

Family Reunification Phases

Rev. 03/26/09

When conducting family reunification, the process can be thought of as occurring in four distinct phases: assessment, preparation, integration, and reevaluation. At any point during the reunification process, members of the family or treatment team can determine that it is important to return to an earlier phase of the process. Under no circumstances is it possible to skip a phase. In an ideal situation, family reunification takes at least nine months if all of the parties fully participate and actively engage in the process, but more realistically, it will take between one and two years for full family reunification to occur from the time that the family decides that reunification is a goal.

It is also important to understand that reunification occurs on a continuum, with one extreme being contact between the victim and offender on one occasion, and the other end of the continuum being full reintegration of the offender and victim within the same home. In most cases, reunification means something between these two extremes. Even if the initial goal for the family is full integration of the offender and victim in the same home, it is important to note that during the reunification process that the family system will decide that a more practical solution involves something less than full integration.

A number of factors influence the reunification process—some are within the control of the family system, and some are beyond the control of the family. For example, even if the family is committed to reunification, various agencies may disallow contact between the offender and victim (ie. Child Protective Services, Probation/Parole), resulting in a significant barrier to reunification. Other factors within the family may serve as barriers, such as individual family member's hesitancy to engage in the process, geographical distance, financial concerns, etc. As much as possible, therapeutic staff will attempt to assist families in overcoming both these internal and external barriers.

Assessment

The primary task of the Assessment Phase is to determine if reunification can occur and to identify the primary barriers to reunification. This includes meeting with each of the family members individually, assessing their interest in engaging in the reunification process, and identifying each of their individual needs. When various family members are engaged with other treatment providers, it is important to acquire information from these providers as to their perceptions of the individual's preparedness for reunification—however, the perception of the other providers should not be viewed as definitive as many therapists are unfamiliar with the reunification process and may not be equipped to provide an informed assessment/opinion of their client's ability to engage in the process.

In many cases, formal evaluation of the family members may be necessary. At the least, a formal evaluation of the identified offender is necessary. In all cases, each of the primary family members must be interviewed individually during the assessment phase. Sexual abuse affects every member of the family system differently, and therefore it is important to determine what level of damage has been done to each of the family members. Further, because sexual abuse occurs within the context of the family, it is important to determine how each of the family members may have contributed either intentionally or unintentionally to the abuse. Once the impact of the sexual abuse on each of the family members has been determined and how each of family members contributed to the offense has been determined, specific treatment goals for each of the individuals needs to be developed, including specific plans on how these goals are to be accomplished as well as specific metrics for determining when the goals have been accomplished.

In no case should the reunification process continue if the victim is unable to express a healthy desire to reunite with the offender. Unacceptable reasons for the victim to seek reunification include, but are not limited to:

- ❑ “I want the family to be the way it use to be.”
- ❑ “Mom (sister, brother, grandmother) really misses (dad, brother, sister, etc.) and I want them to be happy.”
- ❑ My family had more money before all of this happened and it would be easier if we could all just live together again.

The assessment phase is completed when it is determined that a clear picture of the dynamics contributing to the offense is presented and a clear plan for intervention can be established. In many cases, during the course of the Preparation Phase, it is determined that further assessment is necessary and therefore the family system may return to the Assessment Phase for at least a brief period of time.

Preparation

The primary task of the Preparation Phase is to make sure that each of the family members has adequately addressed their individual needs. In most cases, this is the longest of the four phases. Initially, the Preparation Phase involves having each of the family members engage in individual counseling to address their specific needs as they relate to the offense that occurred within the family system. Generally, the offender will engage in the most intensive individual counseling, addressing the dynamics contributing to their acting out behavior. The second most intensive treatment typically involves the identified victim, attempting to assist the victim in establishing self-protection skills and addressing any trauma that they may have experienced as a result of their victimization. In some cases, the non-offending parent may also require significant individual counseling to address the dynamics relating to their contribution to the offense as well as resolving any negative emotions that they might have towards the victim as well as the offender.

As each of the individual family members address their own issues adequately, dyads can begin to form within the context of the therapeutic environment. Initial dyads that typically begin to form while working with juvenile offenders include: parent/offender, parent/victim, parent/offender's siblings, offender/sibling, and finally, at the end of the preparation phase, offender/victim. Initial dyads that typically begin to form while working with adult offenders include: offenders/spouse, spouse/victim, offender/other children, victim/other children, spouse/other children, and finally at the end of the preparation phase, offender/victim. Subsequent to each dyad session, individual sessions should occur with each of the participants to assess their perceptions of what occurred during the dyad session and to reassess the appropriateness of continuing the reunification process. Within the context of these dyad sessions, it is important to continue to assess for the appropriate attribution of responsibility for the offense, as well as the dyads' commitment to maintaining safety within the home. As the process progresses, it may be appropriate to combine other combinations of family members over time. It may also be appropriate to engage other extended family members such as grandparents, stepparents, or other significant family members into the therapeutic process.

Ground rules for working with the family system should be established throughout the course of the Preparation Phase. For example, a general rule should be that the offending behavior should only be discussed within the context of the counseling environment and should not be directly discussed in the home. Other family rules that help establish healthy interpersonal boundaries should be directly discussed and implemented during the course of the preparation phase. This includes the establishment of public/private space within the home (delineating where it is appropriate to require full clothing as opposed to parts of the home where one can change their clothes), the establishment of physical boundaries (such as ensuring that doors are on bathroom/bedrooms and that appropriate locks are available), and establishing other rules that help facilitate personal safety. It is imperative that all family members commit to ensuring that the offender will not be alone with other family members in private parts of the home.

In the case of any parent offender, it is important for the family to accept that the offender will no longer serve any primary parental role. That is, the offender will not serve as a primary disciplinarian and will not be responsible for allocating privileges. For this dynamic to be successful, the non-offending parent will need to assume a much more assertive parental role than has perhaps been the tradition of the family system. Additionally, it is important for each of the family members (non-victimized children) to accept this change in roles.

The most critical dyad to ensure that has been adequately addressed is that of the offenders/victim. Because of the particularly sensitive nature of working with this dyad, extreme caution must be utilized in establishing the initial therapeutic contact between the offender and victim. Ideally, when facilitating the initial contact between the offender and victim, the therapeutic session should occur in the office of the victim's

therapist-- hopefully contributing to a sense of safety for the victim. Typically, the offender will be in the office first, located in a chair far from the door. The victim can therefore enter the room and leave unencumbered – establishing a sense of control over the situation. Prior to initiating the initial session, clear ground rules should be established including that no physical contact occur during the course of the session, that no verbal or physical attacking will occur, and the purpose of the session should be clearly delineated.

The Preparation Phase is completed when each of the dyads and other family combinations have adequately addressed the underlying dynamics within the family that contributed to the offending behavior and when each of the family members have established and committed to implementing a family safety plan.

Integration

The primary task of the Integration Phase is to actually facilitate the family system coming together in a healthy/controlled fashion. The initial integration session usually occurs within the context of the counseling environment and focuses primarily on a brief commitment by each of the family members to maintaining safety within the family. Once the initial family integration session occurs, individual sessions with the primary participants including the offender and victim should occur to assess the success of the contact. If the family members view the session as successful, a subsequent session should be planned.

The second session should occur in an unsupervised fashion for a brief period of time in a public place. For example, the entire family may choose to go to a public park or restaurant and engage in a structured activity. The second session should last no more than approximately two hours. Again, after the second session, each of the primary participants should participate in an individual counseling session to assess the successfulness of the session. Particular attention should be paid to identifying any minor infractions from the safety plan. If minor infractions from the safety plan cannot be identified, it is assumed that the family system is not being fully honest with what occurred during the session, and therefore a return to the Preparation Phase is warranted. Additionally, if any significant infractions of the safety plan are identified, a return to the Preparation Phase is also warranted.

If the family continues to have successful contact, and continues to be able to identify and address minor safety plan infractions, increased frequency and length of contact is appropriate. Various family members and dyads should continue to engage in counseling services to continue to assess ongoing risk and continue to identify ways to improve the safety of the family. Initially, family members should be seen after each family contact with the frequency of individual sessions decreasing over time. An entire family therapeutic session should occur after every five family visits, titrating over time.

Re-evaluation

During the Re-evaluation phase, the entire family reunification process is reviewed, with a particular emphasis on identifying potential risks—both currently and in the foreseeable future. It is often helpful for the reevaluation to be conducted by someone who has not been directly involved with the formal reification process. During the reevaluation phase, a systematic and formal assessment of the family system should occur, specifically identifying the family's successes and challenges. Obviously, specific emphasis should be placed on determining the specific risks for future sexually inappropriate behavior within the context of the family system.