Who is the client?

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WIPCOD April 23-24, 2026

2

## Ethics and boundaries

**1.9 Relationship Beneficial to Client.**
Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

**2.3 Client Access to Records.**
Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

https://www.aamft.org/AAMFT/Legal_Ethics/Code_of_Ethics.aspx

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WIPCOD April 23-24, 2026

3

## Ethics and boundaries

**A.2. Informed Consent in the Counseling Relationship**

**A.2.a. Informed Consent**
Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

Chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf

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WIPCOD April 23-24, 2026

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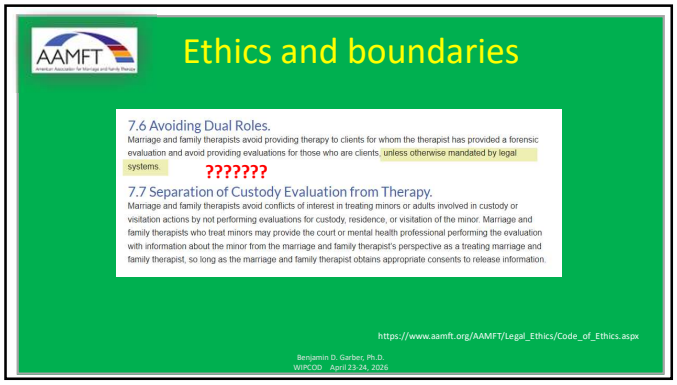
AAMFT
Ethics and boundaries
7.6 Avoiding Dual Roles.
Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.
???????
7.7 Separation of Custody Evaluation from Therapy.
Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.
https://www.aamft.org/AAMFT/Legal_Ethics/Code_of_Ethics.aspx
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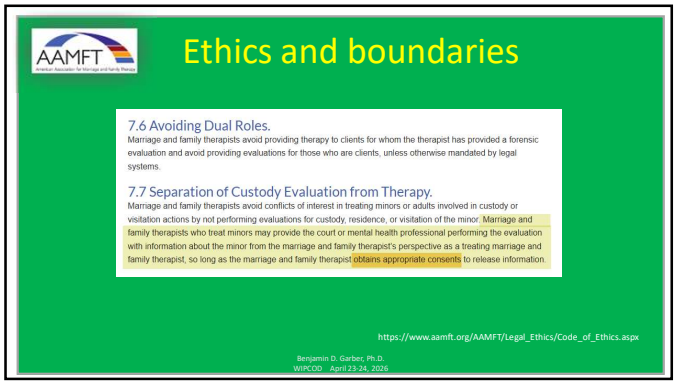
WIPCOD April 23-24, 2026

5


AAMFT
Ethics and boundaries
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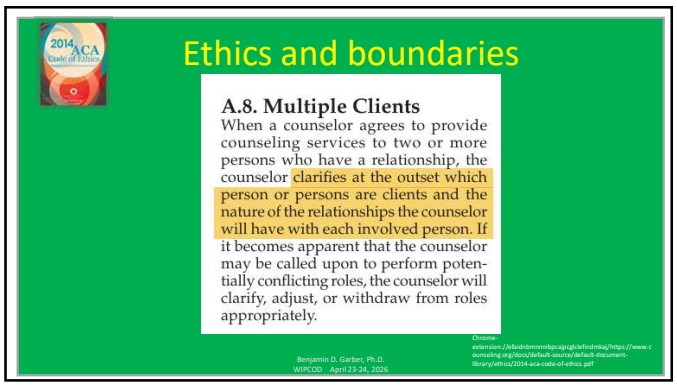
2014 ACA Code of Ethics
Ethics and boundaries
A.8. Multiple Clients
When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.
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WIPCOD April 23-24, 2026

7

## Who is the client?

____ the "out" parent?
____ the "in" parent?
____ the child?
____ the family?
____ the court?
____ trick question: there is no "client"



## Ethics and boundaries

**B.4.b. Couples and Family Counseling**

In couples and family counseling, counselors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client.



## Who is the client?

____ the "out" parent?
____ the "in" parent?
____ the child?
____ the family?
✓ **the court?**
____ trick question: there is no "client"




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## Ethics and boundaries

**A.2.e. Mandated Clients**
Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.

Chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf



11

Psychology and the law agree that children need and deserve the opportunity to enjoy a healthy relationship with both (all) caregivers.



12

What variables are relevant to determining best remedies?



13


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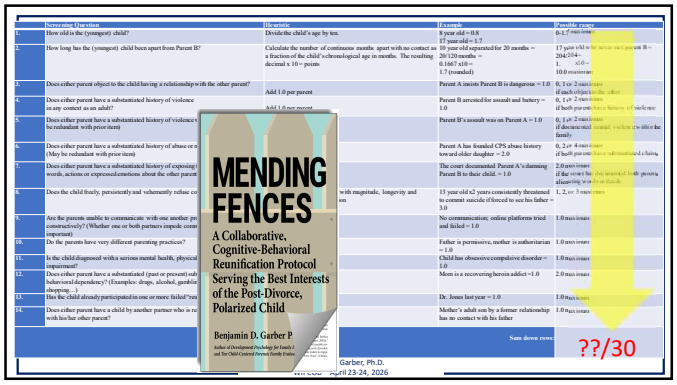


14

## 1. How old is the (youngest) child?

Rationale:

Experience suggests that a child's age is inversely related to willingness to participate in REU. Several considerations are immediately relevant:

1. Age is a bad substitute for social and **emotional maturity**
2. Physical and mental illnesses may be relevant (e.g. autistic spectrum disorders [See Pickar, 2016))
3. the relationship is not smooth. Events such as obtaining a driver's license can have exponential effects

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WIPCOD April 23-24, 2026

15

## Many Maturities

16

"... the **ineffability** inherent in the concept of 'maturity'"

A.C. v. Manitoba (Director of Child and Family Services), 2009 SCC 30

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WIPCOD April 23-24, 2026

17

"A number of states have adopted some form of the [mature minor] doctrine, **but there is little consistency about how to determine when a minor is 'mature'** and the full extent of the decisions to which that 'maturity' may apply...."

(Wisconsin Supreme Court Justice Prosser in Dane County v. Sheila W., 2013 WI 63 (July 10, 2013)).

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WIPCOD April 23-24, 2026

18

"Because of the **subjective nature of maturity,** the factors that make a minor 'mature' for the purposes of the mature minor doctrine vary from jurisdiction to jurisdiction."

Hudock, L. (2014). Deference to Duplicity: Wisconsin's Selective Recognition of the Mature Minor Doctrine . Marquette Law Review. 98, 973.

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WIPCOD April 23-24, 2026

19

## On what basis do lawyers assess "maturity"?

- "**General personality and appearance**" (49.2%)
- Knowledge of the choices and associated risks (42%)
- Apparent "innate intelligence" (32.2%)
- Life and work experience (24.7%)
- Emancipated status or plans (20.4%)
- Ability to plan for future (19%)
- Level of education (13.6%)
- Extent to which minor had consulted with others regarding major life decisions (5.2%)

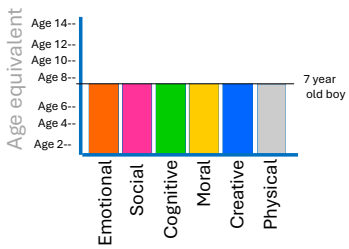
Yates, Susanne & Pliner, Anita (1988). Judging Maturity in the Courts: The Massachusetts Consent Statute. American Journal of Public Health, 78(6), 646-648. [Opinions solicited in context of abortion decisions]



20

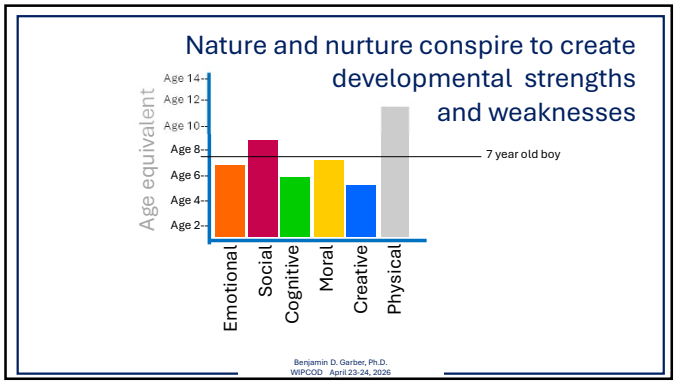

21

## Development does **NOT** occur like this ...






22


Nature and nurture conspire to create developmental strengths and weaknesses
Age equivalent
Age 14
Age 12
Age 10
Age 8
Age 6
Age 4
Age 2
7 year old boy
Emotional
Social
Cognitive
Moral
Creative
Physical
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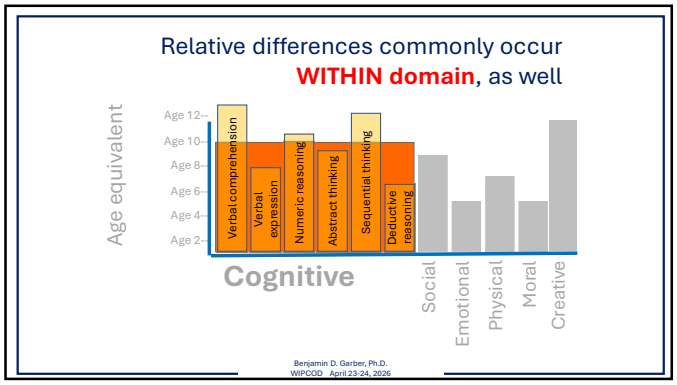
23


Relative differences commonly occur
WITHIN domain, as well
Age equivalent
Age 12
Age 10
Age 8
Age 6
Age 4
Age 2
Verbal comprehension
Verbal expression
Numeric reasoning
Abstract thinking
Sequential thinking
Deductive reasoning
Cognitive
Social
Emotional
Physical
Moral
Creative
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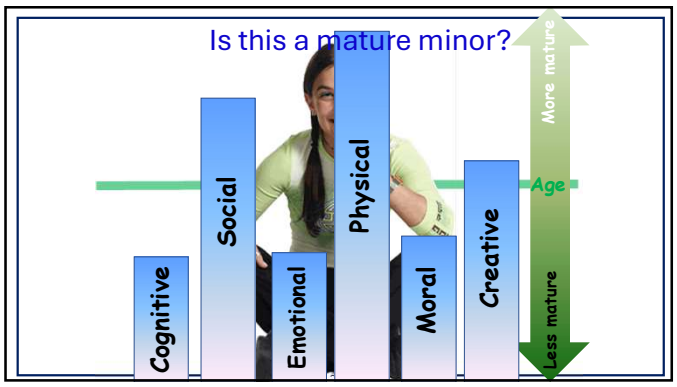
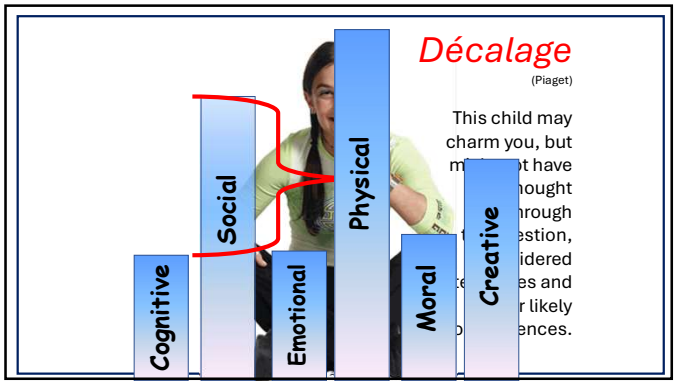
WIPCOD April 23-24, 2026

24


Is this a mature minor?
Cognitive
Social
Emotional
Physical
Moral
Creative
More mature
Age
Less mature

25


Décalage
(Piaget)
This child may
charm you, but
Cognitive
Social
Emotional
Physical
Moral
Creative

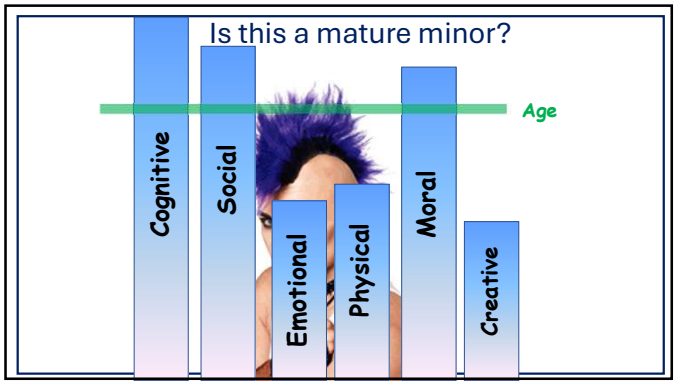
26


Don't mistake
superficial social
or cognitive maturity
for genuine
emotional
maturity.

27


She may be a
chameleon
-or "people pleaser"-

28

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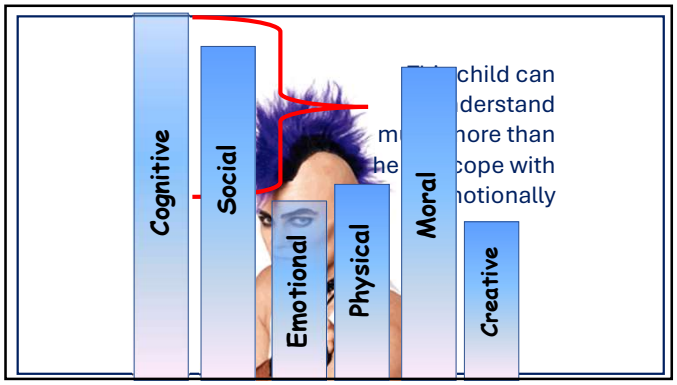


30

## 2. How long has the (youngest) child been apart from Parent B?

Rationale:

Absence does NOT make the heart grow fonder. Attachment research suggests that **parent-child bonds deteriorate with time** through the grief process. Experience suggests that the longer parent and child are apart, the harder repair may be. Several considerations are immediately relevant:

1. We don't know if and how media contact might ameliorate this effect
2. Transitional objects may be relevant, as well
3. How does the perceived reason for the duration of the separation affect this? In a coma or on active duty is different than doesn't care.

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31

## 3. Does either parent object to the child having a relationship with the other parent?

Rationale:

Regardless of validity of the concern, Parent A's objection to child's relationship with Parent B poses a hurdle to remedy at least, and more likely creates a powerful loyalty bind for the child.

1. Are there valid safety concerns?
2. Consider how and how often is the objection voiced?
3. If the child has experiences congruent with Parent A's objection, the effect may be exponentially more powerful (and align the child and Parent A)



32

## Beware of the "friendly parent" mandate

"Children are thought to do better when allowed or encouraged to maintain a close relationship with both parents. Therefore, custody should be awarded to the parent most likely to foster the child's relationship with the other parent... however, the friendly parent concept presents a dangerous paradox. It works against the interests of children. The normal functioning of the courts is undermined."

Dore, M.K. (2004) The 'friendly parent' concept" A flawed factor for child custody. *Loyola Journal of Public Interest*, 6, 41-56.



33

## 4. Does either parent have a substantiated history of **violence in any context** as an adult?

Hypothesis:

Violent behavior is associated with personality characteristics that negatively affect parent-child relationships even when violence is absent at home.

Cameranesi, M. (2016). Battering typologies, attachment insecurity, and personality disorders: A comprehensive literature review. Aggression and Violent Behavior, 28, 29-46.

Tarescavage, A. M., Azizian, A., Broderick, C., & English, P. (2019). Associations between MMPI-2-RF Scale scores and institutional violence among patients detained under sexually violent predator laws. *Psychological Assessment, 31*(6), 707-713.



34

## 5. Does either parent have a substantiated history of **violence within the family?**

(May be redundant with prior item)

Rationale:

The **direct OR vicarious** experience of domestic violence instills anxiety in the parent-child relationship that can (and should) create contact resistance.

Note professionals who assert that allegations or finding of violence should terminate all efforts to repair the parent-child relationship.

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35

"However, in my opinion these mental health professionals have created a new problem that ... opens the door to harming and traumatizing children rather than meeting their needs... Critically, where a child's desire to separate from a parent comes from that parent's abuse, entering these programs or this purported therapy or education with the named parent is contrary to accepted protocols for abuse. In my opinion, these are **tantamount to torture** to force that child into a relationship with a parent the child has identified as abusive."

Kleinman, T. (2017). Family court-ordered "reunification therapy:" Junk science in the guise of helping parent/child relationships? Journal of Child Custody, 14(4), 295-300.

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36

## 6. Does either parent have a substantiated history of **abuse or neglect** toward any child?

(May be redundant with prior item)

Rationale:

The **direct OR vicarious** experience of abuse or neglect instills anxiety in the parent-child relationship that can (and should) create contact resistance.

Note attachment literature re abuse and neglect impact on child approach behavior

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37

7. Does either parent have a substantiated history of **exposing the child to negative words, actions or expressed emotions** about the other parent?

Note that this variable does NOT specify UNWARRANTED negative messages about the other parent.

Rationale:

Even when negatives are valid (estrangement as opposed to alienation) the child is triangulated and less likely to respond to intervention.



38

8. Does the child **freely, persistently and vehemently refuse** contact with Parent B?

Rationale:

As the magnitude, frequency and emotionality of the child's voiced resistance increases, the likely success of intervention decreases.



39

9. Are the parents **unable to communicate** with one another proactively and constructively?
(Whether one or both partners impede communication is not important.)

Rationale:

As the quality of co-parenting (i.e., communication, cooperation and consistency of parenting practices) diminishes, the likelihood of intervention success diminishes.

"But I communicate, she doesn't!" is irrelevant from the child's perspective. No matter who started it, the communication fails to the child's detriment.



40


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## 10. Do the parents have very different parenting practices?

Rationale:

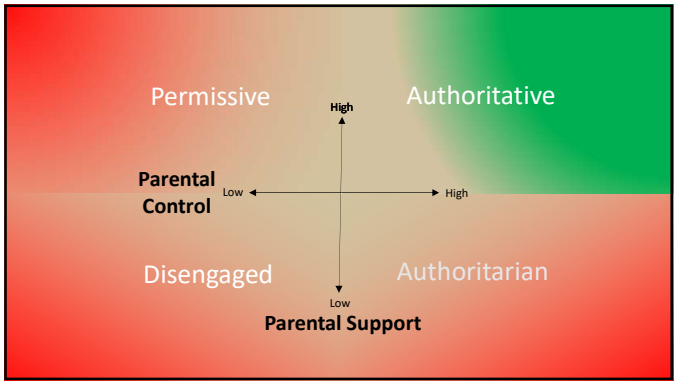
As the quality of co-parenting (i.e., communication, cooperation and consistency of parenting practices) diminishes, the likelihood of intervention success diminishes.

"But I communicate, she doesn't!" is irrelevant from the child's perspective. No matter who started it, the communication fails.

Baumrind , D. H. (1991). The influence of parenting style on adolescent competence and substance use. Journal of Early Adolescence, 11, 56-95.
Baumrind, D.H. (2013). Is a pejorative view of power assertion in the socialization process justified? Review of General Psychology, 17(4), 420-427.



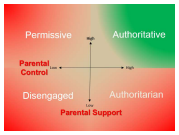
41




42

***Permissive*** parents are characterized by psychological autonomy, acceptance, and lax behavioral control

***Authoritative*** parents are characterized by "the **optimal combination** of firm behavioral control, acceptance, and psychological autonomy"




***Disengaged*** (or ***rejecting-neglecting***) parents are characterized by rejection and lax behavioral control

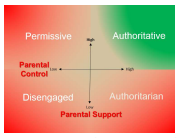
***Authoritarian*** parents are characterized by firm behavioral control, psychological control, and rejection



43

***Permissive*** parents are characterized by psychological autonomy, acceptance, and lax behavioral control

***Authoritative*** parents are characterized by "the **optimal combination** of firm behavioral control, acceptance, and psychological autonomy"

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WIPCOD April 23-24, 2026

44

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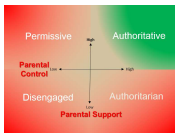


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WIPCOD April 23-24, 2026

45

***Permissive*** parents are characterized by psychological autonomy, acceptance, and lax behavioral control

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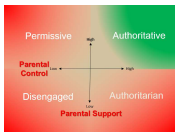


***Disengaged***
(or ***rejecting-neglecting***)
parents are characterized by rejection and lax behavioral control

***Authoritarian*** parents are characterized by firm behavioral control, psychological control, and rejection

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WIPCOD April 23-24, 2026

46

The sensitive and responsive parent

My Three Sons
"Chip Off The Old Block"
09.29.1960

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47

The sensitive and responsive parent

To Kill A Mockingbird (1962)

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48

The authoritative parent

"I Love Lucy"

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49

## 11. Is the **child diagnosed** with a serious mental health, physical health, or educational impairment?

Rationale:

Illness and developmental differences increase the pressure on all parties and diminish the likelihood of a successful intervention.

Pickar, D.B. and Kaufman, R.L. (2015), Parenting Plans for Special Needs Children. Family Court Review, 53: 113-133.



50

## 12. Does either parent have a substantiated (past or present) **substance addiction or behavioral dependency**?

(Examples: drugs, alcohol, gambling, video activities, sex, shopping…)

Rationale:

Addictions are associated with more rigid thinking, fixed behavior patterns, and priorities that supersede the child's needs, making dynamics harder to change.

Hypothesis: the addicted individual(s) must get sober before the family dynamics can be changed.



51

## 13. Has the child already participated in one or more failed "reunification" therapies?

Rationale:

Failed family interventions tend to breed more failed family interventions as trust and rapport and investment in the process diminish over sequential efforts.



52

## 14. Does either parent have a child by another partner who is resisting/refusing contact with his/her other parent?

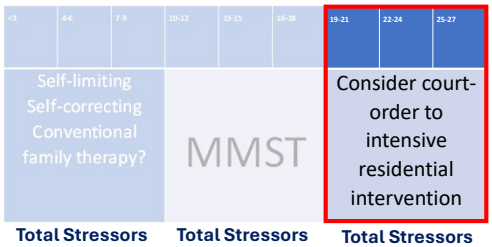
Rationale:

Dynamics tend to repeat themselves within and across generations. RRD in one child tends to be contagious.



53

## What variables are relevant to determining best remedies?






54

## Intensive residential intervention

**Overcoming Barriers**
https://overcomingbarriers.org/


Saini, M. (2019). Strengthening Coparenting Relationships to Improve Strained Parent-Child Relationships: A Follow-Up Study of Parents' Experiences of Attending the Overcoming Barriers Program. Family Court Review, 57: 217-230.

**Family Bridges**
https://www.warshak.com/services/family-bridges.html

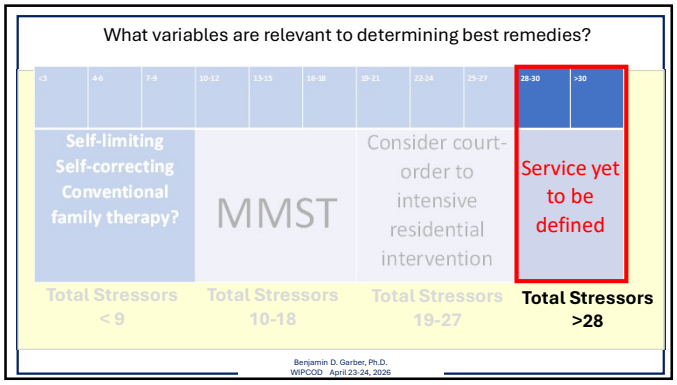

Warshak, R.A. and Otis, M.R. (2010), HELPING ALIENATED CHILDREN WITH FAMILY BRIDGES: PRACTICE, RESEARCH, AND THE PURSUIT OF "HUMBITION". Family Court Review, 48: 91-97.

Warshak, R.A. (2010), FAMILY BRIDGES: USING INSIGHTS FROM SOCIAL SCIENCE TO RECONNECT PARENTS AND ALIENATED CHILDREN*. Family Court Review, 48: 48-80

**Transitioning families**
https://transitioningfamilies.com/

Judge, A.M., Bailey, R., Behrman-Lippert, J., Bailey, E., Psalia, C. and Dickel, J. (2016), The Transitioning Families Therapeutic Reunification Model in Nonfamilial Abductions. Family Court Review, 54: 232-249.

55


What variables are relevant to determining best remedies?
Self-limiting
Self-correcting
Conventional
family therapy?
MMST
Consider court-order to intensive residential intervention
Service yet to be defined
Total Stressors < 9
Total Stressors 10-18
Total Stressors 19-27
Total Stressors >28
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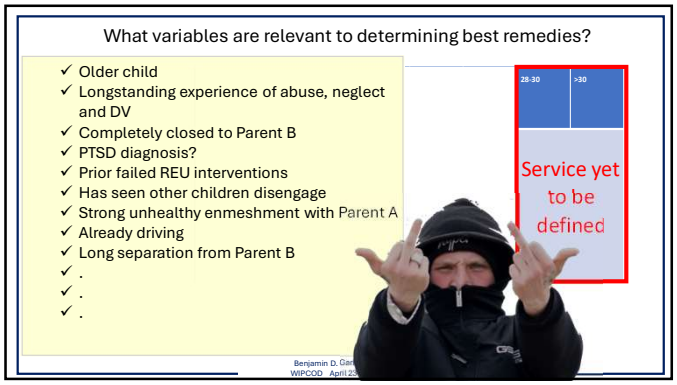
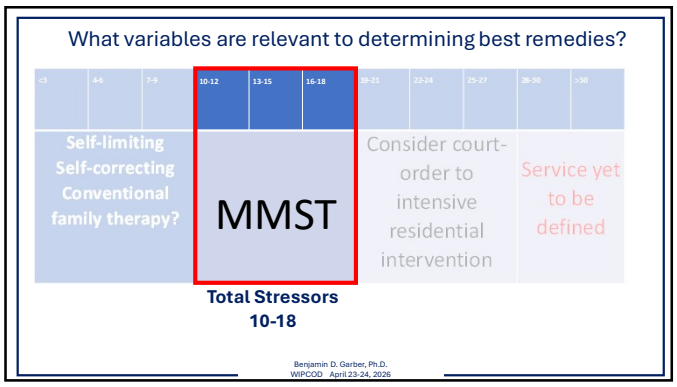
WIPCOD April 23-24, 2026

56


What variables are relevant to determining best remedies?
✓ Older child
✓ Longstanding experience of abuse, neglect and DV
✓ Completely closed to Parent B
✓ PTSD diagnosis?
✓ Prior failed REU interventions
✓ Has seen other children disengage
✓ Strong unhealthy enmeshment with Parent A
✓ Already driving
✓ Long separation from Parent B
✓ .
✓ .
✓ .
Service yet to be defined

57


What variables are relevant to determining best remedies?
Self-limiting
Self-correcting
Conventional
family therapy?
MMST
Consider court-order to intensive residential intervention
Service yet to be defined
Total Stressors 10-18
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58


Critical ~~Questions~~
Answers
1. Can you recognize and look beyond binary thinking? What are the thirteen or more mutually compatible, practical hypotheses that must be considered in RRD cases?
Investigate benign factors first –separation anxiety, missed opportunities, context-specific resistance- and then consider more nefarious factors including enmeshment, estrangment and alienation.
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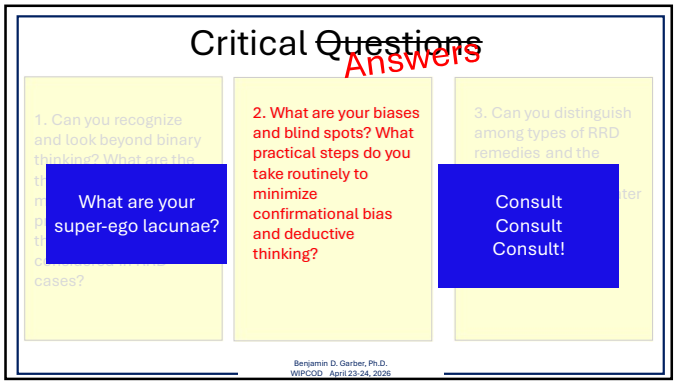
59


Critical ~~Questions~~
Answers
What are your super-ego lacunae?
2. What are your biases and blind spots? What practical steps do you take routinely to minimize confirmational bias and deductive thinking?
Consult
Consult
Consult!
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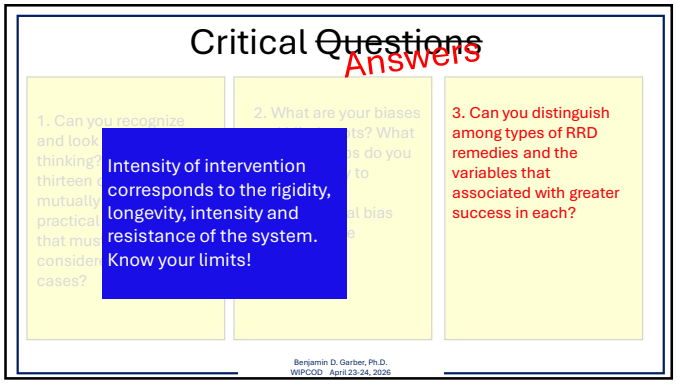
60


Critical ~~Questions~~
Answers
Intensity of intervention corresponds to the rigidity, longevity, intensity and resistance of the system. Know your limits!
3. Can you distinguish among types of RRD remedies and the variables that associated with greater success in each?
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61

## Multi-modal Systems Therapy

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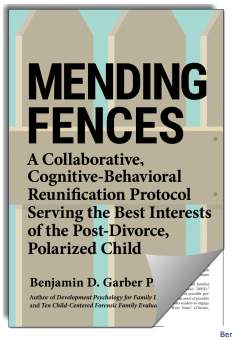
62

## CBT4REU




Garber, Benjamin D. (2015). Cognitive-behavioral methods in high conflict divorce: Systematic desensitization adapted to parent-child reunification interventions. Family Court Review, 53(1), 96-112.

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63

## Spoiler Alert

REU therapies are NOT about guilt and blame, love and hate or choosing between parents.

REU therapies ARE about overcoming anxiety so as to open the door to (re-)establishing a secure attachment.

The child's anxiety is real even if it's been implanted.

Graduated exposure and paired relaxation are the most effective way to defuse the anxiety

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64

## Caveat Lector!

Scary images follow.
It's okay to close your eyes.
(Any incidental exposure therapy is provided at no additional charge.)

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65


Fear is never diminished by avoidance.

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66


Fear is never diminished by avoidance.

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67


Absence does not
make the heart grow fonder.
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68


Fears are
overcome
through
exposure

69


Anxiety must
be diminished
everywhere
in the system
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70


CBT
exposure interventions
are easy, inexpensive,
time-efficient, effective
and lasting
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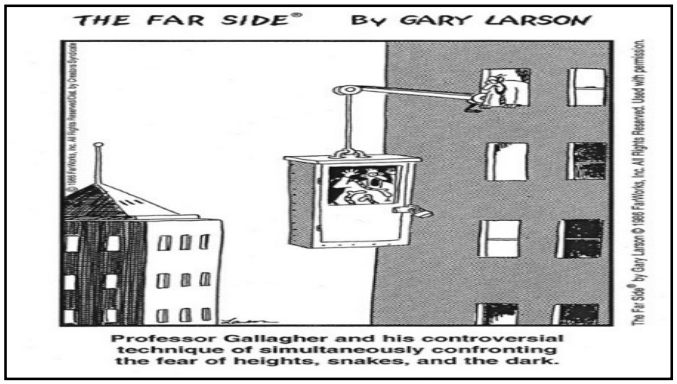
71


THE FAR SIDE® By GARY LARSON
Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.

72


Flooding
(No one shares video of these trauma, so I settled for the next best thing)
There is no objective danger in these activities.
Participant terror is subjective and irrational,
even if it is universal and instinctive.
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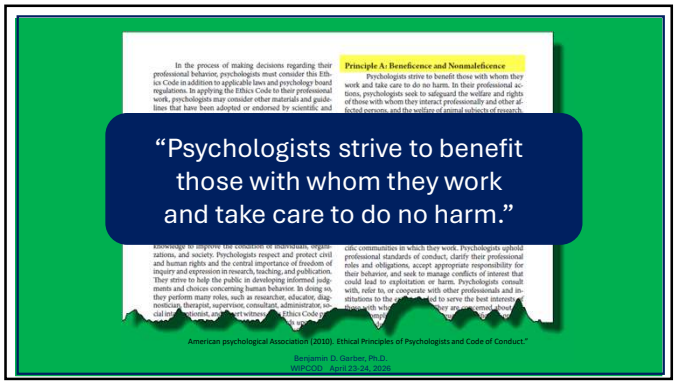
73

# Flooding

- ✓ Quicker and therefore less expensive
- ✓ Risks inducing new fears
- ✓ Risks compounding medical conditions
- ✓ Very high attrition rates
- ✓ Ethics?



74






75

## Graduated exposure

(Jackie is terrified of feathers)



76

## Reciprocal inhibition

(Relaxation and terror are mutually exclusive)

- ✓ Master a relaxation technique (e.g., imagery, breathing, progressive muscle relaxation)
- ✓ Learn to measure and express subjective anxiety levels (e.g., 0-100 where 100 = *TERROR!*)
- ✓ Therapist and subject **mutually regulate** anxiety using relaxation in the face of ever-more scary stuff.



77

## Create a fear "ladder"

- ❖Brainstorm all possible degrees and types of exposure
- ❖Record each on a note card
- ❖Assign fear numbers to each
- ❖Shuffle in order from least to most scary






78

Table 1 Sample exposure hierarchy for a patient with specific phobia (animal type)

| Activity | Fear level (0 - 100) |
|---|---|
| Letting several large dogs lick my face | 90 |
| Petting several dogs in an enclosed space | 85 |
| Going to a dog park and standing outside the park | 60 |
| Watching a cartoon dog movie | 35 |

Letting a large dog lick my face

Petting a large dog

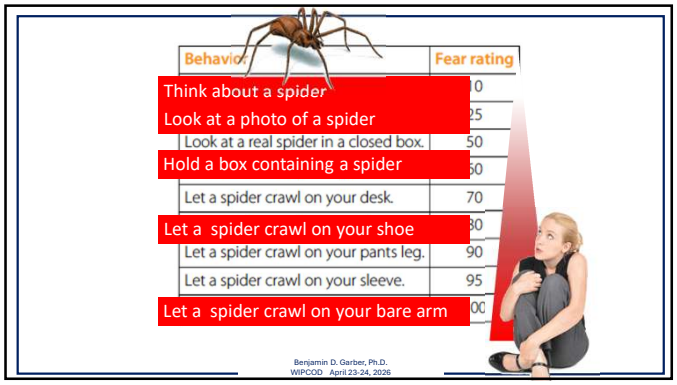
Standing outside a dog park to look

Looking at pictures of dogs

Kaplan, J. and Tolin, D. (2011). Exposure Therapy for Anxiety Disorders. Psychiatric Times.



79


Behavior
Fear rating
Think about a spider
Look at a photo of a spider
Look at a real spider in a closed box.
50
Hold a box containing a spider
Let a spider crawl on your desk.
70
Let a spider crawl on your shoe
Let a spider crawl on your pants leg.
90
Let a spider crawl on your sleeve.
95
Let a spider crawl on your bare arm
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80


"... dismantling studies have shown that
exposure, rather than relaxation,
is the active ingredient
and that relaxation
does not improve outcomes.
The addition of relaxation exercises
has been counterproductive
in some patients,
such as those with panic disorder."
Kaplan, J. and Tolin, D. (2011). Exposure Therapy for Anxiety Disorders. Psychiatric Times.
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81


"Approaching court-ordered
reunification
as a mutual, parallel
exercise in desensitization
within the context of
a larger family therapy
has thus far proven
far more promising."
Garber, Benjamin D. (2015). Cognitive-behavioral methods in high conflict divorce: Systematic desensitization adapted to parent-child reunification interventions. Family Court Review, 53(1), 96-112.
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"HOW IS A REJECTED PARENT LIKE AN EARTHWORM?"
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83


✓ Benign (?)
✓ Not in my control
✓ Terrifying
(Are you a scoleciphobe?)
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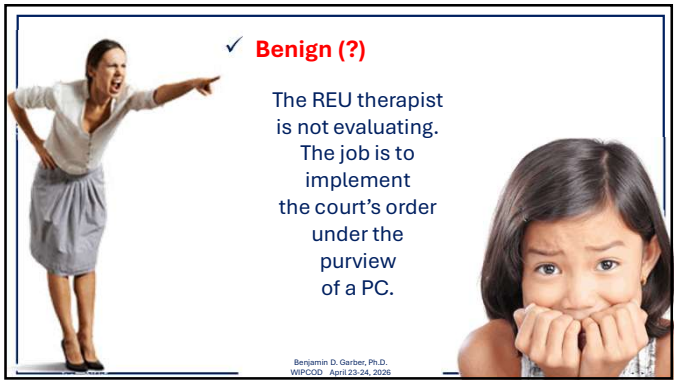
84


✓ Benign (?)
The REU therapist is not evaluating. The job is to implement the court's order under the purview of a PC.
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85

"[A] mutually escalating
cycle of fear and anxiety
develop between the
child and the alienating parent;
the more upset the child is,
the more protective and concerned
the parent is,
which in turn escalates
the child's reactions and so on...
the correction (extinction)
of the avoidance ...
requires exposure and
systematic desensitization ...."

(B.J. Fidler, Ph.D. as quoted in W.C. v. C.E., 2010 ONSC 3575)

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86

## ❶ Parallel, simultaneous relaxation training

- ✓ Anxiety is contagious
- ✓ All involved must learn to reduce anxiety
- ✓ Parallel, coordinated interventions:
  - ✓ Progressive muscle relaxation?
  - ✓ Centered breathing?
  - ✓ Directed imagery?
- ✓ Beware of relaxation-induced anxiety common among abuse victims and associated with PTSD

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87

Intervening to remedy the child's polarized position calls for a collaborative intervention

# Teamwork

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88

## Ethics and boundaries

**D.1.c. Interdisciplinary Teamwork**

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

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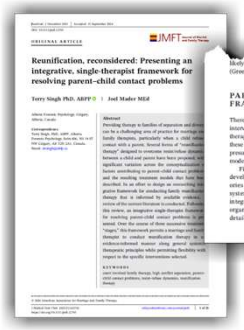
Chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf

89

## An alternate perspective?


Reunification, reconsidered: Presenting an integrative, single-therapist framework for resolving parent–child contact problems

Terry Singh PhD, ABPP | Joel Mader MEd

PART 2: AN INTEGRATIVE, SINGLE-THERAPIST FRAMEWORK FOR RESOLVING PCCPS

Singh, T., & Mader, J. (2025). Reunification, reconsidered: Presenting an integrative, single-therapist framework for resolving parent–child contact problems. Journal of Marital and Family Therapy, 51, e12745. https://doi.org/10.1111/jmft.12745

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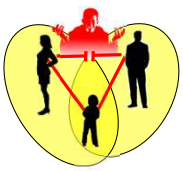
90

## Family therapist



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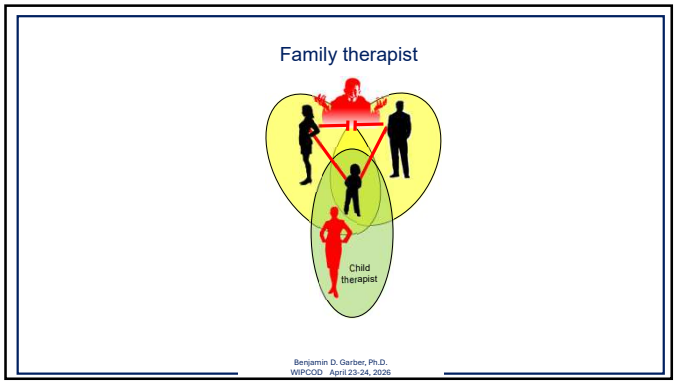
91


Family therapist
Child therapist
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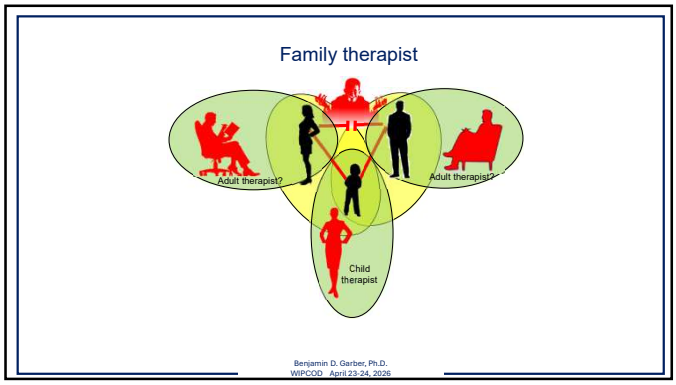
92


Family therapist
Adult therapist?
Adult therapist?
Child therapist
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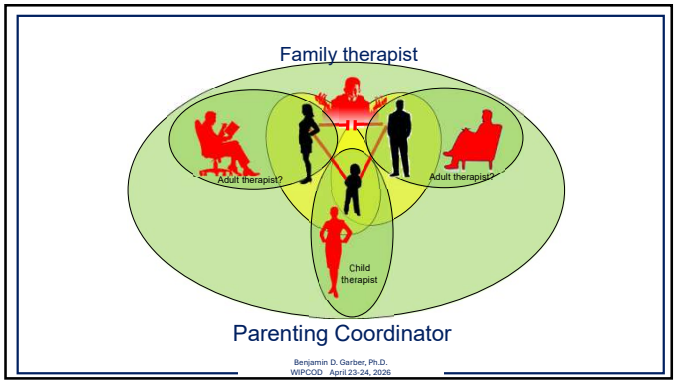
93


Family therapist
Adult therapist?
Adult therapist?
Child therapist
Parenting Coordinator
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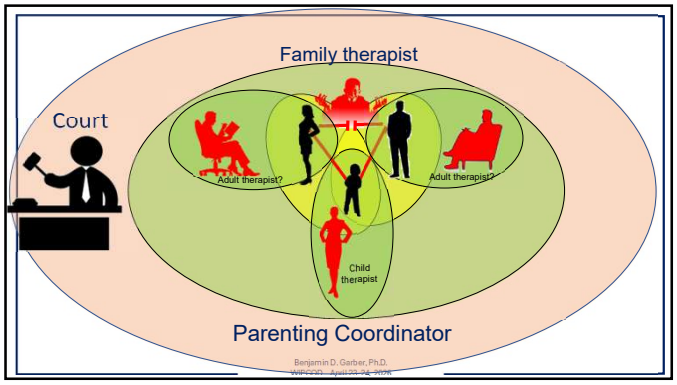
94


Family therapist
Court
Adult therapist?
Adult therapist?
Child therapist
Parenting Coordinator
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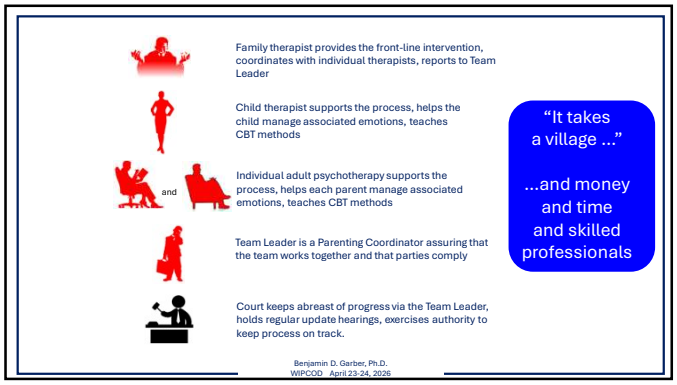
95


Family therapist provides the front-line intervention, coordinates with individual therapists, reports to Team Leader
Child therapist supports the process, helps the child manage associated emotions, teaches CBT methods
and
Individual adult psychotherapy supports the process, helps each parent manage associated emotions, teaches CBT methods
Team Leader is a Parenting Coordinator assuring that the team works together and that parties comply
Court keeps abreast of progress via the Team Leader, holds regular update hearings, exercises authority to keep process on track.
"It takes a village ..."
...and money and time and skilled professionals
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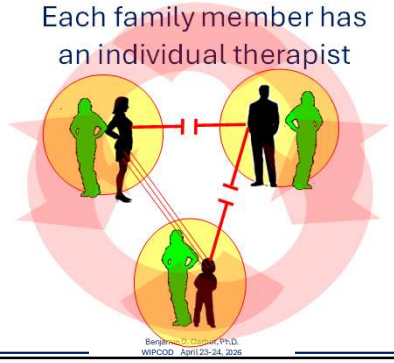
96


Why not just one therapist?
✓ Drains
✓ Sinks
✓ Toilets
✓ Sewers
✓ Septic systems
✓ Leaks
✓ Gutters
✓ Showers/tubs
Psychotherapy
Auto repairs
Legislation
Banking
CEO
Airplane pilot
Dentistry
Roofing
Lawyering

97

98

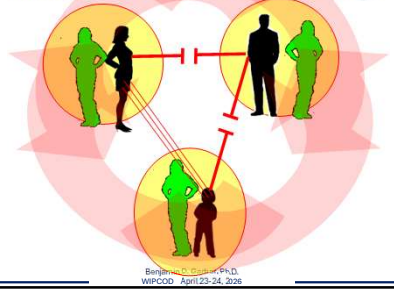
Each family member has an individual therapist





99

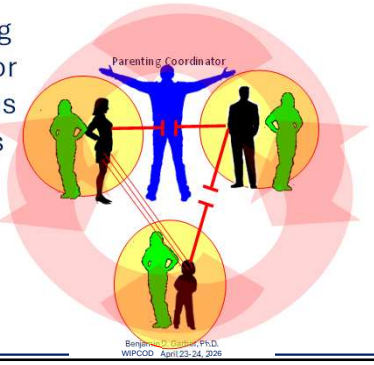
Never siloed!
The therapists communicate together





100

A Parenting Coordinator coordinates and liases with the court

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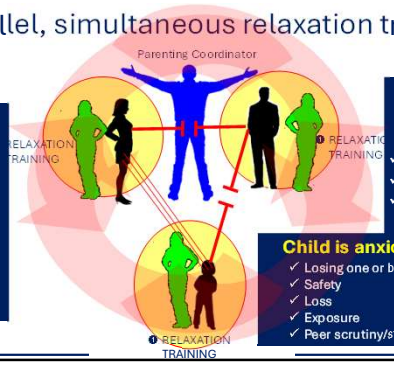
101

❶ Parallel, simultaneous relaxation training




**Parent A is anxious about:**
- ✓ Loss
- ✓ Child's well-being
- ✓ Court sanctions for non-compliance

**Parent B is anxious about:**
- ✓ Failure
- ✓ Loss
- ✓ Court sanctions for

**Child is anxious about:**
- ✓ Losing one or both parents' love
- ✓ Safety
- ✓ Loss
- ✓ Exposure
- ✓ Peer scrutiny/stigma

102

❷ Learn to quantify and express anxiety

- ❖ Learn to quantify and express anxiety
- ❖ Wolpe "Subjective Units of Distress" 0-100 or 0-10

(Wolpe, J. (1954). Reciprocal inhibition as the main basis of psychotherapeutic effects. Proceedings of the South African Psychological Association, 5, 14. Wolpe , J. (1958). Psychotherapy by reciprocal inhibition. Stanford, CA: Stanford University Press.)

- ❖ How full is your balloon?

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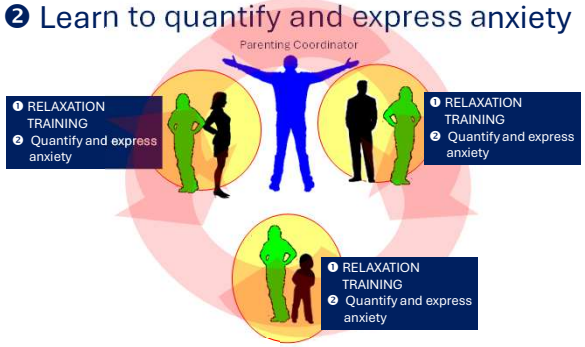
103

## ❷ Learn to quantify and express anxiety




104

## ❸ Create fear ladder

- **REU therapist and child create anxiety ladder (=fear hierarchy)**
  1. Brainstorm full range of contact options
  2. Dispose of impossible options
  3. Assign anxiety numbers to each
  4. Order deck least to most anxiety-inducing

**7/10**
See her across



105

## Cr fe dr

... if you got a present from him?

... if you saw a video of him?

... if you Skyped with him?

... if you went to McDonald's with him?

... if you saw him

... if you saw

... if you saw his name in the newspaper ?

down the street?

from long ago?

106

## ❸ Create fear ladder

2=Seeing pictures of her

3=Her voice on the answering

5=Playing MineCraft with her online

7=FaceTiming with her

9=Seeing her in the waiting room

10=Going to McD's with her for nuggets

Garber, Benjamin D. (2015). Cognitive-behavioral methods in high conflict divorce: Systematic desensitization adapted to parent-child reunification interventions, Family Court Review, 53(1), 96-112.

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107

## ❹ Prepare for exposure

- **REU therapist coordinates with individual therapists to begin exposure:**
  1. Obtain identified items (e.g., letter, photos, video, gifts)
  2. Feedback to adult therapists
  3. Feedback to child's therapist

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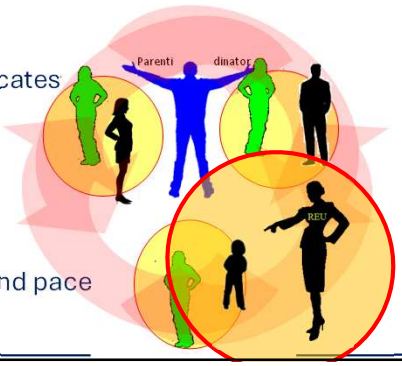
108

## ❹ Prepare for exposure

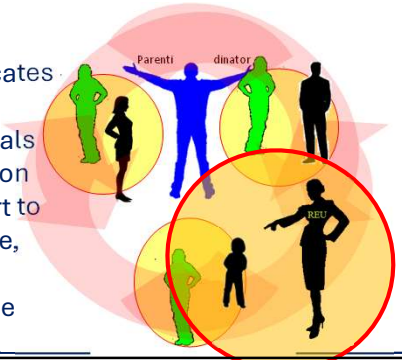

109

REU communicates with PC, individual txists to assign tasks and recommend pace



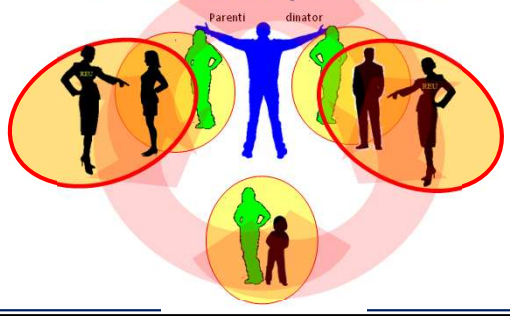

110

PC communicates with all professionals and is liaison to the court to adjust pace, monitor compliance




111

## 5 Coach parents




112

## ❺ Coach parents

- Coach favored parent?
- Coach rejected parent?
- **Goals include:**
  1. Boundaries
  2. Mutual respect (including child)
  3. Listen and validate emotion if not experience
  4. Sidestep power struggles
  5. Diminish defensiveness

With each parent's therapist present?

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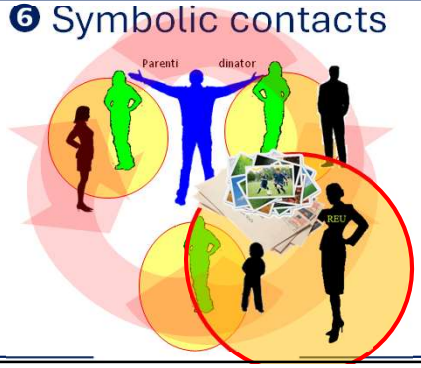
113

## ❻ Symbolic contacts




114

## ❻ Symbolic contacts

- **Mediated, representational contacts:**
  1. Letter, email: content caution! Indiv txist = coach?
  2. Photographs, videos
  3. Transitional objects
  4. **Parallel activities help to grow common foundation?**
     (a) Chapter book?
     (b) TV show?
     (c) Riddles?

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115

## ❻ Symbolic contacts

- ✓ Parent B and his therapist work to compose letters, cards, audio and video content
- ✓ Parent B's therapist coordinates with REU
- ✓ REU prompts areas of interest; cautions about areas of sensitivity
- ✓ Work gradually up child's fear ladder, monitoring anxiety and inhibiting with relaxation skills
- ✓ Parent A is kept informed and offers pre- and post-session feedback




116

## Keep Parent A in the loop!

- ✓Value her insights
- ✓Credit her bravery and generosity
- ✓Compliment her parenting
- ✓Give her some sense of control or she'll take it from you anyway!
- ✓Meet with her prn to reassure
- ✓Communicate with her therapist often



117

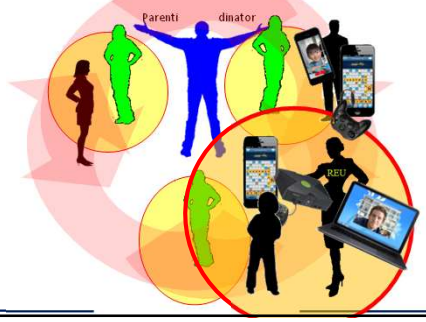
## ❼ Monitored, distance contacts

- ✓ Would transitional object help or hinder?
- ✓ Who transports child to and from? What is the child's sense of accompanying parent's presence during REU?
- ✓ **Initial (distance) connections: Sidestep confrontation, defenses, guilt and blame:**
  - ✓ "Words with Friends"?
  - ✓ Gaming allies, e.g., GTA? WofW?
  - ✓ Txt messages?
  - ✓ Shared interest/activity?



118

## ❼ Monitored, distance contacts




119

## ❼ Monitored, distance contacts

- ✓ Parent B and his therapist role play live, distance contacts
- ✓ Child therapist and child role play live distance contacts
- ✓ Parent B's therapist and child therapist coordinates with REU
- ✓ REU prompts areas of interest; cautions about areas of sensitivity
- ✓ REU monitors anxiety and inhibiting with relaxation skills
- ✓ Parent A is kept informed and offers pre- and post-session feedback



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120

## ❽ Proximal contacts

- ✓ Live proximal contacts:
  - ✓ In the next room?
  - ✓ Child dictates approach/distance
  - ✓ One-way mirror?
- ✓ Successive approximation/anxiety reduction until child and rejected parent are in the room together
- ✓ Shared activities or competition? Them against you?

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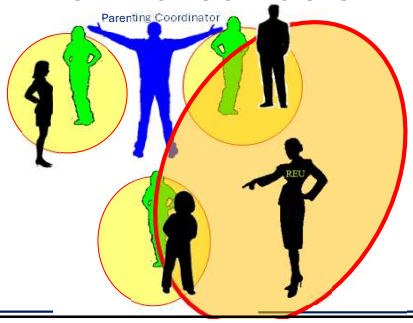
121

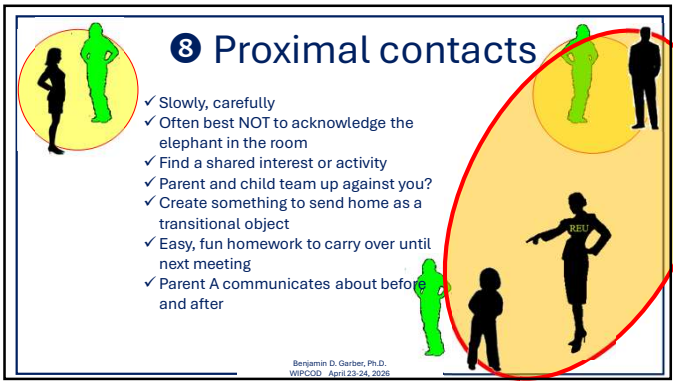
## ❽ Proximal contacts




122

## ❽ Proximal contacts

- ✓ Slowly, carefully
- ✓ Often best NOT to acknowledge the elephant in the room
- ✓ Find a shared interest or activity
- ✓ Parent and child team up against you?
- ✓ Create something to send home as a transitional object
- ✓ Easy, fun homework to carry over until next meeting
- ✓ Parent A communicates about before and after

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123

## Don't dispute old memories, work together to create new ones!

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124

## ❾ Alternate family meetings

- ❖ Alternate family meetings: (re-) define roles, rules and respect
- ❖ TWO FAMILIES model
- ❖ Loving one parent is never a betrayal of the other

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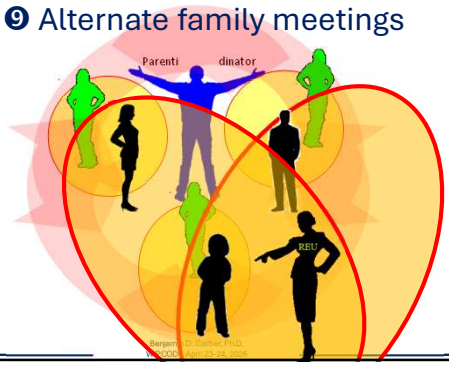
125

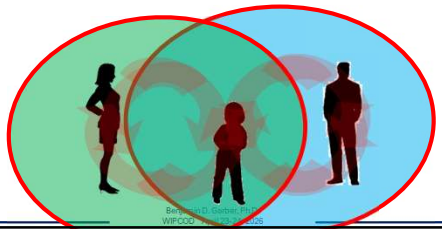
## ❾ Alternate family meetings




126

## ❾ Alternate family meetings:

- ✓ Two families
- ✓ Loving one never compromises the love of the other
- ✓ REU becomes family therapist



127

## ⑩ Launching

- **Sandwich meetings:**
  1. Favored parent drops child off, leaves
  2. Rejected parent arrives
  3. Check-in with REU txist
  4. Parent and child go out (e.g., lunch)
  5. Parent and child return to debrief
  6. Rejected parent leaves
  7. Favored parent retrieves child

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128