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Reunification therapy within the Australian Family Law system

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Introduction

It is widely acknowledged in current Australian society that marital and/or family breakdowns occur frequently. In 2020, just under half (48.6%) of these breakdowns involved children (Stephen, 2021). When a two-parent and child(ren) family is ruptured via separation or divorce, the child is expected to continue to have a relationship with both parents, subject to the exclusion of issues of safety and risk of harm (Caruana, 2006). This expectation is enshrined in legislation through the *Family Law Act 1975* (Cth) and subsequent amendments.

Nonetheless, not all separated parents tread a smooth path that ensures a post-separation outcome whereby children spend time with both parents (Smyth & Chisholm, 2017). Sometimes achieving this outcome is fraught, and parents choose to engage in legal proceedings to determine post-separation parenting arrangements. Nevertheless, challenges can arise such that ensuring that children spend time with both parents is problematic. Academic exploration of parent–child contact problems (PCCP) has emerged over the past decade or so (Berger, 2021; Fernando et al., 2022; Garber, 2024; Mallon, 2021; Sullivan et al., 2024). Additionally, issues such as family violence, risk of harm to children, listening to the views and wishes of children and parental alignment have attracted increased attention.

For decades, if separated parents could not mutually agree on post-separation parenting arrangements, social scientists were called upon to assist legal practitioners in determining child-focused post-separation parenting arrangements. This may occur via recommendations in a family report (Field et al., 2016), or what is reported back to the court following court-ordered therapy. Such therapy may be ordered to assist with coparenting communication, dysfunctional dynamics or PCCP. If a parent and child have not seen each other for some time, therapy may be court-ordered to support them reuniting (Polak, 2020). The model or type of therapy ordered in the Australian context is not prescriptive. The actual nomenclature used in orders is also not uniform and may be described as family therapy, counselling to assist with resist–refuse dynamics, reunification therapy or reintegration therapy (Jaffe et al., 2020). Little is known about what happens, how it happens, who does it, what they do or what the outcomes are. This commentary seeks to further explore these questions; specifically, whether the therapy is referred to as reunification therapy (RT).

Practitioners who undertake court-ordered therapy often do so within the context of what is referred to as high-conflict separation or divorce (HCS/D). Of the matters/families that find their way into the court system, 80% are deemed high-conflict cases (Francia et al., 2019; Haddad et al., 2016). HCS/D is broadly understood as a

matter that has been litigated for over two years and is underpinned by innumerable manifestations of hostility that are usually mutually expressed (Cohen & Levite, 2012). HCS/D is also characterised by high levels of anger, abusive behaviour and mistrust; historical relational discord is often evident (Schmidt & Grigg, 2023) and often features in matters where resist–refuse dynamics abound and parents do not spend the time they seek with their child post-separation (Baker et al., 2020; Berger, 2021). Other names for resist–refuse dynamics (Greenberg & Schnider, 2020; Walters & Friedlander, 2016), include hyper-parental alignment (Woodall & Woodall, 2017), parental alienation (Matthewson, 2023), parent–child trauma coerced attachment (Rousseau et al., 2024) and PCCP (Fidler & Bala, 2010).

Critically, in the Australian family law context, little has been published about RT despite it being ordered in all jurisdictions and court divisions (see Table 1). Accordingly, the expertise the practitioner possesses or the evidence-based frameworks they utilise is unknown. Given the highly complex context in which this work occurs, it seems prudent to consider how this lack of information and research could be rectified, especially in the face of researchers who assert that repairing a ruptured parent–child relationship is one of the most pressing issues facing family court stakeholders today (Clawar, 2020).

Background

The notion that children progress better in life if they have relationships with both parents after separation has evolved over many years. The introduction of no-fault divorce legislation in Australia in 1975 saw an immediate spike in divorce rates, which led to an increasing debate in legal circles, with notions such as 'the best interests of the child' increasingly appearing in legislation and decision making (Brook, 2007). Research confirms that if a child has a loving relationship with both parents following a divorce, it leads to better outcomes for them (Grant, 2016). There are, of course, legitimate or valid reasons for why this does not always occur and why some children do not spend time with, or have a relationship with, a parent following separation.

Factors such as one parent proactively withholding a child from the other parent, illness or accidents requiring lengthy hospitalisation, a parent not being able to locate their child, incarceration (Rodriguez & Krysik, 2022), and travel restrictions, such as those that occurred following the outbreak of COVID-19 (Smyth et al., 2020) may result in a parent not spending time with their child. The risk of harm to the child is not necessarily a factor in all these scenarios; therefore, a reunification process may not need to address these contexts, as is the case in a child protection reunification process. This does not mean that allegations of harm do not feature where parental absence occurs with parties involved in the family law system (Easteal & Drury, 2021; Harman & Lorandos, 2021). Although allegations of harm or risk have been tested or scrutinised before RT, the extent of such evaluations is not always known. It may be the case that RT is ordered where the risk of harm has not been adequately evaluated and the therapist is required to undertake such work in a context that is contraindicated by internationally published practitioners (Faust, 2017). If a matter has proceeded to trial and RT is ordered, evidence pertaining to the risk of harm is evaluated, as was the case in *Farley & Duke* [2024] FedCFamC1F 819.

The reasons for PCCP, and perhaps the resulting period when a child and parent have not spent time together, can also be due to a child's legitimate or understandable wish not to see that parent. For example, they may have been exposed to family violence, the parent may have values that clash with the child's, or there may be sibling issues or frustration with litigation (Polak et al., 2020). Children may also have certain vulnerabilities, such as being overly anxious, having special needs and struggling to engage in reality testing. Alternatively, there may be developmental factors such as normal age-related separation anxiety (Polak et al., 2020).

A challenge in providing an agreed-upon, evidenced-based definition of 'reunification therapy' likely reflects the discretionary ways in which the practice is undertaken. Faust (2017) defined *Reunification Family Therapy* as

> *… a therapeutic process designed to repair relationships between parents and children in an attempt to restore not only physical contact but meaningful social, emotional, and interpersonal exchanges between parents and children.* (p. 3)

Clawar (2020) stated it is

> *… the process, techniques, methods, and theories that are employed to repair, reconnect, rebuild, heal, normalize, and/or stabilize a relationship between a parent and child that has become damaged, distant, absent, and/or alienated.* (p. 5)

In the Australian context, a standardised definition and the resultant processes arising from the definition have not been extensively researched or published.

Specifically labelled RT was not a feature of therapeutic family law work in Australia until the late 1990s. International publications that discuss the definition of RT, where and when it is undertaken and frameworks have originated from the United States, Canada, the United Kingdom, Brazil, Mexico, New Zealand and so on (Joshi, 2021). One of the earliest references to reunification in Australia was found in a 1998 publication that reviewed the activities of children's (supervised) contact services (CCSs); it was simply noted that this is a context in which fathers can be reunited with their child(ren) (Szirom et al., 1998).

Parent–child contact problems, resist–refuse dynamics and parental alienation

An issue that has sparked significant international research and commentary concerns is that post-separation PCCP are RT that occur within the complex context of parental alienation (PA) (Baker et al., 2020; Mercer, 2019; Polak et al., 2020; Smith, 2016; Walters & Friedlander, 2016). Briefly, research explains that PA is a process in which one parent influences a child to reject another parent (Bentley & Matthewson, 2020; Bernet & Greenhill, 2022; Haines et al., 2019; J. J. Harman et al., 2022; Kelly & Johnston, 2001). The genesis of the controversy is linked to its original nomenclature – parental alienation *syndrome* – in the 1980s (Teoh et al., 2018). Legitimate criticism of this pseudo-medical word, without robust scientific evidence and research, underpins the rejection of the broader construct or behavioural manifestations. Sound academic research pertaining to this issue has been lacking for about the past 10 years. This has left a research-to-practice gap of approximately a decade (Matthewson, 2023). Legal practitioners and the judiciary may also not be abreast of current international research pertaining to PA. Although there may be issues in the

post-separation landscape that underpins a child's rejection or distancing of a parent, the extent of the rejection in PA is viewed as unjustified, unshakable and cannot be readily addressed via so-called traditional methods of therapy (Lorandos, 2020).

Despite an increase in internationally published research, the PA construct remains contested in the literature (Clemente & Padilla-Racero, 2016; Dallam & Silberg, 2016). Detractors believe PA has been weaponised by abusive fathers to perpetrate further abuse against children and their mothers (Clemente & Padilla-Racero, 2016; Dallam & Silberg, 2016). Accordingly, if there has been a history of domestic and family violence, orders for a child and the mother of the child to engage with a person who uses violence perpetuates this abuse (Mercer, 2021). More recently, this position has been challenged via a review of published judgements in the Canadian Family Court (Varavei & Harman, 2024) that asserts that it cannot be substantiated. Spurious allegations of sexual abuse in the context of PA have also attracted scrutiny, with Australian researchers determining that courts respond in varying ways similar to their international counterparts (Death et al., 2019).

The premise that rejection of a parent is invariably legitimate occurs through a gendered violence lens and lacks acknowledgement of the fact that non-violent, previously loved and securely attached mothers are also alienated (Finzi-Dottan et al., 2012; Şentürk Pilan et al., 2022). Some assert that unjustifiably rejected mothers can be likened to coercive control by their children's fathers (Dijkstra, 2023). Despite the debate over the legitimacy and/or genesis of the resistance or rejection of a parent, it is acknowledged by clinicians (Haines et al., 2019) and legal professionals (Lorandos, 2020) that unjustified rejection occurs occasionally and can result in a ruptured parent–child relationship (Singh & Mader, 2025). Accordingly, there has been an increase in research pertaining to the remediation of resist–refuse dynamics (Fernando et al., 2022; Greenberg & Schnider, 2020; Singh & Mader, 2025; Walters & Friedlander, 2016).

Literature review

Despite this fraught context, RT continue to be ordered by the court. The perusal of published family law judgements in the Austlii database reveals *reunification*, *reunification therapy*, *reintroduction*, and *supervised contact* feature in hundreds of occasions. Of course, published judgements only reflect a small portion of matters and only those that have proceeded to trial and, prior to 2007, only a portion of judgements were published (AustLii, 1998-2025; Newlands, 2016). Of all couples who separate, only 3% commence proceedings in the family law courts and, of that 3%, only around 3% proceed to a final trial (Kaspiew & Carson, 2019). Therefore, it is inevitable that RT or reintroduction has occurred in many cases that do not proceed to trial and in cases that have not been published. The inclusion of *Supervised Contact* in this search is underpinned by the fact that where the risk of harm is present, a court may order a parent to be supervised when they spend time with their child. Research confirms that part of the role of CCSs includes the reintroduction or reunification of a parent and child (Commerford & Hunter, 2015; Szirom et al., 1998). Incidentally, there are no accreditation requirements for supervised CCSs (Schindeler, 2019); therefore, the processes, including RT, undertaken within the centres are unknown.

The first-instance judgements noted in Table 1 include the judgements of all federal courts exercising family law jurisdiction and the Family Court of Western Australia (WA). The data parameters are based on database restrictions and limitations.

Table 1. Keywords in published judgements 1998–2025 (AustLii, 1998–2025)

FCFCOA, Federal Circuit and Family Court of Australia.

Search item	Family Court (1998–2021)	Federal Circuit Court (2013–2021)	FCFCOA Div 1 (2021–2025)	FCFCOA Div 2 (2021–2025)	Family Court of WA (2004–2025)
Reunification	173	79	73	54	31
Reunification Therapy	36	18	32	15	4
Reintroduction	414	160	111	59	23
Supervised Contact	1115	531	245	160	178

Separating data in each division of the Federal Circuit and Family Court of Australia (FCFCOA) is accepted as a convention in legal publications. A summary of these findings reveals that across all sections of the family courts published judgements from 1998 to 2025, the word 'reunification' was mentioned in 410 matters, 'reunification therapy' mentioned in 105 matters, 'reintroduction' mentioned in 767 matters and 'supervised contact' mentioned in 2,229 matters.

A review of these judgements reveals that the qualifications of social scientists conducting RT (and of those working in CCSs who might also have undertaken RT) are not usually specified. The broad category of therapists referred to in these judgements includes staff employed with Relationships Australia, staff employed at Centacare, CCS staff, psychologist, 'appropriately qualified therapist', 'an experienced therapist familiar with such cases', 'attachment/reunification counsellor', 'reunification expert', 'reunification counsellor' and psychiatrist. The formal qualifications associated with some of these labels/professions are widely known, whereas others are not. Perusal of these judgements refers to psychologists, social workers, family consultants, family therapists and counsellors (*Raakel & Raakel* [2024] FedCFamC1 156; *Thompson & Bane* [2022] FedCFamC1F 115; *Wyles & Batchelor* [2018] FamCA369; *Illingworth & Wedge* [2017] FCCA2930; *Farina & Naima* [2017] FamCA27; *Raakel & Raakel* [2024] FedCFamC1F 156; *Farley & Duke* [2024] FedCFamC1F 819).

Having established that the practice exists in Australia, it seems critical that working with vulnerable individuals where complex dynamics exist, the practice ought to be underpinned by an evidence base pertaining to best practices. We conducted a search across several databases, including PubMed, PsycInfo, Scopus, ScienceDirect, Web of Science, DOAJ, EBSCOhost, Westlaw Aust, and Lexis Advance. The search strings reflected the aforementioned criteria. Key concept #1 was (reunification OR reintegration OR 're-introduction' OR reintroduction). Key concept #2 was (Law* OR Legal OR Court OR 'federal circuit' OR Order* or Judge*, 'family law' OR 'family court*' OR 'federal circuit'). Key concept #3 was (Australia* OR Queensland* OR 'new south wales' OR Victori* OR 'northern territory*' OR 'Australian capital territory'), NOT 'child protection' OR prison* OR criminal. The types of resources used as limiting factors were peer-reviewed journal articles, books, chapters, theses, conference proceedings,

government reports, organisational reports, business reports and newspaper articles. The search strings were designed to exclude studies on child protection, criminal law and refugee cohorts.

All but two articles were eliminated either because they did not pertain to the features of reunification therapy and/or they did not pertain to the family law sector. Two articles remained: a case study of one child reunifying with his father (Bowen, 2001) and the second, a proposed model of RT co-authored by an Australian judge (Polak et al., 2020). The case study describes a reunification that occurred within the confines of the Sydney Registry of the Family Court 22 years ago. There was no reference to a therapeutic model, no mention of any qualifications of the 'mediator' (as she was referred to), the court orders that underpinned the process, how it was funded or the nature of the emotional support provided to the parties, and the mediator's opinions were not supported by reference to research. Nevertheless, this case study confirms that reunification therapy has been in practice for many years.

Unfortunately, owing to the lack of Australian literature since this case study, the extent to which any content has translated into the clinical practice of RT has not been determined. Certainly, some of the features referred to in this paper are readily accepted components of RT in the international literature, as detailed by Clawar (2020). The mediator/reunification therapist was directive; she engaged with both parties' solicitors and focused on ameliorating the distressing emotions that arose throughout the process.

Polak et al. (2020) began with a literature review relating to the challenges of parent–child contact following separation, explored the contributing factors to such challenges, and offered a model of reunification therapy for severe cases of resist–refuse dynamics. Considerable emphasis was placed on the need for judicial monitoring and accountability. International literature speaks of this aspect of RT (Rand & Rand, 2006; Sauber, 2013) and concludes that such accountability contributes to an increased willingness to participate in therapy. Justice Altobelli, an Australian FCFCOA Division 1 judge, noted that the model could theoretically be implemented in the Australian family law system. Another Australian publication that speaks of the process of RT, without using nomenclature, suggests possible interventions where PA exists (Haines et al., 2019).

The currently available international literature regarding those who undertake RT, where PA is a feature, suggests that clinicians ought to have particular expertise in the area of PA (Haines et al., 2019; Polak, 2020) because the dynamics are different from parental rejection as a result of other, perhaps legitimate, reasons (Kelly & Johnston, 2001). Haines et al. (2019) noted that traditional counselling in the context of PA can be more harmful than helpful and may further entrench the rejection/dysfunctional alignment. This harm is embedded in the constructs of traditional therapy, wherein a counsellor subscribes to the view that what the client shares with the therapist is the absolute truth (Corey & Corey, 2016; Murdock, 2017). Consequently, if a child says that a parent is abusive and never wants to see them again, a therapist who subscribes to the view that the child is telling the complete truth (without any knowledge of PA dynamics) takes this position at face value and validates the client's wishes (Corey & Corey, 2016) to not see that parent. Such therapists are then at risk of becoming negative advocates who unwittingly facilitate the covert emotional abuse of the child (Eddy, 2012). Where PA is alleged or evidenced, the child/client has been manipulated to dysfunctionally align with an emotionally abusive parent, and they must continue to uphold this view of the other parent being unsafe (Haines et al., 2019). If the 'alienated' child continues to undertake traditional counselling, they are required to maintain their position (and continue their narrative), which then places them at significant risk for developing internalising issues, such as anxiety and depression, and externalising issues such as violence and substance misuse later in life (Bentley & Matthewson, 2020). It is vital that the therapist engages with all parties involved in the dispute to ensure that they are aware of the competing narratives (Polak & Saini, 2019). In the international context, it is accepted that the treatment of parental alienation requires a unique framework to ensure that the child is psychologically supported while their distorted thinking is being treated (Lorandos, 2020; Walters & Friedlander, 2016). In the Australian context, there are no data pertaining to the support that such children receive.

Generally, therapists who undertake RT require other attributes or skills. Clawar (2020) provided a comprehensive list of these attributes, many of which are echoed by other international authors (Faust, 2017; Polak, 2020); these are, the therapist ought to: have sound conflict resolution skills; have knowledge of the family law system and procedures; have case experience in previous successful reunifications; be respected by other stakeholders involved in the process such as solicitors, judicial officers and fellow professionals; hold strong ethical principles; be skilled in differential diagnosis (e.g. determining if the dynamic is PA or bona fide abuse); be published or have a reputation in the field; be skilled at writing reports; have a high tolerance for difficult interpersonal dynamics – including having disparaging remarks and commentary levelled at the therapist; and be therapeutically innovative and creative.

Clinicians such as Faust (2017) and Polak (2020) noted the importance of establishing a strong therapeutic alliance via the use of empathy, respect and management of upregulated emotions. Haines et al. (2019) asserted that therapists should have experience and expertise in family violence, attachment theory, personality disorders, complex trauma, false confessions and memories, trauma-informed practices, forensic interviewing of children and comprehensive risk assessment. As previously noted, given the unregulated nature of RT, we do not know what attributes, qualifications or expertise those currently practising in Australia possess.

Problematically, if there are no best-practice guidelines or even minimum standards, we do not know which therapists should engage in RT. There is a recent example of what can happen under such circumstances. In 2023, a de-identified psychologist was recorded undertaking RT. Some of the recordings were aired by a national broadcaster. The processes used by the therapist have been described as unorthodox and possibly unethical (Davoren, 2023). Moreover, therapy was ordered despite a history of family violence. It is unsurprising that the fallout of cases such as this and the ongoing international debate around managing resist–refuse dynamics is that research in this area has been neglected.

It is assumed that those who are performing RT in Australia draw upon the international framework. Such practices include, but are not limited to, Reunification Family Therapy, (Faust, 2017), Family Bridges (Warshak, 2019), Family Reflections Reunification Program (Reay, 2015), an 'integrative single-therapist framework' (Singh & Mader, 2025), 'Family-based therapy for parent–child reunification'

(Smith, 2016), 'Transitioning Families Therapeutic Reunification' (Judge et al., 2016), and 'Turning Points for Families' (J. Harman et al., 2022). There is a paucity of studies evaluating these programs using robust methodologies.

The only program that has been ordered in Australia is Family Bridges for Alienated Children (FBAC), a four-day educational workshop that aims to re-establish the parent–child relationship following a period of resist–reject or alienating dynamics. Although the program creator provides their own research regarding the program's high success rate (Lorandos, 2020), it is criticised by many as being inadequately researched and very expensive (Avalle et al., 2024). However, if this intervention is ordered without a thorough risk assessment and testing of evidence and allegations, there is a risk that an already traumatised child will suffer further (Dallam & Silberg, 2016). Furthermore, some question the validity of results of programs when they have been evaluated by the program creator and lack, among other things, adequately defined outcomes and a control group (Trane et al., 2021). Others suggest that this program is potentially traumatic for children and that if the rejection of a parent is unwarranted or unjustified, the child will eventually reconcile with that parent of their own accord (Dallam & Silberg, 2016). Still others contend that these programs are unethical (Kleinman, 2017). FBAC is no longer available in Australia.

Regardless of the pathway chosen to reunify parent and child, the dynamics at play are almost always highly complex (Fidler & Bala, 2010; Polak et al., 2020). Polak et al. (2020) asserted that deprogramming-type camps are not the only recourse, especially because the reasons for a resist–refuse dynamic can vary. A framework was proposed several years earlier by Canadian clinicians Freeman et al. (2004), who facilitated 'divorce-specific interventions' in Toronto. Their model is described as a seven-phase model of reconnection that includes a child-centred timeline and approach, thorough assessment, psychoeducation for all participants and ongoing therapeutic support for the participants (with different therapists). The specific details of each phase are somewhat articulated; however, they emphasise that 'it is impossible to be prescriptive' (p. 455). Again, when considering research undertaken by program designers, it is wise to keep the notion of confirmation bias at the forefront of mind (McSweeney, 2021). Noteworthily, the reverse can also apply; that is, commentary and opinion about a particular type of therapeutic intervention can be made by individuals (academics and researchers) who have not had decades of clinical practice at the so-called coalface and therefore lack an appreciation of the importance and value of experience (Soldz & McCullough, 2000).

The programs reviewed highlight critical differences between traditional therapy and RT. These include the referral sources – in RT this is from solicitors or judicial officers; self-referrals are rare; confidentiality is rarely present; the process and outcomes are usually reportable to the court; there are invariably many professionals involved, including solicitors, the independent children's lawyer (ICL), family report writers, therapists; the ICL, court, or reunification therapist usually decides when the process is terminated as opposed to termination usually being client-led; the goal of RT is categorical and stipulated – it is a process of re-bonding; the methodology is still evolving and can involve some seemingly unconventional strategies (Clawar, 2020; Reay, 2015). In resist–refuse dynamics, there are invariably two parties that do not support RT.

Faust (2017) referred to the strategies the favoured parent employs to thwart RT as parenting loopholes. Some examples are: messages of powerlessness such as 'I can't force her/him to go'; reverse prioritising messages such as 'she is really mature and can make her own decisions'; misdirected motivational emphasis such as 'reunification is happening too quickly, you really need to slow things down'; messages that the (favoured) parent knows best or knows what is *really* going on, such as 'once mum apologises for abandoning the kids and moving in with Frank, they might consider spending time with her'; and messages entrenched in culture such as 'I think it's well known that fathers cannot emotionally attune to their children'. Faust (2017) offered strategies to address these loopholes.

Haines et al. (2019) noted that favoured or coercively aligned parents are highly adept at gaining sympathy and support from professionals in both legal and allied health fields. They add that it is vital that therapists do not assume that this is true because a parent states that the other (rejected) parent is abusive. It is vital that these allegations be thoroughly tested. For example, when RT is undertaken with the rejected parent, the favoured parent may up the ante in relation to their accounts of abuse. This possibility ought to be considered in light of what research tells us about women who have been abused and have divulged their experiences over time. Accounts of abuse may emerge over time for many reasons, including fear of retribution, internalised shame, burying painful memories and fear of not being believed (Heron & Eisma, 2021). Awareness of all the potential dynamics at play is essential.

Another distinctive feature of RT is that it can sometimes be court ordered when evidence from all parties has not been tested. Faust (2017) noted that reunification should not occur in circumstances where allegations of abuse remain untested. Nonetheless, the publicly aired RT process (Davoren, 2023) was attempted despite allegations of family violence. There are no Australian data available pertaining to RT being ordered prior to matters reaching a final hearing.

Typically, orders for both supervised visits and reunification are made without input from children (Fitzgerald & Graham, 2011). Freeman et al. (2004) referred to the issue of ethical considerations and ask if it is fair and reasonable to reintroduce a child to a parent if that parent is at risk of being absent again (e.g. addiction relapse, subsequent incarceration, mental illness relapse due to medication non-compliance). They also wondered how therapists should psychologically and logistically manage the process if they have significant reservations about whether RT is in the best interests of the child.

These features may be underpinned by the dynamics that abound in other forms of mandated therapy. Although the implications of mandated therapy have been explored across domains such as domestic and family violence, child abuse and addiction (Snyder & Anderson, 2009), there has been no exploration of how this reality affects court-ordered RT in Australia. This speaks to the dilemma of requiring a child to participate in therapy when they are stating they do not wish to do so, especially within a socio-political climate of privileging 'the voice of the child' in family court proceedings (Tisdall et al., 2021). It is likely that accurate accounts of children's views and wishes communicated to the court remain fraught and lacking. Such complexities may underpin the lack of

research because potential researchers do not wish to risk reputational damage, hostile stakeholder responses or perceived positional bias (Kempner, 2008).

Complicating matters further is that RT can occur as part of a broader group of fraught, controversial and under-researched practices in the family court system. Some of these are 'reversal of care/custody' and 'moratorium of time', where the child does not see or engage with the formerly favoured or primary parent for a period (the length of time is not prescriptive and varies), because on-going contact would thwart the reunification process. Although explored, albeit not extensively, in international literature (Birnbaum & Bala, 2024; Fidler & Bala, 2020; Paquin-Boudreau et al., 2022), there is no research in the Australian context, despite both concepts appearing in published judgements (AustLii, 1998-2025).

The final aspect of RT that warrants exploration concerns the lack of the required training or education on *how* a practitioner ought to deliver RT in the Australian context. In the United States and United Kingdom, several courses are available to those seeking to enhance their knowledge of RT. Such courses do not purport evidence-based training (Darr & Irvine, 2022; Wonders, 2022). Having examined the practices of 14 mental health clinicians undertaking reintegration therapy in Canada and the United States, Polak (2020) contended that there ought to be improved training for therapists undertaking RT. As noted above, the RT practitioner ought to possess certain skills. However, in Australia, because this practice has not yet attracted scrutiny via published research, all aspects of the work are formally or publicly unknown.

Conclusions

Future research questions regarding reunification therapy in Australia might include: 'what are the distinctive features of RT', 'what factors facilitate a successful outcome RT', 'what factors impede the process of RT', 'what training/education do those who conduct RT require' and 'what are the risks associated with the unregulated nature of RT'. In the future, the therapist may be required to have undertaken specific evidence-based training or education to conduct RT within the family law system.

Finally, this commentary highlights the gaps in the literature pertaining to RT in the Australian family law sector. Although the outcomes of some RT models have been published internationally, there is no literature regarding the practice of, or outcomes of, RT undertaken in Australia. Given that the RT process has been court ordered or court recommended since the late 1990s, rectifying the lack of research in this area seems prudent. Hopefully, this commentary will ignite further dialogue and engagement with researchers interested in promoting safe and effective therapeutic family law practices.

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