the camp to increase

the likelihood that families can build on any positive gains that occur during the camp

experience.

OBFC has several current limitations. It is offered only 1 week a year and only in

Vermont at present. It is directed and run by extremely knowledgeable and seasoned

clinicians with an extraordinarily informed and devoted camp administration and staff. The

funding is uncertain and fund-raising has been difficult; all clinical and some camp staff

provided services pro bono for both years. OBFC, like other innovative intervention models

(Friedlander &Walters, 2010; Johnston & Goldman, 2010;Warshak, 2010), is an expensive

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psycho-education and treatment model. The paid cost per family of $7,500 did not cover the

cost to run the family camp, which provided a 1:1 ratio of staff-to-camper. Without other

funding/donations, OBFC is not likely financially viable. Finally, the court-ordered model,

present in 9 out of 10 families attending, causes anger, resistance, and frustration, taking at

least 2 days to work through in the group of parents whose understanding of the camp

initially was limited by the court’s order to attend and their battle against attending. If the

camp program could attract families to voluntarily attend (perhaps less severely entrenched

families) and/or more education and preparation could address some of the resistance prior

to arrival at camp, then this obstacle could be mitigated in the future.

Though the evaluation of the program is limited to only exit interviews of 5 families

attending two camp programs (10 families total) and 6-month follow-up for the 5 “pilot”

camp families, the data are positive and promising. If OBFC could become financially

viable, the clinicians could train other clinicians and family camp staff to replicate the

model in a variety of regional locations, so travel, timing, and distance would not be

obstacles to participation. There are other possible models that could be developed using

the best aspects of the OBFC. The psycho-education, co-parent interventions, and the child

and family work in a pull-out setting could possibly be provided in a long weekend model,

with explicit aftercare and follow-up. The camp program in a weekend model with appropriate

aftercare could provide this innovative service earlier in the family dynamic of high

conflict and contact resistance. These families might willingly seek this service as a jump

start to avoid more costly and invasive court interventions as well as to find alternate paths

to the weekly family therapy route.

OBFC is one intervention model that might be expanded to other areas and in other

forms. It is one model with promise within a spectrum of interventions for families where

the likelihood of harm to the child resisting or refusing contact with one parent in a

high-conflict system appears to be becoming increasingly clear.

**NOTES**

1. The 10 families who participated in the program had between one and three children. This article will use

the term “child” throughout, referring to both a child and children, depending on the family constellation.

2. Several of the children had special issues, including mild autism, learning issues, attention deficit disorder,

social and behavior issues, and a variety of diet, allergy, and somatic conditions.

3. Stepparents were an essential part of the extended family system and were invited to participate in the

program.

4. Several of the parents have continued to stay in touch with each other after they completed the camp

experience.

5. OBFC handpicked seasoned counselors with specialized skill in arts and crafts, music, sports, drama, and

structuring ordinary camp activities in an extraordinary way—campfires, meals, daily all-camp meetings on the

hill, bedtime rituals, etc. They quickly engaged all the families in the camp experience, melting away the anxiety

and resistance family members carried into the camp experience.

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**APPENDIX A**

**Court Order**

COMMONWEALTH OF MASSACHUSETTS

THE TRIAL COURT

PROBATE AND FAMILY COURT DEPARTMENT

Norfolk Division Docket No.

Mother, Plaintiff

v.

Father, Defendant

MEMORANDUM AND ORDER

This matter appeared before this Court for review of father’s visitation with the minor

children, John (d.o.b. June 25, l994) and Sally (d.o.b. April 7, l997). The children have been

estranged from their father for some time. Dr. M. was appointed as Guardian Ad Litem to

evaluate and report to the Court regarding the reunification of the children with their father.

Dr. M. has filed a report with this Court describing his efforts to reunite father with his

children. The most troubling aspect of this case both before and after the appointment of the

Guardian Ad Litem is the visceral reaction of the children to their father which is completely

out of proportion to any actions by father. The children are disrespectful and rude

to their father and express an unwillingness to have contact with him.

The Court is unwilling at this time to give up on reunification. The Guardian Ad Litem

in his report has suggested a process to attempt to help this family and break down the

division between the children and their father with the ultimate objective being reunification.

To date all efforts at reunification have been unsuccessful.

After hearing and review of the report of the Guardian Ad Litem this Court Orders as

follows:

1. The parties are ordered to enroll in “Overcoming Barriers” Summer Camp located

at Common Ground Center, a family camp located in Starksboro, VT. The parents

are ORDERED to contact the screener for the camp, Dr. Peggie Ward at 508

777-7777 within five (5) days of this order to be screened for attendance. All family

members must attend the camp, including the children John and Sally.

2. Both parents shall cooperate with the enrollment process once accepted. The parties

shall share equally the cost of the camp.

3. Dr. M., GAL, shall contact Dr. Ward to provide background information.

4. The parties shall cooperate with all aspects of the camp process while at the camp,

including the development of an after care plan before leaving the camp.

5. The after care plan for both of the parties and the children shall be forwarded to the

G.A.L., Dr. M., and to the Parent Coordinator.

6. The parties shall sign any and all releases necessary so that information

can be communicated between camp personnel and the G.A.L. and the Parent

Coordinator.

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7. The parties shall continue to see their Parent Coordinator, prior to attending the

camp and they shall meet with the Parent Coordinator within 10 days of their return

from camp.

8. This matter shall be reviewed on August 15, 2009 at 8:30 a.m. at the Norfolk

Probate and Family Court.

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DATE JUSTICE, COURT

**APPENDIX B**

**EXAMPLE OF AFTERCARE PLAN**

Overcoming Barrier Aftercare Recommendations for the XXX Family

Father

Mother

Daughter

Son

The components of the following recommended aftercare plan were presented and discussed

with the parents as part of the Overcoming Barriers psycho-educational program on

July 24, 2009. They are based on the clinical staff’s work with the family in the program

and designed to provide professional support for the family’s parenting plan.

It is essential that all of the professionals selected to provide the following services discuss

the family’s experience at the Overcoming Barriers program to assist them with the onset

of their work with this family

1. Parenting Coordinator: To set up a process to normalize access between the father

and son, to provide a functional communication link between the parents, to coordinate

mental health services for the family members, to monitor compliance with

treatment recommendations and implementation, and to reduce interparental conflict.

It is unclear whether Dr. Y is serving in this role at this time. If not, we

recommend that Dr. Y make a referral a professional to serve in this role.

2. Child Therapy: That Child #1 be re-engaged in her psychotherapy with Dr. X to

address the shift in the family and to help her disengage in the conflict between her

parents.

3. Both a Comprehensive medical and a comprehensive psychological evaluation for

Child #2: To assess the observed intermittent, but crippling anxiety he manifested

in the program and to update in a broad and comprehensive manner his medical

status. It is crucial that the parents work together to implement any recommended

medical and psychological treatment plans for the child.

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Robin Deutsch, Ph.D Matthew J. Sullivan, Ph.D. Peggie Ward, Ph.D. date

date date

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**APPENDIX C**

**DAD’S SONG (sung to the tune of “Hey Jude”)**

Hey Campers

We love you all

Here at camp we came

To have a good time

Remember,

We hold you in our hearts

Because you are all so beautiful

Hey Campers

Let’s build a plan

Like the boats we launched

Into the river

Even if its hard

We must give love a chance

For it is love

That makes it better

And anytime you feel the strain

We’ll be there with this refrain

We want you to know

We’re here forever

So let it out, and let it in

We should begin

The memories you made will stay forever

Nah, nah, nah, nah nah . . . . . .

*Matthew J. Sullivan, Ph.D., is a psychologist in private practice in Palo Alto, California (www.californiaparentingcoordinator.*

*com). He has written articles, presented and done trainings at numerous national and*

*international venues on topics such as high-conflict divorce, Parenting Coordination, child alienation and*

*mental health consultation in family law cases. He is currently serving on the editorial board of the Journal*

*of Child Custody, the board of directors of the Association of Family and Conciliation Courts (AFCC) and*

*is co-chair of the current AFCC task force which is developing guidelines for Court-Involved Therapists.*

*Margaret (Peggie) A. Ward, PhD., is a forensic psychologist and co-founder of the Co-Parenting Assessment*

*Center, Natick, MA. She is a frequent presenter on a variety of high conflict separation and divorce*

*issues, with special attention to child alienation, estrangement and protection concerns. Her practice*

*includes family counseling, mediation, custody evaluation and parenting coordinator work.*

*Robin M. Deutsch is a psychologist and the Director of Forensic Services of the Children and the Law*

*Program in the Department of Psychiatry at the Massachusetts General Hospital and an Assistant*

*Professor of Psychology at Harvard Medical School. She is the immediate past President of the Association*

*of Family and Conciliation Courts. She served on the AFCC task force that developed the* Guidelines

for Parenting Coordinators *and is a former Chair of the American Psychological Association Ethics*

*Committee. She has written extensively on issues related to high conflict divorce on children and is also*

*the coauthor of* 7 Things Your Teenager Can’t Tell You (and How to Talk About Them Anyway).

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