

## **FAMILY TRANSITION SERVICES**

**I. Introduction:** As an outgrowth of Dr. Kneier's sub-specialty with children (Internship at Children's Hospital; Harvard Medical School, Boston), he has been working with families in transition (marital breakdown, separation and divorce, post-divorce problems) for over thirty years. This is in addition to his general therapy practice with adults, children and families. He has worked over the years with many Family Law lawyers in Calgary and Southern Alberta, with whom he maintains strong working relationships. He has appeared many times in court as an expert witness re: custody/access issues.

In the **Thoughts & Musings** section, there are a number of essays written by Dr. Kneier about children and divorce, and problems in divorced families.

Dr. Kneier has developed a number of services for **families in transition**. **Services marked with an asterisk are more fully described on one of the following pages.** For more information or to make a referral, please call (403) 255-9341.

### **II. Marriage Counseling**

### **III. Separation Counseling:**

- Arriving at a decision and planning the separation.
- Telling the children.
- Making the transition to a separated family.
- Dealing with the children's reactions.
- Helping when one parent opposes the separation.
- Proceeding to mediation

### **IV. Mediation Services:**

- **Custody and access mediation\***
- **Parental alienation reactions\***
- Access problems, and children's reactions

### **V. Post-Divorce Counseling/Treatment Services:**

- Adult problems adjusting to divorce
- Children's reactions to divorce:
  - Parental counseling
  - Therapy for children and/or family
- The introduction of new spouses
- Blended family problems
- **Parental alienation reactions and refusal of access by a child\***

## MEDIATION SERVICES

**I. Orientation:** Many families encounter difficulty in making the transition from a married family to a separated/divorced one. Children react in many ways. Parents can find themselves engaged in serious conflict over the children, often to the point of litigation. Dr. Kneier's mediation style draws heavily on clinical experience with children's reactions to divorce, and with parental reactions to marital breakdown. During the mediation, a number of things are done to help the parents re-focus on the children, and thus regain their sense of parenting. At the same time, there are ways of helping parents resolve conflicts, achieve their desires for the children, and move on to becoming a **good divorced family**.

**II. Types of Issues:** The types of issues most commonly mediated are the following:

- Accomplishing a separation: moving out of the house.
- Custody, access, child sharing and management.
- Management of children's reactions and symptoms.
- Access problems.
- **Parental alienation problems\***, where a child refuses access.
- Mobility issues: when one parent proposes to move a significant distance.
- Teenage problems and decisions.

In the **Thoughts & Musings** section, there are essays about children's reactions to conflicted divorce, including parental alienation.

Since the mediation relies heavily on Dr. Kneier's clinical experience as a psychologist, and since he does not have commensurate experience in financial or legal matters, Dr. Kneier restricts his mediation to issues that involve the children and family matters. He refers clients to lawyer-mediators for financial/property issues. Occasionally, he will help parents negotiate a temporary, ad-hoc support arrangement or transfer of household items, if this is necessary in order to proceed with the physical separation or child-sharing issues.

**III. Results/Outcome:** Typically, the mediation is successful and results in a structured regime for the post-divorce sharing of the children, or in a solution to the specific problems discussed. Usually, a **Mediation Report** is issued to the parents and/or lawyers. This report often forms the text for a legal settlement, or for the amending of an existing settlement.

The entire mediation is always undertaken on a completely "**without prejudice**" basis. This is carefully explained at the beginning of the mediation, and a contract is signed to this effect. **The Mediation Report also is entirely "without prejudice,"** unless and until it is reviewed and formally (with lawyers) endorsed by both parties. The report itself states this, as does the initial contract.

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**IV. Costs and Duration:** The mediation is billed at an hourly rate of \$300. This fee is sometimes shared, sometimes borne by one party. A successful mediation typically takes from 4 to 6 hours. But this varies greatly. Many family problems take time and family experience to solve. Sometimes the mediation spans several months, while various solutions are tried or family transitions take place. On the other hand, if the mediation is going to be unsuccessful, this is usually evident within the first three hours.

## PARENTAL ALIENATION TREATMENT (Refusal of Access by a Child)

**I. Orientation:** The alienation of a child from one parent is a growing and serious problem. The child demonstrates resolute refusal to visit the access parent, and/or strong fear, aversion or other reactions in doing so. The alienated parent (usually father) is convinced this is due to sabotaging efforts or attitudes on the part of the favored parent. The favored parent is convinced the alienation is due to unwise or disturbed behavior on the part of the alienated parent. While either or both of these things can be factors in the problem, there is usually a third factor. This is the child's reaction to loyalty conflicts, which have become intolerable. In extremely polarized divorces, where the parents are in intense conflict about the children, a last resort for the child's mind is to make one parent good and the other bad. This simplifies the child's intolerable loyalty conflict, which stems from trying to love two people who are at war with each other. Parental reactions and behavior contribute to and amplify this process. The alienation establishes peace for the child, but at great cost. It results in the loss of one parent, an escalation in parental conflict, and a number of internal emotional problems for the child.

In the **Thoughts & Musings** section, you will find Dr. Kneier's major paper discussing his theory about the nature, causes, and treatment of this serious problem.

**II. Treatment Processes:** Treatment for this difficult problem is a combination of mediation and counseling for the parents and the child. Both parents usually need help to deal with their side of the problem constructively. Sometimes treatment must be mandated by the court. If possible (which is not always the case), it is good for the parents to have joint sessions, in order to devise a unified approach to the problem. When joint meetings are not possible, separate sessions can be held. It is almost always necessary to help the child. The child's perspective and feelings must be understood, and a way back to the alienated parent needs to be found. The way back usually requires some difficult things of both parents, and sometimes of the child. Often, the first bridge back to an alienated parent occurs in my office.

It is helpful if the treatment of the family is done on a "**without prejudice**" basis, such that no evidence or evaluation is generated. However, while it is important to keep treatment and assessment roles quite distinct, if necessary a **clinical report** about the treatment and the outcome can be furnished. These things are always made clear at the beginning of the treatment.

**III. Results/Outcomes:** The clear goal of treatment is achieving a good relationship between the child and both parents. With parents who really want to solve the problem, this can usually be accomplished. With parents who are entrenched in conflict with the other parent, or who are engaging in alienating behavior, the court may need to add its influence.

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**IV. Costs and Duration:** Fees are \$300 for joint sessions (50-60mins.) and \$200 for individual sessions. The duration of treatment is difficult to predict. Most cases will take at least 5 to 10 sessions. But some situations can go on longer.