UNDERSTANDING PARENTAL GATEKEEPING IN FAMILIES WITH A SPECIAL NEEDS CHILD

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Supporting the positive development of a special needs child is especially challenging when parents have separated or divorced. Invariably, there is an increased need for collaborative co-parenting wherein information is shared and intervention plans can be implemented effectively. In this article, the evolving literature on parental gatekeeping is applied to families with special needs children, as it offers a useful model for understanding the strengths and liabilities of co-parenting relationships. We describe some of the typical and unique gatekeeping dynamics that occur when children suffer from developmental, physical, and/or psychiatric syndromes that require specific treatment and specialized parenting skills. Examples of both restrictive and facilitative gatekeeping are described as they manifest in these families. Implications for decision making are also discussed.

Key Points for Family Court Community:

- Understand the unique demands of separated and divorced families who have a special needs child
- Given the syndrome present, as well as the severity of the condition, understand what is required of parents in terms of cooperation and collaboration
- Typical developmentally based parenting plans may not apply to a family with a special needs child
- Be aware of how parents handle safety and basic welfare issues of the child
- Understand each parent's approach to including versus restricting the other parent's access to information about the child, as well as their physical access to the child
- Understand the unique ways that subtle alienation and enmeshment may manifest in families with a special needs child
- Because many timely decisions need to be made by these families, the presumption of joint legal decision making across the board may not be practical or effective

Keywords: *Attention Deficit/Hyperactivity Disorder (ADHD); Autistic Spectrum Disorder; Childhood Depression; Divorce and Disabled Children; Legal Decision Making; Parental Gatekeeping; Parenting Plans; and Special Needs Children.*

INTRODUCTION

Separated and divorced families in which there is a child with special needs poses unique challenges for family law professionals. This is especially so for those who are tasked with developing parenting plans that address the child's best interests. In a previous publication (Pickar & Kaufman, 2015) we addressed the multiple factors that must be weighed with this population of children, which differs from considerations in other families. In addition, we presented a risk assessment model for use in child custody decision making with special needs children. Some of the key points from that article are summarized in Table 1.

Based upon the diagnostic and treatment literature for a range of neurodevelopmental, psychiatric, and medical disorders in children, we specified several domains/variables for examination in a risk-protection continuum model. The domains consider the empirically based educational, therapeutic, and medical treatment interventions that can benefit children with specific disorders, as well as the risks to a special needs child (SNC) if such treatment is not sought or provided. The model also emphasized the safety precautions necessary for many SNC and the risks when such safety precautions are not provided.

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Table 1
Parenting Plans for Special Needs Children (SNC): Applying a Risk-Assessment Model (Pickar & Kaufman, 2015)

- SNC suffer from a range of disorders of varying complexity and differing levels of severity. Family law professionals of all disciplines should develop a fundamental knowledge base about the most commonly seen SNC in family court.
- A systematic analysis of risk and protective factors should inform timeshare arrangements and determinations with this varied population, including the safety of the child and severity of the disorder; parental commitment and availability to pursue medical, educational, and therapeutic services; the parental attunement and insight about the problem; and the differential parenting skills of each parent.
- Raising a SNC often demands greater parent availability and specialized parenting skills.
- Poor parent collaboration and high interparent conflict are significant risk factors for poor child outcomes. In divorced families where there is a SNC, coordination between caregivers, sharing of information and establishing consistency in daily routines and structures are especially important.
- Commonly recommended parenting plans may be inappropriate for many SNC, as some SNCs function significantly below their chronological age and pose extreme behavioral challenges. In many instances, the need for stability in residential placement and consistency in routine outweighs a custodial schedule that provides significant time with both parents.

In these families, which we refer to as "special needs families" (SNFs), there are invariably heightened demands on the co-parenting relationship. Parents must have a functional level of agreement on diagnosis of the SNC, as well as the intervention plan, both in the home and in conjunction with outside services. Parents are often in the position of assessing progress, interacting with direct care and supportive professionals, and considering changes to treatment protocols. It is well documented that rearing a SNC can severely strain a marriage or partnership, resulting in a higher rate of separation and divorce (Wymbs et al., 2008; Beresford, 1994; Davis & Carter, 2008; Keller & Honig, 2004). Collaboration and communication are typically more challenging postseparation.

In our earlier work, we noted that the co-parenting relationship is a significant variable that must be considered by professionals developing parenting plans for families with a SNC. Poor parent collaboration and high interparent conflict are significant risk factors for poor outcome of the SNC. In turn, enhanced or at least functional parental communication, well-defined and accepted parent roles, and ongoing communication and sharing of information in a low-conflict environment are protective factors. Thus, when crafting a parenting plan for the SNF, each parent's attitudes and beliefs regarding the other parent must be carefully considered. This includes a parent's views of the other parent's attunement with the child, direct caretaking skills, and the child's relationship with the other parent. These attitudes also translate into a parent's opinions regarding the access or timeshare plan that will be in the child's best interests.

Parents' attitudes and actions that impact the other parent's relationship and involvement with the child can be captured and described via the construct of "parental gatekeeping" (Austin, Pruett, et al., 2013). Though forms of parental gatekeeping have been discussed in the literature since the 1980s, more recent refinements of the concept have brought forth the complex and bidirectional nature of how parents support each other's involvement with children postdivorce. For example, we have come to better understand the possible implications when a parent either acts to restrict versus facilitate the child's contact with the other parent. Professionals working with separated and divorced families seek to understand whether those attitudes are reasonable, given extant family dynamics and the child's best interests.

Questions and disputes about parental gatekeeping can take unique forms in SNFs. By way of example, differences in parenting styles can become more at issue when children are less adaptable and have specific environmental requirements. It is also not unusual for parents to disagree about the child's diagnosis and the severity of the syndrome from which the child suffers. Furthermore, some parents cope with the stress of having a SNC by becoming very involved and active. They may research the disorder extensively, take a very hands-on approach to seeking out treatment providers,

and become very involved in direct interventions themselves. They also may develop very strong opinions about what is needed to address the child's specific needs. Other parents engage in denial regarding the extent of the child's capabilities and what is needed to improve the child's daily functioning.

We believe that SNFs, especially when the child's disorder is moderate or severe, are prone to some predictable gatekeeping disputes that require careful consideration of what are adaptive versus maladaptive attitudes and actions toward the other parent. This article describes frequently seen disputes that SNFs confront and utilizes constructs of parental gatekeeping to understand those disagreements and how they inform parenting plan recommendations. The term SNC is an umbrella designation that encompasses a staggering array of children who have specific learning disorders and cognitive impairments, chronic developmental disabilities, physical disabilities, serious medical conditions, and severe psychiatric and behavioral disorders. For the purposes of this article, we will primarily focus on three of the most commonly occurring neurodevelopmental and psychiatric disorders to be encountered by the family courts (as these are the most common psychiatric and neurodevelopmental disorders that present at mental health outpatient clinics), which include: autistic spectrum disorders (ASD); attention deficit/hyperactivity disorder (ADHD); and, especially in families with teenagers, depressive disorders, which may involve suicidal or self-harming behaviors.

UNIQUE CHALLENGES TO PARENTING AND CO-PARENTING A SNC

The SNC places a unique burden on the family. For example, a systematic review of studies measuring "quality of life" factors for parents with an ASD child found that most of the parents experienced lower subjective physical and mental health, lower satisfaction with the environment, and poorer social functioning than parents with a typically developing child (Vasilopoulou & Nisbet, 2016). Other studies comparing families with an ASD child to families without an ASD child (or other chronic medical condition) have consistently found that parents of ASD children experienced significantly more parenting stress (i.e., negative parental self-views, lower satisfaction with parent–child bond), lower quality of life, and more depressive symptoms and engaged in more frequent maladaptive coping mechanisms than parents of typically developing children (Lai, Goh, Oei, & Sung, 2015; Zablotsky, Anderson, & Law, 2013; Dabrowska & Pisula, 2010).

In regard to families with an ADHD child, multiple research studies have consistently yielded a picture of high levels of parenting stress, maternal depression, conflicted parent–child interactions, increased authoritarian parenting, and reduced warmth or positivity (Thule, Wiener, Tannock, & Jenkins, 2013). Parents of children with ADHD, whether married, separated, or divorced, often experience disagreements regarding: the severity of the child's symptoms, how to best manage the child's behavior, and what treatment approach, if any, to take. Whether an ADHD child should be placed on medication for this disorder is frequently a source of dispute among both intact and divorced families.

Multiple studies indicate that families with a SNC may be at higher risk for separation or divorce than families with a typically developing child. Wymbs et al. (2008) found that parents of youth diagnosed with ADHD were more likely to divorce by the time their children were 8 years of age (22.7%) than were parents of youth without ADHD (12.6%). Hartley et al. (2010) found that parents of children with an ASD had a higher rate of divorce than the comparison group (23.5% vs. 13.8%). However, other studies have not found an increased risk of separation or divorce in families with an ASD child (Freedman, Kalb, Zablotsky, & Stuart, 2012). There is less available research regarding divorce rates of families with depressive disorders.

DEFINING GATEKEEPING IN SEPARATION AND DIVORCE

Gatekeeping refers to the parental attitudes, behaviors, and actions, which have the potential to impact the quality of the other parent's relationship and involvement with the child (Austin,

Fieldstone, & Pruett, 2013). The concept of gatekeeping is especially relevant for the family courts, as a common statutory best interest factor in most states concerns how well each parent can support and promote the other parent's relationship and continuing involvement with the child (Austin, 2011). The concept of gatekeeping gives judges, child custody evaluators, and mediators a uniform way to apply the best interests of the child standard when parents disagree about the best parenting plan for their child (Austin, Fieldstone et al., 2013; Austin, Pruett, et al., 2013; Barkley & Murphy, 2006).

Gatekeeping behaviors, regardless of whether they are "gate opening" or "gate closing," can either be adaptive or maladaptive (Saini, Drozd, & Olesen, in press). Adaptive gatekeeping serves the purpose of doing what is best for the child, ranging from promoting the child's relationship with the other parent in a safe situation to, conversely, protecting the child if s/he is at risk of harm from the other parent. Maladaptive gatekeeping occurs when a parent bases decisions and behaviors on his/her own needs (e.g., to get revenge against the other parent), versus an accurate reading of the child's needs and the other parent's capabilities, and may be manifested in overt or indirect attempts to block the other parent's access to the child.

Gatekeeping has been described as occurring along a facilitative–restrictive continuum. Facilitative gatekeeping refers to gate opening behaviors such as when a parent acts to support the continuing involvement of the other parent, demonstrating behaviors that are proactive, inclusive, and demonstrate to the child that the parent values the other parent's contribution. Parents who engage in patterns of restrictive gatekeeping display attitudes and behaviors that inhibit and interfere with the other parent's involvement and parent–child relationship (Austin, Pruett et al., 2013). Protective gatekeeping, also known as justified gatekeeping, is a form of restrictive gatekeeping in which a parent seeks to protect the child from the risk of emotional distress, harm, adjustment difficulties, or other genuine risks that could occur from spending time with the other parent (Polak & Saini, 2015). Such protective gatekeeping may be justified when there is a history of child abuse or neglect by the other parent or when psychiatric impairment or substance abuse leads to genuine safety risks to a child. However, restrictive gatekeeping by a parent might be considered unjustified and maladaptive when the basis of the concern is exaggerated, unsubstantiated, or based on an overly enmeshed parent–child relationship.

FACILITATIVE GATEKEEPING IN FAMILIES WITH A SNC

While facilitative gatekeeping is generally seen as constructive and collaborative postseparation or divorce, it is especially important for families with a SNC. Even if a fully shared custody plan is not deemed to be in the SNC's best interests, regular and consistent contact with each parent will be important for the child's development (Kelly, 2012). What does facilitative gatekeeping look like in general? A parent engages in facilitative gatekeeping when they support the continuing involvement of the other parent by being proactive, inclusive, supportive, and encouraging of the other parent's positive image. Facilitative gatekeeping also means maintaining open communication, being flexible in time sharing, and ensuring the child's opportunity to develop a relationship with the other parent (Austin, Fieldstone et al., 2013).

These approaches are particularly important when children require a broad range of therapeutic, educational, and medical services. For example, a child with a severe ASD may be receiving applied behavior analysis at a special school for ASD children as well as have a host of other special services including occupational therapy, psychiatric treatment, or an after-school socialization program. This kind of intervention program works best with both parents' support and participation. This in turn requires open and consistent communication as well as timely decision making. Because many SNCs benefit from a high level of consistency in terms of structure and routine in each household, such consistency cannot be accomplished without effective gate-opening behaviors.

Though not as severely and broadly impacted as children with ASD, children who suffer from moderate to severe ADHD also place specific demands on co-parenting relationships. The ADHD

child has symptoms that impede their successful completion of school assignments and acquisition of school-based information as well as negatively impact peer behaviors and place high demands on parents. This is due to such symptoms as: overactivity, impulsive behavior, difficulty sustaining attention, poor on-task behavior, poor organizational skills, distractibility, and difficulty in sustaining mental effort (American Psychiatric Association, 2013). Children who suffer from ADHD require more coordination and cooperation between homes than children from typical divorced families. ADHD children thrive on structure, consistency, and predictability in terms of behavioral expectations and consequences. Many children with ADHD do well with highly structured behavior-reward systems. As Pickar and Kaufman (2015) have previously noted, this does not mean that households need to be mirror images of each other. However, parents of the ADHD child will need to target and agree on specific desired behaviors and specific consequences that can be applied in both homes. Facilitative gatekeeping on the part of each parent is necessary to achieve such ends as, without it, a shared parenting plan may not be in a child's best interests. This entails parents actively sharing information prior to custody transitions regarding how an ADHD child has fared with respect to specific behavioral and social goals, such as completing homework and chores, following household rules, and relating information conveyed by teachers or providers of special services. Thus, providing timely child-related information, without the other parent necessarily having to ask for it, is a key component to facilitative gatekeeping (Austin, Fieldstone et al., 2013).

For adolescents who may have a serious depressive disorder, especially those involving suicidal ideation or nonsuicidal self-harm behavior such as cutting, effective facilitative gatekeeping is necessary to keep such a child or teenager safe. Open communication, a form of facilitative gatekeeping, would be crucial if a child's activities needed to be curtailed during periods of severe depression or if close parental supervision is needed as a child transitions to each home. Determinations regarding safety measures and urgent psychiatric services rely on accurate and substantive information sharing. For example, for a severely depressed adolescent who is on a roughly equal timeshare schedule, parents who can openly communicate with each other about their high-risk teenager provide greater protection for that teen, while the absence of facilitative gatekeeping leads to far greater safety risks. With many juvenile or adolescent psychiatric disorders, it clearly is in a child's best interests that parents meet together with a child's mental health provider to hear jointly direct recommendations for in-home interventions and what they need to do to facilitate improvement in a child's symptoms. In its extreme, gate-opening communication can make available critical information about the youth that can ensure physical safety. Furthermore, when children know their parents are talking with each other constructively, their sense of well-being is enhanced.

Lastly, facilitative gatekeeping in SNFs does not necessarily mean that parents have to agree about everything. However, it does involve listening to and considering the other parent's opinions as well as demonstrating parental flexibility and compromise when differing points of view are expressed. It is also helpful when both parents make good faith efforts to shield the child from such disagreements. With some SNC, flexibility might mean a temporary shift in the timeshare schedule based on discrepancies in parent availability, especially when a child needs more direct supervision or oversight. In general, facilitative gatekeeping can create a greater sense of security and stability for a SNC, by helping a child experience that both parents value the input of the other and that all parent–child relationships are valued and supported.

UNJUSTIFIED RESTRICTIVE GATEKEEPING

Restrictive gatekeeping occurs when a parent's actions interfere with or impede the other parent's access to and involvement with the child. In most cases, restrictive gatekeeping will result in negative effects or harm to the child. The unreasonably limited time with the other parent causes the child to lose the benefits of the parent–child relationship, including the experience of closeness, affiliation, affection, joy, and security with a caretaker. In addition, the child feels the effects of the gatekeeper's negative beliefs about the other parent, often creating conflict and/or distortions in the child's

perceptions of the other parent. It is important to distinguish between the attitudes or beliefs that fuel restrictive gatekeeping and the behaviors that arise from those views (Austin, 2011; Austin, Pruett, et al., 2013). That divorced parents hold negative views of each other is hardly surprising. The task for postdivorce parents is to sequester or compartmentalize their anger, resentment, and criticism of the other parent so that the child's positive views of the other parent can be maintained.

Austin, Pruett, et al. (2013) identify many examples of gate-closing behaviors that can roughly be categorized or grouped as follows:

- Lack of reinforcement of child's relationship with the other parent, such as not allowing the child to have photographs or gifts from the other parent in the home or asking the child to keep secrets from the other parent;
- Limiting the other parent's access to information about the child, such as actively withholding information about school or activities or not listing the other parent's name as the emergency contact;
- Direct exposure to conflict, such as direct denigration of the other parent, impeding phone calls to the other parent, or tension on transitions;
- Lack of cooperation regarding timeshare and child's activities, such as not following the parenting plan or rigid adherence to the parenting plan to unreasonably restrict the other parent's access to child activities, chronic lateness, or not honoring the right of first refusal.

We note further distinctions when evaluating whether a parent's behavior rises to a threshold where it can be considered unjustified restrictive gatekeeping:

- Frequency and timing of interfering behavior: Some gate-closing behaviors may occur with less frequency and in specific or isolated situations. The effects on a child may therefore be temporary (e.g., they don't get to go to an activity with one parent because it falls on the other parent's custodial time and that parent is unwilling to accommodate) and relatively benign (e.g., the kind of disappointment that is inevitable in life). In such instances, the child's positive relationship with the other parent remains intact and preserved.
- Duration and persistence of behaviors: It is not unusual to see more emotionally charged and deleterious behaviors arising in the more immediate postdivorce or separation period. In most cases, this behavior dissipates within about 2 years (Hetherington & Kelly, 2002) as parents adjust to new lives and the reorganized family. When limiting behaviors persist over time and create more enduring patterns of interference, then unjustified restrictive gatekeeping may well be present.
- Extremity of behavior: Some gate-closing behaviors may occur in more benign forms, settings, or situations. Others have greater impact. For example, a parent's refusal to allow a child to stay longer than scheduled at an event with the other parent could be considered limiting or restricting. However, the impact of such behavior in isolated instances is not likely to cause harm. On the other hand, if a parent persistently makes it difficult or uncomfortable for a child to call the other parent while on vacation or directly disparages the other parent to the child, then the effects can be serious, even if they are not apparent in the moment.

DYNAMIC MANIFESTATIONS

In families with a SNC, there is fertile terrain for ongoing conflict and disputes, especially given the stress of raising the SNC that often leads to divorce and then challenges to coordinate interventions from two homes. Clinical and observational experience lead to identification of some specific dynamic manifestations of unjustified restrictive gatekeeping in these families. They are listed in Table 2 and then elaborated.

Table 2
Unjustified Restrictive Gatekeeping Dynamics in Families with a Special Needs Child

Presentation	*Beliefs & Attitudes*	*Behavioral Manifestations*
The parent as Expert	• They are the only truly informed parent; • They are the ultimate authority based on their knowledge.	• Sees the other parent as less than; • Does not consider input of the other parent; • Imparts information rather than share; • Impatient with the other parent & views them as an impediment.
The over-identified parent	• Often suffers (or suffered) from same or similar disorder; • Only they can truly understand the child's experience; • See themselves as the protector and sole true nurturer; • They are the ultimate authority.	• May distort the child's symptom picture or level of severity of disorder; • Sees too much of themselves in the child, leading to boundary diffusion; • Unnecessarily protective and cautious; • Insists on & tolerates no less than exquisite attunement between parent & child; • May pressure child to share parent's negative views of the other parent.
The only capable parent	• Believes that they are the only capable parent; • They are the only parent who can properly implement intervention plan; • They are the only parent who can coordinate care and interact responsibly with providers.	• Exaggerates the other parent's deficits and fails to recognize their assets; • Demands the other parent cares for the child as they do, but then faults even minor differences; • Seeks to limit the other parent's time with the child due to the other parent's unrealistic lack of competency.
Failure to include	• Does not believe that the other parent's involvement is important; • Undervalues the child's relationship with the other parent; • Feels that they must be in charge for intervention plan to work.	• Active withholding of information or passive aggressive failure to communicate with the other parent. • May block other parent's access to teachers, therapists and other professionals; • Refusal to attend meetings and conferences with the other parent.
Involving the child to diminish the other parent	• Persistent ongoing conflict with other parent; • Sees other parent as "less than" and inadequate; • Feels the need to hurt or punish the other parent; • Underlying disappointment and loss.	• Persistent negative comments about other parent's capabilities; • Puts child in charge of his/her treatment in other parent's home (E.g. medication); • Excessive inquiry of child re: life in other parent's home; • Subtle comments to child about other parent's lack of capabilities.

PARENT AS EXPERT

A healthy adaptation for understanding the nature of a child's special needs is for parents to become educated. This includes understanding specific diagnoses, behavioral patterns associated with syndromes, research on treatment and intervention approaches, and available resources. However, some parents take this to an extreme and to a point where they exclude the other parent. The parents as experts are typically fueled by their need to gain some modicum of control over a very difficult set of circumstances that can include a sense of loss (i.e., loss of a normal child) or an elevated sense of protectiveness toward the child whom they consider fragile or vulnerable. These parents research extensively, seek out consultation, and perhaps join parent support groups. In the process, the parent as expert experiences themselves as the one truly informed parent and ultimately, as the authority on how to meet the SNC's needs. While this can certainly occur in intact families, postdivorce conflict and acrimony will often make the situation more extreme, with the expert parent having little tolerance for divergent opinions. Input from the other parent is often dismissed as ill informed and a stumbling block to addressing the SNC's best interests. The result of this can be

marginalization of the other parent in the eyes of the child. Examples of this phenomenon occur most dramatically when children suffer from severe and/or complex syndromes and especially when there is controversy about treatment interventions.

A case in point would be a family with a child with ASD, where many decisions need to be made about medical, therapeutic, and educational needs. The parent as expert may not only become extremely well informed, but will believe that the comprehensive plan they deem the best is the one that should be implemented by the other parent. This can play out when families assess the relative value of programs deemed to be evidenced based, such as intensive Applied Behavioral Analysis versus complementary and alternative medical therapies, such as acupuncture, supplements, diets, sensory integration, and music and art therapy (Wong & Smith, 2006).

THE OVERIDENTIFIED PARENT

Many of the disorders from which SNC suffer have strong genetic components and biological contributions. For example, genetic factors account for approximately 80% of the differences among individuals who display behaviors associated with ADHD (Barkley & Murphy, 2006; Nigg, 2005). ASDs are one of the most highly heritable common neuropsychiatric disorders (Geschwind & Levitt, 2007). Thus, it is not uncommon for a parent with a SNC to also suffer from the same or similar disorder as the child.

The parent who suffers or has suffered from the same disorder as the child can often believe that they understand and appreciate the child's difficulties better than anyone else. Of course, this can be of great benefit to the child and the family as it can be the basis of empathy as well as lead to an appreciation of interventions that might be most effective. In the process, they are prone to overidentifying with the child and assume that the child's experience and difficulties mirror their own. This tendency can expand to the belief that they alone can make the best decisions for their child. In its more extreme form, this dynamic can include denigration and dismissal of competing views, especially if they come from a former spouse who has not suffered from the syndrome. Concurrently, there can be distortions of the child's capabilities, blurring of parent–child boundaries, resulting in features of enmeshment. In terms of behavior, this overly identified parent can try to limit the other parent's access (gate-closing behavior) by suggesting harm from the other parent due to the other parent's lack of attunement with the SNC. Taken a step further, the overidentified parent may subtly influence the child to adopt their own negative views of the other parent.

By way of example, the second author (Pickar) evaluated a family where both the child and one parent had been diagnosed with Asperger's Syndrome (ASD with mild symptoms). The parent felt that only she was in a unique position to understand the child and was highly critical of her ex-husband. The mother rejected input from the father and suggested that he was unable to help the child and therefore his time should be severely restricted. Compounding the problem was that she influenced the child to express discomfort with and fear around the father and make allegations of mistreatment that were ultimately deemed to be unfounded. While the mother may well have had a keen sense of how the child struggled, she overlooked ways in which the father's superior social skills could directly benefit the child.

We both have had the experience of working with families in which a child had been diagnosed with ADHD, and upon interviewing the parents, learned that one of the parents also had the syndrome as a youth, teenager, and adult. In these specific cases, the ADHD parent graduated from high school and college and went on to a successful career, accomplishing this without taking medication, either because their own parents didn't believe in it or because they were not properly diagnosed and medication was not an option. These experiences led the parent to believe that their own children should not be taking medications, even when it was strongly recommended by school personnel and medical or mental health professionals. Typical rationales include: "he's just lazy and can work harder" or "medication is a crutch; she needs to learn to make it on her own" or "I could do it; so can he. His mother just wants to coddle him." Again, these parents are prone to exposing their children

to the parental conflict and belittling the other parent's viewpoint, both of which can underlie unjustified restrictive gatekeeping.

THE ONLY CAPABLE PARENT

This phenomenon usually stems from a parent seeing themselves as the expert on his/her child. Beyond being the authoritative source of information and informed judgment, the only capable parent is convinced that s/he is the only one who can truly understand the SNC and provide proper care. There is deep-seated mistrust of the other parent's capabilities on the parenting front that goes well beyond what is realistic. The only capable parent often dictates protocols for structures within both homes, but invariably determines that the other parent's caretaking approach fails to meet criteria. This may take overt forms. For example, this parent might say that the acting-out ASD child cannot sleep over at the other parent's home because the other parent is not implementing the proper routines in the morning, even when those routines are not deemed essential or, additionally, that the other parent cannot reliably administer medication to a child.

The parent who adopts this approach invariably seeks to limit the SNC's time with the other parent on a regular basis and assumes that they must be the primary residential parent based on the disparity of parenting skills and knowledge. They may also seek other ways to limit how the child can spend time with the other parent, for example, by defining acceptable versus unacceptable parent–child activities. An example of this could be suggesting that an impulsive and hyperactive child should not be allowed to engage in even mildly risky activities with the other parent, even if the child is well treated with medication and the other parent is responsibly vigilant. In addition, parents who see themselves as the only truly capable caretaker seek restrictions on the length of time the SNC can be away from them, believing that without their direct oversight, there is danger of direct harm to the child or setback in progress with treatment. This parent has little respect for the other parent and little room for collaborative co-parenting.

FAILURE TO INCLUDE

In previous work, we have emphasized the critical importance of inclusion and collaboration in divorced families with a SNC (Pickar & Kaufman, 2015). Given the unique demands of these children, such collaboration is typically more critical for positive child outcomes. With the SNC, parents must be in more frequent communication about medical needs; educational progress; and social, emotional, and behavioral manifestations. Restrictive gatekeeping occurs when a parent fails to include the other on a consistent and functional basis in general, but especially when it impacts life with the other parent. Some manifestations of this phenomenon are typical for high-conflict families, such as failing to let the other parent know of details about a child's event that they could both attend. Lack of inclusion in families with a SNC can take dramatic and overt forms, like not including the other parent as an emergency contact or not listing the other parent as capable of being able to assist with school field trips. Somewhat more subtly, the nonincluding parent might fail to inform the other parent of a change in the behavioral protocol for an ASD child or not include the other parent in a teacher conference with a child with ADHD and co-morbid learning disorders.

In very direct ways, some parents establish themselves as the primary go-to parent with service providers and institutions. This is not difficult in families where there is a stay-at-home parent and a parent who works outside the home. The stay-at-home parent typically has more availability to interact and communicate with teachers, therapists, physicians, and other nonmedical service providers. These demands are far increased in families with a SNC; it is often not easy for professionals to take the initiative and time to communicate separately with both parents. Parents who engage in restrictive gatekeeping use these gaps to their advantage as they seek to push the other parent to the periphery. Parents may try to make it easier for providers by telling the provider to simply communicate with them or fail to include the other parent's work demands when scheduling meetings with a therapist

or physician. We both have had the experience of learning that a teacher or another provider was virtually unaware that the other parent was even involved with the child that they are teaching or treating.

ENGAGING THE CHILD TO DIMINISH THE OTHER PARENT – OBVIOUS AND SUBTLE MANIFESTATIONS

These undermining behaviors involve the child directly, as one parent's lack of trust in the caretaking capabilities and judgment of the other is either subtly or overtly communicated to the child. The restricting parent enlists the child in a shared view of the other parent, often putting some responsibility on the child to make up for the deficits of the other parent. By way of example, the parent of a child with ADHD might tell him/her to be sure to remember to take his/her medication when at the other parent's home, because "you know how your father can forget sometimes." Or a child with serious learning disabilities might be encouraged to call the nonresidential parent on each school night, "just to be sure" that homework was done correctly. Other behaviors that may either seem benign or more subtly alienating can take on greater import with the SNC. Thus, while virtually all parents will ask the child about how they spent their time when not in their direct care, information gathered by the receiving parent takes on more significance. It can easily include inquiry into whether the child has been properly supervised ("Who was there when you were doing that?"), appropriately nourished ("Tell me everything you ate."), or whether approved routines were followed. This places the child in an untenable position, invariably disappointing one or the other parent.

EFFECTS OF RESTRICTIVE GATEKEEPING WITH SNC

Unjustified restrictive gatekeeping will impact the child's relationship with the other parent in negative ways. However, the extent of the impact can be variable. Even in less extreme manifestations, the child is more aware, and thereby less shielded from, the parent conflict. This, in turn, can lead to less psychological integration of life in the separate homes. However, with the SNC, it can also produce confusion about expected and adaptive behaviors. This is especially so considering that many SNC function at a developmental level younger than their chronological age. For example, children who have deficits in processing social cues (e.g., ASD and nonverbal learning disorders), mixed or conflicting messages can be especially disorganizing and lead to both internalizing and acting-out behaviors. These children are also more likely to be vulnerable to being drawn into skewed alliances and negatively affected by parent pressures.

In its more extreme forms, unjustified restrictive gatekeeping may manifest in children's resistance to spend time with a parent and even outright refusal and alienation. Given the developmental vulnerabilities of the SNC, these children are especially prone to the effects of parent psychopathology and deficits in parental insight and attunement, whether they are present in the restricting parent, the rejected parent, or both.

APPROACHES TO SHIFTING PATHOLOGICAL PARENT DYNAMICS

When parents adopt positions that unrealistically jeopardize the SNC's relationship with the other parent, family law professionals are challenged to shift parental dynamics in a healthier direction (Pickar & Kaufman, 2015). Certainly, important first steps include recognizing the specifics of the problematic dynamic interactions and the impact on the child. In addition, understanding the specific vulnerabilities of the SNC cannot be overemphasized. Solutions should include creative and strategic thinking as well as openness to utilizing a range of potentially helpful professionals and services. We suggest the following considerations:

Effective Case Management

In families where unjustified restrictive gatekeeping is operative, the balance of input and direct parenting time has been skewed. Skilled authoritative management is required for families with this level of conflict and may take the form of a parenting coordinator (PC) or recommending mediator (Fieldstone, et al., 2012). While there can be hurdles to putting these professionals in place (e.g., PCs typically are appointed only by stipulation; obvious cost factors), judges can emphasize that parents will have greater access to a PC than they would to a bench officer (Deutsch, Coates, & Fieldstone, 2008; Sullivan, 2013). Appointment of a minor's counsel can also be extremely effective, but only when s/he becomes well educated on the nature of the child's disability or syndrome. Family law professionals should be cautious about recommending co-parenting counseling in cases of unjustified restrictive gatekeeping and be sure to determine whether there is adequate good will and realistic potential for parent collaboration to make this venue potentially successful

Setting Limits with the Restricting Parent

This can be a complex task. On the surface, the restricting parent would appear to need limits set on his/her gate-closing behavior. However, when that parent is by far the more informed and available parent, the child is also benefiting from that parent's expertise and level of involvement. Thus, the restricting parent's positive contributions need to be distinguished from behaviors that impact the child's relationship with the other parent. Limit setting by the court or by a PC should therefore be targeted and subject to regular review. Limit setting might include, for example, mandated conferences with the other parent or establishing protocols for the restricting parent to share information and the other parent's access to the child.

Bolstering the Less-Informed Parent

This can be accomplished by recommending parent education classes or parenting coaches specifically oriented to the SNC's syndrome and caretaking needs. Parents who feel marginalized can also benefit from support groups. These venues help the less-informed parent feel more capable and competent, while being less dependent on the parent as expert.

Finding Ways for Parents to Be With Their Children

Even when an equally shared parenting plan is not appropriate for a SNC, families should find venues and activities for parents and children to spend time together. These activities should, among other things, be opportunities for the parent to engage in direct caretaking commensurate with their actual level of parenting abilities.

Addressing Problems Before They Escalate

An effective PC or mediator can field or even anticipate disputes in relatively early stages. A simple example would be to help identify a new treatment provider when it is known that an existing one will no longer be available. Such a professional can lay out the steps and information needed to facilitate continuity of treatment or services.

Providing an Authoritative Venue for Collaboration

A case manager can provide a venue for parents to learn how to share information and problem solve while minimizing (or at least containing) conflict and misunderstanding. The professional can field neutral input from therapists, teachers, and other providers or assign the less-informed parent to

bring that information to scheduled meetings. This is very different from therapy and is aimed at improving the effective functioning of the parents. In such a venue, all parents' input can be valued and considered.

WHEN RESTRICTIVE GATEKEEPING IS JUSTIFIED AND ADAPTIVE

While restrictive gatekeeping is generally viewed as negatively affecting children and nonresidential parents, many scholars have noted that restrictive gatekeeping may benefit children in families where there has been domestic violence, child abuse, or parental substance abuse (Ganong, Coleman, & Chapman, 2016; Austin, 2008). No legislation currently exists that specifically mandates the courts to consider safety issues for divorcing families with SNC, but judges, child custody evaluators, and court mediators must make special efforts to consider safety first when dealing with SNFs undergoing separation or divorce. As recently noted by Mermelstein, Rosen, and Wolf (2016), "the court must evaluate each parents' awareness and acceptance of the child's needs, history of involvement with treatment, and willingness to provide the multifaceted supports required" (Mermelstein et al., 2016, p. 70). Thus, when a parent denies that a psychological or mental health issue exists, refuses to cooperate with treatment, or impedes or actively intervenes to prevent treatment, restrictive gatekeeping by the more supportive or effective parent if often justified due to the harm that may exist when that child is in the care of the other parent.

Pruett, Arthur, and Ebling (2007) described restrictive gatekeeping as protective if the main intention is to limit or monitor the other parent's access to shield the child from harm. In some SNFs following a separation or divorce, restrictive gatekeeping may sometimes be protective or justified for multiple reasons. The most prominent issue is that of safety, the first domain described in our risk–protection continuum (Pickar & Kaufman, 2015). Children with handicapping conditions such as ASD, intellectual disability, and other severe cognitive disorders, in which a child's judgment is severely compromised, often require vigilant supervision at all times. The child with a severe ASD is especially prone to physical dangers due to excessive self-absorption, such as not looking out for cars. This raises questions such as: which parent is willing to install door alarms if their child walks out the front door without notice, so parents can prevent danger to their child? If a child has significant physical handicaps, are both parents willing to implement appropriate home safety modifications as needed? How closely does the parent with a young child exhibiting severe hyperactive and impulsive behavior supervise his/her child at the park to prevent him/her from running away and jeopardizing his/her safety? To what extent are parents childproofing their homes to prevent dangers for their SNC, who may injure themselves in the home setting? In intact families, some parents may be naturally more or less hypervigilant regarding their child's safety, whether they have a SNC or not. However, other parents may be more inattentive and not as attuned to safety risks for their child, often relying on the more hyperalert parent to keep their child safe. For the SNC who is frequently at risk for physical danger, both parents must display the necessary vigilant supervision required to keep their child safe. Thus, when there have been multiple instances of one parent not being appropriately cognizant of safety issues, restrictive gatekeeping might certainly be seen as justified due to its protective nature.

Other safety issues in which restrictive gatekeeping would be justified might be with the depressed teenager living in two homes. Mood disorders can sometimes precipitate truly dangerous behaviors, such as suicidal actions or nonsuicidal self-injurious behavior (e.g., self-mutilation). Risk of self-harm in depressed adolescents is increased when teens have access to drugs or alcohol or have access to potentially lethal means of harming themselves. This would include access to prescription and nonprescribed medications, guns, knives, or razor blades. Seriously depressed or suicidal teenagers are far more at risk with the parent who denies the seriousness of their child's condition or who balks at locking up potentially dangerous items. Thus, if there is a history of a parent being in denial about their child's depression and not providing the necessary supervision and environmental safety commensurate with actual risk, the other parent's efforts at restrictive gatekeeping may be entirely justified, as it preserves the health, safety, and well-being of the child.

Following separation or divorce, another common area that might lead a parent to engage in restrictive gatekeeping behaviors is when the other parent is passive, unavailable, or resistant to making sure the SNC receives appropriate medical, therapeutic, and educational services for his/her condition. For example, consider the following scenarios, which might occur following separation or divorce:

- One parent is frequently neglectful in assuring that his/her diabetic child is receiving insulin injections or that his/her epileptic child is taking regular anticonvulsant medication to prevent future seizures.
- One parent consistently fails to keep therapy appointments for his/her teenager's severe depression or anxiety disorder, denying that the problem is of enough severity to need psychological treatment.
- Even though both parents have agreed that their ADHD child should take stimulant medication, one parent routinely forgets to give the child medication before school, leading that child to do much more poorly in school on that parent's custodial days.
- One parent refuses to take any time off from work to participate in learning applied behavioral analysis (Myers, & Plauché Johnson, 2007) techniques for his/her ASD child or attend the parenting component of a behavioral program for his/her child's severe ADHD.

These scenarios highlight problems such as poor parental availability, poor daily monitoring of the children's medication regimen, lack of follow-through in obtaining needed services for a child, and denial of a diagnosis; all situations in which a parent might be quite justified in attempting to restrict the other parent's time with a SNC.

The last area in which restrictive gatekeeping is frequently justified is when one parent evidences clear deficits in parenting skills that impede healthy child functioning or negatively impact a SNC's educational, social, or psychological development. For example, children with ADHD clearly benefit from environmental consistency between homes and school, which often requires a high level of parental coordination and cooperation. Such children thrive on clear structure and rules, as well as consistency, and predictability in terms of behavioral interventions and consequences (Barkley, 2015). While this does not necessarily mean that two households need to be mirror images of the other, it is crucial that parents agree on expected behaviors and that they behaviorally reinforce the presence of such behaviors, while providing negative consequences or punishments that can be applied in both homes. Children with other externalizing psychiatric conditions, such as oppositional-defiant or conduct disorder, also clearly benefit from parental consistency in applying appropriate limit setting, positive reinforcement, and consequences. Thus, the parent who provides minimal structure, no reinforcement for appropriate behavior, and fails to provide consequences for misbehavior may enable a situation in which his/her child's condition not only does not improve, but actually worsens.

Additionally, one parent may have a much higher level of emotional attunement to the child than the other, and may be far better at recognizing shifts in the SNC's moods and behavioral functioning. Some parents may either miss or misread cues regarding the seriousness of their child's health status (i.e., the ASD child who may not be able to verbalize when they are sick) or severity of their child's psychiatric symptoms (i.e., the parent who does not recognize when their teenager is becoming quite depressed again, so they do not inquire about suicidal thinking or self-harm behaviors being contemplated). In these situations, what appear to be attempts to restrict the other parent's access to the child may be justified responses to bona fide safety risks.

IMPLICATIONS FOR DECISION MAKING

Given the demands of raising a SNC, it is hardly surprising that divorced and separated parents often bring to the courts disputes regarding who should have legal custody or the ability to make determinations regarding the child's health, education, and religion. Many states have statutory

preferences or presumptions for joint legal custody, emphasizing that divorced parents should consult and collaborate with each other in child rearing (DiFonzo, 2014). The notion of whether legal custody is held jointly by the parents, or solely by one, is a coarse approach that belies how decisions are made for children on a day-to-day basis (Ver Steegh & Gould-Saltman, 2014). When parents of a SNC hold legal custody jointly, they must come to common ground on a potentially long list of issues over and above those that virtually all families face. Unique and specific questions include:

- What assessments of the child are needed to determine diagnosis and treatment plan?
- What therapeutic and medical services are required and/or desired to address the child's special needs condition (i.e., medication, physical therapy, occupational therapy, psychotherapy)?
- Who should provide those services, including assessments and interventions?
- What is the best fit for schooling? This may include not only school selection, but also specific placement within the school (e.g., mainstream class versus special day classes versus some combination).

The need for decision making on larger issues, such as the above, can be fertile ground for disputes beyond fundamental differences of opinion. Some parents of SNCs are willing to make joint decisions and are effective at it. They come closest to achieving the dual goals of effectively addressing the SNC's developmental and specific treatment needs, while maintaining the child's continued access to both parents. In addition, both parents feel connected to the child and to family life in a broader sense. However, in families with a SNC, there are often parents who have different levels of knowledge and experience regarding their child's condition and thus varying parenting effectiveness. Furthermore, some parents are simply better decision makers, especially under time constraints. In situations in which decision making has become cumbersome and bogged down, or lacks timeliness to the extent that the child's needs are compromised, a presumption of joint legal custody may not be functional for the family or effective in providing the SNC with adequate services, support, and continuity.

When parent conflict jeopardizes important determinations and the best interests of the SNC are threatened, it can be tempting to place all decision-making authority solely in the hands of one parent. This is especially true when there is a parent who is clearly better informed and more involved in the child's treatment planning. There are risks, however, to such a broad-brush approach, such as what both parents positively contribute to the child may be lost or minimized. Taken to an extreme, the other parent can be marginalized and effectively carved out of the child's daily routines and emotional life. Furthermore, while sole legal custody may lead to the resolution of discrete and immediate decision-making roadblocks, it also runs the risk of building further resentment and escalating existing parental conflict to an even higher level. Apart from more extreme situations (presence of domestic violence, substance abuse, untreated major mental illness, truly substandard parenting skills), removing a capable and positively involved parent entirely from decision making is not presumed to be in children's best interests (DiFonzo, 2014). Ver Steegh and Gould-Saltman (2014) note that "joint legal custody presumptions are blunt instruments that largely operate without regard for the real needs of individual families and children" (p. 268). Thus, for any given family, they recommend identifying the specific areas that require decision making and the process for arriving at decisions, in addition to specifying who has authority in specific domains. This is an approach that has salience for SNFs and can be operationalized by asking the following questions:

1. What are the specific areas and domains relevant to the SNC that require decision making?
2. What are each parent's attitudes regarding those specific domains?
3. To what extent is each parent adequately informed about those domains?
4. To what extent is each parent able and willing to cooperate with a treatment and/or intervention plan?
5. To what extent is each parent able and willing to cooperate in joint decision making for each domain?

Responses to these questions can then inform potential solutions or at least the means needed to shift parental dynamics. Apart from identifying areas of conflict, such an examination can also delineate the breadth and depth of existing disputes. While too many parents see the court as the sole and most authoritative venue for achieving desired outcomes, alternative processes and structures may serve parents in a timelier way while also improving parent collaboration. Identification of conflict areas can be foundational to developing a plan for parents to move through extant obstacles and blockages. For example, it is our experience that some parents who have difficulty accepting that their child suffers from a developmental disorder argue whether any special services or considerations are necessary, much less consideration of anything other than a 50-50 shared parenting plan. Other parents may overstate a child's normative developmental weakness and label the child SNC as a strategy to obtain sole legal or primary physical custody. Thus, parents may disagree about accuracy of diagnosis and severity of an identified disorder and/or intervention plan.

Underlying these issues is whether a child has been properly assessed and, if so, whether such evaluations are up to date and capture the current status of previously diagnosed medical, developmental, or psychiatric disorders. Enlisting the services of a PC or recommending mediator to determine assessment needs and even help select an appropriate professional to conduct an evaluation may go a long way toward helping parents agree to an intervention plan. Use of a PC or similar professional may also provide a venue for parents to discuss the results of such evaluations and make decisions regarding next steps in a treatment or educational plan. The process can further assist both parents to feel that their input has been adequately considered. There may be times when one parent also needs further education regarding the child's special needs but is unable to absorb it from the other parent, whom they view as having rigidly taken over the domain as the authority on the SNC. Again, a PC or mediator may be able to assist the less-informed parent acquire a sufficient knowledge base via ancillary means such as parenting classes or parenting coaches. The goal is to keep both parents involved to the extent possible, while supporting timely, efficient, and accurate decision making.

In our experience, some families with SNCs attempt to manage high levels of conflict by implementing a parallel parenting approach. This model, which seeks to maintain shared physical custody via a highly detailed and structured plan as well as very limited contact between entrenched parents, has been seen by some as a workable solution for high-conflict families (Fabricius, Braver, Diaz, & Velez, 2010). Implementation of a parallel parenting approach should be applied to families with a SNC with great caution. Children with special needs most often require a higher level of consistency and coordination across homes and much more communication and information sharing between parents than normally developing children.

There is little doubt, however, that for some families, the level of parental conflict is so high they cannot even agree on a dispute resolution venue outside of court, or efforts with mediators and/or PCs have been exhausted. These high-conflict families typically require the authoritative intervention of the court. This might mean a broad ruling of sole legal custody or having the parents retain joint legal custody, but assigning decision making in specified areas to a designated parent. In our opinion, the broader and deeper the entrenchment of the parent conflict, the more likely it is that sole legal custody in discrete areas will be needed. Such discrete areas might include: selection of treatment professionals, assignment of child development consultants or evaluators to establish diagnosis and treatment plan, assignment of specific activities that can fall under the domain of a specific parent, and resolve issues of medication with appropriate medical input. Direct intervention by the court does not preclude the ongoing use of alternative dispute resolution approaches.

The assignment of decision-making authority regarding the SNC, be it in total or in discrete areas, should not be set in stone, but should be able to be revisited over time. Having a moderately or severely disabled child can require both education and acquisition of specialized parenting skills. Particularly with parents who have less time availability or have been slow to accept a child's diagnosis or treatment approach, their acquisition rates of information and/or parenting techniques may

be slower or delayed. The fact that they are not in a position to have constructive input on decisions at one point in time does not mean that this will not be feasible in the future or in the child's best interests. There should therefore be a means for reevaluating the assignment of decision-making authority as life circumstances change. However, the need for continuity of services and treatment for the SNC is invariably more critical than for normatively developing children and should be central to considering whether joint legal custody in all domains is feasible and in the SNC's best interests.

CONCLUSION

In previous work, we identified multiple factors that family law professionals should consider and assess when developing parenting plans that address the best interests of families with a SNC (Pickar & Kaufman, 2015). The research-based construct of parental gatekeeping provides a useful framework for understanding complex co-parenting dynamics and identifying specific parental strengths and liabilities following separation or divorce. The extent to which gate-opening and gate-closing behaviors are adaptive versus maladaptive can take unique forms in SNFs and be enacted over many issues, both large and small. In many respects, the risks are higher for SNC with moderate to severe disorders. SNC lack the resiliency and adaptability of other children; therefore, it is critical that their parents aim for consistency in terms of providing structure, environmental support, and participation in activities, which can enhance educational and social growth for the SNC. In addition, there are greater challenges to launch the SNC into independent adulthood, as many of them lack sufficient daily living skills to anticipate a typical trajectory to a life less reliant on the support of parents.

Parents' attitudes and beliefs invariably inform their behaviors and decisions. Divorced individuals with an SNC are faced not only with the sequelae of the lost marriage or partnership, but also the challenges of providing for a child that requires specific parenting skills and additional services and support, as well as greater than usual financial and time demands. Ideally, parents should be supports for each other in this particularly challenging endeavor. A thoughtful gatekeeping analysis can not only identify problematic dynamics in the co-parenting relationship, but also elucidate ways in which co-parenting can be improved and enhanced to better address the SNC's best interests.

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