

Resist, Refuse & Resolve: Turning the Corner on PCCP Conflict

WA AFCC – April 25, 2025

Leslie M. Drozd, Ph.D.

Barbara Jo Fidler, C.Psych., Acc.FM., FDRP PC

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The Biggest Challenge



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Overview of the Morning

10:45– 12: 15 Dr. Leslie Drozd

- Overview & Review
- New
 - Consensus & Controversy
 - Taking a picture: use of hypotheses, decision trees, matrices
 - Family systems work is the treatment of choice
 - Good enough parenting
 - Assessing abuse, alienation, & other variables
 - Intractable conflict
 - What kind of assessment? Full, BFA, Assessment as part of treatment
 - What's in a recommendation?

Learning Objective #2. Participants will name and describe tools to be used for an assessment of the multiple variables that may be at the roots of a child's resistance or refusal to spend time with a parent.

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Cases are complex.

Cases are multi-dimensional.

A differential approach is important to take in terms of assessment & intervention

Cases are not created equal.

Cases have multiple causes and multiple solutions.

Cases that are successful have many pieces. Accountability is critical. Success are measured in a multitude of ways.

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

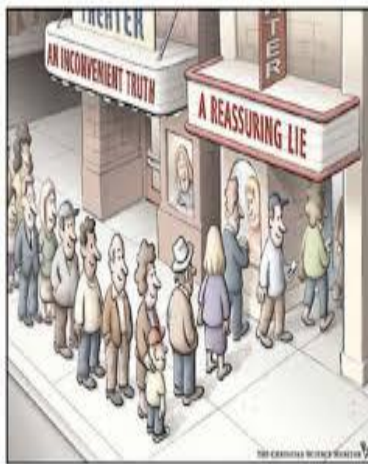
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These cases are complex.

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"Sustaining doubt is harder work than sliding into certainty."

Daniel Kahneman (2011)
Thinking Fast & Slow

Living With Uncertainty

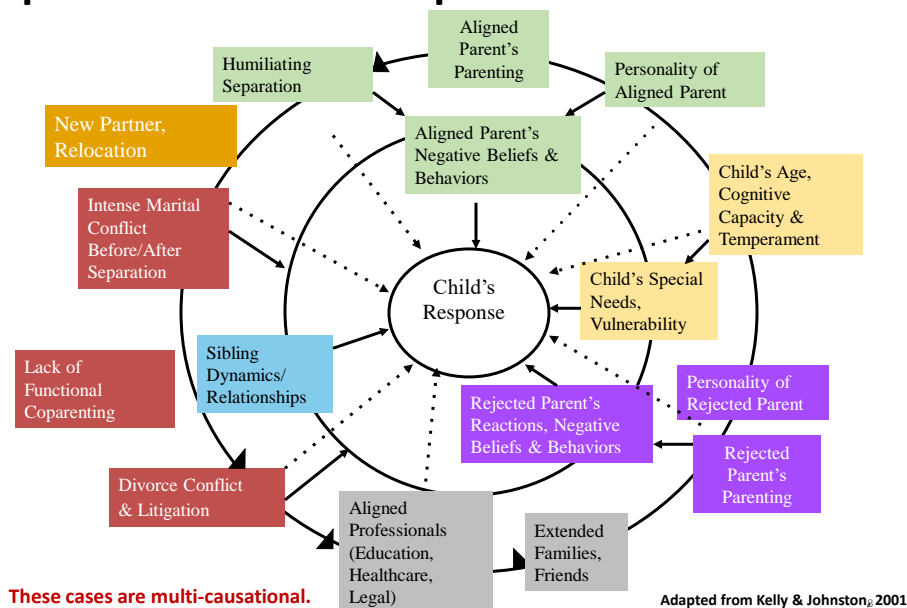
- It is far easier to slide into certainty than accepting uncertainty
- Extremely difficult to hold two competing ideas or truths at the same time, or more than two truths
- To cope with the anxiety, discomfort of uncertainty, we are inclined to let one go of the idea that gets in our way and align with the other – i.e., all or nothing thinking
- Polarization exacerbated by intolerance to uncertainty

These cases are replete with the need to simultaneously hold opposites as true.

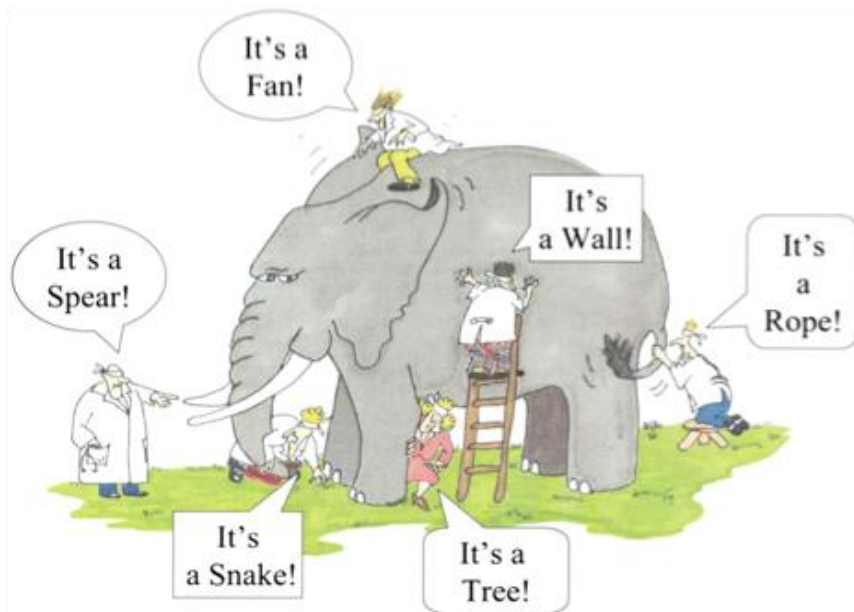
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Factors contributing to & sustaining parent-child contact problems

Handout 1



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Consider many perspectives.

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Another Assessment Tool

Handout 2

Multi-Factor Considerations for PCCP					
Safety Issues	Unresolved Traumas	Unresolved Conflicts	Child Relates Factors	Parenting Problems	Parental Alienating Behaviors
Family Violence	Phobias	Sibling Conflicts	Ages, Stages and Temperament	Rigidity in Parenting	Badmouthing the Other Parent
Child Abuse and Neglect	Panic Reactions	Blended Family Conflicts	Mental Health Issues	Parenting Competency Deficits	Limiting or Interfering with Contact
Substance Misuse	Psychosomatic Complaints	Coparenting Conflicts	Special Needs	Parent Attunement Problems	Forcing the Child to Choose
Pet Abuse	Memory Fog	Ongoing Parent-Child Conflicts	Independence of Child's Voice	Mental Health Problems	Cultivating Dependency

Droz, L., Saini, M., Deutsch, R. (2018). Assessment and Intervention in Resist/Refuse Cases: A Trauma-Informed Approach. AFCC 55th Annual Conference, Compassionate Family Court Systems: The Role of Trauma-Informed Jurisprudence. Washington Hilton, Washington, DC (June 6-9, 2018)

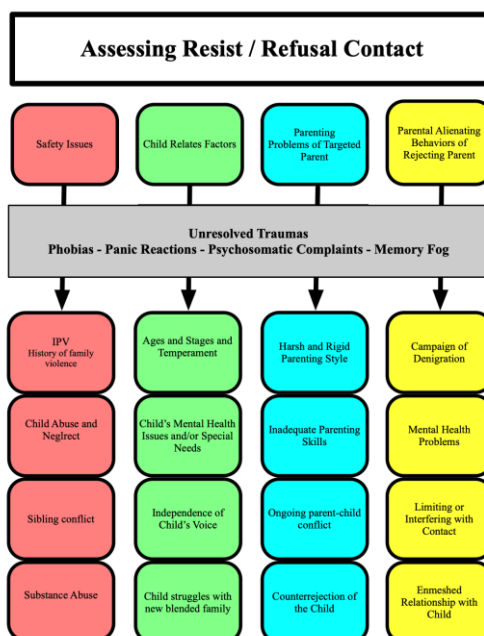
Assess for Multiple Factors in
Consideration of What Combination
of Variables May Result in PCCP

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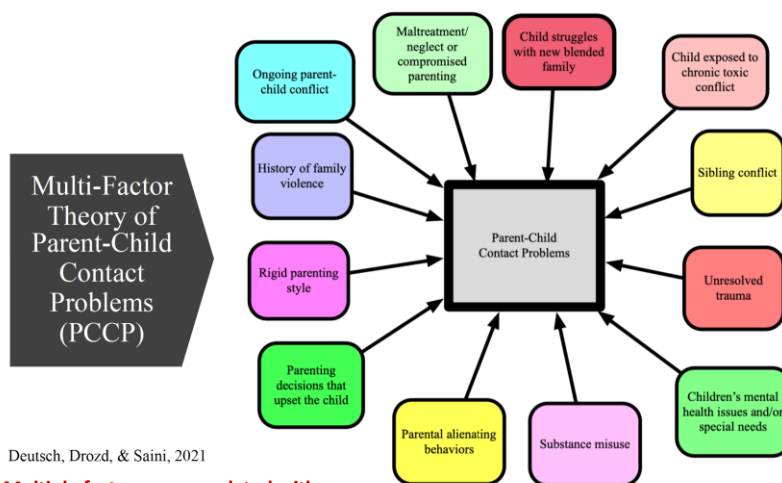
Trauma Informed, Multiple Factors leading to RRD or PCCP

Consider multiple variables as seen through a trauma-informed lens.



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Deutsch, Drozd, & Saini, 2021

Multiple factors are correlated with Parent-Child Contact Problems.

Handout 3. Spectrum of PCCPs (Polak & Fidler)

Handout 4. Fidler & Bala Checklist: Typical Behaviors, Perceptions, & Beliefs of Children & Parents in Alienation Cases (rev. 2020)

Handout 5. Systematic Approach to Assess for Suitability of Therapy in PCCPs (Polak & Fidler, 2020)

Handout 6. Differential Approach, see Slide #12 that follows.

Handout 7. Continuum of Interventions Chart (Fidler & Polak)

Leslie Drozd, Ph.D., (leslie@lesliedrozdphd.com)

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Differential Approach (Fidler, Bala & Saini 2013 rev)

Handout 6

Differential Approach for Assessing and Intervening with Strained Parent-Child Relationships after Divorce - © Fidler, Bala & Saini, 2013 rev			
Assessment: Level of Severity	Mild	Moderate	Severe
1. Parental conduct 2. Protection vs the probability of harm 3. Rigidity of child's perceptions/behavior towards their parents 4. Frequency of parent-child contact 5. Duration of strained relationships 6. History of parents' rigidity 7. Responsiveness to education/treatment as suggested 8. Compliance with court, orders, parenting plans, and treatment agreements	1. Minimal interference/ badmouthing 2. Parent values child's relationship with other parent but occasionally displays misguided protective behavior 3. Child values relationship with both parents, but displays discomfort (not extended to extended family) 4. Minor interruptions of parent-child contact (eg. late, missed visits, short-lived transition difficulties in presence of preferred parent) 5. Situational and infrequent relationship strain (eg. due to affinity, alignment, expected and time-limited upset over parents' separation) 6. Generally flexible but can be rigid 7. Responsive to treatment/education to improve parent-child relationships 8. Compliant with parenting plan,	1. Episodic interference / badmouthing 2. Parent's overprotection (unwittingly or intentionally) undermines child's relationship with the other parent 3. Child displays more resistance than at mild level, although reactions are mixed, confused, or inconsistent (eg. before or during transitions, while with resisted parent) 4. Contact is sporadic, infrequent, or delayed 5. Pattern of missed opportunities for parent-child contact; child takes longer to settle in after transitions than at mild level, and may become unsettled closer to return time to other parent 6. Generally rigid but some instances of flexibility 7. Attends therapy but sporadic and/or with minimal success 8. Inconsistent compliance with parenting plan, treatment agreement and court orders	1. Psychologically abusive behaviors related to mental health issues (eg. CCV, paranoia, encapsulated delusions) 2. Identifies actions as protecting (rights of) child, despite repeated investigations or evidence that demonstrates risk of future harm is improbable, or make malicious allegations knowing they are unfounded 3. Rigid / extreme child reaction to rejected parent (eg., threats to run away, of harm to self or others, acting out, aggressive behavior, refusal to eat) 4. No or very infrequent contact between child and RP 5. Chronic parent-child disruptions 6. Inflexible position taking 7. Refusal of treatment / Previous attempts for treatment unsuccessful 8. Noncompliance with parenting plan, treatment agreement or court orders
Legal Interventions: From court support, monitoring to intervening	Detailed parenting plan, including specified parenting time with resisted parent, and primary residence care with preferred parent Early case conference Court management and monitoring Referral to parenting education or counselling with experienced and adequately trained therapist Warning of sanctions for noncompliance of parenting plan and orders	Highly detailed and unambiguous parenting plan (specified court ordered parenting time for child with resisted parent) Court monitoring Continuity of court appearances - one judge Warning of sanctions or residential care reversal Sanctions for noncompliance (contempt of court, opportunity to purge contempt) Consideration for shared parenting responsibility to ensure involvement of rejected parent in child-related decision making Consideration for extended periods of contact over holidays with rejected parent (eg. summer school break)	Strong sanctions for noncompliance implemented Possibility of transfer of residential care and decision making to rejected parent with one of more of the following monitored by court: * interim period of restorative contact with rejected parent/interruption of contact with favored parent (30-90 days), or indefinitely until behavior change demonstrated * monitored or supervised contact with favored parent * use of transitional site to prepare for transfer of residence to rejected parent (eg. relative, foster care) * eventual return to favored parent if there is an absence of emotionally abusive parental alienating behaviors
Psychoeducational & Clinical Interventions: Map interventions to client needs	Preventative parent education Psychoeducational groups for children Family therapy (all members seen in various combinations) Therapist reporting to court when there is noncompliance with parenting plan, orders or therapy agreement	Court ordered family therapy (all members seen in various combinations) to restore functional parenting, & coparenting; repair relationships & implement court ordered parenting time with rejected parent Additional individual therapy for child, rejected or favored parent Multi-day family intervention with both parents and children, combining therapy and psychoeducation Therapist reporting to court for noncompliance with parenting plan, orders or therapy agreement Parenting Coordinator (case manager / monitor interventions)	Parental decision-making responsibility and residence change to resisted parent (as above) accompanied by intervention with child and rejected parent, followed by Parent education and individual therapy for favored parent with a view to their reunification with child Therapist reporting to court when there is noncompliance with parenting plan, orders or treatment agreement Parenting Coordinator (case manager / monitor of interventions)

**Consider differential approaches
– in assessment & interventions.**

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Leading to
What's New?

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What's a PCCP Case?

Definition we are using

- Parent-child contact problems (PCCPs) refer to a spectrum of family dynamics that result in a child developing resistance and sometimes refusal to have contact with one of their parents. PCCPs occur on a continuum of severity, legal and psychological interventions have been developed to attempt to fit the nature and severity of the particular case.
- Reasons may include a child exposed to intimate partner violence, child maltreatment or neglect, harsh or compromised parenting, untreated mental illness, substance abuse, threats of harm or abduction, and/or parent alienating behaviors.

Sullivan, M.J., Kline Pruett, M., Johnston, J.R. (FCR 2024)

PEGGIE WARD, PH.D. LESLIE DROZD, PH.D.

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10 Key Complexities: PCCP Cases

10 Key Complexities (Deutsch, Drozd, & Ward, 2024)

- Know what's in the name
- PCCP cases have multiple causes and multiple solutions
- Don't go it alone
- Do maintain boundaries and objectivity
- Unholy alliances (amongst family members and/or professionals) can exacerbate these cases
- Child's voice and weight to child's preference are to receive various degrees of consideration
- Successful outcomes have many parts
- Know what we don't know
- Appropriate interventions involve assessment, screening, step wise intervention, and management of expectations
- Keep the Court Involved and maintain measures of accountability

PEGGIE WARD, PH.D. LESLIE DROZD, PH.D.

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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Understanding the Issues: Consensus and Controversy

Consensus:

- AFCC NCJFCJ joint statement; AFCC Peace Talks;
- Multifactorial Model (evolving); APSAC “Multiple Causal Factors Acting Simultaneously for resistance, refusal of fear of contact with less preferred parent”

Controversies:

- False Dichotomy: Alienation or Abuse
- Is there such a thing as Parental Alienation?
- Definitions (See FCR January 2024 definitions and others including APSAC).
- Is shared parenting (physical time) in the children’s best interest?
- Forced therapy. “Do No Harm.” Children’s voices and choice
- Reunification therapy: What is it? What should we call it? Is it effective?
- Without adequate research, should we do this work?

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AFCC-NCJFCJ Joint Statement on Parent-Child Contact Problems

AFCC-NCJFCJ
Joint Statement



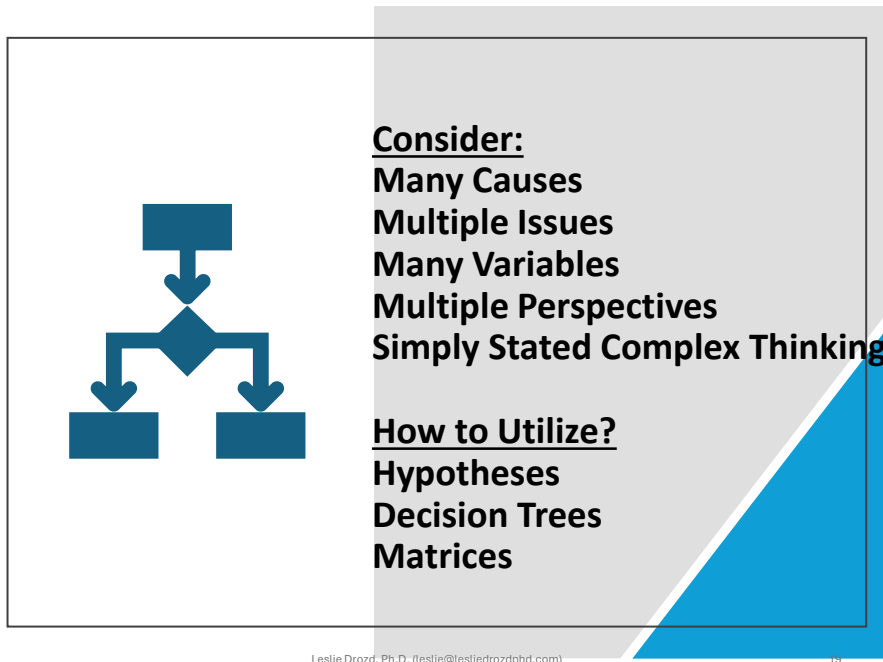
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AFCC Peace Talks

1. Adopt a child-centered approach.
2. Increase competence in working with parent-child contact problems.
3. Screen for safety, conflict, and parent-child contact problems.
4. Fully consider all factors that may contribute to parent-child contact problems.
5. Conduct individual case analysis.
6. Refer to appropriate and proportional services and interventions.

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What are some hypotheses to explain RRD & PCCP?

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Decision Trees: Taking a Picture While Creating a Roadmap

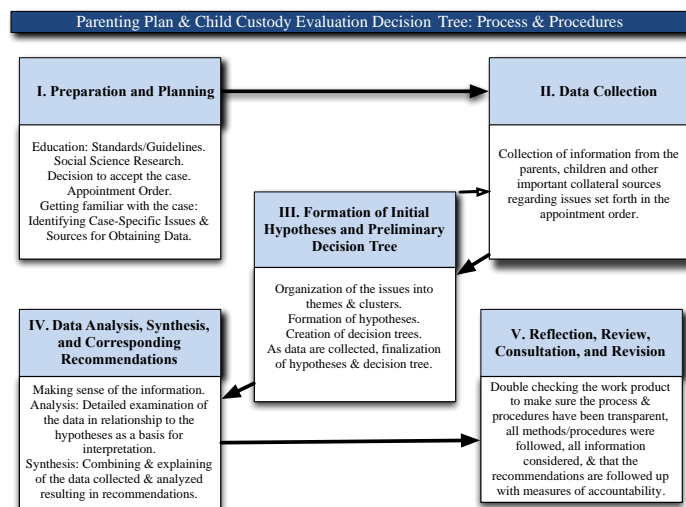
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Handout 8

Parenting Plan Evaluation



Drozd, Olsen, & Saini (2013). Parenting Plan & Child Custody Evaluations: Using Decision Tree to Increase Evaluator Competence & Avoid Preventable Errors
leslie@lesliedrozdphd.com OlsenPhD@aol.com michael.saini@utoronto.ca

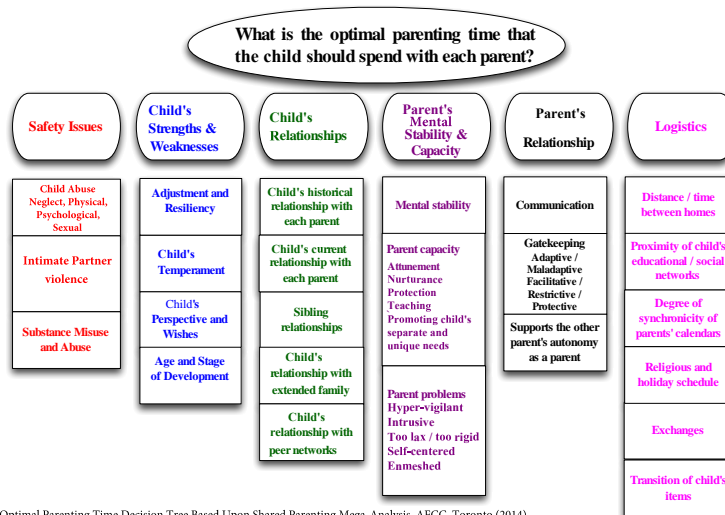
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Handout 9

Optimal Parenting Time Plan



Optimal Parenting Time Decision Tree Based Upon Shared Parenting Mega-Analysis, AFCC, Toronto (2014)
 Leslie M. Drozd, Ph.D., Nancy W. Olesen, Ph.D., & Michael Saini, MSW, Ph.D. (2014)
 leslie@lesliedrozdphd.com; nancywolesen@gmail.com; michael.saini@utoronto.ca

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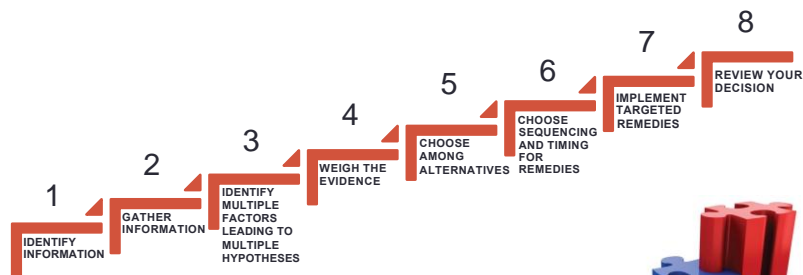
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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Handout 10

Stepwise Decision Making for PCCP



Drozd, Saini, & Carson (2022). An Evidence-Informed Family Systems Decision Tree for Intervening in Parent-Child Contact Problems. AFCC Chicago.

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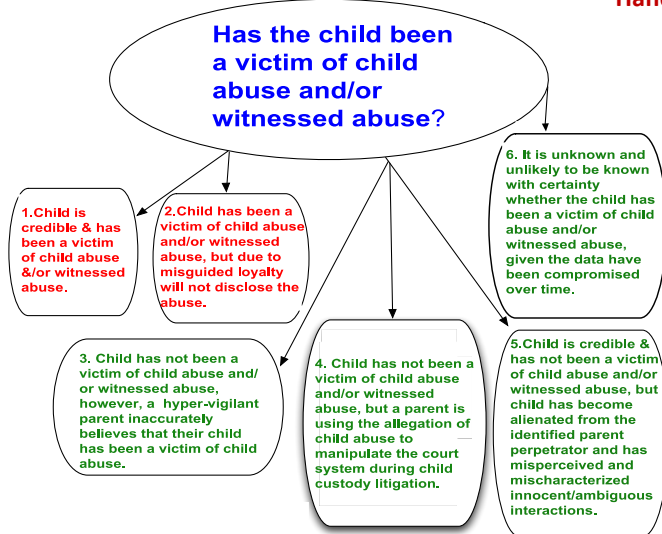
Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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An Additional Set of Hypotheses to Explain PCCP/RRD Abuse Hypotheses

Handout 11



Leslie Drozd, Ph.D.
(leslie@lesliedrozdphd.com)

Deutsch, R. Drozd, L., & Ajoku, C. (2020). Trauma-informed interventions in parent-child contact cases, In B. Fidler & N. Bala (Eds), Parent-child contact problems: Concepts, controversies & conundrums. *Family Court Review*, vol 58(2).

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MATRICES

Synthesis, Recommendations, & Accountability

Drozd, Olesen, & Saini, 2013

<https://www.amazon.com/Parenting-Plan-Child-Custody-Evaluations/dp/1568871481>

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Data Collection

Handout 12

Leslie M. Drozd, Ph.D., Nancy W. Olesen, Ph.D., & Michael Saini, MSW, Ph.D. (2013)
Parenting Plan & Child Custody Evaluations: Using Decision Trees to Prevent Evaluator Bias and Increase Evaluator Competence
Custody Evaluation Assessment Matrix I

Source of Concern	Mother's Information	Father's Information	Child's Information	Collateral Information	Evaluator Observations
Intimate Partner or Domestic Violence					
Child Abuse/Maltreatment and/or neglect					
Substance Abuse					
Mental health					
Child's adjustment					
Child's preferences					
Parenting Competency					
Co-Parenting Capacity					
Relocation					
Other Issues Relevant to Situation					
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Analysis

Handout 13

Parenting Plan Evaluation Matrix II: Analysis

Source of Concern	Summary of Information	Analysis of Information: Reliability & Validity	Inferences: Safety, Access, Transitions, Decision-Making
Intimate Partner or Domestic violence			
Child Abuse/Maltreatment and/or Neglect			
Substance Abuse			
Mental Health			
Parenting Competency			
Co-parenting Capacity			
Relocation			
Other Issues			

Leslie M. Drozd, Ph.D., Nancy W. Olesen, Ph.D., & Michael Saini, MSW, Ph.D. (2013)
Parenting Plan & Child Custody Evaluations: Using Decision Trees to Prevent Evaluator Bias and Increase Evaluator Competence

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Analysis, Synthesis, Recommendations, & Accountability

Data Matrix III: Analysis, Synthesis, Recommendations, & Accountability

Handout 14

Themes (Level II Inferences: Analysis) [List Hypotheses under each theme.]	Additive? Synergistic? Antagonistic? Direction? (Level III Inferences: Analysis)	Parenting Plan Implications and Recommendations (Level IV Inferences: Synthesis)	Accountability
Safety			
Child's Issues			
Parent's Issues			
Children's preferences			
Parenting Competency			
Co-parenting Capacity			
Gatekeeping			
Relocation			
Etc.			
Leslie M. Drozd, Ph.D., Nancy W. Olesen, Ph.D. & Michael Saini, MSW, Ph.D.(2013)			
Parenting Plan & Child CustodyEvaluations: Using Decision Trees to Prevent Evaluator Bias and Increase Evaluator Competence			29

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Key to Assess



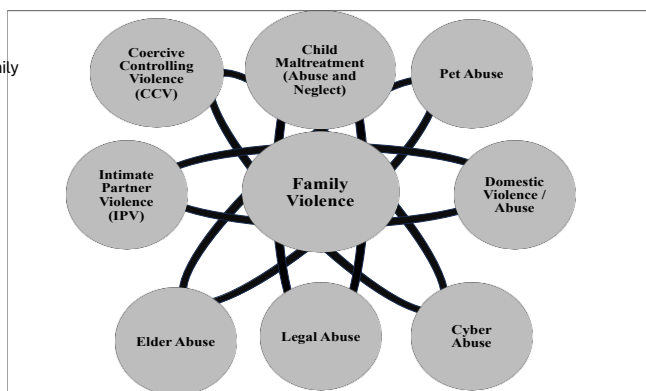
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Screening & Assessment
Context
Where's it all fit in?
DV & Trauma
Effects on Parenting
Coercive Control v. Regular Control

Assessing Abuse

Where Does It All Fit In?

Nature, Extent, and Types of Family violence (Hypernym)



Deutsch, R.M., Saini, M., Drozd, L.M., co-editors (January 2024). Family Court Review, Special Issue. Family Violence & Parentine. Family Court Review. Vol 62. Issue 1.

Deutsch, Saini, & Drozd, 2024, p. 12

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Let's Start with a Definition of **IPV**



IPV is any incident or pattern or behavior directed towards a current or former partner or spouse, which encompasses any one or any combination of physical, sexual, economic, or psychological harm or coercive control. Any one of these forms of IPV may exist without physical aggression or other forms of abuse and still be considered IPV. IPV can vary in kind, frequency, and severity.

Center for Disease Control (2024)

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Now, a definition(s) of domestic violence

Physical, sexual, psychological harm caused by current or former partner. (overlap with IPV definition)

May include single act or series of acts forming pattern of violence.

Occurs between two people wherein one exercises power over the other.

Event(s) considered to be well beyond basic human experience and causes extensive distress to most individuals.

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Are there differences between IPV and DV?

Generally speaking, IPV & DV terms mean the same thing.

DV was term used exclusively until about 10 years ago. Many states have DV (but not IPV) laws.

DV can include abuse from others (e.g., caretakers, roommates, or family members).

IPV used to describe abuse between current or former partners.



Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Types of IPV

• Physical Violence

Statistics:

1 in 4 (or 5) women
and 1 in 7* men
have experienced
severe physical
violence by an
intimate partner

• 4-10 dependent on



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Stats/Prevalence continued

- 1 in 6 women and 1 in 12 men have experienced contact sexual violence from an intimate partner
- 10% of women and 2 % of men report being stalked by an intimate partner
- About 35% of female IPV survivors and 12% of male IPV survivors experience some form of physical injury related to the IPV
- There is about a 40% overlap of IPV and child maltreatment

Center for Disease Control & Prevention (2018)



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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Types of IPV (cont.)

• Psychological/emotional violence



Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

Humiliation, controlling what victim can/can't do, withholding information, deliberately embarrassing person, isolating person from friends/family, denying person access to money or other basic resources.

Physical and sexual violence (or a threat of physical and sexual violence) may also have psychological and emotional sequelae

(Tjaden & Thoennes, 1998)

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Types of IPV (cont.)

• Sexual violence

Category #1: Use of physical force to compel a person to engage in a sexual act against his or her will -- whether or not the act is completed.



Category #2: Attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure.

Category #3: Abusive sexual contact.

*Threats of sexual violence:

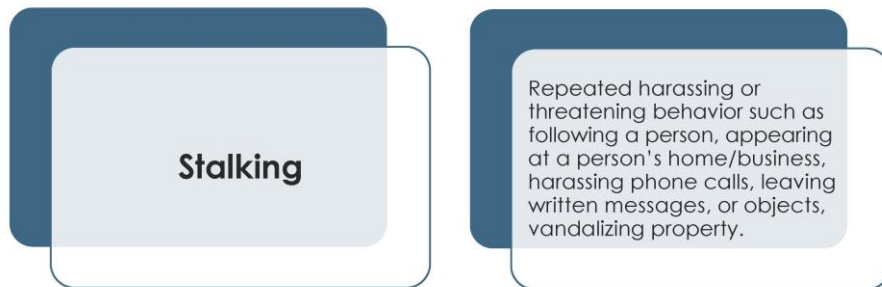
Use words, gestures, or weapons.

You don't need to rape someone to be sexually violent

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Types of IPV (cont.)



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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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COERCIVE CONTROL

A harmful course of conduct that subordinates (or attempts to subordinate) the will of a current or former partner by:

- ✓ Violating their physical integrity (violence)
- ✓ Denying them respect and autonomy (intimidation)
- ✓ Depriving them of social connectedness (isolation)
- ✓ Appropriating or denying them access to the resources required for personal liberty (control)

Stark, 2007, p. 15

Stark, p. 15

What is
coercive
control?

Coercively controlling behaviors involve harmful conduct that subordinates the will of another through violence, intimidation, intrusiveness, isolation, and/or control.

(AFCC IPV Guidelines, 2016)

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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

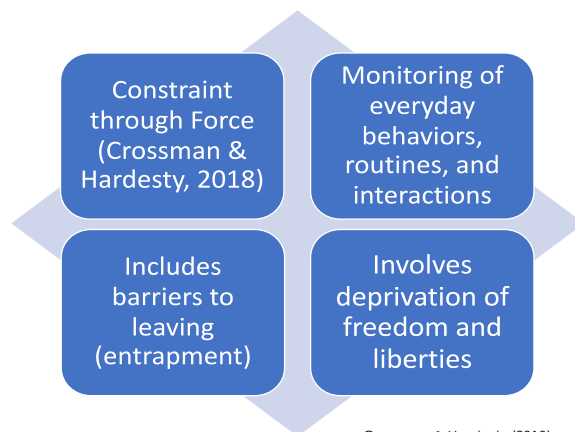
More on coercive control

- Intimidation, isolation, and control.
- Can occur without physical abuse.
- Main objective is to restrict freedom and autonomy of victim.
- Distinct from emotional abuse.
- Insidious, pernicious, penetrates and breaks down victim's self esteem.

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More on Coercive Control (cont.)



Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

Crossman & Hardesty (2018)

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Coercive Control Affects Parenting

COERCIVE CONTROL AFFECTS PARENTING

Physical Safety	↔	Physical Abuse or Neglect
Emotional Security	↔	Emotional Abuse
Economic Support	↔	Economic Abuse
Protecting Child from Abuse/Conflict	↔	Using Child as a Tool of Abuse/Conflict
Responding to Child's Separate Needs	↔	Ignoring Child's Separate Needs
Supporting Other's Parenting	↔	Undermining Other's Parenting
Respecting Other Parent's Autonomy	←	

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)*

Leslie M. Drozd, Ph.D. (leslie@lesliedrozdphd.com)



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Handout 15

Are there difference(s) between “regular” conflict and coercive control?

Component	Conflict (low/normal, medium, high)	Coercive-Control
How differences are managed/resolved	Relatively equal power. Conflict is mutual.	Power is mostly with one partner.
Power differential	Cycles of reaction/counter-reaction	Primary abusive partner is empowered & victim is fearful.
Fear? Intimidation? Coercion?	Lacking fear, intimidation, one-sided control.	Repeated pattern of control, isolating, manipulation, intimidation, domination, humiliation, coercion.
Situational v. Pattern. Conflict vs. Control-Initiated.	High hostility, verbal abuse though occasional, infrequent physical aggression – conflict initiated. No pattern. Behavior does not persist. Situational.	Threats/ violence control initiated.
Personality Disorder (rigid ways/ projection/ denial)	One or both may have Personality Disorder.	Perpetrator may have Personality Disorder
Trust/mistrust	Mistrust/mutual/ blaming.	Victim's mistrust grounded in reality.
Unresolved feelings about end of relationship.	Unresolved feelings about failed relationship – channeled into fighting over kids.	Perpetrator has unresolved feelings over partner's desire to separate; leads to efforts to control, abuse, intimate, punish by fighting over kids.
Children and parent-child contract	Pressure on kids to take sides to meet parents' needs.	Children fearful of exposure, distrustful – may or may not want contact.

Crossman, K. A., & Hardesty, J. L. (2017, February 6). Placing Coercive Control at the Center: What Are the Processes of Coercive Control and What Makes Control Coercive? *Psychology of Violence*. Advance online publication. <http://dx.doi.org/10.1037/vio0000094>

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Models, Screenings, & Guidelines

Conceptual/theoretical models for looking at IPV

Conceptual/theoretical models for looking at IPV

- IPV Research-Informed Model (Austin & Drozd, 2012, 2013)
- 5 P's (Jaffe, Johnston, Crooks, Bala, 2008)
- Battered Women's Justice Project SAFeR Model (2016, 2017, 2018)

Screening and assessment tools

Screen for DV in all cases

SAFeR approach:

- Battered Women's Justice Project

MASIC-S:

- Rossi, Applegate, Tomlinson, & Holtzworth-Munroe (2024)

Department of Justice, Office of Violence Against Women: Screening measures analyzed

Guidelines

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

Guidelines

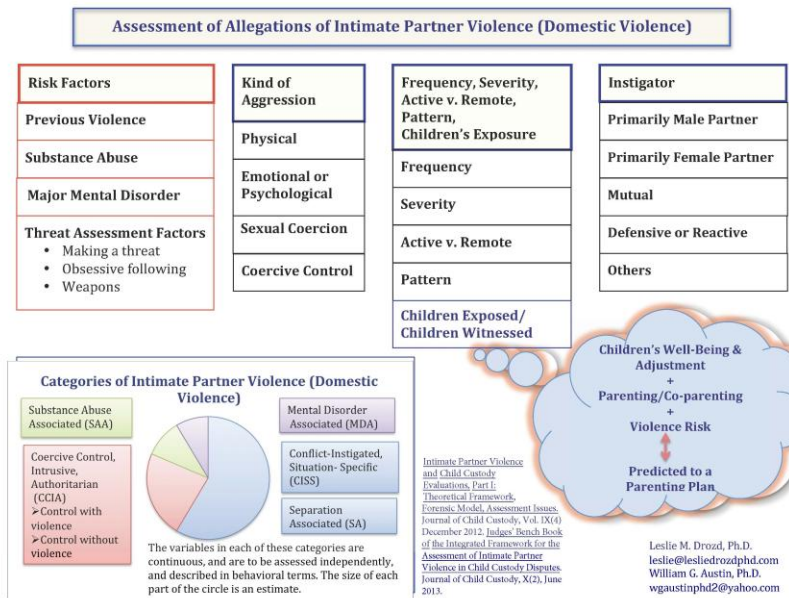
- AFCC IPV Guidelines (2016)

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Model 1.0

Handout 16



Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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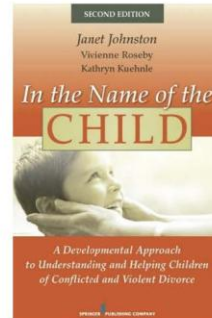
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Model 2.0

Handout 17

5 “P” Framework

- Potency
- Pattern
- Primary perpetrator
- Parenting problems
- Perspective of child



Jaffe, Johnston, Crooks, & Bala (2008)
 Johnston, Roseby, & Kuehnle (2009)

Leslie Drozd, Ph.D. (leslie@lesliedrozdpd.com)

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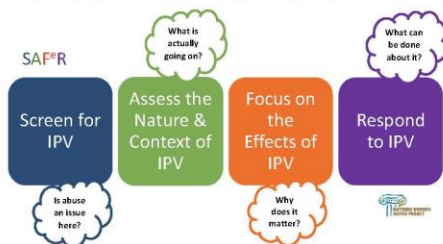
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Model 3.0

Handout 18

BWJP Safer model

BWJP SAFER
 PRACTICE GUIDES FOR FAMILY COURT DECISION-MAKING IN DOMESTIC
 ABUSERELATED CHILD CUSTODY MATTERS (Forms and Instructions) By
 Gabriella Davis Loretta Frederick Nancy Ver Steegh
<https://bwjp.org/assets/compiled-practice-guides-may-2018.pdf>



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SAFeR

Do this in a way that is:



Safe
• Guideline 1: Safety First
Informed
• Guideline 3: Knowledge and Skills
Systematic
• Guideline 4: Systematic Approach
Unbiased

Safer Worksheets

<https://bwjp.org/assets/documents/pdfs/webinar/safer-worksheet-combined-113018.pdf>

Leslie Drozd, Ph.D. (leslie@lesliedrozdpd.com)

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Guidelines

[https://www.afccnet.org/Portals/0/PDF/Guidelines%20for%20Examining%20Intimate%20Partner%20Violence%20\(1\).pdf?ver=UzgPZvbGjm0M26algWS9Hg%3d%3d](https://www.afccnet.org/Portals/0/PDF/Guidelines%20for%20Examining%20Intimate%20Partner%20Violence%20(1).pdf?ver=UzgPZvbGjm0M26algWS9Hg%3d%3d)



**Association of Family
and Conciliation Courts**

Guidelines for Examining Intimate Partner Violence:

**A Supplement to the AFCC Model
Standards of Practice for Child
Custody Evaluation**

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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Variables that make up the context for a given family violence case

- Frequency
- Recency
- Severity
- Directionality
- Pattern
- Intention
- Circumstances
- Consequences

Context is Key to Understanding



One **Size**
Doesn't
FIT
ALL



Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Assessing Alienation

- ✓ Common PABs
- ✓ Trauma Informed Interventions in PCCP Cases
- ✓ Are the PABs situational? Time sensitive?
Content related?
- ✓ What are each child/each parent's strengths that can be built on?
- ✓ Is anyone reacting to trauma?
- ✓ What blocks on or more family members from moving forward?

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Red Flags & Green Flags

Red Flags and Green Flags	
<p>Red Flags:</p> <ul style="list-style-type: none"> • Lack of Safety • Poor Circumstances (logistics, \$\$) • Chronicity (long time no contact, long history unresolved conflict) • Parent Limitations • Child Limitations • Poor support (professional, extended family) 	<p>Green Flags:</p> <ul style="list-style-type: none"> Positive family memories Parents can calmly meet with each other Parents have mutual respect Parents agree child needs time with both parents Child is willing to spend time with their other parent
PEGGIE WARD, PH.D. LESLIE DROZD, PH.D.	01/13/25

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Yellow Flags

Yellow Flags: Use caution	
<p>Safety: No imminent danger; no active ongoing safety concerns (DV, emotional abuse, substance abuse)</p> <p>Parent Interactions: Willing to work on improving interactions, conflict present but no ongoing hostility; no trust but can agree to ground rules for behavior</p> <p>Child Willingness: Reluctant but open to discussing in therapy, strong alignment with favored parent yet able to see multiple perspectives</p>	<p>Contact History: Moderate gaps, sporadic communication, relationship not completely severed</p> <p>Parental Capacity: Functioning well enough to participate in family therapy with support, willingness to work on limitations and and cooperate with therapeutic interventions, understand how issues impact their children and show willingness to work on them</p>
PEGGIE WARD, PH.D. LESLIE DROZD, PH.D.	01/13/25

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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What's Intractable Conflict?

“An intractable conflict is one that has become entrenched in cognitive, affective, and social-structural mechanisms, a transformation that effectively distances the conflict from the perceived incompatibilities that launched it. As a conflict becomes a primary focus of each party's thoughts, feelings, and actions, even factors that are irrelevant to the conflict become framed in a way that intensifies or maintains the conflict. It is as though the conflict acts like a gravity well (or 'negative attractor') into which the surrounding mental, behavioral, and social-structural landscape begins to slide. [...] once a pattern of thought and behavior concerning an interpersonal or intergroup relationship is established, it functions as an attractor that resists change” [...]

Vallacher, R.R., et al, (2010) Rethinking Intractable Conflict; The Perspective of Dynamical Systems. *American Psychologist*, Vol. 65, No. 4, 262-278

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Full Evaluation v. BFA v. Assessment as Part of Treatment

Advantages v. Disadvantages of Each

- ✓ Full
- ✓ BFA
- ✓ Assessment as part of treatment

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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What's in a Recommendation?

- ✓ Accountability
- ✓ Measurability
 - Who Determines?
- ✓ Forensic v. Clinical Perspective
- ✓ Impact of Trauma (“The Ghost in the Nursey.....”)
- ✓ Role of Expectations

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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CHANGES IN RESIST-REFUSE DYNAMICS CHECKLIST (CRDC)
 Leslie Drozd, Ph.D., Michael Saint, Ph.D., Marjorie Gans-Walters, Ph.D., Barbara Jo Fidler, Ph.D., & Robin Deutsch, Ph.D., ABPP

Rejected/Resisted Parent's (RP's) Name _____
 Favored Parent's (FP's) Name _____
 Child's Name, Age, & DOB (Please Use One Form Per Child.) _____
 Name of Rater _____ Rater is (Circle one): Family Therapist/Parent Coordinator/Case Manager/Judge
 Date Form Filled Out: _____

FOR THE CHILD

(R) Behavioral Indicators For The Child (Rejected Parent).

	N	R	S	O	VO
1. Child greets the parent in a friendly manner (e.g. at minimum child says hello).					
2. Child has ongoing contact with parent without signs of resistance.					
3. Child can comfortably sit in a room with parent.					
4. Child participates in activities with parent (e.g. plays games, goes places like movies, builds with Legos, etc.).					
5. Child engages in spontaneous conversations with parent.					
6. Child engages in respectful conversations with parent.					
7. Child seeks/maintains relationships with the parent's extended family.					
8. Child does homework with parent.					
9. Child accepts reasonable limit setting by parent.					
10. While with the parent, child freely talks about their experiences while in the other parent's care.					
11. While with the parent, child speaks positively about the other parent.					
12. Child seeks out the parent's advice with specific problems or issues.					

(F) Behavioral Indicators For The Child (Favored Parent).

	N	R	S	O	VO
1. Child greets the parent in a friendly manner (e.g. at minimum child says hello).					
2. Child has ongoing contact with parent without signs of resistance.					
3. Child can comfortably sit in a room with parent.					
4. Child participates in activities with parent (e.g. plays games, goes places like movies, builds with Legos, etc.).					
5. Child engages in spontaneous conversations with parent.					
6. Child engages in respectful conversations with parent.					
7. Child seeks/maintains relationships with the parent's extended family.					
8. Child does homework with parent.					
9. Child accepts reasonable limit setting by parent.					
10. While with the parent, child freely talks about their experiences while in the other parent's care.					
11. While with the parent, child speaks positively about the other parent.					
12. Child seeks out the parent's advice with specific problems or issues.					

(R) Emotional Indicators For The Child (Rejected Parent).

	N	R	S	O	VO
1. Child spontaneously displays affection towards parent in front of other parent.					
2. Child is comfortable being engaged in activity with parent at same time they are in front of other parent.					
3. Child is comfortable sharing feelings with the parent (e.g. worries, needs, fears, etc.).					
4. Child approaches parent for comfort.					
5. Child displays affection towards parent (e.g. sitting appropriately close-by, age-appropriate hugging, cuddling).					

(F) Emotional Indicators For The Child (Favored Parent).

	N	R	S	O	VO
1. Child spontaneously displays affection towards parent in front of other parent.					
2. Child is comfortable being engaged in activity with parent at same time they are in front of other parent.					
3. Child is comfortable sharing feelings with the parent (e.g. worries, needs, fears, etc.).					
4. Child approaches parent for comfort.					
5. Child displays affection towards parent (e.g. sitting appropriately close-by, age-appropriate hugging, cuddling).					

Deutsch, R. Drozd, L., & Ajoku, C. (2020). Trauma-informed intervention in divorce and custody cases. *Journal of Divorce & Remarriage*, 58(2).

contact problems, Concepts, controversies & commentaries. *Family Court Review*, vol 58(2).

Ratings: N=Never, R=Rarely S=Sometimes, O=Occasionally, VO=Very Often.

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CRDC
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CRDC
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(II) Cognitive Indices For The Child (Rejected Parent).		(RP)				
		N	R	S	O	VO
1. Child has some age-related capacity to see the "good" and the "bad" in parent.						
2. Child demonstrates age-appropriate capacity for seeing different perspectives as new situations arise, both within the family and within the child's social relationships.						
(III) Cognitive Indices For The Child (Favored Parent).		(FP)				
		N	R	S	O	VO
1. Child has some age-related capacity to see the "good" and the "bad" in parent.						
2. Child demonstrates age-appropriate capacity for seeing different perspectives as new situations arise, both within the family and within the child's social relationships.						
B. ABOUT EACH PARENT						
(I) Behavioral Indices About Each Parent (Rejected Parent).		(RP)				
		N	R	S	O	VO
1. Parent supports the child's relationship with other parent.						
2. Parent consistently maintains positive support for other parent's involvement in child's life.						
3. Parent demonstrates ability to understand/accept the child without blaming.						
4. Parent expresses hope that the child will have the best possible relationship with other parent.						
5. Parent does <u>not</u> tell or convey indirectly to the child any negative views of other parent.						
6. Parent takes responsibility for his/her role in causing disruption of the child's relationship with other parent.						
7. Parent includes other parent in child's life (e.g., medical, academic, social).						
8. Parent complies with the court-ordered parenting plan.						
9. Parent can be at the same activity with other parent.						
10. Parent communicates directly with other parent, rather than expecting child to carry messages back & forth.						
11. Parent communicates respectfully with other parent.						
12. Parent greets other parent cordially during transitions in front of child.						
13. Parent demonstrates good emotional boundaries with child.						
14. Parent supports the child's activities by ensuring child attends the activity.						
15. Parent supports child's social relationships with peers.						
16. Parent redirects child to discuss any complaints/concerns about other parent with that parent.						
17. Parent demonstrates reasonable progress towards treatment goals.						
18. Parent demonstrates in observable actions the ability to <u>not</u> expose their child to their own negative beliefs & fears about the other parent.						
(II) Behavioral Indices About Each Parent (Favored Parent).		(FP)				
		N	R	S	O	VO
1. Parent supports the child's relationship with other parent.						
2. Parent consistently maintains positive support for other parent's involvement in child's life.						
3. Parent demonstrates ability to understand/accept the child without blaming.						
4. Parent expresses hope that the child will have the best possible relationship with other parent.						
5. Parent does <u>not</u> tell or convey indirectly to the child any negative views of other parent.						
6. Parent takes responsibility for his/her role in causing disruption of the child's relationship with other parent.						
7. Parent includes other parent in child's life (e.g., medical, academic, social).						
8. Parent complies with the court-ordered parenting plan.						
9. Parent can be at the same activity with other parent.						
10. Parent communicates directly with other parent, rather than expecting child to carry messages back & forth.						
11. Parent communicates respectfully with other parent.						
12. Parent greets other parent cordially during transitions in front of child.						
13. Parent demonstrates good emotional boundaries with child.						
14. Parent supports the child's activities by ensuring child attends the activity.						
15. Parent supports child's social relationships with peers.						
16. Parent redirects child to discuss any complaints/concerns about other parent with that parent.						
17. Parent demonstrates reasonable progress towards treatment goals.						
18. Parent demonstrates the ability to <u>not</u> expose their child to their own negative beliefs & fears about the other parent.						

Ratings: N=Never, R=Rarely S=Seldom, O=Occasionally, VO=Very Often.

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Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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CRDC
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(II) Emotional Indices About Each Parent (Rejected Parent).		(RP)				
		N	R	S	O	VO
1. Parent demonstrates the ability to emotionally regulate.						
2. Parent demonstrates flexibility in their emotional responses.						
3. Parent is able to differentiate their emotions from their child's feelings.						
4. Parent demonstrates sensitivity & empathy regarding their child's experiences.						
5. Parent supports other parent's autonomy with the child.						
(III) Emotional Indices About Each Parent (Favored Parent).		(FP)				
		N	R	S	O	VO
1. Parent demonstrates the ability to emotionally regulate.						
2. Parent demonstrates flexibility in their emotional responses.						
3. Parent is able to differentiate their emotions from their child's feelings.						
4. Parent demonstrates sensitivity & empathy regarding their child's experiences.						
5. Parent supports other parent's autonomy with the child.						
(III) Cognitive Indices About Each Parent (Rejected Parent).		(RP)				
		N	R	S	O	VO
1. Parent accepts that the child wants to have contact with both parents (without raising the past and reverting to blaming the child's prior hostility/rejection on the other parent).						
2. Parent accepts that relationship with other parent is important for child and does <u>not</u> revert to past beliefs.						
3. Parent demonstrates an ability to separate his/her own negative thoughts and feelings about the other parent from the child's needs to have a relationship with other parent (e.g., statements such as "your other parent left us" are absent).						
(III) Cognitive Indices About Each Parent (Favored Parent).		(FP)				
		N	R	S	O	VO
1. Parent accepts that the child wants to have contact with both parents (without raising the past and reverting to blaming the child's prior hostility/rejection on the other parent).						
2. Parent accepts that relationship with other parent is important for child and does <u>not</u> revert to past beliefs.						
3. Parent demonstrates an ability to separate his/her own negative thoughts and feelings about the other parent from the child's needs to have a relationship with other parent (e.g., statements such as "your other parent left us" are absent).						

Overview of the Checklist.

The Changes in Resist-Refuse Dynamics Checklist (CRDC) is a checklist designed to give professionals guidelines through which to observe, assess, and understand the behavioral, emotional and cognitive changes that need to occur to resolve these parent-child contact problems.

- It is important to note that the CRDC should not replace a comprehensive screening of violence.
- The CRDC is not a diagnostic tool.
- The CRDC may work best when combined with other tools for assessment.
- The CRDC should only be used by trained professionals.
- The CRDC may not be appropriate for use with all cases.

Instructions for completing the CRDC.

Please fill in the names of the Rejected/Resistant Parent's (RP) and the Favored Parent (FP) in the chart below. For each item below, please indicate in the last three months whether the item has occurred N=Never, R=Rarely S=Seldom, O=Occasionally, VO=Very Often. There are no wrong answers. Please complete this to the best of your knowledge. If you don't know, please leave your answer blank.

Dimensions of the CRDC.

The CRDC has two sections: (1) the child, and (2) the parent. Each section is divided into behavioral, emotional and cognitive indices. In turn, each section is sub-divided into a part for the favored parent and a part for the rejected parent to fill out.

Scoring the CRDC.

This rating form is designed to be filled out by a professional who has observed (or heard testimony about) the parent-child interactions. This form is not designed to be scored.

Application of the CRDC.

The use of the CRDC is for trained professionals (i.e., therapists, attorneys and judges). Should a professional wish for a parent to fill out the form, it will need to be adapted and personalized. The professional may use this checklist to set treatment goals and to facilitate a discussion with each parent about their measures of progress with their child(ren). For example, this might be filled out at the start, at various stages during, and at the end of therapy.

Ratings: N=Never, R=Rarely S=Seldom, O=Occasionally, VO=Very Often.

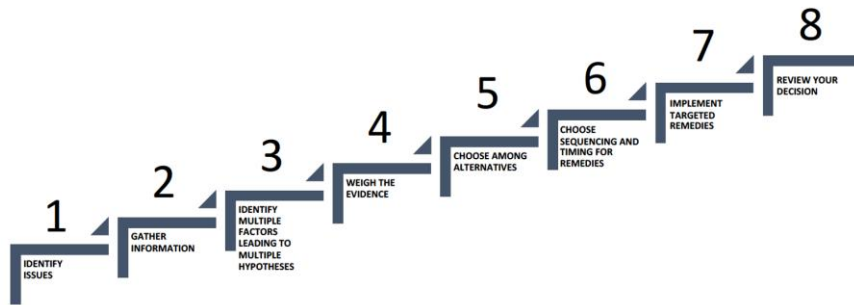
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Handout 20

Step-Wise Decision Making for PCCP



View through a trauma lens in the beginning, the end, and throughout.

Drozd, Saini, & Harrison (in press). A Trauma Informed Approach to Parent Child Contact Problem (PCCP) Cases, in *Parenting Plan Evaluations: Applied Research for Family Court*, editors: Leslie M. Drozd, Michael A. Saini, & Nancy W. Olesen, Oxford University Press

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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Pink Video



View through a trauma lens in the beginning, the end, and throughout
 .Consider in the context of the overall goal of assuring both safety and connection

Leslie Drozd, Ph.D. (leslie@lesliedrozdphd.com)

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