

OVERCOMING BARRIERS FAMILY CAMP: A PROGRAM FOR HIGH-CONFLICT DIVORCED FAMILIES WHERE A CHILD¹ IS RESISTING CONTACT WITH A PARENT

Matthew J. Sullivan, Peggie A. Ward, and Robin M. Deutsch

Overcoming Barriers Family Camp is an innovative program designed to treat separating and divorced families where a child is resisting contact or totally rejecting a parent. Both parents, significant others, and children participate in a 5-day family camp experience that combines psycho-education and clinical intervention in a safe, supportive milieu. This article describes the components of the program, from referrals to intake to aftercare. Evaluation immediately following the camp experience is provided for the camps that ran in 2008 and 2009, and 6-month follow-up interview information is provided for the 2008 camp program as well as 1-month follow-up about the initiation of aftercare with the 2009 families. A discussion of the strengths and challenges of this approach with entrenched, high-conflict family systems concludes the article.

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Overcoming Barriers Family Camp (OBFC) is a 5-day, 4-overnight family camp program designed to deliver intensive treatment to high-conflict families. The program is a combination of psycho-education, clinical intervention, and milieu therapy, delivered to families stuck in the impasse of the divorce transition who present a child who is resisting or refusing contact with a parent.

HISTORY OF DEVELOPMENT

The camp concept initially began with one of the author's attempt to reunify a father with his children at Camp Common Ground in Vermont. After careful screening for issues of abuse and safety and initial work with the entire family, the father-son intervention was to be the culmination of the family work. This intervention was unsuccessful as the aligned parent did not follow court orders, went to the camp with the children, and the children would not leave the car. Following this initial attempt to use an intensive camp model, a group of forensic psychologists, court personnel, a judge, and attorneys met over several months and developed the current model. This intervention model includes all members of the restructured family system (parents, spouses, and stepsiblings).

The program was piloted in 2008 with five families for 3 days. Inclusion of all family members added to the challenge, but proved crucial to the camp's success. Surprisingly, all parents in exit interviews requested a longer camp, more co-parent interventions, and more parent-child interventions. The 2009 OBFC was 5 days and built on the experience of the

Correspondence: peggieward@comcast.net

pilot program, adding daily co-parent meetings, parent–child or family meetings as often as possible, and psychologist interventions with all camp participants throughout the camp experience.

FAMILY CHARACTERISTICS

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

1. The divorcing or divorced co-parents are quite conflicted, still embedded in the legal adversarial court process, and, therefore, organized to address their family system's dysfunction with strategies that may be functional in litigation but are antithetical to creating and implementing a parenting plan for their child (Sullivan, 2008). Some of the families have been embedded in this context for years, engaging in repeated custody evaluations, hearings, and trials. In fact, all but one family who attended OBFC were court-ordered over the objection of the favored parent.
2. There are significant polarities in the perspectives of the parents, with all parent dyads having common themes in their impasse—the favored parents' perspective organized by what they consider a “protective” stance as it relates to the rejected parents' access to the child, alleging abuse, poor parenting, neglect, and/or domestic violence in the spousal/co-parenting relationship. The favored parents assert that the high level of interparental conflict is significantly, if not exclusively, perpetrated by the rejected parent. The rejected parents assert that they are victims of “alienation” by the favored parent (Fidler & Bala, 2010; Kelly & Johnston, 2001). The themes associated with this stance are that they are good parents, historically positively, and often significantly, involved in their children's lives. Further, the rejected parents report that the favored parents have been attempting to remove them from their children's lives by carrying out a malicious agenda, and they are either impaired by mental illness or driven by malicious and/or retaliatory motives or tactically making spurious allegations to gain an advantage in divorce issues other than those concerning the children (e.g., property and support, relocation, school placement, etc.). Finally, they, like their co-parent, attribute most, if not all, of the cause of their co-parenting conflict to the other parent.
3. The child presents with varying degrees of expressed hatred, fears, anxieties, and other symptoms of distress (somatic, etc.) and extreme resistance or total refusal to any contact, sometimes engaging in verbal and physical aggression with his/her rejected parent. With the favored parent, the child expresses affection and evidenced boundary diffusion and separation issues. The child tends to have a variety of adjustment problems that place him or her on the vulnerable side of the resilient-to-vulnerable continuum of child functioning (Emery, 2004).² The dilemma for family court professionals working with these families is that a determination of a parenting plan that is not damaging to the child and is based on the child's expressed intense hatred, fear, mistrust, etc., toward the rejected parent can potentially support either parent's position in litigation. The child's vehement expressed negative emotions and rejection may be as consistent with child alienation as well as a child who has been neglected and abused or exposed to domestic violence.

4. Two pervasive and troubling aspects of these families are that the intensity and severity of the child's rejection seem exaggerated and out of proportion to many of the allegations of misconduct on the rejected parent's part, and yet there is also credible evidence supporting the favored parent's concerns about the child's experience of the rejected parent. The presence of *both* sets of parental contributions to the child's response is consistent with the reformulation of child alienation offered by the work of Marin group published in several articles in *Family Court Review* in 2001 (e.g., Kelly & Johnston, 2001).
5. All families have had a series of ineffective, failed, or even counterproductive traditional mental health interventions. Various members of the family, particularly the child, had been involved in multiple mental health interventions. The conflict and polarities that exist between the parents have not been resolved by these interventions, compromising and often terminating professionals' attempts to work with the family. In our cases, mental health professionals were almost always pulled by one parent or the other into adversarial court processes. Once involved in litigation, mental health professionals often allied with a particular parent's perspective, losing their working alliance with the other parent (if they ever had one), and organizing the structure of their work with the child from that aligned position, thus compromising any ability to intervene effectively in the pathological dynamics that pervade these family systems.
6. A significant portion of the cases came to the OBFC with a clear determination by neutral evaluation and the court that the child's rejection was a response to a pervasive pattern of alienation on the part of the favored parent (who had exclusive custody). The referral for the family to attend the camp was considered a "final" intervention, ordered by the court, before more extreme interventions were considered that may place the child with one parent solely or in a placement outside either parent's care and control (Sullivan & Kelly, 2001; Fidler & Bala, 2010). These cases presented with the child still expressing hatred and fear and refusing contact and the favored parent still not supporting contact with the rejected parent. The family arrived at the camp with the legacy of a "high stakes" custody battle, resulting in heightened and more extreme intensity of all of the factors that created the impasse.
7. Several families who came to OBFC after a neutral evaluation acknowledged many factors at work, including poor or inconsistent parenting by one parent with fear or safety concerns resulting in isolation and overprotection of the children by the other (Drozd & Olesen, 2004). These families arrived at the camp appearing as polarized and entrenched as other families, but their dynamics proved more quickly responsive to camp interventions.

PROGRAM GOALS

The objectives of OBFC are to provide a family system's intervention to high-conflict families who have the characteristics described above. The family is involved in the program—mothers, fathers, their new marital partners,³ and the child(ren). This "whole family" approach allows the program to have the greatest potential impact on the family system dynamics that contribute to their impasse (Fidler & Bala, 2010; Friedlander & Walters, 2010; Johnston & Campbell, 1988; Johnston, Roseby, & Kuehnle, 2009; Kelly & Johnston, 2001; Sullivan & Kelly, 2001).

The specific goal of overcoming obstacles to reconnecting the child and rejected parent is addressed by focusing throughout the program on the family system's multiple dynamics that impact the child's response to their unique situation (Johnston & Campbell, 1988; Kelly & Johnston, 2001). These authors identify the individual (parents and child), interpersonal (the parent–parent and parent–child relationships), and broader context factors (significant others, extended family, mental health and legal systems, etc.) that have created and maintain the dysfunctional impasse of the family system, preventing co-parents from moving functionally through the divorce transition to a stable, functional, postdivorce custody situation for themselves and their children.

The goals of OBFC are to provide intensive psycho-education to all members of the family, including co-parenting work (meeting multiple times with the parent dyads) and creating safe “connections” between the rejected parent and the child in a carefully constructed camp milieu. The work with the co-parents has the goal of them leaving the camp with an agreement about a sharing of parenting time or, when that was not possible, at least a process for how they can continue to work collaboratively on this agreement after the camp. Regardless of whether this goal is accomplished, all parents receive a detailed aftercare program that is focused on supporting the parenting plan they leave with or will still need to finalize after the program. We provide a *written* aftercare plan to each set of parents when they exit the program (see example in Appendix A). Finally, we have parents sign releases of information for professionals working with the family in aftercare to enhance the likelihood that the clinical information gained about the family in the program can be communicated to the providers and, if still necessary, the court.

PROGRAM DESCRIPTION

Taking families out of their usual context, having *two* parents and the child(ren) involved, and delivering a combination of (a) psycho-education, (b) intensive clinical intervention, and (c) an enjoyable camp experience are essential components to this innovative approach.

1. The camp experience: OBFC is set in a tranquil, secluded family summer camp in upstate Vermont. The camp has a well-established, family-oriented program, including a seasoned administrative staff (who were intrigued by the challenge), incredibly competent counselors, and provided a rich program, including a myriad of recreational activities (yoga, hikes to the creek, outdoor and indoor games, etc.), arts and crafts, and typical family camp offerings (campfire, sing-alongs, music, a talent show, etc.). During this camp week, the space was solely devoted to the OBFC program.
2. The clinical program: Three seasoned clinical psychologists provided a pro bono commitment to work with these families in a 5-day camp setting. (The first-year pilot camp was 3 days, extended to 5 days the second year after all participants expressed a desire for longer camp.) At the onset of the camp, the clinical team met for a briefing of the families (reviewing legal and mental health documentation about each family, as well as the pre-camp interviews with each parent and professional(s) who were working with them). During the course of the camp, the clinical team intervened in the following ways:
 - a. Providing a 3-hour psycho-educational group for parents (separating the favored and rejected parents) and children (providing two groups in 2009 to accommodate the age ranges of the children).

- b. Conducting co-parenting sessions. The two clinicians who ran the morning parent groups met in a co-therapy format with the co-parenting dyads, with the goal of discussing and resolving current issues and the eventual goal of agreeing to a parenting plan, and recommending and gaining agreement for professional services that would support this parenting plan.
- c. Designing and carrying out interventions to reconnect rejected parents and their child during the camp experience in the afternoons and evenings. These included engaging in parallel activities (watching the children play a game on the field), engaging in a shared activity (working together on an art/craft activity, going on a walk), or more intensive clinical interventions (family meetings).

REFERRALS AND INTAKE

Referrals for the camp typically were received 2 or 3 months before the camp occurred in late July. OBFC has become better known in the family court community across the United States and Canada through presentations at conferences, word of mouth to fellow court professionals, and dissemination of brochures. Working with the cases from initial referral to participation at the camp has been a labor-intensive, unpredictable, and ultimately, last-minute process. From a pool of over 36 inquiries in 2008 and almost 50 referrals or inquiries in 2009, factors such as the timing of court hearings, the willingness of judges to make orders to mandate attendance (see a sample court order for OBFC in Appendix B), and the ability of families to pay the costs of the camp created uncertainty as to whether the camp will run or not each year up to the last week. With several families, the threat of referral to OBFC has been an unintended court intervention that has resolved the custody disputes in the case!

The intake process includes obtaining information about the families to facilitate the clinical work with them and for them to have a successful family camp experience. On the clinical side, multiple interviews with parents to both provide information about the camp and obtain their perspectives on their situation occur. The initial 1.5-hour interview screened the parent campers for issues (domestic violence, substance abuse, major untreated mental illness, and medical conditions) that contraindicated camp participation. In addition, interviews with the key professionals involved augmented our understanding of the family dynamics. Working alliances are formed with the parents in these interviews, laying the foundation for the intensive work that occurs in the camp. On the camp side, our camp director obtains information from the families about everything, from transportation plans (we have had families from all over the United States and Canada attend), special diet, allergy and other medical issues, preferences for activities, etc.

THE OBFC PROGRAM

The morning groups (9 a.m.–12 p.m. daily) worked separately with favored parents, rejected parents, and children. These groups were each facilitated by an experienced psychologist and an aide for support. These support professionals were able, through their involvement in the parent groups, to work more effectively as counselors in the milieu (where they had counselor and buddy roles).

THE MORNING PARENT GROUP STRUCTURE

The parent groups were divided into an “in” parent group and an “out” parent group. The rationale for this division was twofold: (a) the shared experience of the parents in these positions in the family system would create an “identification system” for these parents—a shared experience that created intimacy, trust, a sense of commonality, and alliance to use in both the group and for support in the camp experience and afterwards⁴; and (2) the focus of the psycho-educational component could be better tailored to the favored and rejected parent. The clinical team was concerned that this division might create an adversarial “tribal” dynamic in the camp, but that did not appear to happen as the camp unfolded. The clinicians made a concerted effort to connect with parents from the other group (both in the clinical interventions and camp experience) to create crossover and avoid polarization.

The morning parent groups provided three overlapping functions:

1. *Psycho-education*: Both clinicians utilized the group time to provide substantive information about the dynamics of high-conflict divorce, the deleterious impact of litigation on co-parenting, and current systemic conceptualization of the alienated child (Kelly & Johnston, 2001); practical strategies to manage and respond to an alienated child and alienating parents (Baker & Fine, 2008; Warshak, 2001); and legal and psychological interventions relevant to aftercare support, such as parenting coordination (Deutsch, Coates, & Fieldstone, 2008; Deutsch, 2008; Sullivan, 2008). Group themes focused on motivation and possibility of change, catching and correcting cognitive distortions, issues of fear, safety, overprotection and underprotection, coping strategies for intense affect, and effective tools for direct communication. Methods to deliver this relevant information included didactic presentation (usually brief), discussion, parents sharing their experiences historically, role playing, and, most importantly, using their experiences at camp to highlight concepts that were being presented throughout the groups (Arbuthnot, Gordon, Stratton, & Stratton, 2005; Leahy, 2003). The intent of this educational component was to introduce new ways to understand their situation in order to create new possibilities to respond in their situation (addressing their “impasse”) (Johnston et al., 2009; Roseby & Johnston, 1997) from a new perspective.
2. *The “lab,” the “microcosm of life outside”*: The group leaders used the group experience as a laboratory to translate new ideas about the parents’ situations to new approaches and behavior in the camp setting. Members of the group engaged in structured exercises (e.g., the exchange of written communication between children and “out” parents, where the rejected parents wrote their hopes for their children and the children wrote to the rejected parents a list of issues that the rejected parents needed to address in order to repair their relationship with the child). The parents engaged in role plays as a rehearsal to engage more functionally with their children and co-parent later that day in the camp experience. The group leader introduced a theme, such as “messages that keep a child in the middle of conflict” or “taking responsibility for my role in the family dynamic.” Initially, the group leader played the role of the child or the other parent. Over time, group participants took over and played the roles, including their own experiences. (These role plays allowed the parents to try on what they were learning in the safety of the “lab,” get feedback and support from clinicians and other parents, try out the rehearsed interaction, and bring back the experience to the next group for further processing [whether it had

gone well or poorly]). This interplay between the group and camp experience was one of the most potent and unique aspects of the treatment.

3. *Group process*: The intensity of the parents' identification with other members of their morning group, both because of their shared past experience and what they saw each other experiencing in the camp, was also utilized as a clinical tool. The psychologists used other parents in the group to challenge each other about their problematic attitudes and conduct. For example, a father who was threatening to push the court to send his estranged daughter to boarding school was told by several group members that this was unreasonable and would further estrange him. Similarly, a father's raucous behavior the night before was observed by group members as off-putting, if not scary, for his children. A mother's keeping her children solely at her side during the camp activities was challenged by other mothers. A favored father's "overprotection" of his daughter was examined by the group, and feedback that his behavior was too extreme was provided by members. Fellow group members also provided comfort, support, and reassurance. The two mothers in the rejected parents' group were repeatedly reassured that they were thoughtful, compassionate, and good parents, despite their rejection by their own children. The impact of hearing feedback from other parents rather than the psychologist had a significant therapeutic effect in the morning group process.

THE MORNING CHILDREN'S GROUPS

The children's group met in the "teen" room in a barn. The barn was available for physical activity during breaks, and an art room in the barn was also available for projects. In 2008, the nine children were in one group, ages 11–17 years. In 2009, the children were divided into two groups, five children in a 7- to 11-year-old age group and six children in a 12- to 14-year-old age group. For the first 2 days, the two groups were combined for most of the time. The first hour and a half was devoted to group exercises, followed by a break with some physical activity. The last hour resumed in the teen room and ended in the art room where the kids worked on an ongoing project that provided a venue for both reflection and group connection. The children chose a cigar box and decorated the outside to reflect their outside self, and the inside to reflect their inside self (Roseby & Johnston, 1997). One 13-year-old boy, who was seen as very angry, decorated his box with screws and sharp objects protruding from the inside and the outside. This box needed to be shipped to him after the camp as it would not be allowed through security at the airport.

The overall goals of the group were to (1) alter the child's polarized and rigidly held view of each parent into a more realistic nuanced view based on his/her actual experience and (2) restore relationships within the family.

In 2008, there were three group sessions. In the first session, the goals were to create common ground and safety, to help children identify the importance of relationships, to develop trust within the group, and to help the children understand different points of view (Roseby & Deutsch, 1985). In the second session, the goals were to identify how thoughts, feelings, and behaviors are related; to identify cognitive distortions; and to practice role switching (Roseby & Johnston, 1997). In the third session, the goals were to learn a problem-solving model, to learn to listen actively and overcome barriers to effective listening, and to share hopes for each member of the group (Pedro-Carroll, 2005; Pedro-Carroll, Sutton, & Black, 1999).

The children responded best to activities in which they could move around. For example, when discussing how thoughts, feelings, and behaviors are related, they worked in groups of four and one person was the director. The director put the other three in roles, based on a prepared scenario. From each vantage point, they discussed their thoughts, feelings, and behaviors.

In 2009, with two extra sessions available, the children practiced role switching and a problem-solving model more intensively. The older children had an opportunity to work in vivo on a problem one of the girls had. In this situation, she was excluding her father from participating in an activity she had set up for the entire camp. The group leader was able to use that example to facilitate the problem-solving model. The children brainstormed possible solutions, looked at the positive and negative consequences of each solution, and came up with a solution that was satisfactory to the group and to the camp director. The opportunity to understand different points of view, receive feedback from the group, and to then share the solution with the younger children provided a link from the group to the camp experience.

The children found a sense of belonging and normality in sharing their stories and noting the common experiences. Though these young people were very different from each other and would be unlikely friends in another setting, they reported feeling very bonded to each other and “friends for life.” They found that meeting others with similar situations in which they held similar thoughts and feelings was normalizing and helpful. About three quarters of the children shifted so that they were able to identify and share their views about perceived strengths in other children’s noncustodial parents.

In the second session, the rejected parents wrote their wishes and hopes for their children and a connection with their children. This was framed as the first meaningful connection they would initiate at the camp, and their notes were shared with the kids anonymously. Messages included declarations of love, being proud of their children, asking to be given a chance, asking the child to open up their minds and hearts, and giving them whatever space is needed. They were told these would be shared with their children in a supportive group. The children desperately tried to figure out which card came from their parent, yet described the messages as “fake.” In a second exercise in 2008, the children wrote to the rejected parent what that parent would need to do to connect with them in a more positive manner. Messages focused on taking responsibility, not being over reactive, to be given space, to be more honest and trustworthy, and to apologize. Again, this was framed to the rejected parent as another meaningful connection and read anonymously in the parent group. The group then processed their children’s feedback, highlighting common issues and strategizing ways to connect given this feedback. In 2009, the younger group wrote messages back while the 12- to 14-year-old children refused to send messages back to the rejected parents, stating that they did not “deserve” to hear from them and that they were not going to connect. This older age group bonded more intensely around rejection until the last session.

CO-PARENT WORK

The two psychologists who worked with the parents in the morning groups also worked together with the co-parent dyads on a nearly daily basis to (1) address the dynamics that maintained their high level of interparental conflict; (2) structure, plan, and support the connections between the rejected parent and child; (3) address disputes in the parenting plan; and (4) discuss and recommend aftercare services.

Not surprisingly, these co-parent dyads were locked in high-conflict interactional patterns that manifested intensely in the co-parent meetings. The two psychologists met with the parents in highly structured meetings (sometimes modelling more child-focused, functional interactions for the parents), to agree to and carefully choreograph connections between the rejected parent and the child and attempt to address their polarized perspectives about the child's response to their high conflict in a more functional manner.

Sadly, many of the co-parents had not met in a supportive format such as these meetings for months or years. The only time they saw each other was when they both appeared in court. The work had varying degrees of success—some families were able to agree to a parenting plan (with parenting time for both parents) while others moved back into the court system for more litigation about their custody issues.

Each set of co-parents had a final meeting with the two psychologists who had worked with them during the camp program. These final meetings were used to emphasize progress during the program, to provide a manageable structure to co-parent despite their unique conflict dynamics, to finalize any agreements they had made about their parenting plan, and to present the recommended components of aftercare.

Each family was returning to a unique situation both in the family court process and with regard to professional interventions. With input from the entire clinical team, the two psychologists addressed aftercare needs with the co-parents and provided a written aftercare plan. The clinical team made specific recommendations for professionals who could serve in the roles recommended in their home communities to assure quality care. To maximize the continuity of our clinical understanding of the families derived from the camp, we documented that it was “essential” for aftercare professionals to connect as soon as possible at the onset or continuation of their work to obtain a status of the family after camp, treatment progress, and to provide consultation to the professionals about working with these difficult families.

THE OBFC MILIEU

The idyllic setting (700 acres in rural Vermont), extraordinarily skilled counselors,⁵ and careful coordination between clinical and camp staff created a powerful, therapeutic experience for all the families. The structural components of the OBFC milieu included (1) the use of camp space, (2) planned camp activities, and (3) planned and ad hoc clinical interventions:

1. Use of the camp space:

Dining room/indoor activity center: There were several large tables in proximity to each other in a large multipurpose room. Staff were assigned strategically at tables to support connection between and among parents and children. A kids' table built cohesion in that group and was used to separate kids from their favored parent. A screened porch with both sitting areas and a large craft table allowed for interactive, indoor spaces. A table tennis and foosball area invited campers to participate in active indoor games, to engage different collections of parents and children, and to allow some spectating as well. There was a table tennis tournament and “Big Show” performance (a talent show) the last evening of camp that nearly every camper and staff participated in.

The bathhouse: One bathroom facility was located in proximity to the cabins—toilets (gender segregated), showers (three inside, three outside), common sinks

(two rows of four sinks)—consciously structured and supervised to encourage and support the negotiation of family interaction.

Cabins: A cluster of cabins were used almost exclusively for gender- and age-based camper groups (with a counselor) to sleep in each cabin. This space was used to (a) separate the favored parents from their children (a persistent camp-wide effort); (b) mix favored parents and rejected parents (initially without their specific knowledge of parent roles), to create parent–parent “identification systems” to build bridges between the rejected and favored parent groups; (c) build cohesion between children of similar age and gender; (d) provide input to the clinical team by having a staff member in each cabin, providing their observations and reports to clinicians each morning; (e) create cohesion in “father” and “mother” groups; and (e) build strong bonds between cabin counselors and children, who often required comfort and reassurance (it was often the children’s first experience of sleep-away camp).

Staff space: The “farmhouse” was off limits to the campers, allowing a readily accessible retreat from the milieu for the clinical team to meet during the day, coordinate treatment, share information, design interventions, coordinate with camp director, debrief each evening (9 p.m.–11 p.m.), and plan for next day (7:30 a.m.–9:00 a.m.).

Common space: The kitchen, outdoor grounds (grassy hills, volleyball, basketball courts, a play structure with swings and slides, etc.), porches, paths to and from areas of the camps, and a creek that ran through the camp grounds were places where connections (walking past, waving, making eye contact, interacting) between children and rejected parents occurred. There were always camp counselors accompanying or in close proximity to campers using these spaces, to monitor and support constructive interaction.

2. Strategic structuring of camp activities:

Whole camp activities: All campers could either be invited as an option or required to participate in whole group games, drumming, campfires, meals, daily all-camp meetings, the “Big Show,” and the ending circle ritual. All these activities were carefully orchestrated to provide varying structures, demands, and supports for family interaction. The camp director took photos and created a slide show, which was viewed on a continuous loop the last morning.

Strategic inclusion/exclusion of groups: The clinical team utilized camp activities to promote the goals of reconnecting rejected parents and children by keeping favored parents apart in their own activities, placing rejected parents and children in proximity—parallel play (several rejected parents had very positive “connections” with their children just by being able to observe them in play as they had not seen them, sometimes in years). Similarly, the children were aware of these parents observing them, which had an impact on them. Strategically designing activities that had a range of engagement demands—rock-paper-scissors (quick, random mixing), tag, listening to ghost stories at the campfire (sharing space, little demand for interaction), creating and floating boats down the creek, handpicking groups to compete on a song lyrics game, ping-pong (singles, doubles, spectating), planning and rehearsing performances for the “Big Show”—allowed for many and varied types of connections.

Phasing constructive engagement between family members: Activities were structured to begin with less demands for in-family connection (focusing first on parent–

child connections across families), then increasing the demands for within-family interaction, while being sensitive to the differing ability to connect within families as appropriate to the particular dynamics of the family. This demanded staff to be attuned and flexible to provide hands-on support when issues occurred. For example, a family on one extreme had a son who, by bolting from common space, sent a rejecting message to a rejected mom.

Another family with more workable dynamics who was unexpectedly engaging cooperatively and positively necessitated an individualized set of interventions and accommodations. Work with this family resulted in changing the camp rules for them, to permit their entire family to engage in activities not appropriate for other families.

Activity planning was a clinical and camp staff collaboration that attempted to “titrate” more positive engagement between co-parents and the rejected parent and children in activities as well as to encourage (not force) connections structurally, but manageably.

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

Planned interventions by the psychologists: As a result of clinical meetings at the beginning, middle, and end of the day, where assessment of readiness to connect co-parents and children with the rejected parent occurred, opportunities to have dyadic interactions supported by one or two clinicians took place throughout the day. Parents were prepared (often rehearsing during morning groups) to optimize these opportunities for rejected parents and their children to connect by addressing the dynamics of their relationship with their child, to anticipate and deal with rejection, to listen supportively when a child expressed negative feelings, and to look for opportunities to continue to engage. Favored parents worked in the morning groups (and were continually encouraged by staff) to support their child’s openness to interact with the rejected parent, despite their own fear, anger, and distrust of their co-parent. Before these meetings occurred, children were asked if they were ready for such a contact, supported by the psychologist, and, often, favored parent.

Children were never forced to engage with a rejected parent. For one family, the co-therapists worked with the mother and father to structure a meeting with the children, who the father had not seen for a year. The child therapist prepared the two children and connected with the mother to build an alliance. The three therapists met with the family of four to support the father’s structured and prepared apology, the mother’s encouragement of the interaction, and the children’s questions. The older child was overheard telling her father later that day, “I guess I don’t need to be mean to you anymore.”

Ad hoc interventions for spontaneous “critical incidents”: These interventions occurred throughout the camp, usually because something counter to the goals of more positive engagement between the children and their rejected parent had occurred. Clinicians intervened to both set limits and use incidents to hammer home why conduct was disruptive (a son splashing water on his mother at the creek, necessitating an intervention with the father and son to set a limit around abusive behavior; another son pouring a glass of water on his father, necessitating a direct confrontation of the child by a psychologist and support to the father). As the camp progressed, a momentum built such that both children and rejected parents

requested support from clinicians to connect with each other to take risks to make progress in their relationship.

Buddy interventions: Each camper was assigned a staff “buddy.” These were camp staff with varying degrees of clinical or educational experience. These buddies engaged in interactions with their campers (usually responsible for two campers) to provide support, to listen, to engage in an exploration of issues, and to report back to clinicians on these discussions. These buddies were often present to support interactions that occurred between family members during the activities (sitting next to family members at meals, playing games, doing activities, etc.). When clinicians were concerned about “decompensation” in more psychologically vulnerable campers (which occurred on two occasions), buddies were alerted to keep these campers on “close observation.”

4. *Other camp components:*

Some additional OBFC components that were essential to the success of the program are briefly described below:

Security: There was a “night watchman” who stayed in a central place (in front of the bathhouse) in the cabin complex. He was on duty 9 p.m.–6 a.m. and did hourly rounds with a flashlight. The last night of the 2008 camp, we had concerns about a particular camper’s agitated state and were able to keep in contact, alerting the security person about the concerns and arranging to have closer surveillance of that camper.

Coordination of staff activity, information flow between camp staff and clinicians: The camp director’s coordination and “linkage” role between camp staff and clinicians were key. She was the hub of the wheel and link as she conveyed information back and forth between camp staff and clinicians. She was present at both the clinical meetings and camp staff meetings, sharing information between the two services. She was also the camp rule setter and ultimate enforcer of the rules.

Camper interface with the outside world: Every reasonable effort was made to disengage campers from the outside world. Cell phone and PDA use was discouraged and limited in terms of where and when these could be used. Minor children were not allowed to have cell phones at camp. Despite these rules, issues with regard to logistics of arrival and departure, dealing with parents using the phone to contact attorneys, and extended family support and work issues all required intervention at times during the camp.

Planning and structuring entry and exit:

1. *Entry*—The arrival of families posed multiple challenges for the camp. We encountered highly anxious, resistant family members (the favored parents and the children) and highly anxious, frustrated, rejected parents who wanted immediate connection with their children. We provided orientation to the camp, had parents sign releases of information and informed consent forms, and structured initial contact with co-parents and rejected parents and structured activities for the arriving campers. Dealing with the staggered and somewhat unpredictable arrival times (flying in from various parts of North America) was challenging as well. In 2009, we began the psycho-educational groups on arrival day to provide structure, foster connections, and reduce anxiety.
2. *Exit*—Several strategies were implemented the last day of camp to help bring closure to the camp experience:

TABLE 1

Adult Participant Ratings (2008 and 2009, combined $N = 21$)
 Ratings 1 (very poor) to 5 (very good) by each parent group (favored and rejected)

<i>Camp Experience</i>	<i>Favored Parents</i>	<i>Rejected Parents</i>
Morning groups	4.91	4.36
Afternoon camp activities	4.05	4.50
Interactions with staff members	4.59	4.70
Interactions with other camp participants	4.50	4.60
Sleeping arrangements	3.95	3.80
Physical setting	4.91	4.70
Sessions with psychologists	4.78	4.89

- a. Final meetings with each co-parent pair to provide feedback about the status of their family as perceived by the staff and clinical team as well as to specify after care recommendations.
- b. An ending ritual for the camp community—the “ending circle,” with all campers, clinicians, and staff included appreciations, a last song, full camp pictures, and going around and saying a word that captured the camper/staff experience. “Appreciation” was the word voiced by one 14-year-old girl who had continually expressed resistance and detachment during the camp experience.
- c. Supporting final connections as parents and children left—if connections had been made—and supporting saying goodbye in a manner appropriate to that relationship occurred. One set of co-parents stayed on to talk together, within staff view, while counselors stayed with their children. Another father viewed his children playing ball with their mother across a small path, and said, “Thank you” to the mother and children as they prepared to leave.

Staff debriefing: OBFC is an intense experience for the clinicians and camp counselors, and some debriefing was done after the campers left to process the experience, obtain immediate feedback from staff about what went well and what was problematic, and to do some planning for future camp experiences. The structured debrief, led by the psychologists, was preceded by all camp staff and clinicians engaging in a relaxing shared activity and a meal.

Program evaluation: During an exit interview conducted by either an observer to the program or one of the psychologists, parents provided various ratings on a scale of 1 (*very poor*) to 5 (*very good*). The adult ratings of the camp experience in general were positive (see Table 1), with 5 out of 11 adult participants in 2008 rating the experience a 5 out of 5, and 6 rating it a 4. In 2009, 9 of the 10 adult participants rated the camp experience a 5, and 1 rated it a 4. For both years, the participants overwhelmingly rated the morning group activities a 5 (most positive), with two participants (one for each group) rating it a 4 in 2008. In 2008, three participants rated the camp activities a 5, seven rated them a 4, and one rated them a 2 (less positive). Eight out of 10 participants in 2009 rated the sessions with psychologists a 5, and 1 a 4. In 2008, four adult participants rated interactions with psychologists a 4, five rated it a 5, and two rated it a 4.5.

Comments from 2008 included many participants asking for a longer camp, longer morning parent group, and more time with clinicians. In 2009, comments included ideas about remarketing the camp (from two custodial “in” mothers) and positive reflections on the safety of the camp.

The feedback provided by the children in 2008 focused on what their parents should do, for example, come without the children, learn how to parent, learn how to get along, learn how to parent together, and that the children should come either after the parents have been at camp or when they leave. When offering hopes for the group, three children said “stay strong,” two said “give your parent a chance,” and two focused on coping with difficult situations.

In 2009, the children offered messages to others children who might attend camp. They included, “stay with children, try to bond with the group, try to have fun, make the best of it, come prepared, and put up necessary barriers.”

Six to nine months after the conclusion of the 2008 camp, the three psychologists contacted the families to find out the current status of the families and what gains were maintained. One of the favored parents did not return multiple messages. Of the five families, one is enjoying a joint access and responsibility co-parenting plan; in a second family, the children are visiting their father on full alternate weekends (living nearly an hour away from the residential parent); and in a third family, the mother is still estranged from the children and has given up pursuing access. A fourth family is now engaged in litigation, and the child is visiting the estranged father with some resistance. The fifth family is having mixed results. The custodial mother is seeing the children in family therapy and weekly for dinner, but the children are reportedly continuing to resist. None of the 2008 families left with written aftercare plans, and none had immediate intervention after camp, though for three of the 2008 families a parenting coordinator or other contact person was in place. Follow-up interviews for the 2009 families will be completed in March 2010.

Finally, from our follow-up from the 2008 camp of court involvement and engagement with recommended professional services, one case settled in court with a parenting coordinator in place with no further court involvement, one family continued involvement in recommended aftercare and had additional court involvement, two families have been working with a parenting coordinator and family therapist, and one family has continued some court involvement and the rejected parent has reestablished regular parenting time with his/her child.

Follow-up of the 2009 session 1 month after the program focusing on engagement with recommended professional services found that three of the five families sought the assistance of a parenting coordinator (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004) or other mental health professional serving as a therapeutic access coordinator who continues to work with the family. This more concerted effort to assure continuity of care when the family returns to their community was a critical goal of the 2009 program (Sullivan & Kelly, 2001).

CONCLUSION

OBFC was developed by an interdisciplinary group comprised of attorneys, a judge and court personnel, mental health professionals, and family camp administrators and staff who were frustrated by the failure of traditional mental health and family court interventions to address the needs of families where one or more children are resisting or refusing contact

with a parent. The unique and innovative aspects of this program include involving all members of the family system in either a 3- or 5-day family camp program, which includes an intense psycho-education morning program; a safe, structured, and supported experiential-based camp milieu; intensive co-parenting work; and parent-child interventions. These interventions weave together to reconnect children to their rejected parents and address the underlying dynamics that maintain the children's problematic response to their parent's high conflict. Specific written aftercare plans are provided to the parents to support progress that has been made during their camp experience. The camp staff and clinicians have an unusually comprehensive and nuanced view of each family member as they attempt to negotiate their needs and interests in a 24-hour milieu.

OBFC holds promise for helping those families on the continuum of alienation and/or estrangement, where questions of safety, poor parenting, and enmeshment exist, but where severe mental illness, acute and ongoing domestic violence, or substance abuse is not a factor. The camp provides a "holding environment" where both parents (the rejected parent who sought a court order and the favored parent who resisted a court order) on exit interviews and follow-up view the camp as an overwhelmingly positive experience. The psycho-educational morning groups focus on the present family situation, teach critical thinking, more effective problem solving and communication, how to deal with strong affect, how to understand the family conflict and the child's response to that conflict, as well as understanding the deleterious effects to co-parents of their protracted involvement in the legal system itself. These crucial foci of intervention cover similar areas to those described by Warshak's Family Bridges Workshop (Warshak, 2010). The OBFC goal, to overcome obstacles to reconnect the child and rejected parent, includes helping the favored parent develop a deeper and broader understanding of the family dynamics and the potential harm to children of having little or no contact with their other parent, and helping the rejected parent focus on his/her part in the family dynamic, including an understanding of his/her parenting practices, and the effects of each parent's beliefs and actions on the family system. In this safe, sequestered environment, parents and children are encouraged and supported to take risks to experience the value each relationship holds for the other in their own family.

OBFC works on the premise and expectation that, with proper safeguards and structure, families can return to a situation where two safe, healthy parents can be meaningfully involved in their children's lives. There is an intense process of progress and failure that occurs in working with the fragile re-connected bonds over the duration of residence at this family camp. All parents and children leave with new perspectives about, and experience with, their new found ability for change to occur and the paths sustaining change must take. At OBFC, family members learn that the process is slow and arduous, but the small steps taken at camp can be profoundly transformative, and the experience can lead to a variety of directions in aftercare other than the traditional mental health interventions that parents and children in these chronic situations often come to resist and resent. Finally, court orders that support aftercare involvement are essential to have in place *prior* to the camp to increase the likelihood that families can build on any positive gains that occur during the camp experience.

OBFC has several current limitations. It is offered only 1 week a year and only in Vermont at present. It is directed and run by extremely knowledgeable and seasoned clinicians with an extraordinarily informed and devoted camp administration and staff. The funding is uncertain and fund-raising has been difficult; all clinical and some camp staff provided services pro bono for both years. OBFC, like other innovative intervention models (Friedlander & Walters, 2010; Johnston & Goldman, 2010; Warshak, 2010), is an expensive

psycho-education and treatment model. The paid cost per family of \$7,500 did not cover the cost to run the family camp, which provided a 1:1 ratio of staff-to-camper. Without other funding/donations, OBFC is not likely financially viable. Finally, the court-ordered model, present in 9 out of 10 families attending, causes anger, resistance, and frustration, taking at least 2 days to work through in the group of parents whose understanding of the camp initially was limited by the court's order to attend and their battle against attending. If the camp program could attract families to voluntarily attend (perhaps less severely entrenched families) and/or more education and preparation could address some of the resistance prior to arrival at camp, then this obstacle could be mitigated in the future.

Though the evaluation of the program is limited to only exit interviews of 5 families attending two camp programs (10 families total) and 6-month follow-up for the 5 "pilot" camp families, the data are positive and promising. If OBFC could become financially viable, the clinicians could train other clinicians and family camp staff to replicate the model in a variety of regional locations, so travel, timing, and distance would not be obstacles to participation. There are other possible models that could be developed using the best aspects of the OBFC. The psycho-education, co-parent interventions, and the child and family work in a pull-out setting could possibly be provided in a long weekend model, with explicit aftercare and follow-up. The camp program in a weekend model with appropriate aftercare could provide this innovative service earlier in the family dynamic of high conflict and contact resistance. These families might willingly seek this service as a jump start to avoid more costly and invasive court interventions as well as to find alternate paths to the weekly family therapy route.

OBFC is one intervention model that might be expanded to other areas and in other forms. It is one model with promise within a spectrum of interventions for families where the likelihood of harm to the child resisting or refusing contact with one parent in a high-conflict system appears to be becoming increasingly clear.

NOTES

1. The 10 families who participated in the program had between one and three children. This article will use the term "child" throughout, referring to both a child and children, depending on the family constellation.

2. Several of the children had special issues, including mild autism, learning issues, attention deficit disorder, social and behavior issues, and a variety of diet, allergy, and somatic conditions.

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

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

5. OBFC handpicked seasoned counselors with specialized skill in arts and crafts, music, sports, drama, and structuring ordinary camp activities in an extraordinary way—campfires, meals, daily all-camp meetings on the hill, bedtime rituals, etc. They quickly engaged all the families in the camp experience, melting away the anxiety and resistance family members carried into the camp experience.

REFERENCES

- Arbuthnot, J., Gordon, D., Stratton, S., & Stratton, S. (2005). *Children in the middle*. Athens, OH: Center for Divorce Education.
- Baker, A. J. L., & Fine, P. R. (2008). Beyond the high road: Responding to 17 parental alienation strategies without compromising your morals or harming your child. Retrieved from <http://www.amyjlbaker.com/index.php>

- Coates, C. A., Deutsch, R., Starnes, H., Sullivan, M. J., & Sydlik, B. L. (2004). Parenting coordination for high conflict families. *Family Court Review, 42*, 246–262.
- Deutsch, R., Coates, C., & Fieldstone, L. (2008). Parenting coordination: An emerging role. In C. Coates & L. Fieldstone (Eds.), *Innovations in interventions with high conflict families* (pp. 187–223). Madison, WI: Association of Family and Conciliation Courts.
- Deutsch, R. M. (2008). Divorce in the 21st century: Multidisciplinary family interventions. *Journal of Psychiatry and Law, 36*, 41–67.
- Drozdz, L., & Olesen, N. (2004). Is it abuse, alienation, and/or estrangement? A decision tree. *Journal of Child Custody, 1*(3), 65–106.
- Emery, R. E. (2004). *The truth about children and divorce: Dealing with the emotions so you and your children can thrive*. New York: Viking.
- Fidler, B., & Bala, N. (2010). Children resisting postseparation contact with a parent: Concepts, controversies, and conundrums. *Family Court Review, 48*, 10–47.
- Friedlander, S., & Walters, M. (2010). When a child rejects a parent: Tailoring the intervention to fit the problem. *Family Court Review, 48*, 97–110.
- Johnston, J., & Goldman, J. (2010). Outcomes of family counseling interventions with children who resist visitation: An addendum to Friedlander and Walters (2010). *Family Court Review, 48*, 111–114.
- Johnston, J. R., & Campbell, L. E. (1988). *Impasses of divorce: The dynamics and resolution of family conflict*. New York: Free Press.
- Johnston, J. R., Roseby, V., & Kuehnle, K. (2009). *In the name of the child: A developmental approach to understanding and helping children of conflicted and violent divorce* (2nd ed.). New York: Springer.
- Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review, 39*, 249–266.
- Leahy, R. (2003). *Cognitive therapy techniques*. New York: Guilford.
- Pedro-Carroll, J., Sutton, S. E., & Black, A. E. (1999). *Children of divorce intervention program: A procedures manual for conducting support groups*. Rochester, NY: Children's Institute Inc.
- Pedro-Carroll, J. L. (2005). Fostering resilience in the aftermath of divorce: The role of evidence-based programs for children. *Family Court Review, 43*, 52–65.
- Roseby, V., & Deutsch, R. (1985). Children of separation and divorce: Effects of a social role-taking group intervention on fourth and fifth graders. *Journal of Clinical Child Psychology, 14*(1), 55–61.
- Roseby, V., & Johnston, J. R. (1997). *High-conflict, violent, and separating families: A group treatment manual for school-age children*. New York: Free Press.
- Sullivan, M. J. (2008). Coparenting and the parenting coordination process. *Journal of Child Custody, 5*(1/2), 4–24.
- Sullivan, M., & Kelly, J. B. (2001). Legal and psychological management of cases with an alienated child. *Family Court Review, 39*, 299–315.
- Warshak, R. A. (2001). *Divorce poison: Protecting the parent-child bond from a vindictive ex*. New York: Regan Books.
- Warshak, R. A. (2010). Family Bridges: Using insights from social science to reconnect parents and alienated children. *Family Court Review, 48*, 48–80.

APPENDIX A**Court Order**COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
PROBATE AND FAMILY COURT DEPARTMENT

Norfolk Division

Docket No.

Mother, Plaintiff

v.

Father, Defendant

MEMORANDUM AND ORDER

This matter appeared before this Court for review of father's visitation with the minor children, John (d.o.b. June 25, 1994) and Sally (d.o.b. April 7, 1997). The children have been estranged from their father for some time. Dr. M. was appointed as Guardian Ad Litem to evaluate and report to the Court regarding the reunification of the children with their father. Dr. M. has filed a report with this Court describing his efforts to reunite father with his children. The most troubling aspect of this case both before and after the appointment of the Guardian Ad Litem is the visceral reaction of the children to their father which is completely out of proportion to any actions by father. The children are disrespectful and rude to their father and express an unwillingness to have contact with him.

The Court is unwilling at this time to give up on reunification. The Guardian Ad Litem in his report has suggested a process to attempt to help this family and break down the division between the children and their father with the ultimate objective being reunification. To date all efforts at reunification have been unsuccessful.

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

1. The parties are ordered to enroll in "Overcoming Barriers" Summer Camp located at Common Ground Center, a family camp located in Starksboro, VT. The parents are ORDERED to contact the screener for the camp, Dr. Peggie Ward at 508 777-7777 within five (5) days of this order to be screened for attendance. All family members must attend the camp, including the children John and Sally.
2. Both parents shall cooperate with the enrollment process once accepted. The parties shall share equally the cost of the camp.
3. Dr. M., GAL, shall contact Dr. Ward to provide background information.
4. The parties shall cooperate with all aspects of the camp process while at the camp, including the development of an after care plan before leaving the camp.
5. The after care plan for both of the parties and the children shall be forwarded to the G.A.L., Dr. M., and to the Parent Coordinator.
6. The parties shall sign any and all releases necessary so that information can be communicated between camp personnel and the G.A.L. and the Parent Coordinator.

7. The parties shall continue to see their Parent Coordinator, prior to attending the camp and they shall meet with the Parent Coordinator within 10 days of their return from camp.
8. This matter shall be reviewed on August 15, 2009 at 8:30 a.m. at the Norfolk Probate and Family Court.

 DATE

 JUSTICE, COURT

APPENDIX B

EXAMPLE OF AFTERCARE PLAN

Overcoming Barrier Aftercare Recommendations for the XXX Family

Father
 Mother
 Daughter
 Son

The components of the following recommended aftercare plan were presented and discussed with the parents as part of the Overcoming Barriers psycho-educational program on July 24, 2009. They are based on the clinical staff's work with the family in the program and designed to provide professional support for the family's parenting plan.

It is essential that all of the professionals selected to provide the following services discuss the family's experience at the Overcoming Barriers program to assist them with the onset of their work with this family

1. Parenting Coordinator: To set up a process to normalize access between the father and son, to provide a functional communication link between the parents, to coordinate mental health services for the family members, to monitor compliance with treatment recommendations and implementation, and to reduce interparental conflict. It is unclear whether Dr. Y is serving in this role at this time. If not, we recommend that Dr. Y make a referral a professional to serve in this role.
2. Child Therapy: That Child #1 be re-engaged in her psychotherapy with Dr. X to address the shift in the family and to help her disengage in the conflict between her parents.
3. Both a Comprehensive medical and a comprehensive psychological evaluation for Child #2: To assess the observed intermittent, but crippling anxiety he manifested in the program and to update in a broad and comprehensive manner his medical status. It is crucial that the parents work together to implement any recommended medical and psychological treatment plans for the child.

 Robin Deutsch, Ph.D.
 date

 Matthew J. Sullivan, Ph.D.
 date

Peggie Ward, Ph.D.

date

APPENDIX C

DAD'S SONG (sung to the tune of "Hey Jude")

Hey Campers
We love you all
Here at camp we came
To have a good time

Remember,
We hold you in our hearts
Because you are all so beautiful

Hey Campers
Let's build a plan
Like the boats we launched
Into the river

Even if its hard
We must give love a chance
For it is love
That makes it better
And anytime you feel the strain

We'll be there with this refrain
We want you to know
We're here forever

So let it out, and let it in
We should begin
The memories you made will stay forever

Nah, nah, nah, nah nah

*Matthew J. Sullivan, Ph.D., is a psychologist in private practice in Palo Alto, California (www.california-parentingcoordinator.com). He has written articles, presented and done trainings at numerous national and international venues on topics such as high-conflict divorce, Parenting Coordination, child alienation and mental health consultation in family law cases. He is currently serving on the editorial board of the *Journal of Child Custody*, the board of directors of the Association of Family and Conciliation Courts (AFCC) and is co-chair of the current AFCC task force which is developing guidelines for Court-Involved Therapists.*

Margaret (Peggie) A. Ward, Ph.D., is a forensic psychologist and co-founder of the Co-Parenting Assessment Center, Natick, MA. She is a frequent presenter on a variety of high conflict separation and divorce issues, with special attention to child alienation, estrangement and protection concerns. Her practice includes family counseling, mediation, custody evaluation and parenting coordinator work.

Robin M. Deutsch is a psychologist and the Director of Forensic Services of the Children and the Law Program in the Department of Psychiatry at the Massachusetts General Hospital and an Assistant Professor of Psychology at Harvard Medical School. She is the immediate past President of the Association of Family and Conciliation Courts. She served on the AFCC task force that developed the Guidelines for Parenting Coordinators and is a former Chair of the American Psychological Association Ethics Committee. She has written extensively on issues related to high conflict divorce on children and is also the coauthor of 7 Things Your Teenager Can't Tell You (and How to Talk About Them Anyway).