



## **GITRE SERVICE DESCRIPTION**

### **THERAPEUTIC PARENT-CHILD SESSIONS AFTER SEPARATIONS (TPCS-S)**

#### **Statement of the Problem**

*There are a number of legal, psychological, and social circumstances that can precipitate a separation between parents and their children. Separations can occur due to suspected or actual physical or sexual abuse or neglect; physical or mental illness in parent (or child) that requires hospitalizations or that cause temporary or permanent parental incapacitation; sudden and acute medical traumas that require long-term treatment; military deployment; parental incarceration; residential placements, etc. Regardless of the cause of separations, a rupture in the parent-child relationship occurs that can create uncertainty, confusion, fear, or other concerns in children and their caretakers.*

*The circumstances of long separations may remain unclear to young children, and their memories may be vague, at best. When hurtful experiences have occurred, even after parental rehabilitation, children may continue to feel anxious or frightened around caretakers, sometimes without a full understanding of their feelings or concerns. When parent-child separations occur, situational and environmental changes may also take place, including children becoming wards of the state, living in group or foster homes, and attending different schools. Sometimes, children live with one parent or move with extended family members. The Juvenile or Family Courts may be involved in determining when, and under what circumstances, it might be appropriate for these parent-child ruptures to be mended through a gradual reunification process.*



*A typical first step in reacquainting parents and their children is to require a period of supervised visitations. In the last decade there has been an increase in the number of agencies that provide supervised visitation services and the type and quality of services that are rendered occur along a continuum. Some agencies have licensed, trained mental health professionals, especially trained in monitoring visitation schedule. Para-professionals or extended family members may also be designated by Courts to provide supervised visits. The overriding goal of these services is to provide a third party who oversees visits and monitors parent-child interactions to ensure that children are safe and comfortable.*

*Typically, supervised visitation schedules evolve over time to unsupervised visits, overnight stays, and eventually a more regular and/or more normative schedule of parent-child visits. Court involvement typically decreases and is eventually removed unless parents are unable to negotiate issues of custody and visitation on their own.*

### **Description of Services**

*Gil Institute for Trauma Recovery and Education clinicians recognize the need for an additional service in which trained and seasoned mental health professionals, working within the context of attachment and child development domains, provide therapeutic parent-child sessions after separations. During these structured and coordinated therapy sessions, children have an opportunity to develop comfort with their parent, to adjust to their expectable feelings, to ask questions, and to adapt to the relationship that is currently available. In addition, clinicians will provide therapeutic guidance to parents and their children so that appropriate closure of the past can occur in order to move forward to re-establish an appropriate, empathic, and secure attachment.*

*Therapeutic parent-child sessions are undertaken if and when there is parental agreement and cooperation and parents can set aside their differences in the best interests of the child. Gil Institute clinicians will conduct a thorough assessment with both parents to determine if this service is relevant and appropriate and if services can proceed. Our clinicians reserve the right to refuse services in cases in which one or both parents are unable or unwilling to work on the common goal of re-establishing or strengthening attachment with the separated parent.*



### **Assessment- or Treatment-Specific Instruments**

*Clinicians will use discretion in selecting from a range of pre- and post-measures to either identify areas of concern, or assess progress in selected target areas. These instruments might include the Marschak Interaction Method (MIM); Child Behavior Checklist for Children (CBCL); the Posttraumatic Stress Disorder Reaction Index for Children and Adolescents (PTSD-RI); Trauma Symptom Checklist for Children / Young Children (TSCC / TSCYC); Parent-Child Relationship Inventory (PCRI); Parenting Stress Index (PSI); Adult Attachment Interview (AAI); Greenspan's Social-Development Growth Chart; or the Child Sexual Behavior Inventory (CSBI). Other measures may be integrated on a case-by-case basis.*

### **Service Fee**

*Clinicians conducting the TPCS-S charge their hourly fees and these are agreed upon in the written treatment agreement at the time of intake. Assessment sessions may occur weekly or bi-weekly depending on the specific needs of the child or youth. The specific format, timeframe, and structure will be determined at the outset and may be adjusted if and when deemed clinically necessary. In addition, clinicians and clients will clarify expectations for verbal or written reports.*