**Understanding Therapists' Beliefs, Attitudes, and Approaches to Working with Families in High Conflict and Involved in Legal Proceedings**

A Dissertation

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# ABSTRACT

Therapists of different mental health disciplines are often involved with families in high conflict who are enduring legal proceedings. Families in high conflict need the support of therapists due to the emotional turmoil often experienced. The need for therapy and other professional intervention has increased for these families, however, many therapists are hesitant to provide services to these families and are underprepared to work with them (Schmidt & Grigg, 2023). There is very little research regarding how therapists feel when working with families in high conflict who are engaged with the legal system. There is also little information on how therapists approach working with these families or evidence of effective practice. Therefore, the purpose of this study was to explore therapists' beliefs, attitudes, and approaches when working with families in high conflict in the context of legal proceedings. Licensed therapists in a midwestern state were recruited to participate in semi-structured interviews utilizing purposive sampling. Twenty licensed therapists self-identifying to have worked with families in high conflict were interviewed. Interviews averaged approximately 45 minutes each. Colaizzi's phenomenological data analysis approach (1978) was used to analyze the interview transcripts. The results of this study identified five superordinate and 19 subordinate themes. The superordinate themes that emerged included: (1) reluctant to be involved in the legal process, (2) managing problematic parents, (3) training/experience, (4) needing self-protection, and (5) no unified therapy approach. The dissertation closes with a final discussion of a summary of the findings, limitations, implications of the study, and potential future research directions.

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# CHAPTER I

# INTRODUCTION

The dissolution of a marriage and the consequential fracturing of a family unit has been recognized as one of the most significant psychosocial crises an individual can experience in their lifetime (Mitcham-Smith & Henry, 2007). Many of these divorces include children and the parents continue to have a relationship with one another for child-rearing. How the coparents engage with one another has continued to be a predictive factor in how well a child adjusts to the divorce or parental separation (van Dijk et al., 2020). While most children tend to adjust well, some children tend to have continued problems due to being in the middle of the contentious dynamics of their parents attempting to coparent. Some parental conflict is common before, during, and one to two years following the relationship or marital breakdown but tends to reduce with time (Symth & Moloney, 2019). However, approximately 10-25% of parents continue to engage in conflict with one another long after these two years (Polak & Saini, 2015). Maintaining a low conflict relationship after divorce or separation can be difficult (Darwiche et al., 2021), and if it cannot be done, it can have devastating consequences on the well-being of the families.

## Families in High Conflict and Court Proceedings

Former partners often discontinue any kind of relationship unless they have mutual children. The children become the focal point of their continuing coparental relationship as children rely on their parents to cooperate for their care and upbringing. Unfortunately, there is a population of parents who struggle to work collaboratively and may be considered to be in a "high conflict" divorce. High conflict divorce is a term often used to describe the volatile relationship dynamics within these coparenting relationships. The term high conflict often goes

undefined in the literature and can be ambiguous. Lange et al., (2022) have defined it as "pervasive negative exchanges between ex-partners in combination with an insecure and hostile emotional environment" (p. 1). Many professionals agree that high conflict dynamics include continuous conflict, blame, hostility, and lack of personal responsibility of parents in their role in the conflict (Anderson et al., 2010). These families often return to court after their divorce is finalized and may continue to return throughout their children's childhood. Re-litigation is often an ongoing component of the coparenting relationship, and often, there is a significant amount of time, money, and emotional energy involved in these legal disputes (Spillane-Grieco, 2000).

Frequent, intense, unrelenting, child-related conflict between coparents tends to be especially problematic to the development of children (Moral et al., 2021). Lange and colleagues (2022) suggest that the impact on a child's physical and mental health is similar to the experiences of children who have experienced physical abuse and neglect. High conflict parent separations are also a major challenge for professionals in the legal system (Stolnicu et al., 2022). Custody disputes between parents involved in high conflict pose a significant challenge for society as they require greater effort and resources to address (Saini et al., 2012). Unfortunately, the literature suggests that these types of separations are increasing (Fidler & Bala, 2020). There is also recognition that children in high conflict coparenting situations may not get the help they need due to a lack of information and training for the professionals who work with them (Houston et al., 2017).

**Approaching Family Problems Systemically**

In a separation and divorce transition, many changes happen within the family, with all members being significantly impacted separately and together (Schmidt & Grigg, 2023). Schmidt and Grigg (2023) suggest that when families enter the family court system the "family

system expands and fractures simultaneously.” (p. 3) Different legal and mental health professionals become involved as the family system fluctuates. Mental health professionals working with these families play a crucial role in helping family members re-author their narratives to promote agency (Treloar, 2019) and overall family health. Family therapy encourages all members to have a part in the therapeutic process and have a part in the solution to any ongoing family difficulties (Smith, 2016). A transition (i.e. divorce or separation) may develop new problems for the family system due to the new structure, roles, and expectations in family relationships.

**Lack of Research, Education, and Trained Therapists**

Unfortunately, unless a therapist is very familiar with the complex dynamics associated with families in high conflict in the context of legal proceedings, they may be both reluctant and underprepared to work with them, even though they are likely to work with these families at some point in their careers (Schmidt & Grigg, 2023). Therapists or other mental health professionals often find themselves involved in these situations and can be as overwhelmed as the family due to the various stakeholders, confusion, and trauma (Chang, 2020). When therapists are working with families in high conflict and legal proceedings, they must understand the court system and parties involved to do therapy concurrently with the legal proceedings or services being provided to the family or children.

Furthermore, a large gap exists between the research and clinical practice of helping these families and there are no guidelines or best practice standards for mental health professionals to gauge their work (Polak, 2017). As the need for professional services has increased for these families (Schmidt & Grigg, 2023), it has become clear that the current legal system has not

evolved to meet the needs of professionals or families challenged by high conflict dynamics (Ordway et al., 2020).

**Study Objective**

This study aimed to explore therapists' beliefs, attitudes, and approaches when working with families in high conflict in the context of legal proceedings to help identify how therapists perceive the work and the training they've received. A phenomenological study design was utilized to capture therapists' experiences of working with these families (Colaizzi, 1978). method was used. The use of Colaizzi's method of data analysis enables new knowledge to be revealed and provides insights into the experiences of therapists working with families in high conflict. This method allows relevant themes and their interwoven relationships to emerge from the data (Colaizzi, 1978). Interviews with licensed mental health professionals were conducted to gather data for this study. The semi-structured interviews focused on the therapists' responses to a series of questions focusing on their beliefs, attitudes, and approaches to working with families in high conflict and involved in legal proceedings.

# CHAPTER II

# LITERATURE REVIEW

This literature review examines a range of existing research topics surrounding families in high conflict and legal proceedings and the therapy services they receive. The first section discusses families in high conflict, the consequences that occur for family members and their relationships, and the implications for therapists who work with families involved in high conflict disputes. The second section outlines three relevant theoretical frameworks (Systems Theory, Bowen Family Systems Theory, and Ecological Systems Theory) to understand the underpinnings that contribute to these family dynamics and to situate the role of therapists within these theoretical frameworks. The third section discusses factors the therapists must navigate when working with families in high conflict. The fourth section discusses current therapeutic approaches that are used to address/resolve problems in families in high conflict. The fifth section identifies specific challenges therapists face when working with these families. Lastly, the sixth section discusses the minimal existing research on therapists' perspectives on working with families in high conflict and legal proceedings.

## Families in High Conflict

Parents who engage in high levels of conflict with each other often re-author the story of their relationship with their coparent to solidify their negative feelings towards that individual and create adverse views of their former partner (Johnston & Sullivan, 2020). Further, parents engaging in high conflict often become preoccupied with their emotions, leading to a lack of emotional capacity to tend to their children (Jordan, 2016). Divorce is already a difficult transition for most families as it is associated with a range of feelings from anger, grief,

depression, loneliness, failure, jealousy, revenge, and hurt (Cohen & Levite, 2011). These feelings escalate substantially for the divorcing parents with ongoing high conflict dynamics.

***Defining High Conflict***

High conflict is a common term to describe family dynamics where there is an intense ongoing conflict, typically between separating parents. Unfortunately, the term has been diluted or re-adjusted many times, which can prevent a common understanding of the term across disciplines and as a field. It is important for there to be common language on the term for the families to find pertinent support and for the field and service providers to clarify procedures to be applied when these specific dynamics occur in families.

Families in high conflict often return to court after their final divorce judgment and may even continue to return throughout their child's childhood. Re-litigation is often an ongoing component of the coparenting relationship, and often, there is a significant amount of time, money, and emotion involved in these legal disputes (Spillane-Grieco, 2000). Frequent, intense, unrelenting, child-related conflict tends to be especially problematic for children (Reynolds et al., 2014). Polak and Saini identified that there may not be one definition that embodies all aspects of the complexity of high conflict (2019). For the sake of this dissertation, the definition of high conflict will be dynamics of continuous conflict, blame, hostility, and lack of personal responsibility of parents in their role in the conflict (Anderson et al., 2010).

***Impact on Children During Childhood***

Children of families involved in high conflict in the context of legal proceedings may experience the emergence of maladaptive coping mechanisms, along with antisocial behaviors, including involvement with alcohol and drugs, poor performance in school, promiscuity, and challenges in their interpersonal romantic relationships in adulthood (Moore et al., 2013).

Evidence shows that children in these family environments experience negative changes in their mental health including increases in anxiety, depression, and low self-esteem (Amato, 2001). Children are likelier to have negative perceptions of family models, the self, and the social world (Silva et al., 2016). In addition, children may develop poor coping skills to adapt to their parents' ongoing conflict such as becoming the emotional caregiver to their parents, regressing to behaviors typical of earlier developmental stages, withdrawing from relationships, avoiding emotions, and refusing to make attempts to resolve conflict (Greenberg & Schnider, 2000). Children can exhibit identifiable symptoms of their distress and unresolved grief, or they may experience consequences of the conflict that can emerge later in life (Walters & Friedlander, 2016).

### ***Impact on Children's Long-Term Well-Being***

A child's development and environment significantly impact their current reality and their later adult well-being (Amato, 2005). This can be compromised when living within the context of high conflict. The effects of a divorce can continue across familial generations (Radetzki et al., 2022). Children who are exposed to parental conflict are placed in a situation where they experience a compromise in the relationship with both parents. Without quality relationships, a child's ability to be resilient to high-stress situations, learn from mistakes, and form bonds with others can be compromised (Huppert, 2009). Children are invested in feeling emotionally secure within the family unit; exposure to interparental anger and conflict, particularly destructive conflict resolution strategies, undermines their emotional security (Harold et al., 2004).

Adult children who have endured an environment with high conflict family dynamics are likely to endure ramifications for years after childhood. The residuals of familial conflict can

have long-lasting effects when the children enter their future romantic relationships and research has shown a greater likelihood of relationship dissolution for those who have experienced high levels of coparental conflict as children (Gager et al., (2016). Adult children can have trouble establishing trust in new relationships and display heightened emotional sensitivity, insecurity, and fear of commitment (Ordway et al., 2020). As children, they may not learn social or problem-solving skills such as negotiation and compromise which are essential to healthy functional relationships throughout one's life (Hetherington & Stanley-Hagan, 1999).

***Impact on Parents' Well-Being***

Not only do children continue to suffer in high conflict dynamics but the parents involved do as well. Parents involved in high conflict relationships post-divorce tend to have low levels of life satisfaction and high levels of divorce-related stress (Lamela et al., 2016) and see themselves as the victim of their experience (Rød et al., 2013). Parents who experienced parental conflict as children also tend to have more mental health and substance abuse problems (Auersperg et al., 2019), physical health problems (Monnat & Chandler, 2015), and earlier mortality rates (Larson & Halfon, 2013). Research also suggests that this impacts parents' abilities to parent. When enduring high conflict, parents tend to have more inconsistent discipline and become poor role models to their children (Smyth & Moloney, 2019).

In addition, divorce continues to have economic consequences for families, while the consequences are not as large as they once were, there is still a substantial decline in finances for mothers and children as men continue to be the primary financial providers in most families (Raley & Sweeney, 2020). This often contributes to the stress as parents struggle to feel financially secure. Financial insecurity can further strain relationships and hinder parents' ability to provide for their children's needs.

## Theoretical Frameworks for Therapy with Families in High Conflict

This study predominantly uses family systems theory as a theoretical framework while borrowing from Bowen family systems theory, and ecological systems theory ideology to further enhance understanding of some of the complexity of families involved in high conflict. Therapists working with families in high conflict and legal proceedings can better conceptualize what is happening in the family system when using one of these overlapping frameworks to understand family dynamics and the needs of the family system.

### *Family Systems Theory*

Understanding high conflict dynamics in families using a systems perspective allows for viewing each family member in relation to another and how each family member impacts one another and the entire relational system (Prest & Protinksy, 1993). When a therapist working with a family uses a systems lens, the therapist observes the family system to understand how the system functions, the patterns, and the rules within the family that establish stability across the system, also known as homeostasis (Bateson, 1972). These interactions in the system occur in circular causality, a sequence of causes and effects that leads back to the original cause and either alters it or confirms it, thus producing a new sequence (Nichols & Davis, 2019).

A significant factor of family systems theory is boundaries and the importance of appropriate boundaries for healthy family functioning. Boundaries are defined as the implicit or explicit rules of relationships and their role in establishing the structure of family relationships (Peris & Emery, 2005). Divorce creates a significant change in family boundaries as divorce requires revisions of multiple relationships within a family system (Emery, 1999). When

boundaries are ambiguous due to a divorce/separation, it negatively influences the family system's ability to restructure (Boss & Greenberg, 1984).

### ***Bowen Family Systems Theory***

Murry Bowen further evolved systems thinking and identified eight core concepts that are significant to understanding family dynamics. Bowen family systems theory describes families as structures that are interconnected emotionally and influence one another's thoughts, feelings, and behaviors (Thomas et al., 2020). According to Bowen, all behavioral and emotional symptoms in family members are produced by the adaptation of the family system functioning (Crossno, 2011; Harrison, 1999). One of the key concepts of Bowen's theory is self-differentiation, which is defined as the ability to think and reflect independently outside of the emotional pressures of others (Kerr & Bowen, 1988). Those who are low-differentiated are emotionally dependent on others and are more prone to be emotionally reactive (Crossno, 2011). High self-differentiation creates room for autonomy as people can make decisions and act on their desires instead of being interdependent on others (Deci & Ryan, 2008).

Another key concept relevant to families in high conflict and legal proceedings is emotional triangles. Triangles in relationships are driven by anxiety and occur when two people have problems they are unable to resolve, creating anxiety and triangulating a third person to try to help reduce anxiety in the system (Nichols & Davis, 2019). This can often occur in divorcing families when there are coparents in conflict and they involve the child to relieve the distress.

### ***Ecological Systems Theory***

Brofenbrenner's ecological systems theory offers a foundation for understanding the complexity of families in high conflict in another systemic framework. This theory and the five systems were originally proposed by Bronfenbrenner (1979). Each layer or system of the model

plays a significant role in understanding different influences and interactions of systems on individuals/families. This is an important theoretical approach to consider as it offers a model to understand one's environmental and social systems for families in high conflict.

First, the microsystem is an individual's human relationships, interpersonal interactions, and immediate surroundings. When the focal point of the conflict resides in this system, the conflict encompasses the parental subsystem, parent-child subsystem, and the parent's social networks (Mitcham-Smith & Henry, 2007). Next, the mesosystem is the interaction of two or more microsystems or a microsystem and an exo or macro system. Third, the exosystem is any external environment beyond the microsystem that indirectly influences development. This system of influences can have embedded conflict or encourage the conflict occurring within the family system (Friedman, 2004). Fourth, the macrosystem is the characteristics and influence of the cultural, political, and social environments. Problems for families in high conflict can expand due to the influence of the macrosystem such as when there is adversarial legal involvement (Polak & Saini, 2019). The last system of the model is the chronosystem, which refers to how a person and environment change over time (Allen & Henderson, 2017). This specific part of the theory can be used to further explore how family members' experiences and environment are impacted over time when part of a high conflict family system.

**Factors Therapists Navigate in High Conflict Dynamics**

There are a multitude of factors that can be important to consider when providing therapy services to families in high conflict situations. These are often very complex and evolving cases as families try to adjust to a host of new "normal" situations in their family system. Below are some common circumstances occurring within a family system that therapists must consider or

attend to. While there are possibly additional factors beyond the ones mentioned here, these are the most notable in the research.

#### ***Parent Characteristics and Behaviors***

Parenting practices are especially critical during a divorce transition and can mediate much of the family instability impact on the children (Forman & Davies, 2003). Therapists may work individually with parents on their well-being or their parenting in the context of high conflict. Humiliation, shame, grief, and helplessness can all be emotional features of divorce that individuals experience that can contribute to high conflict dynamics (Johnston, 1994). Intense emotions can make it very challenging for parents to perform parenting duties and meet their children's needs.

Furthermore, there may be mental health problems that predate the divorce or become apparent in the divorce/separation process. Many parents with rigidity around being cooperative with their coparent may be experiencing significant mental health problems, which may be projected into their relationship with their coparent (Walters & Friedlander, 2016). A parent with these mental health problems may blame their intrapersonal issues entirely on the other parent instead of identifying their contribution to the coparenting conflict dynamic. This hinders their ability to focus on their children's environment and overall well-being.

Furthermore, there has been a demonstrated connection between families with high conflict and personality disorders in one or both parents. In the International Classification of Mental and Behavioral Disorders (ICD-10), personality disorders are described as deeply inherent and persistent behavior patterns that significantly differ from how average individuals in a given culture interact and perceive others (World Health Organization, 1992). These individuals may not "choose" to be in continuous conflict but instead engage in behaviors due to

having personality disorders (Rosenfeld et al., 2019). A person with a personality disorder often has difficulty interacting with others because the person is fundamentally different from the majority of those around them. In a legal setting, these individuals may be actively perpetuating the dispute, appearing to thrive on the conflict, or resisting attempts at a resolution (Rosenfeld et al., 2019).

### ***Enmeshment***

Another significant issue that can present itself in families in high conflict is when an enmeshed relationship between a child and one parent has developed. Enmeshment is a term from systems theory. It is defined as the diffusion in the psychological boundary between a parent and a child in which the child's thoughts, beliefs, and feelings become increasingly indistinguishable from those of their parents (Minuchin, 1974). This creates problems as the child cannot differentiate their own wants, needs, and feelings from their parents. This causes them to have an entrenched relationship with one parent, where they may develop maladaptive coping skills, separation anxiety, or other negative emotional functioning. Parents may look to their children to meet their emotional needs that were previously fulfilled by their spouse and actively share their stress with their children (Peris & Emery, 2005). If a child has an enmeshed relationship with one parent and that parent is in conflict with the other, this may also cause this child to experience conflict with that parent. Families with enmeshed relationships use manipulation, usually in the form of overly yet superficial expressions of love and unity, to demand loyalty from other family members (Hann-Morrison, 2012). Parents may engage in this process to secure the relationship with their child and create more psychological distance between the child and their other parent.

### ***Family Violence***

Family violence can be defined as “any form of abuse, maltreatment, or neglect perpetrated towards another family member, including adults and children within the family system” (Department of Justice Canada, 2022, p. 1). When violence is a concern, safety can be compromised during a divorce or separation period due to the increase in difficult emotions experienced by family members. Intimate partner violence is a major public health issue across the world due to its impact on those directly involved as well as its impact on parenting and children’s well-being (Hardesty et al., 2019). The World Health Organization (WHO, 2022) defines intimate partner violence as behaviors in relationships that cause physical, sexual, or psychological harm. Women with younger children (under age 12) experience an elevated risk of assault the year before and in the year of divorce compared to women without children (Einiö et al., 2023). The court and legal systems can be experienced as inherently adversarial. They may provide opportunities for ongoing marital control issues to play out and abuse in relationships to continue where coercive control is a problem that exists between coparents (Moloney, 2006). Coercive control is a component of intimate partner violence. It is conceptualized as a persistent pattern of behaviors to intentionally use tactics to dominate, manipulate, and maintain authority over a current or former partner (Hardesty et al., 2023). Further, the signing of divorce papers often does not prevent an abusive perpetrator from engaging in continued abusive behaviors.

Unfortunately, in many of these cases, children have been exposed to an incident of violence between their parents or have experienced/witnessed ongoing intimate partner violence. Children are significantly impacted when they witness parental violence or are victims of abuse themselves (Fotheringham et al., 2013). Children can become objects of conflict and can be used as a means to perpetrate violence, control, and stalking of the other parent (Nikupeteri & Laitinen, 2015). Children can become extremely fearful, anxious, depressed, and physically and

psychologically injured, which impacts their short-term and long-term well-being (Margolin & Vickerman, 2007). In addition to physical violence and abuse, children can become victims of coercive control in post-divorce or separating families. Children are subject to similar controlling tactics that can include isolation, restriction of resources, micromanagement of behavior, sabotage involvement in activities, or involvement of children in attempts to control their other parent (Hardesty, 2023). Parent victims of abusive relationships may need time to re-establish their competency in parenting and learn how to appropriately meet their children's and their own needs as part of their healing journey (Jaffe et al., 2008).

***Complicated Grief/Ambiguous Loss***

Grief is often experienced by several, if not all, of the family members going through a divorce. Divorce brings many aspects of loss to the psychosocial components that have made up the meaning and content of a marriage (or relationship). Each loss can also be seen as a crisis that family members must resolve to move forward to recover (Hagemeyer, 1986). This grief process can bring on continuous negative feelings of frustration, shock, sadness, anger, hurt, regret, anxiety, fear, or loneliness (Zisook & Shear, 2009). All of these emotions, if unresolved and not dealt with successfully, can exacerbate these relational dynamics. Furthermore, complicated grief can arise from families in high conflict and is defined as, "unresolved or traumatic grief is the current designation for a syndrome of prolonged and intense grief that is associated with substantial impairment in work, health, and social functioning" (Zook & Shear, 2009, p. 1). The ongoing losses experienced in high conflict might prompt complicated grief and create ongoing struggles for family members.

Divorce is often seen as an ambiguous loss as a family must continuously cope with the ongoing stress and losses experienced (Boss, 1992). In high conflict, there is increased ambiguity

and emotions for family members as the dynamics continue to be prolonged beyond the typical divorce transition. Divorce and family processes connected to divorce have been conceptualized as ambiguous losses as family members experience an ongoing loss with little to no experience of resolution. Ambiguous losses are often the most stressful losses because of the lack of resolution and the fact that often there is no official verification of the loss and, thus, no finality with the rituals of moving on (Boss, 2016). Families in high conflict are experiencing ambiguous loss due to the ongoing conflictual circumstances and the stress this has on the family members. Children experience a lack of stability due to the unknown that the high conflict brings.

***Substance Misuse***

Substance misuse is a common problem for families in high conflict and involved in legal proceedings. The complexity of high conflict dynamics increases when substance/alcohol misuse is occurring (Smyth & Moloney, 2019). In an 18-year longitudinal study of marital dissolution, researchers identified drug or alcohol misuse as the third highest reason for divorce (Cranford, 2014). Substance use disorders are identified by recurrent use of a substance that results in a variety of physical and psychosocial problems negatively impacting an individual and those around them (Straussner & Fewell, 2018). Substance abuse can be a way for family members to cope with the high conflict dynamics of a divorce. Family members may have unresolved substance misuse problems that family therapists have to consider in their work with a family system in high conflict.

Parents' substance misuse can lead to an insufficient ability to provide a safe environment to their children and to respond adequately to their physical and emotional needs (Raitasalo & Holmila, 2017). Children are at a high risk of developing externalizing and internalizing problems when they live in environments where there are recovered or current

substance abuse disorders (Bountress & Chawssin, 2015). Unfortunately, substance misuse can be one of the externalizing behaviors and be a coping mechanism for the children of divorce. This can continue a systemic problem happening in the family and escalate the other concerns happening within a  family in high conflict.

***Parent-Child Contact Problems***

Strained parent-child relationships can occur for numerous reasons and can be a result of high conflict family dynamics. One significant problem that can occur with families in high conflict is when children resist or refuse to spend time with a parent; these situations are complex and challenging to both legal and mental health professionals (Polak, 2020). These situations in family law cases can be the most contentious and difficult matters for professionals to settle (Pruett et al., 2023). This dynamic is often referred to a parent-child contact problems, with no consensus on the operational definition of the term (Polak, 2017). This dynamic refers to a spectrum of family dynamics that results in one or more children developing resistance and/or refusal to have contact with one of their parents (Sullivan et al., 2023).

Bowen family system theory would describe what is occurring when a child resists/refuses contact is a form of "emotional cut-off" between the child and the parent (Kerr & Bowen, 1988). Emotional cutoff refers to how some people manage anxiety in relationships and will emotionally disengage from another person to relieve themselves of anxiety (Nichols & Davis, 2019). Much information has continued to be unknown in research and clinical practice around the types of families, circumstances, and therapeutic approaches that are proven to help heal strained parent-child relationships and these types of contact problems (Polak, 2020).

***Legal and Social Service Systems***

Oftentimes, the processes and structures of legal and social service systems create opportunities for families in high conflict to exacerbate the conflict. High conflict parents are often identified by their high involvement in litigation. Parents who do not agree with legal decisions will often appeal, request for various orders, and report noncompliance of the other parent (Goodman et al., 2004). A child's new stage of development or a change in life circumstances often arises and creates different needs than what a court ordered; however, these often become sources of conflict and legal involvement occurs. Unfortunately, the limitations of the judicial process cannot be resolved and may sometimes worsen family relational or emotional problems.

In addition, law enforcement and child protection services are often involved with families in high conflict (Houston et al., 2017). When not addressed correctly or identified early, these systems can cause further harm to families when there are not adequate responses to the emotional harm of the children involved or caught in the high conflict dynamics (Saini et al., 2013). Child protection investigators struggle to determine the credibility of allegations of each parent of families in high conflict (Jaffe et al., 2008). Saini et al. (2013) found that regardless of validation, child protection workers were more often included in referring families in high conflict to voluntary community programs. This may further problems if things are not addressed properly and the involvement of child protection services may have just added more substance to conflict.

**Current Therapeutic Approaches**

Families, professionals, and court systems are often at a loss on what is needed to address families in high conflict and move towards healthier relationship dynamics. We are learning

more and more about what does not work, but there are still a lot of questions that need to be answered, and best practices still need to be discovered. Current common practices in the field have concluded that individual child therapy alone may not be enough to address relational problems as it fails to address the coparental relational patterns (Fidler & Bala, 2010). Therapists have been using existing models to address high conflict in families and with developing new models specifically for high conflict.

### *Application of Existing Therapy Models*

The existing literature has various theoretical approaches and their application to working with families in high conflict. Many of these articles include common foundational therapy models such as cognitive behavioral therapy (Spillane-Grieco, 2000), dialectical behavior therapy and structural family therapy (Finney & Tadros, 2019), solution-focused and family narrative (D'Abate, 2016), and systemic and psychodynamic perspectives (Cohen & Levite, 2011). However, there were very few articles that included research studies on the outcomes of these therapy theories with families in high conflict but are more suggestive of certain approaches that have yet to be proven to be helpful. This makes it difficult to know if any of these models lead to successful treatment for families in high conflict.

### *Reunification or Similar Therapies*

"Reunification therapy" has quickly spread as a therapy approach for families in high conflict and is often being court-ordered (Baker et al., 2020). Legal professionals see this therapy approach as a resolution for problems for families in divorce/separation transitions. However, many therapists have not been trained in this therapy approach, and it is often outside the scope of what they learned in their graduate training (Fidnick & Deutsch, 2012). It is included here because of its popularity as a resolution, but "reunification" is not the main focus of the current

study. There are several terms used to describe this therapy including “reintegration therapy,” “reconciliation therapy,” and “family-focused therapy” (Polak, 2017). Reunification therapy (as it will be referred to here) can be defined as a therapy approach that assists the family in reestablishing positive parent-child relationships (Faust, 2016). While this is a fast-spreading approach to address post-divorce families, this therapy approach was not originally intended in cases of high conflict divorce. The reunification therapy process originally targeted parent-child relationships when there was a parent’s absence due to reasons such as incarceration, removal of a child from the home due to child abuse, military deployment, or child abduction. More recently, it has been used as an approach in family law (divorce) cases (Faust, 2016). Research that has been conducted on the reunification therapy model has been specific to children being removed from the home (La Guardia & Banner, 2012) after parent abuse allegations (Lindahl & Hunt, 2016). This lack of research makes it difficult for clinicians to know how to approach families or provide effective clinical work with families in high conflict and legal proceedings. Few empirical studies have been conducted to evaluate therapeutic models in this particular context (Saini et al., 2016).

Legal professionals, such as judges and attorneys, often look to mental health professionals to help these families. However, these are complicated circumstances, and there is a lack of training, research, and education for mental health providers to sufficiently and even effectively employ “reunification therapy.” Currently, it is understood that there is significant variance in how clinicians approach this therapy. Polak (2020), found that there was a range of treatment goals created by clinicians from long-term goals to repair relationships to short-term goals of communication and conflict resolution. Polak (2017) identified that there is no consensus on what term should be used to label this preferred therapeutic intervention that

targets the needs of families in reunification therapy. Beyond an agreed-upon term to identify the particular service these families need, there is yet to be an accepted screening tool or standardized process to identify the families appropriate for this therapy.

### *Recent Model Development*

To address the need for approaches for therapist's work with high conflict families, there have been proposed theoretical models over recent years. For example, the Integrative Family Therapy approach targeted disputes over child custody and visitation (IFT-DCV) is a therapy model designed for families in high conflict divorce (Lebow & Newcome Rekart, 2007). Another therapy approach is Family Restructuring Therapy. It is presented as "future-oriented and action-focused" and "teaches parents to co-parent, to develop concrete and practical parenting plans, and can also work in reuniting parents with alienated children" (Carter, 2011, p. 17). Lastly, Child-Centered Conjoint therapy (CCCT) is a highly structured approach that focuses on specific symptoms, behaviors, and skills of family members, as well as the redirection of relationships and emotional healing necessary for children to adjust successfully (Greenberg et al., 2012). Again, similarly to reunification therapies and other common models, no research is known to the author to support the effectiveness of these newly emerged models.

## Existing Challenges for Therapists

While therapists can have a large role in intervention for families, there are known challenges that have been identified for therapists working with families in high conflict involved in court proceedings. These challenges may create a working environment for therapists that feels unapproachable or stressful compared to serving other populations. Challenges that currently exist include: (1) resistant parents or third parties (2) lack of education for therapists, (3) ethical concerns to navigate, (4) limited professional collaboration, and (5) inconsistent

terminology in the field. More research is needed to understand what factors may be challenging for therapists working with these families. The purpose of the current study is to explore how therapists feel and how they have experienced working with these families.

### ***Resistant Parents or Third Parties***

Working as a therapist with families in high conflict divorces can be more complicated than working with intact family systems (Mutchler, 2017). The potential barrier that tends to exist is the parental conflict undermining or disrupting the treatment goals, process, and relationship between the child and the therapist (Jordan, 2016). Some parents will challenge therapists who explore alternative perspectives of events, confront relationship dysfunction, or recommend changes in parental behavior (Greenberg & Schnider, 2020). This contributes to parents withdrawing from services, finding another therapist who is more aligned with their perspective, or even increasing conflict within the family system. Often parents who are so involved in their contention that they are resistant to reasonable methods to limit the conflict exposure on the child(ren) when engaging in therapy services such as setting appointments, promoting the child's involvement, or setting boundaries to limit coparent interactions (Greenberg & Schnider, 2020). In severe cases, conflict becomes even more complicated when one parent harnesses professionals to facilitate coercion and control directed at the other parent (Saltmarsh et al., 2022). Other people connected to a parent, such as a new spouse, attorney, external family member, or mental health providers, may also intentionally or unintentionally increase conflict (Friedman, 2004).

### ***Lack of Education for Therapists***

Houston and colleagues (2017) have discussed the lack of training and education for professionals around the phenomenon of families in high conflict, which leads to families not

receiving the help they need. Poorly planned therapy and uninformed therapists could create further conflict rather than resolve it (Greenberg et al., 2016). Uninformed or untrained therapists can contribute to the problem if they do not understand the complex combination of circumstances that contributed to the high conflict dynamics. This mistake can further solidify the dynamics and make things detrimentally worse. There is a need for further education about high conflict families for mental health professionals who may come in contact with these families.

***Ethical Concerns to Navigate***

Therapists can also struggle with the numerous ethical challenges often accompanying providing services to families in high conflict and legal proceedings. Sometimes, this happens when a therapist is asked to provide services beyond the scope of their typical practice. These parents may sometimes assume that the therapist will advocate for changes to the parenting plan that would align with their parenting plan for the child (Jordan, 2016). Securing the proper release of information and coordinating information sharing between all involved parties is another area to keep in mind with this population. Understanding how to navigate which disclosures are required (e.g., subpoenas from the court versus those from lawyers) and which would be helpful is an art in and of itself. Parents or other professionals may unwittingly ask for therapists to engage in an activity outside of ethical practice, such as allowing parenting time or custody. Even within their own clinical setting, the clinic's policies and procedures may not be adequate to serve the needs of high conflict families, such as having an option for parents to split the costs of services. Due to the complexity and intense emotions that attend these families, these cases are significantly higher in ethical complaints (Chang, 2020). In addition, professionals immersed in high conflict family work often experience secondary trauma, compassion fatigue,

and/or burnout due to being relied upon to be a support system during a very emotionally intense time for clients (Ordway et al., 2020).

### *Limited Professional Collaboration*

Our legal system deals with many issues that involve problems and conflicts that are at least as psychological and relational as they are legal (Emery et al., 2014). However, there is not always involvement or engagement among mental health professionals in these matters. Families often work with multiple counselors at once (school, family, individual, coparenting, etc.) without any requirement or encouragement for counselors to collaborate (Bertelsen, 2021). Collaboration and communication among mental health and legal professionals is crucial in working with high conflict families. Without this collaboration, professionals cannot coordinate services or may only receive a fraction of the available information about the family system. However, many mental health professionals in the field do not engage with legal professionals, or feel unprepared to work with families with this degree of conflict (Chang, 2020).

## Current Therapists' Perspectives

The reasons identified above create many challenges for therapists to work with families in high conflict and legal proceedings. There is some but limited research on the therapist's direct perspective instead of assumptions on working with this population. In an interpretive phenomenological analysis, Fish (2020) explored how therapists make sense of their work with families in high conflict. Participants varied in their definition of high conflict, spoke about their self-awareness, focused on the child client, highlighted parental personality, described changes in therapeutic pragmatics, and emphasized the need for boundaries. Fish described the need for formal education and training for mental health professionals (2020, p. 98).

Furthermore, Baker et al., (2020) surveyed mental health professionals for their perspective on conducting reunification therapy. Baker and colleagues identify that screening is not consistent, only half of the providers develop treatment goals, and there was a high endorsement of barriers causing treatment failure. This, along with the limited existing research does not gather direct perspectives of therapists and their thoughts about conducting services with this population.

**Conclusion**

There is much more research needed to identify effective therapy practices with high conflict families involved in court proceedings. Due to the complexity of these cases, what is at stake for the family, and the involvement of the legal field, therapists need to be properly trained to work with these families. In addition, it is important to understand what therapists need to feel adequately equipped to work with these families successfully. Conversely, knowing what makes therapists abstain from working with these families would be helpful. Research to help prepare providers and improve clinical training programs is crucial to advancing the quality of the services provided to these families.

The purpose of this study is to further understand the attitudes, experiences, and approaches of licensed therapists when working with families in high conflict and legal proceedings. This is important as there is limited training for mental health professionals in this practice area, and therapists must have the proper training to serve families effectively. The results of this study can help researchers, educators, supervisors, and other professionals in the field understand how licensed clinicians are currently approaching these cases (good or bad) and what is keeping licensed therapists from immersing themselves in this population of families.

# CHAPTER III

# METHODOLOGY

## Description of the Study

This section aims to introduce and discuss the research methodology and design for the exploration of the attitudes, experiences, and approaches of licensed therapists of different mental health disciplines in their work with families in high conflict and legal proceedings. To explore therapists' perspectives, I applied a phenomenological approach. This approach was used because it provides a framework for describing the common meaning for several individuals and their experiences of a particular concept or phenomenon (Creswell & Poth, 2018). Specifically, the process of descriptive phenomenological data analysis was used as this is grounded in the concept of exploring and setting aside all preconceived ideas to see phenomena unbiasedly thereby allowing the true meaning of a phenomenon to naturally emerge from the data (Moustakas, 1994). Data was gathered from interviews with family therapists/mental health professionals who are licensed to practice in Minnesota and who had all self-identified as having experience working with families in high conflict who are also involved in court proceedings. The purpose of this study was to know more about how these mental health professionals typically approach working with these families, their beliefs about these families, and how they feel when working with these high conflict families.

The following research questions guided the study:

1. How do therapists who work with children and families approach and experience therapy with families in high conflict and legal proceedings?
2. What are therapists' attitudes who work with children and families about working with families in high conflict and legal proceedings?

## Data Collection Procedure

### *Recruitment*

Purposive sampling was used to identify participants. I specifically wanted to reach therapists who worked with children and families. Purposive sampling is "widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest" (Palinkas et al., 2015, p. 1). Therapists were identified by searching for therapists through the website PsychologyToday.com using "Minnesota" as the filter for the specific location of the therapists used in the sample. The licensed therapists in this study were all identified as working with children and families and had an email listed on their site. The recruitment email described the purpose of the study and provided a link to the Qualtrics-based survey (see Appendix A). The Qualtrics survey was composed of three parts: (1) three pre-screening questions, (2) a signature request to acknowledge the informed consent; and (3) a set of demographic questions. Participating therapists signed the informed consent following the pre-screening questions. Regarding inclusion criteria, participants self-identified as being licensed therapists in a mental health discipline, working clinically with children and families, and having some exposure to working with high conflict families in legal proceedings but this criteria/population not being their specific niche area of practice.

After completing the pre-interview questionnaire and consent form, participants were invited to schedule a time to complete one semi-structured interview with the lead researcher. The lead researcher contacted those participants who completed the Qualtrics survey until 20 interviews were scheduled. The final dataset includes 20 interviews. A total of 32 mental health professionals responded to the questionnaire and consented to participate in an interview. The therapists who agreed to participate in the survey but did not end up participating were due in

part to those participants either (1) not scheduling an interview time or (2) were not interviewed due to the ongoing data analysis process having reached saturation. After completing these interviews, the researchers felt saturation [a point at which no new codes/themes are emerging from the data] had been met. Notably, 20 interviews appeared to be theoretically sufficient to ensure saturation as Morse (1994) suggests at least six participants are required for phenomenological studies to reach saturation.

***Interview Process***

Each participant was interviewed by the primary researcher via Zoom video conferencing. Semi-structured interviews call for congruence from one interview to the next but allow for elaboration of content as needed based on the interviewee's feedback to a particular question (Creswell & Poth, 2018). The researcher utilized an interview protocol that was prepared prior to the interview and was approved by both the University of Minnesota's IRB and the dissertation committee. The goal of the interviews was to obtain first-person accounts of one's own experience (Pietkiewicz & Smith, 2012). The length of each interview was dependent on the level of detail that participants shared about their experience and the interviews averaged 45 minutes.

To conduct the interviews, the interviewer used the list of interview questions in the interview guide (see Appendix E) with the overarching question in mind: How do therapists who work with children and families approach, feel about, and experience working with families in high conflict and legal proceedings? The interview consisted of four "grand tour" types of questions designed to explore the varying dimensions of the therapists' experiences with working with families in high conflict and legal proceedings. Possible follow-up questions designed to further explore the phenomenon were also used throughout the interviews.

After all interviews were conducted, all interviewees were compensated with a $25 Amazon.com electronic gift card for their participation. The lead investigator reviewed the transcriptions to check for accuracy after each interview concluded. Audio files, transcriptions, and questionnaire responses were de-identified and securely stored in a password-protected electronic Dropbox hosted by the University of Minnesota.

**Data Analysis Plan**

A descriptive phenomenological approach using Colaizzi's (1978) method was utilized to analyze the data (Morrow et al., 2015). This approach is recommended for reviewing qualitative data based on people's experiences and perceptions of an identified topic. Colaizzi has identified seven phases for analysis when using this approach: (1) Familiarization, (2) identifying significant statements, (3) formulating meanings, (4) clustering themes, (5) developing an exhaustive description, (6) producing the fundamental structure, and (7) seeking verification of the fundamental structure (Colaizzi, 1978). This last phase is a process of member checking (Harvey, 2015). This entails sending a summary of the study findings to the participants [See Appendix F] for comment and validation of the results. The transcripts of the interviews were also sent to each participant via email for verification and to inquire if their answers still reflected their thoughts about the interview questions. All participants who responded indicated that their transcript was an accurate reflection of their interviews and offered no changes to the responses they originally gave.

Both researchers are licensed marriage and family therapists which is something they were mindful of as they worked through the data analysis process. The primary researcher is in private practice and specializes in working with high conflict families that are often involved in

contested legal proceedings. These clients frequently are referred to the primary researcher by legal professionals or they are clients due to the lead researcher being named as the therapist in the clients' court order.

The primary researcher has worked with legal professionals in both custody evaluation where the best interests of the children are discussed and as a parenting consultant in cases where decisions are made that govern the parenting roles and are akin to a court order. Additionally, the primary researcher is qualified to provide alternative dispute resolution services, such as mediation in family law cases. The primary researcher conducts research to better understand family relationships in divorced or separated families and to improve services for these families. The second researcher is a professor of family therapy and conducts research and practices with couples who are on the brink of divorce. Helping couples navigate divorce decision-making and its implications for family and their children's lives is a key part of his practice. The researchers' collective biases have helped to identify this particular area of study that is much needed in the literature. Much can be learned to help these high conflict families.

In the section below, I highlight the researchers' analysis of the data collected according to the seven phases outlined by Colaizzi (1978). To familiarize themselves with the data, the two researchers read and reread the interview transcripts to make sense of the survey responses before any analysis or coding occurred. Next, the researchers read through each interview line-by-line and denoted significant statements. These significant statements were those statements that directly pertained to the phenomenon being studied. Next, the two researchers discussed the significant statements with similar meanings and began noting across transcripts the meanings being identified. From there, the researchers began clustering these statements with their coinciding meanings and identifying themes. Both researchers were involved collaboratively

throughout the data analysis to ensure there was consistency and that the results met a consensus agreement on what was considered a theme. A theme was confirmed if the theme was expressed by the majority of the participants. Colaizzi (1978) emphasized the importance of validating the identified themes against the original transcripts. The transcripts were reread after the themes were identified to ensure the themes' authenticity and accuracy.

Once a cluster of themes had been identified, the researchers then wrote a summary of the results of their analysis. This summary was an exhaustive description of the findings and created a cohesive structure of the phenomenon. This was the summary that was then emailed to participants whereby they would provide commentary on whether this summary was aligned with their experiences in their practices [See Appendix F]. The participants that responded to the email confirmed that the summary aligned with their experiences and had no suggestions.

## Standards of Quality

### *Trustworthiness*

Trustworthiness is a component of qualitative research that attempts to minimize the inherent bias of the researcher (Lincoln & Guba, 1985). To establish trustworthiness, the Four-Dimensions Criteria is often used in qualitative research which includes credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1986). In this study, the primary researcher was mindful of interviewing in a way that maintained her role as a researcher instead of a fellow therapist. The semi-structured interview protocol that was approved by her committee and IRB board was utilized to provide structure for each interview. To be attuned to dependability, an audit trail was established along with a rich description of the study methods. For confirmability, the researchers included a section on reflexivity (see next section) which

further describes how the primary researcher understood and separated her own biases in the study process. And lastly, with transferability, the researcher used purposeful sampling and reached data saturation for the results to be able to be generalized to other contexts.

Furthermore, to ensure trustworthiness, bracketing was utilized to confirm that preconceptions about the study and data were set aside and the remaining data was left without interpretation and explanation (Oiler, 1986). In the bracketing process, the researchers approached this particular topic with open minds and allowed the data to provide its own information without needing interpretation. The primary researcher kept a paper journal entry of each interview and noted her own experiences in engaging with participants and reflections while reviewing the transcripts. This journal entry was used during data analysis to reorient the researcher to each interview and reflect on the subjective versus objective information from the interview.

My advisor, Dr. Harris, served as an internal auditor of the data analysis to ensure that the codes and themes were supported by the data. Both Dr. Harris and I read the transcripts independently and identified meanings within the significant statements. We would meet to discuss the extracted meanings. Through a series of meetings and looking independently at the transcripts, we reviewed and validated the themes that emerged from the data analysis. If we had differing opinions of significant statements, we would look at the larger context of the interview to come to a mutual agreement of the meaning or clustering of meanings when forming themes. An audit trail using an Excel spreadsheet, which was a record of the steps taken throughout the study, was also conducted to improve the dependability and confirmability of the results (Lincoln & Gruba, 1985). This audit trail created a visible breakdown of steps two through four within each transcript. An additional Excel spreadsheet was used to organize quotes after themes were

identified. These bracketing and internal auditing processes added to the trustworthiness of the data analysis.

***Reflexivity***

Reflexivity is a research practice where the researcher critically monitors and understands his/her role in the research process (Daly, 2007). As described above, both researchers are licensed family therapists of different backgrounds which was important to be mindful of as they moved through the research study. Throughout the research process, the primary researcher took field notes in a journal format after each interview to document her experience of each interview. These entries were then used to self-reflect on the potential impact of her professional and personal experiences on the results. For example, her experience as a therapist working with families in high conflict and legal proceedings may create bias in identifying codes of therapists who do not frequently work with this population, a possible bias managed through the second researcher reviewing the themes and interpretation of results.

# CHAPTER IV

# PRESENTATION OF FINDINGS - RESULTS

This phenomenological study aimed to explore the experiences of licensed therapists who have conducted therapy with families in high conflict relationships. This chapter introduces the sample of participants and shares the results of the data analysis from the interviews. The interview results contain specific verbiage that supports the research findings and are clustered into themes based on Colazzi's phenomenological approach. Five superordinate themes and 19 subordinate themes emerged from the data. A summary of the results was created and emailed to participants asking if they had any feedback and if the summary accurately represented their experiences. For the participants who responded, they confirmed this was an accurate representation of their experiences and did not provide any suggestions.

## Participant Sample

Twenty licensed therapists who all identified as doing work with children and families of different mental health disciplines, were interviewed for this study. Most participants identified themselves as white, female, and practicing in a private practice setting. The range of their professional experience varied from 2-27 years in practice as a therapist. The majority of the participants identified either as having less than 20% or as having 20-40% of their current caseload consisting of families experiencing divorce or separation transitions. There was a range of experience in providing therapy services to families in these high conflict cases. Some therapists only had two to three family cases with high conflict and legal proceedings while other therapists had many years of practice with these families. Table 1 further identifies the demographic information obtained from study participants.

**Detailed Analysis**

The two researchers identified five superordinate themes and 19 subordinate themes in the coding process. Table 2 summarizes the themes represented within the data. The superordinate themes include: (1) Reluctant to be involved in the legal process, (2) managing problematic parents, (3) training/experience, (4) needing self-protection, and (5) no unified therapy approach. Only thematic content was presented for the majority (i.e. 11 or more) of participants' responses to encourage transferability. The remainder of this chapter further expands the superordinate and subordinate themes.

**Theme 1: Reluctant to be Involved in Legal Process**

Overwhelmingly, there was reluctance by most participants to be involved in the legal process as a therapist. Therapists expressed concern about the negative impact that being involved in the legal process could have on therapy outcomes. Therapists were also concerned about not doing the "right" thing as the therapist when engaging with legal professionals such as attorneys and judges. Amelia, a licensed therapist identifying as an LPCC (licensed professional clinical counselor), shared her experience of being in practice for eight years and working in a non-profit and private practice setting. When discussing engaging with legal professionals, she shared, *"I don't know that world. Am I putting my foot down and then getting in trouble because I'm not following their rules… but I don't know them. I mean that concept is hard for me."* She later shared that, in her opinion, interacting with legal professionals is not helpful to her clients and that is why she does not want to be involved, *"But I try to very firmly to explain my reasoning [as to] why I do not want to interact with the court and the lawyers and all of that. It's just not helpful for the kid at all."*

Therapists surveyed also expressed hesitancy over how they feel the legal system engages with therapists. Olivia, a female therapist who has been in practice for 12 years and has had significant exposure to therapy with high conflict families, shared her thoughts that therapy is a default service when the legal system does not work for a family. Specifically, she said, *"When legal systems get exhausted with a family, they just turn it over to therapists and expect [us] to fix it."* This quote demonstrates the lack of collaboration between the two fields and the therapist's belief that legal professionals may be referring families to services later than is helpful.

***Fear***

While not all participants overtly mentioned the word "fear," when responding to questions, this was a pertinent observation in the data analysis of these interviews. Many therapists expressed hesitancy in some form of either engaging with legal processes and professionals or serving the needs of the children in the context of high conflict families. Amelia shared about how she felt fear during sessions with her child client. She explained, *"I can feel myself in sessions, especially when it's the height of that child's court case, I was so scared that I felt like I couldn't do my work."* She continued to say how this was not fair to her or the child. She said, *"And that's not fair to me or the kid to be in that much fear of things getting pulled [into court]."*

Emma who had been practicing for 12 years, shared how she is extra cautious when starting one of these high conflict cases. She reported her concern about involuntarily being included in the legal processes, and claimed, *"You're going to end up subpoenaed [and] you have to cross your t's and dot your i's and be very careful [with] how things are worded. It's like triple-checking every email and every communication you send."* She later discussed that she is

now avoidant of this work and prefers to not take on these cases even though she previously worked in a practice group that had this type of work as its specialty area.

> *There's just so much at stake, I mean, I've had colleagues who have had Boards called on them, licenses threatened, legal action like civil malpractice suits threatened. And at the end of the day, we're trying to help a family and a child function...I can't afford to lose my license.*

Licensed therapists are required to spend hundreds of hours in training to obtain their licenses to practice and often rely on their licenses to provide for themselves and their families. Emma expressed concern that the vulnerability of losing a license in cases with families in high conflict is a problem and it is not a risk she is willing to take.

Isabella, a therapist in practice for 14 years, expressed hesitancy throughout the interview in working with high conflict families. At one point, she discussed the vulnerability of therapists in this work when asked to engage in the legal process when on a witness stand. She shared:

> *I think everybody tries to tell you how vulnerable those feelings will be, but I don't think you really understand it until you have an experience where you sit in front of a judge and a lawyer [and] feel like they're tearing you apart, and you feel [yourself say], 'How can anybody treat somebody else this way?'*

In addition to being involved in a court proceeding, several of the therapists specifically mention in their interviews engagements they have had with lawyers and when the lawyers pry for information regarding the therapist's therapy process with their mutual clients or their clients' children. Ava, a licensed therapist in practice for nine years, shared her perspective on lawyers and said, *"And lawyers are the best and the worst. They're incredibly scary. I feel like they will*

*say anything to get information."* She gave an example of a case where she described how an attorney was pretending to be the child's attorney.

> *I had one (lawyer) pretend they were the child's attorney and they were [actually] the parent's attorney trying to [get information]. I think that's illegal and so [with] that kind of stuff…therapists are not prepared.*

Another therapist, Liam, in practice for 10 years, spoke more confidently about working with families in high conflict situations but also referenced concerns when working with lawyers and shared, *"There's a lot of education, training, and prepping that they have to do, but they can get very manipulative and try to force things on clinicians. And if you're young and new, you're going to get scared by that."* Liam expressed feeling competent when it came to engaging with legal professionals but expressed concern for therapists in the field not being prepared to interact with attorneys. This could also lead to difficulty for families as they pursue therapy if they have a young therapist who is negatively influenced by legal professionals or other legal proceedings as a whole.

***Time-consuming and Logistically Demanding***

During the interviews, therapists expressed concern about the additional time and logistics required to provide services to families in high conflict cases. Therapists discussed that the extra work came from engagements with parents or in response to having to work concurrently with legal proceedings. Charlotte, a therapist in practice for 10 years, described how cases with high conflict are more complicated when starting services. She described needing to identify who has legal custody and what additional paperwork is needed. She described two of her cases and shared, *"With one family, it's like Mom has legal custody, so she does all the paperwork, and then with the other [case], the parents split [joint legal custody], so that can be*

*a little bit more complicated."* Evelyn, a newer therapist in practice for only two years, shared about needing the consent of both parents and the additional documentation needed when starting a case. She reported:

> *There's a lot more admin work. You have to get both parent's consent…it's tricky but it's just probably best practice to get both parents' consent. You have to get safe harbors in place. Sometimes there might be an emergency custody order or a court case. So they want you to look through that [paperwork].*

Similarly, Olivia, a therapist with frequent exposure to high conflict cases, also described the start of services as more complicated and demanding as she shared, *"I can't spend six hours going back and forth with parents about language in my informed consent."* This was part of her response when describing what she does not like about working with families in high conflict cases.

In addition to the complications associated with the intake process, participants described that these cases often require more time in contact with the parents outside the actual therapy sessions. Amelia referenced working previously with a family in a high conflict where she was received excessive phone calls from one parent and havd no "warning" about the level of parental engagement for the case. She stated, "*I [got] 80,000 calls from Mom two days before the appointment. And [had] no idea what I was walking into. Yeah. No one warned me."* Similarly, Charlotte described her experience of the increased email contact by parents and legal professionals when working with families in high conflict:

> *I dislike [that] there's a lot of extra emails, a lot of extra communication like when that one family had the parenting consultant. He often wanted to meet with me and give updates and [have me] give my input…[that's] a lot of time that I don't have.*

Violet, a therapist in practice for five years, also talked about emails for cases of families with high conflict and described how she had to managed her emails differently with these families :

> *I think it can be incredibly demanding. I think about it requiring an entirely separate email file folder in my email. I had to filter through that and compartmentalize to be able to stay on top of those things [in order to] create a healthy communication chain.*

Lily, a therapist in practice for 27 years, referenced how clinicians and practices will avoid this work because of the practical demands these cases entail. She stated, *"One of the reasons that places don't work with this population is because they will suck the resources out of us small practices*." She then later suggested how therapy practice management and programming could change to improve the field and said, *"And so I think if there was a more structured program, it might be more possible to have more people involved if they knew what to do."*

***Desire separation between therapy and legal processes***

Most therapists expressed an eagerness to have therapy be separate from what was occurring legally or that they just did not want to be involved in legal processes. Even the therapists who expressed a stronger level of comfort when dealing with legal processes preferred their therapy to be detached. Many participants referenced ways they felt the therapy process was being weaponized for court and would have to be very clear on how they would not be involved. Specifically, several participants discussed the pressure from attorneys for involvement. All in all, there was a strong desire for therapists to not be involved in any court or legal matters.

Aurora, a therapist in practice for 12 years, shared that her first four years in practice were *"heavy on the high conflict side of things"* as she shared about her experience with families in high conflict. When she discussed what she liked and disliked about working with families in

high conflict, Aurora mentioned, *"What's really hard is being pulled into the court system. So I've had to testify three times for my clients and that's the more yucky side of it."* Aurora mentioned not only not liking being called to testify at court hearings but also the difficulty that this creates for her work with the family. Similarly, Amelia discussed how it is counterproductive to build resilience in children if it is being "weaponized" in court. She shared, *"If you're using therapy as a way to build resilience, why are you weaponizing that for Court when it could make the child not feel safe and be able to be resilient? That should be so separate."* Luna also used the word "weapon" as she was talking about starting cases when families are in high conflict:

> *I'm really clear about what I will or will not be subpoenaed for and that is really explicit because I am not about to become a weapon within this war. And so I'm super clear about the importance of the therapeutic relationship and it not becoming a legal entity.*

Isabella also said she does not want to be involved in legal proceedings. She tells clients or parents of clients right away how her role is not to be involved in litigation. She stated, *"I'm very upfront with people in saying it is not my role to represent you in any way. I don't wanna release your information to a court. I don't want any part of that."*

Several participants specifically mentioned attorneys and concerns regarding how they have experienced attorneys using therapy as a legal means to advance their case. Ava specifically reflected her belief that therapists are looked at as "pawns" by attorneys in court cases:

> *The word that comes to mind is they [attorneys] look at us as pawns, like, either you're on my team and I can use you in this way or you're something to attack and belittle so that I can get a different point across.*

Similarly, Liam referenced how he is focused on trying to help a child client and how attorneys use tactics to push therapists to get involved in legal matters. He shared:

> *You're trying to help your [client] kid navigate this so the part of it that irks me the most is when they try to strong-arm or force you into like getting in the middle of all their legal stuff. And it's like, No, that's not what I'm here for.*

In summary, it was evident that therapists were reluctant to be involved in legal matters. Therapists reported being fearful of being involved in legal proceedings and engaging with attorneys. Therapists of different confidence levels felt it was important for therapy to be separate from legal proceedings. Therapists shared different ways they used to stay out of court involvement and directly told families that they would not be part of the legal processes.

**Theme 2: Managing Problematic Parents**

Parents were described as problematic; they complicated the therapeutic process and perpetuated the dysfunctional dynamics occurring within the family system. From the interviewees' perspectives, parents appeared to be a major factor in what hindered the therapy process and inappropriately put the focus on the children "needing therapy" instead of recognizing their own contributions to the problems in the child's family system. Interviewees expressed frustration with their experiences of the parents, as they typically were overly invested in putting forward their specific ideas about the "problem" or "problems" with the family. Interviewees reported that parents were often quick to blame the other parent or be defensive and would have a lack of ownership of "their own work" to be done regarding improving familial and coparenting relationships. Therapists shared about the struggles of managing and balancing interactions with coparents in the therapy process to avoid getting in trouble with parents and incorporating them in the process for the sake of healthy familial dynamics or child functioning.

When describing the parents of these family systems, Olivia, who claimed to have significant experience with families in high conflict relationships, talked about the families being "stuck" and parents being in a "defensive posture" when she stated:

> *I always think about these families as vulnerable families who are really stuck in a system. I mean, they're not necessarily marginalized, but I do think it's very similar. Where they're stuck in a legal system that really keeps them [as parents] in this defensive posture and [the legal system] fosters that.*

Olivia identified how the situation of being in a high conflict family might push parents to act differently than parents not involved in high conflict family relationship dynamics. Ava shared a similar scenario as she talked about children's ideology when coming in for therapy in these cases. She discussed how the child may feel like the problem instead of the focus of therapy being on the entire family system or addressing the coparental dynamic within the family. She, shared this perspective as she talked about the typical narrative that she believes children in these families live with:

> *…like your parents are in the middle of a nasty divorce...but you're the problem. And like, no one's ever told them (the kids) that [specifically], [but they are] the only one that is going to see some special person (the therapist). You can frame it how you want, but 9 out of 10 kids have been like...I'm in here because I'm in trouble.*

Children of families in high conflict may internalize that they are "the problem" as they are the ones sent to therapy.

***Therapist wants to "safeguard" children***

It was profound how many therapists I interviewed engaged in this clinical work because they wanted to help children of families in high conflict. Therapists of all confidence and

experience levels discussed wanting to create a "safe" and "neutral" place for the child amidst the high conflict occurring in the family system and to be given the opportunity to provide services to these children. During the interview, Ava mentioned how she was feeling emotional talking about being able to support the children. She shared:

> *Even thinking about any of my kids [right now], I can feel some emotion coming up, that truly is the best part. I mean, picture after picture or story, or like [some] little narrative that they'll write. It's like, therapy is my safe place to talk about blah blah blah...[that's] great.*

Amelia also discussed therapy as a place primarily for the children and reflected her desire to be a neutral person for the child and not be caught between the conflict of parents. She explained:

> *Therapy [is] such a great neutral place of, 'you're not at mom's house [hearing her] bashing Dad. You're not at Dad's house [hearing him] bashing Mom. You're at a neutral place with a neutral person where you can just say what you feel.'*

Several participants appreciated being able to be a supportive person to children in the therapy process. Evelyn, a therapist in practice for two years, shared, *"I love to try to be someone that just supports the child through the challenges."* Evelyn's words here are similar to many of the others I interviewed. Almost everyone I interviewed spoke compassionately about wanting to be in a supportive role for these children.

Oliver, a therapist in practice for 25 years with significant experience working in several different roles serving families in high conflict, also discussed how he valued being there for the children. He shared:

*It tugs at my heartstrings simply because...children. I think our greatest marginalized populations are [the] most vulnerable. So I like being able to assist and bring some safety, consistency, and health back into the family when children are involved.*

Like Oliver, Mia also described liking working with children and mentioned some of the negative impacts for children with parents who are in high conflict. She viewed therapy as a place to counteract some of the negative impacts of high conflict:

*I enjoy working with the kids and just providing a space where I'm a neutral or nurturing adult, and their adults in my experience have [not] been nurturing. It's just that the conflict between them [the parents] impacts the child so severely. And [that] it impacts social delay, social development, [and] emotional development.*

Conversely, there are times when a therapist is unable to provide this “safe” or “neutral” place for a child. When discussing challenges with high conflict casews, Emma shared about not being able to safeguard children and stated, *“As much as we try and reassure, I have had cases where the reassurance eventually ends up with a subpoena or [a] very significant records request.”* She shared about the impact of this on the therapy process and said, *“And you can only do so much to protect the kids. And then it feels a little bit like their [the kid's] trust in therapy is broken.”* Emma’s statements here demonstrated that while the majority of therapists may want to safeguard children, this may not be possible due to the high conflict dynamics of the family system and involvement in legal processes.

***Parents struggle with being child-focused***

A predominant observation in the data was participants referencing ideas about parents not being child-focused during the therapy process. When the children were the identified clients for therapy or if the therapy process was meant for improvement on the child’s behalf, many

parents would deflect from their personal involvement or their contribution to the high conflict family dynamics or they would offer suggestions on how the other parent was creating the problem within the family. In the interviews, therapists often referenced their unacknowledged efforts in having parents be child-focused and/or solution-focused.

Lily, a therapist in practice for 27 years, referenced the skills needed from a therapist to maintain a therapy process about the children. She shared, "*You know, you must have a pretty skilled therapist to make sure that it's constantly kid-focused. What's the best for your child? 'What's best for your child?' feels like a broken record."* Similarly, Aurora described different observations of coparent interactions such as labeling the other parent as the problem and the parent sharing his or her negative perspectives about the other parent with her. Aurora shared, *"I heard a judge once say, 'You need to love your kid more than you hate your spouse'."* This mindset offered by the judge that Aurora mentioned describes a certain dynamic the interviewees found in coparent relationships of families in high conflict. The parents tend to blame the other parent readily and lose sight of the needs and well-being of the children.

Olivia discussed recommendations on how therapists should orient themselves when engaging with parents in high conflict and what the first goal of therapy should be when she shared:

> *I think the first goal, whenever you're working with [these] families is to try to get them out of that defensive posture and into a state where they can just at least absorb something…because it's such a block. I think that's probably the most important part.*

Hannah, a therapist in practice for five years, described her belief that these parents bring in their "own stuff" into therapy sessions that are meant to be about the child. Hannah described the difficulty she has in not letting this influence the therapy sessions with the children and the therapeutic relationship she has with the children. She shared that, *"[working with parents] can*

*be challenging because they bring their own stuff into the conversations. The focus becomes about them and not what's best for their child…they still will blame each other or want you to see it their way.*" Ellie, a therapist who works in a child mental health crisis unit of a hospital, mentioned how she can identify high conflict before therapy even begins and how coparents will not engage with her with the other parent present, even in a crisis situation for their child. She shared:

> *I feel [in] most of these families, it's pretty clear what's going on before we even get into the family therapy space, [even] just when I'm trying to schedule it. What can be hard is a lot of parents being like, 'I won't do it with [the other parent]. I won't do family therapy if they're involved,' and then the other parents [are] like, 'I won't do it if they're involved.'*

When Amelia shared about what she dislikes the most about working with families in high conflict, she shared trying to navigate when parents feel like their child is being 'fed' information by their other parent. She talked about how this can be frustrating as the child's voice gets lost in the coparenting conflict. She described the dynamics that occur when a parent believes that the therapist does not have the right information. Specifically, she said:

> *I think my least favorite problem is where [the parents] are convinced that the child is being fed information by the other parent. And, handling that has been very difficult because there's a lot of times where I'm like, no, the kid is literally telling me [what's going on], and I trust [the kid]. [I often have to] reframe it for [the parents], like, do you think there's any way that what [your child is] saying is their own truth?*

Luna, a therapist in private practice for six years, shared her frustration when parents put their children in the middle of their conflict. Luna described a circumstance involving a father

and daughter and how Luna felt as though the father was being parented by the daughter. She described,

> *And that's a lot of the work I've been doing is to say, 'stop putting her in that role. Stop expecting her to do that. Stop having her be that for you, Dad. She's kind of parenting you, or you're expecting her to tend to your emotional needs.' And that's not appropriate.'*

She also shared her belief that families lose their roles in these high conflict systems and said, *"So, I think again they lose sight of the system because the system is so chaotic that they can't even figure out whose role is what."*

***Parents need to do "their <u>own</u> work"***

Similarly to not being child-focused therapy, most therapists described the need for parents to do "their own work" in therapy or the need for the parent to improve their engagement in the family system to move towards healthier relational functioning. This "work" here being suggested could include having the parent acquire their own emotional support, have the parent reduce defensiveness, decrease coparental conflict, and learn parenting skills. It could also be having the parent recognize that their own destructive behaviors are impeding healthy relationships within the family.

Olivia discussed the hardship of working with parents as she talked about what she dislikes the most about working with families in high conflict. She said, *"Probably my biggest challenge that I really just kind of bang my head against a wall [with] a lot is when [the parents] send kids to therapy to try to fix the co-parenting relationship."* She talked about roles beyond the parents and mentioned the professionals as well. She explained how children should not be the only ones participating in therapy. Specifically, she shared:

*All the players, whether it's lawyers, PCs [parenting consultants], mediators, [etc.] think that if we just keep putting the kid in therapy, and we just keep treating the kid, that that is somehow going to fix the [family].*

Similarly, Ava talked about parents having "their own stuff" referencing the parents' lack of acknowledgment of how they contribute to the relational dynamics in the family system.

*[it's] just a lack of [owning] their own stuff. Even if their own stuff is trauma, which, I haven't met someone that doesn't have trauma, even not wanting to acknowledge that I feel hinders them, and therefore hinders the entire family.*

Furthermore, Emma mentioned how there is harm caused by parents within these families and how the parents are often in "denial" or "defensive" of their role in the harm they are causing the family by their own actions. In turn, this lack of acknowledgment causes great difficulty in making progress within the therapy setting. She shared:

*And I feel with my complex families, it is very frequently there's a lack of being able to admit that something that happened is harmful. And there's a real lack of ability to understand one's own participation in those behaviors that created harm. And so as long as there is that wall of denial and defensiveness, it's really hard to make any inroads as far as repairing the relationship and moving forward in any way.*

Ellie shared how she brings up the coparental conflict to parents and how she wants them to address the conflict outside of the child's therapy so they can be present in a session with the other parent.

*I call that out when I'm speaking on the phone with them to schedule this session, like, I recognize that you two have your own conflict and I expect you to be working on that outside of this session as well.*

Evelyn discussed wanting to work more with the parents individually in preparation for doing therapy that involves the child. She said,

> *If I were to see it through to the end, I would personally work with the parents individually until I thought that they were in a good place, or capable of doing more systemic work with the child in the room to work on repairing and attachment and things."*

Evelyn has been in practice for two years and mentioned how she has not yet completed a full therapy process with a family in high conflict. She shared, *"But I've never gotten that far with the high conflict case, unfortunately."*

Aurora described one of her interactions with a parent and how he was emotionally charged in a situation that involved his young child and projected blame onto his ex-wife. She explained, *"His argument is 'it was an emergency.' [And I said,] 'it wasn't an emergency for the 3-year-old. It was an emergency for you because you're blowing it out [of proportion], and the 3-year-old doesn't care.'"* Aurora continued to describe the lack of ownership that this parent had in the situation and said, *"It's not the wife's or the ex-wife's fault. It's not the child's fault. You need to stop being impulsive and control your own actions. Your reactivity is creating drama."* This situation describes how a parent may be projecting things onto a child when they may have their "own work" to do.

***Parent interference with the process***

Many therapists referenced situations or ways that parents hinder or negatively influence the therapy process. Some of the examples included circumstances where parents will try to convince the therapist of their particular perspective on the family's strife or times when parents would try stopping services, delaying signing the intake paperwork, or telling the clinic the other

parent is supposed to pay for the session. These instances would disrupt the therapy process or make it challenging for therapists to do therapy effectively with a child.

When sharing what Olivia dislikes about working with families in high conflict, she said, "*[The parents are] just kind of like stuck in the mud, beginning of a session [and] getting all the players to sign the paperwork...then getting paid because sometimes you have to do a ton of work to get paid."* Like other participants, Olivia references additional administrative tasks to engage parents in services. When parents have joint legal custody, many therapists obtain consent from both parents. If parents are not in agreement or are engaged in high conflict, this dynamic can cause delays in commencing therapy and cause extra work for the therapist.

Evelyn also mentioned the concern about administering the necessary paperwork with parents but in a different manner. She described how even with the extra layer of confidentiality that a Safe Harbor Agreement is meant to provide, she struggles with parents interfering with the process. When asked about the biggest challenges of working with families in high conflict, she shared:

> *And even with families [where] I've put in a safe harbor, there still might be attempts to involve the legal system during the divorce. And there might be he said/she said and just vastly different ways that they want to parent. And so the battle for structure is very challenging.*

"Battle for structure" is a family therapy term in experiential family therapy and references a therapist's management of the therapy process and its family members to set up the therapy process according to the therapist's preferences (Napier & Whitaker, 1988). There may be extra challenges for the "battle for structure" in families experiencing high conflict due to the complexity and dynamics of family members.

A few therapists also discussed the problems surrounding parents attempting to stop or stopping therapy services at the parent's sole discretion. For example, Amelia discussed one of her cases where there was a father who unilaterally decided to stop therapy services and it was with a child client who was considered high-risk due to self-harm. She explained:

> *I felt pressured but also split because Dad did not want [me] to provide services. And so there was the issue where Dad wanted to end services and my clinic was like, 'we have to have both parents' permission [for services] and if Dad wants to end it, he has every right to do so.'*

Amelia described the struggle of wanting to help her child client but that she could not due to the father's ability to terminate therapy services due to his legal authority as a parent. Sophia also discussed having parents not wanting her to provide therapy services but she could continue to do so because it was ordered by the court. Sophia shared, "*[I] get angry parents being like, 'I don't want my kid to see you'...that happens to me now with court-ordered [clients]. Usually, I'll have one parent that's for it and one that's against it. But it's court-ordered."*

Hannah described another method of parental interference as she discussed that the things parents share with her can impact the therapy process or that the child may behave differently knowing that their parent has an influence. Hannah said, *"That outside stuff [from parents] can creep in, and I really try to not let it overtake my sessions when I'm working with the children."* Hannah described not wanting to create bias in the therapy process due to what the therapists share with her about what is happening in legal proceedings or their own interpretations of relational dynamics.

***Balancing Coparent Interactions***

In addition to managing parents on an individual basis, many therapists reflected on how they are tasked with navigating the coparenting relationship as well. They described ways they maintain impartiality in their views of parents and communication with parents. Ellie shared her experience with this challenge and stated, *"It's really hard to figure out how to navigate both parents with my main focus being on the child, and how this [situation] is impacting them."* When working with children of high conflict families, the therapist is tasked with engaging with parents who have mutual children but have been in perpetual conflict.

Harper shared about being challenged with trying to "attune" with all of the family members involved as the therapist to build rapport. She acknowledged that this was one of the biggest challenges for her in this work. She shared:

> *I think the hardest part for me is figuring out how to attune with all of them individually and balancing that everybody's perspective is equally as important. Especially in the beginning, so [you] see all of it and [they're] thinking you're just going to be taking one [parent's] side.*

Similarly, Sophia shared what she saw as one of the biggest challenges is letting the parents know that she is trying to be equal in her involvement with both of them. She explained, *"I think making sure that [they] know I'm talking to both parents [and] both parents knowing what's going on and that they're both equally involved as they can be.*" She described how involving both parents from the start is a significant part of the work. While involving and balancing coparent interactions, therapists talked about making sure they do not align with one parent over another in the therapy process. Charlotte mentioned questioning herself about being neutral on a case. She described:

*I have to really check myself and make sure I'm not aligning more with one parent or the other [and] staying neutral. And I just question myself more in this, like, am I neutral? Am I doing the right thing? Am I sharing enough? Am I not sharing enough?*

Luna shared about recognizing when she begins to align with one parent over another and how she corrects herself. She talked about being proactive in interactions with parents to avoid an over-alignment with one of the parents.

*Sometimes I can get sucked into like, oh, yeah, that's the bad guy. You're the good guy because I have a relationship with you. And so it's super important for me to establish, even just a connection with the other person, to kind of humanize them, too, and get some feel for when I'm being bullshitted on the other side.*

In addition to not being overly aligned with one parent, participants talked about making sure that their communication was the same between both parents. Amelia talked about being "extra careful" in communication so there are "no gaps" in her interactions with coparents. She expressed:

*I have to take extra care to make sure my communication with parents is dead on…the same...there are no gaps. I'm not telling one thing [to one parent] and one [thing to] the other, or anything of that nature. It's getting communicated the same [to both].*

Emma also explained that her communication processes are clear and the same between both parents when asked about starting therapy services for families in high conflict. She described her process in how she communicates with parents and shared:

*When I send the treatment plan reviews and documentation, I send it to both parents. It's making sure that there is no element of preferential treatment, or that everybody is very clearly being communicated with [and we're all] on the same page.*

In summary of this theme, therapists reported being particularly challenged in their interactions with parents or coparents together. The themes and subthemes identified here highlight the difficulties therapists encounter when working with parents of families in high conflict, particularly in terms of parent interference, focusing the therapy process on the children, and managing coparenting relationships and communication.

**Theme 3: Training/Experience**

Therapists were asked about any training they have received for working with families in high conflict. No one in our sample identified as having specific training for working with families in high conflict in the context of legal proceedings or court involvement. Many therapists described it as being only minimally discussed in ethics and professional issues courses of their graduate programs. Most therapists acknowledged that they wanted more guidance, or they shared that it would have been helpful early on in their careers. Many of those we interviewed described their process as "learning along the way" or "being thrown in" as how they obtained their knowledge.

Isabella shared about therapists learning of the vulnerability of the work through experience. She said, *"You have to experience it to understand the vulnerability. I do believe everybody tries [to do] their due diligence."* She then highlighted how the work with high conflict families should involve special training to be able to provide services. Specifically, she stated, *"I think the only thing would be [to not] touch it with a 10-foot pole unless you're specially trained in it, and maybe that's something our court system needs to provide is highly trained and competent people."*

***No Explicit Training***

When asked about training, participants shared about the lack of training they received or how they would have to seek additional knowledge outside of their clinical graduate programs. There was a consensus that there was no formal training for licensed therapists of different mental health professions working with families in high conflict. Emma stated, *"We didn't have any formal training in how to do this... there wasn't a handbook."* Similarly, when asked, Nova said, *"It has been a lot of hands-on learning and learning as I go and learning through consultations. And not much training or specific kinds of training."* Ellie also discussed not having any formal training and how she acquired the knowledge to work with families in high conflict, she said, *"Honestly, I feel like I was just kind of thrown into it. I don't feel I got any formal training in how to do this."* Charlotte, a therapist in practice for 10 years who currently works with families in high conflict regularly, stated, *"I don't necessarily think that I have any knowledge. I haven't gotten any specific training. I definitely don't feel like I'm an expert."* This is telling given the amount of experience Charlotte reported having with this population. With all of her experience, she still feels uncomfortable seeing herself as an expert in this area.

Olivia, a therapist in practice for 10 years who has worked with families in high conflict throughout her career, shared how she still finds these clients stressful and wishes there was more formal training for therapists. She shared, *"I wish there was more general and formal training, I think it takes the fear away...I've been doing this for 10 years. They still make me anxious."* This quote reflects her belief that training may reduce fear for therapists as they may be more equipped to work with families in high conflict. When asked about her training experience and if she had any training, Luna said, *"It was kind of through trial and error, which is very sad and pathetic."*

***Want More Guidance***

In conjunction with no explicit training, there was a desire for more guidance for therapists in working with families in high conflict, particularly around the legal system. Evelyn described how therapists sometimes unintentionally get involved in providing therapy services for families in high conflict. This may not be a therapist's specialty area but when working with families, these circumstances may arise. Evelyn expressed, *"I think sometimes you just get thrown into it [and] you don't know it's high conflict until you're in the middle of it, or sometimes, you're working with a client, and then it becomes high conflict."* She then described there to be a "baseline" of education/training since therapists are likely to come across working with families in high conflict. Specifically, she said, *"And so I think everyone should have at least some baseline [education or training] so that they're not backpedaling."*

Similarly, Liam described a "continuous need" for therapy services for families in high conflict. He referenced the training specifically for working with families in high conflict. Specifically, he said, *"It seems to be a continuous need, so allowing people, if you have an interest in it, to get [some] type of specialty or certification or training to be able to put yourself as part of that system."*

When discussing training for therapists, Luna specifically discussed having training around the role of the therapist when working with families in high conflict. She said, *"I think the other part of it is a better understanding of what the therapist's role is and what it isn't."* Also, she suggested there being certification around therapy with high conflict families. She shared, *"I think the training is really the biggest thing. I think certification would be so important [too]."*

Olivia talked about how training could reduce the fears of therapists and suggested how therapists avoid work due to fear. She explained:

*I think a lot of therapists avoid these clients because of the fear part. And I mean knowledge if we could give this knowledge to students. I would love to see a course being taught on the master-level programs around this of how to navigate it.*

Olivia suggested training being part of the graduate education of licensed therapists. Ellie discussed seeking out additional education with her continuing education requirements for licensure. She expressed:

*I think it'd be really helpful just to have knowledge of what is happening in these parental conflicts and situations. I have to do my CEUs each year, so it actually [has] been something I've been exploring as [to] what's available out there.*

Noah had a specific inquiry about what education he would like to receive as he discussed working with guardian ad litems. He shared:

*There's a lot that I don't know about...And I said before, I would say [when] working with a guardian, I need to know more about what that means because I don't want to make rookie mistakes that harm my client…*

This quote also references how Noah acknowledges that harm can be done to clients when there is a lack of knowledge.

***Accessing Consultation***

All but two therapists brought up utilizing consultation in therapeutic work with families in high conflict. Several referenced it when providing advice to other therapists and many discussed needing it to obtain information about working with families in high conflict and engaged in legal proceedings. Consultation was viewed as a way for therapists to navigate difficult client situations. Sophia, a therapist in practice for two years, shared how she uses consultation to navigate providing services and feels equipped after consulting. She shared, *"It*

*can feel really stressful. But then just [remembering], it's okay, I can go consult on this, talk it out, and then respond."* Most participants referenced consulting with more experienced providers while others mentioned consulting with legal professionals, a specific type of mental health professional, insurance consulting services, or being part of an interdisciplinary consultation group.

Some participants brought up consultation when asked about what advice they would give other therapists. For example, Nova advised, *"The biggest thing would be just to keep consulting and keep bringing cases to the table…and keep working with mentors and supervisors or people to learn."* A few therapists mentioned being part of helpful consultation groups. Mia shared about the value of her consultation group and said, *"I have a great consultation group where it's like, 'Hey, is there something new with these laws?' We discuss those things from a legal and ethical standpoint on a monthly basis."* Violet also mentioned being part of a consultation group that included legal professionals. She shared, *"Being in a consult group monthly for this with the professionals that are on the legal side has been the most beneficial thing as far as understanding. And I've learned the most from that for sure."*

Besides just consulting with professionals who work directly with families, Liam talked about consulting with malpractice insurance professionals. He shared about therapists all having access to this resource if they carry insurance. He specifically said:

> *I think a lot of people forget that our malpractice insurance comes with a wonderful legal team of our own that we can get in touch with and ask questions to…They're there to explain some of the legality of things.*

Similarly, Lily, a therapist of 27 years in practice, shared that she uses specific consultation to help with her work and talks about consulting with someone at her practice when there is a case

that involves child protection services. She shared, *"One of our therapists has been a social worker…she worked in child protection and adoption for 20 years. So if I have a procedural question, I always go to her. And that's just so helpful."*

***Learn Along the Way/Thrown into It***

Two phrases with similar meanings that many therapists used in some variation were "learned along the way" and being "thrown into it." These were pronounced enough to be identified within their own subordinate theme. For example, when discussing how Nova acquired knowledge she shared, *"For me, it's been a learn-as-I-go kind of thing."* Many of the therapists described their learning processes in this way.

Emma dramatically described this process of acquiring knowledge for working with high conflict families as "flailing" as she learned. She claimed, *"I would love more intensive support around some of these [things]"* and she desired to have someone to guide her as she shared, *"[Someone] that would talk more about the legal, the ethical, and all of it because you just watch yourself flail until you learn something."* Ellie described learning to work with these clients similarly and said:

> *I just learned as I went [on]...what worked and what didn't work. Also how to be a lot more firm. At first, it was hard not to cower when these parents were so intense. I think over time you just learn you have to be blunt and to have a thick skin with it, and just know that it's not personal.*

Evelyn was one of the therapists who used the language of being "thrown in" as she described starting the work with having very little background on therapy with families in high conflict. She stated, *"I got thrown into it a little bit. I know she [previous employer] recommended some training for me, but I didn't want to specialize in high conflict."* Ava also

shared about being "thrown in" and how it is not something she would recommend to other therapists. She shared how early on in her career she had to work with families in high conflict and stated, *"No one should go into this [work] having just graduated and have no additional training. I was thrust into the child welfare world and just graduated [from] grad school. And I was thrown in."*

### *Confidence*

Through data analysis, the participants began to be identifiable as either lacking confidence or really owning confidence in their role as therapists working with these families. It was difficult to differentiate which participants would identify in either specific way. It didn't seem to be dependent on years of practice or experience and there was no indication as to how their confidence was formulated or the specific factors that contributed to not feeling confident. Emma described the difference between being confident and not being confident as she shared, *"One thing that I learned very quickly is that a lack of confidence is exploited in these situations. You have to be confident. You have to state your perspective, own it, and be prepared to own it."* She, along with other participants, identified how confidence was an asset in working with families in high conflict.

**Lacking Confidence.** Some of the therapists reported lacking confidence. For example, when asked about competency and comfort level in therapy with families in high conflict, Ava questioned herself when she said:

> *I can build a relationship [in therapy] but when it comes to facilitating the family aspect on certain topics, it seems like I don't know if I just don't have the right language around it or [if] I'm going about it in the wrong ways.*

Nova talked about how she thought that having more exposure to working with families in high conflict did not necessarily translate to having greater confidence, due to the complexity of the work. She said, *"I would say that internally there's that kind of [a] battle...Maybe at first you're like I got this. And once you've stepped into it, you [have] the realization of how complex and how big this gets."* Nova also appeared to question her competency even though she was immersed in providing therapy services to families in high conflict. Similarly, Violet talks about feeling pressure due to the circumstances of the case. She explained:

> *Navigating the legal system and having an understanding of that...the stakes can be high and the conflict is usually at its peak. I feel the pressure of that and lots of times tend to ask a lot of questions or need a lot of reassurance in my consulting work because there are so many things to consider.*

Amelia talked about how stressful the work is and referenced the willingness to participate in the study because of the lack of knowledge of therapists. She said:

> *I already have a fear of getting called into the courtroom. I think that's part of the reason why I'm willing to do this study, [so] I can help in any way to bridge this gap because it is so stressful as a therapist.*

When asked about what she found challenging in working with families in high conflict, Nova talked about feeling caught in the middle of coparents interactions and not knowing what to do. She shared, *"I feel I'm the middle man sometimes, even though that's not necessarily my role. It just feels like you're kind of stuck at different points."* Many of the therapists interviewed didn't know what to do with these families and reported being challenged with confidence.

**Owning Confidence.** In contrast to lacking confidence, there were therapists with different levels of experience who appeared to "own" their confidence in their work with families in high

conflict. Aurora, a therapist in practice for 12 years, shared what she felt contributed to her confidence and said, *“Time and experience definitely have built my comfort level. [These cases] don't normally shake me or make me uncomfortable. But they all have their own unique challenges.”* While she is acknowledging the challenges of the cases, she explains how she is not bothered by providing services to families in high conflict. Two therapists reference specifically being comfortable with their structure and approach and how this contributed to their confidence level. Olivia stated, *“You get your own structure. You have your own set thing of like, Here's what I do. You get settled into the work.*” Similarly, Lily shared, *“I'm more structured and strong about it. A lot of times they'll find another therapist [instead of me] because they won't agree on [my boundaries]. And that's okay with me.”* Ava discussed acknowledging for oneself as the therapist that you are the trained professional and referenced being confident in oneself as she advised:

> *I think [recognizing that] you're the trained professional, so not trying to lessen myself because someone else is puffing up or making it seem like, ‘Well, I'm gonna sue you or take you to court, or I'm gonna subpoena you.’ You can still stand your ground.*

Similarly, Sophia talks about reflecting on the skills that she previously acquired and reminding herself of her abilities. She said:

> *Day treatment taught me a lot of really good skills and they're still being applied here in private practice with the families I'm encountering. I think part of it is just slowing down and reminding myself [that] I do have these skills. I've done this.*

Oliver, a therapist in practice for 27 years, identified how he felt like it wasn’t skill or experience but the support that he received that built his confidence and how this is a way to build confidence. He explained, *“I didn't have the confidence that was based on skill and*

*experience and the only way to build confidence in my mind is to have good collegial support and work with a lot of challenging situations."*

Participants shared their training and experience in working with families in high conflict and legal proceedings. It highlights the lack of formal training in this area, with many therapists feeling unprepared and having to learn as they go. There is a shared desire for more guidance and formal training so that the therapist is more confident in assisting with the high conflict family dynamics. Consultation with more experienced professionals is noted as a valuable resource for therapists in navigating these complex cases. Therapists' confidence levels varied with some feeling confident in their abilities while most struggled with self-doubt, often influenced by their experience and collegial support.

## Theme 4: Needing Self-Protection

In providing therapy services to families in high conflict, there was an overarching theme noted that therapists needed to look after themselves. Most therapists mentioned "boundaries" being upheld in some form with clients along with relying on and employing the existing policies and procedures of their agency or practice location. In addition to these processes, most therapists referenced the emotional tax of working on cases of families in high conflict in comparison to cases without high conflict. While not directly stated, it appeared that good boundaries and helpful structures within the practices may relate to avoiding burnout and exhaustion in this work.

### *Having Firm Boundaries*

In this study, 16 out of the 20 participants mentioned the need for or how they use "boundaries" in some capacity when working with families in high conflict. Therapists use boundaries when working with clients in therapeutic relationships to uphold the integrity and

effectiveness of therapy. Boundaries can serve as essential guidelines that therapists establish to guide the therapy process and maintain their role as therapists. These high conflict cases appear to challenge therapists and the use of boundaries helps them maintain appropriate roles and adhere to ethical standards of practice.

Isabella shared about the importance of being straightforward with her boundaries with families in high conflict and learning to do this after being involved in the work firsthand. She shared, *"I feel my experience led to being very upfront and honest with my boundaries right off the bat...so I think I'm good with boundaries. If anything, the journey has taught me how to be really good with boundaries."*

When Violet was asked about her process when starting to work with a high conflict family, she referenced having boundaries right away, and explained, *"I think the first thing that comes to mind is [being] extra clear and more rigid on boundaries and expectations...and [not] getting caught up in the maladaptive strategies that have already been at play."* Violet's statements also reference how conflictual dynamics occur long before the clients enter the therapy process and that boundaries are needed to structure therapy. Evelyn shares a similar message in setting boundaries when starting the process. She shared:

> *It's very different work than the rest of my caseload. I would suggest sort of making clear boundaries right from the beginning...And if you want to not drown, you need to have really structured intentional boundaries that you're really, really firm with.*

Lily, a participant in practice for 27 years, shared, *"My boundaries are super firm working with this clientele."* Lily then continued sharing about her ability to spot the cases with families in high conflict and explained about staying firm with boundaries due to parents pushing these boundaries. Specifically, she said, *"I can spot it after years...[now I am] less likely [to be]*

*conned by an individual who's coming in...but keeping those boundaries [in place] because they are pushing those boundaries constantly."*

Emma talked about boundaries in direct connection to her role as the therapist. She shared about her interactions with parents and how she will not make recommendations or contribute outside of her role for legal gain for either parent. She stated, *"I put really clear boundaries down right away and [share] that I'm not making recommendations [about custody and parenting issues]. That is not my role...I'm here for the kid, for processing [and] potentially for some family stuff."* Liam discussed this as well, and shared an example of enforcing boundaries and outlining his scope of practice. He shared how he explains his boundaries to parents around what information he will provide during therapy:

> *I tell families right away, I don't do this, this, this, or this. I'm happy to assist in certain ways but if you're looking for me to say, 'Oh, yeah, little Timmy here should be with you 100% of the time or changing these things around, I'm gonna be a huge disappointment to you in that the only information I provide is very factual and can't be misconstrued one way or another.'*

***Existing policies and procedures provide structure***

Many of the therapists referenced turning to the policies and procedures of their practice setting to help navigate situations with clients. For example, Emma shared that the policies of her practice filter out some of the high conflict cases that are potential clients when she stated, *"I mean, my policies are very, very strict as far as parent consent"* which ultimately limits the cases that she may work on. Noah was appreciative of the agency that he worked at before starting his own practice sharing, *"The policy at my last place is [that] they really tried to avoid us engaging in any court stuff, which was nice."*

Sophia, the participant who had been in practice for two years and had not experienced being involved in court proceedings, shared about feeling supported by her current practice and shared, *"The team here is really supportive, though, and would definitely help me through [court proceedings] and what do I actually need to send [to court], how do I respond to this, what else ethically is the right thing to do?"* While she was a newer clinician, she felt like the practice she works at would help set her up for success if she were to become involved in any cases that involved legal proceedings.

Charlotte gave an example of a practice policy established by her agency that she relies on when she engages with coparents who are disputing who pays for therapy services. She described the scenario and said:

> *They [the parents] are always upset about copays and [to say], 'Yep, remember our policy is that whoever is the insurance holder [has] to do that, and then you [both are] to figure it out outside of therapy.' So, it's a perfect example of our policy.*

Aurora shared her fear as a therapist early in her career when working with high conflict cases about being sued and said, *"I was still a little worried about getting sued. I'm going to say the wrong thing. I'm gonna get sued."* However, she acknowledged feeling supported by her agency even if she does get involved in legal matters involving her clients. Aurora went on and shared, *"Most agencies are great at supporting us and keeping us out of court. But there are some cases that no matter how you bend it, you just get pulled in."*

***Emotionally Exhausting***

Most participants acknowledged how there is an intense emotional demand for therapists to work with families in high conflict. When discussing things that Violet does not like about working with families in high conflict, she pointed to the extra emotional requirement that this

work takes that differs from her other cases. She mentioned, *"Obviously working with people who are actively in conflict and that overt conflict can be stressful. You feel that energy and it takes more energy and focus…So they are tiring."* Similarly, Ellie shared about the work in high conflict cases as being "overwhelming" and that propels her interest in getting more training to alleviate the emotional demand. She shared, *"I honestly find it overwhelming. And that's probably why I wanted to pursue more training. I feel like it's something I'm always going to encounter in this job, no matter what."*

Several therapists talked about these high conflict cases being mentally consuming and finding themselves having thoughts about them outside of work. Luna described this happening early on in her career, she explained, *"There were a lot of times in this work early on where I brought a lot of it home with me because it was just so ugly, or it could be so ugly."* She then described how she managed her work intruding into her personal life, *"And I've had to since reminding myself [that] this is going to take a lot of time to change and you may have to show up therapeutically in a way that feels uncomfortable to set the standard."* Similarly, Charlotte talked about a case that she currently has that involved high conflict and she knew early on that she was going to be thinking about the case the night before a therapy session, she shared:

> *This week I have a parent bringing [ her] kid to session [and it's] the parent that doesn't agree with therapy, so I'm already thinking about it. And I know, the night before, I'll be thinking about, "Oh, tomorrow I have to see that parent that doesn't really like me." And so, it definitely stays on my mind more.*

Amelia shared how she was surprised by how much she thought about cases outside of work early on in her career and how it impacted her daily functioning. She stated, *"I couldn't believe how much it affected my sleep and my every day because I felt I was constantly in my head*

*[about the case], preparing for the next confrontation with [the] dad or next thing with the mom."*

Some therapists mentioned how they considered no longer working with families in high conflict. Emma shared how she currently questions her desire to work with any high conflict families given her experiences with them in the past. , *"I frequently ask myself whether the anxiety and all of the pieces are worth continuing to do it. Now that I'm in private practice, it is something that I weigh a lot when I'm taking on new clients."* Later in the interview, she mentioned "burnout" and was one of several therapists who mentioned burnout. She explained, *"I think if you get too many of these cases, you burnout. I think something I wish I would have learned earlier on is to be possessive of my schedule and [recognize] what these families take out of me emotionally."* She emphasized the emotional strain of these cases and said, *"At one point, it was like...I can't [do this] it is too much. And I know that I've had colleagues in a similar situation."* Olivia was another participant who mentioned burnout. She acknowledged being experienced with these cases but does not take on too many. Specifically, she shared, *"I don't take as many cases as I used to because over time you just get burnt out on it."*

The need for self-protection in this work was evident due to the high emotional strain these therapists experienced. Setting and holding firm boundaries and expectations of the work with the families was paramount in avoiding burnout. At times agency or practice protocols and procedures were helpful supports to protect the therapists who work with these families embroiled in both high conflict and the legal system.

**Theme 5: No Unified Therapy Approach**

In the 20 interviews conducted, 36 different therapy approaches or models were mentioned. None of the therapists that were interviewed discussed having a single model that

guided their work with families in high conflict. Instead, participants mentioned several models or having an eclectic approach. There was some indication that attachment-based or trauma-focused models were more well-represented in their responses as well as some support for using skills from cognitive behavioral therapy. There were also reports of some confusion about what reunification therapy entailed from two of the therapists identifying as providing this type of high conflict service. Overall, when therapists were discussing approaches, there was significant diversity in what guided participants in their work with families in high conflict with none aligning on any single approach to working with high conflict within families

When Nova was asked about her theoretical approach to working with families in high- conflict she expressed being "eclectic" and "a little bit of everything.

> *I would say mine's kind of eclectic. And I probably don't have a great answer for this, because I use a lot of strength-based stuff. So a lot of like compliments and here's what you're doing well, and here's what I'm seeing you doing...Besides that, I really kind of pull from a little bit of everything.*

Oliver talked about how he has two contrasting modalities that he feels frame his therapeutic work with families in high conflict. He explained:

> *This will sound contradictory. On the one hand, it's very much structural, and it's also post-constructionist, structural, and post-modern, and I want it to be collaborative. And whether people shared concerns, hopes, and dreams. But within that, there has to be some structure.*

Ellie described how she did not know what framework she used when working with families in high conflict and how things changed based on these dynamics. When asked about what theoretical framework she used for therapy, she said, *"I don't know, honestly, I feel like it's*

*a combination of all of the things and none of the things that I've learned at the same time. It's just so different for each family."* Emma, another participant, shared that her approach was changed based on the age of the child. She explained, ***"****I think it really depends on the age of the kid."* She then shared about specifically using a trauma approach or CCP (Child-Parent Psychotherapy) depending on the child's age. Specifically, she said, *"I've seen some littles that have some pretty trauma-based reactions to stuff that has happened in the house...I take a different, more of a trauma-based philosophical framework [for those]."* She then described how she does not follow this model directly and stated, *"And I say lens because I think to do true fidelity to the model, CPP is really difficult in these situations."*

Aurora discussed her therapy approach with children using different play therapy approaches and incorporating visuals such as books and art when she works with children in high conflict families. She shared, ***"****I do a lot of play therapy, so both directed and indirective. [I] do a lot of role-playing. I incorporate therapeutic books and art. One of the main modalities that I use is trauma-focused cognitive behavioral therapy."* Again, Aurora referenced different approaches to her therapy work with children illustrating that therapists differ in how they work within these high conflict cases.

***Trending towards trauma and attachment models***

As briefly introduced by Emma and Aurora, many therapists mentioned "trauma" or "attachment theory" being a guiding factor in conducting therapy with families in high conflict. Charlotte talked about her incorporation of trauma as she shared, *"I use my trauma training for that [type of client] a lot even just with EMDR [Eye Movement Desensitization and Reprocessing]. We work a lot on negative cognitions, and I think that parents and divorce and stuff can create a lot of negative cognitions."* Isabella also mentioned trauma and discussed how

looking at these families through a trauma lens brings complexity. When discussing treating families she explained, *"But it's so multi-layered. Because if a person has trauma, then you have to address trauma in a very specific trauma-informed treatment way."* Within Isabella's theoretical framework, there is additional complexity from a trauma lens with more family members involved in the therapy process.

In addition to trauma, there was often a reference to tenets of attachment theory that influenced the practice approach of the participants. Lily talked about her place of practice being a center that uses an attachment lens with cases involving high conflict. She shared:

> *Because we work with a lot of early childhood trauma and we're attachment-focused, attachment theory is [at the] forefront [of] the way that we view things. So, I'm looking at care that is sensitive and effective. And so that's going to be a guiding principle as I work with a family.*

Harper discussed using a PCIT (Parent-Child Interaction Therapy) as one of her models due to its relation to attachment. She explained, *"I like PCIT because it deals with attachment, first, and then works on parent directives. I think it can be really helpful for any type of level of parenting skill."* Evelyn also discussed using attachment theory and parental involvement. She mentioned, *"I like to do a lot of attachment work. It's really hard to do attachment work when the parent is not able to be super present."* Olivia also talked about attachment theory when referring to parents or the adults within the family system. She said:

> *My belief is that divorce is an attachment wound. So, you had this significant relationship and then it ended. It's why everybody says, 'Oh, my ex is a narcissist, or my ex has borderline personality disorder' because, yeah, everybody looks like they got a personality disorder after a breakup. Its [an] attachment wound.'*

***Mentioning of Cognitive Behavioral Therapy***

Many therapists mentioned "CBT," or cognitive behavioral therapy, when asked about their theoretical approach to working with families in high conflict. However, therapists only talked about cognitive behavioral therapy when pairing it with another model and not using it solely in working with families in high conflict. For example, Ellie discussed using CBT but pairing it with a solution-focused approach when working with families. When asked about her theoretical approach, she said, *"A lot of CBT things that I normally do and I still am able to employ that in my individual sessions with the kids. But in these family sessions, it just feels very solution-focused."*

Two therapists mentioned using an emotion-focused framework as their primary modality but also discussed how it was combined with CBT. Noah said, *"More officially, I'm an emotionally focused couples' therapist and so I can't do this work from a cognitive perspective. I bring in some CBT in my work, but it's really about how people are feeling."* Similarly, Amelia talks about emotion-focused and CBT but includes how she uses these frameworks with parents' involvement. She said, *"I mostly do more of a CBT skills-based [and] emotional work. But I like to tie [it] in with parents [in session], so they know the skills [and] can bring it home."* Liam also brought up CBT as he pairs it with several other modalities. He explained:

> *The work that I've done is in the CBT realm of things. I do a lot of DBT stuff, but I also really like operating with an existential Gestalt mindset [to have] an understanding of the past. A little bit is helpful on certain things to see where some problems have developed.*

Isabella also mentioned CBT with several modalities. She shared:

> *I tend toward experiential and I tend toward CBT, and mindfulness-based treatments because cognitive behavioral therapy is obviously the standard but mindfulness-based*

*stress reduction is the most effective for people actually getting a break from their heads. So, it's got to be a combination of those things.*

In summary, the interviews revealed a diverse range of therapy approaches among therapists working with families in high conflict situations. None relied solely on one model, with many adopting an eclectic approach. Attachment-based and trauma-focused models were prominent, with some therapists incorporating elements of cognitive behavioral therapy (CBT). Reunification therapy was also discussed, though there was some confusion about its definition. Overall, therapists showed a commitment to adapting their approach to meet the complex needs of families in high conflict situations.

**Results Summary**

The study findings indicated that families in high conflict challenge licensed therapists and are reluctant to work with them. This supports previous claims in the literature of therapists being hesitant to engage in therapy when there are high conflict dynamics (Chang, 2020). One of the big reasons was fear; fear of not knowing the legal process, fear of doing something wrong, or fear of having to go to court. Therapists acknowledged that working with these families was particularly demanding of their time and they needed to enforce additional structure to proceed with therapy services. With this additional structure, and openly letting parents know upfront and early on, it was evident that these therapists did not want to be involved in their clients' legal processes. Despite these feelings, the interviewees overwhelmingly voiced their desire to help the children of these families. Therapists expressed difficulty with engaging parents in being child-focused when the therapy was, in fact, about their child. Therapists also described scenarios of how parents interfered directly or indirectly with the therapist's process. This, along

with managing the dueling aspects of the parent's relationship, made it particularly challenging for therapists to see progress in their work.

Regarding how therapists approach working with families in high conflict, the findings revealed that there was an array of theoretical approaches therapists would utilize, with 36 different modalities being mentioned. Therapists would describe being eclectic, not having a straightforward answer, or mentioning several models that they utilize for therapy. Despite the lack of a unifying theory for these families, most therapists mentioned the importance of having good “boundaries” and engaging with both parents neutrally. They also voiced the need for self-protection when taking on this work due to its emotionally exhausting nature.

Lastly, therapists discussed how they received little to no training for working with families in high conflict who are involved in legal proceedings. This is consistent with the literature as many therapists are unprepared to work with these cases (Schmidt & Grigg, 2023). Therapists appeared to be confident in their role or lacked confidence in their abilities and knowledge. Many therapists referenced “learning along the way” or “being thrown in” as they described how they acquired knowledge. Some relied on consultations with colleagues to gain insight into how best to work within their practices. Participants were emailed a summary of the results [see Appendix F] and their transcript after the interviews concluded. They were asked if they had any feedback and if the summary reflected their experience. For the participants who responded, no suggestions were made. Participants said that the summary and transcript represented their experiences. Some of the participants thanked the researcher and expressed that the findings were interesting and accurately represented their thoughts.

# CHAPTER V

# DISCUSSION

A large gap exists between the research and clinical practice of helping these high conflict families and there are no guidelines or best practice standards for mental health professionals to gauge their work (Polak, 2017). As the need for professional services has increased for these high conflict families (Schmidt & Grigg, 2023), it has become clear that the current legal system has not evolved and is not able to meet the needs of mental health professionals or the families involved (Ordway et al., 2020). Likewise, mental health professionals who work with children and families could greatly benefit from specific training in working with these families that are involved in the legal system.

## Rationale for the Study

Therapists play a critical role in providing therapy services to families in high conflict in the context of legal matters (Treloar, 2019) such as divorce, legal separation, paternity, and child custody. Families are going through significant challenges during such trying times and they could use the support and expertise of the mental health therapists and these families depend on such support. However, many therapists are hesitant to work with these families (Schmidt & Grigg, 2023). The current study showed that these therapists had a fear of the prospect of working with these families. Therapists are often not specifically prepared in their educational training for this type of work (Fidler & Bala, 2020). There has been very little research as to "why" there is hesitancy amongst therapists to work with these clients or what the experiences therapists have had in their work with these families. Therefore, it is important to investigate therapists' experiences in working with families in high conflict to further understand and advance this area of mental health practice and connect families to informed mental health

services with qualified therapists. This study was an exploratory study using a phenomenological approach to gather data on the experiences of licensed therapists in the field who work with children and families. The research questions leading this study were:

1. How do therapists who work with children and families approach and experience therapy with families in high conflict and legal proceedings?
2. What are therapists' attitudes who work with children and families about working with families in high conflict and legal proceedings?

With these overarching questions, the researchers formed a data analysis plan using Colaizzi's Approach (1978). Here, 20 licensed therapists were interviewed by the primary researcher, and both researchers were involved in the data analysis and coding process. Five superordinate themes and 19 subordinate themes that emerged from the analysis.

**Distinctive Findings**

This study provided insight into therapists' experiences, attitudes, and approaches to working with families in high conflict and involved in legal proceedings. It was evident that the participating therapists encountered significant challenges when working with families in high conflict. Fear emerged as a predominant factor, encompassing apprehensions about navigating legal processes, making mistakes, or facing potential court involvement. Therapists acknowledged the considerable time demands imposed by working with such families, necessitating additional structure to provide therapy services. Despite their reservations, therapists expressed a strong desire to support the children within these families.

When working with parents, the therapists faced difficulties in fostering a child-focused approach when parents diverted attention away from the child's needs. The participants described ways that parents put their child in therapy expecting that therapy for the child would

fix the high conflict dynamics in the family system. Therapists described wanting to provide a space for children to "safeguard" them from these high conflict dynamics. They explained how parents needed to "do their own work" regarding emotional regulation, parenting, coparenting, and conflict resolution skills. Therapists discussed instances of direct or indirect interference by parents, alongside managing the contentious coparenting relationship, impeding the therapeutic process.

Regarding therapists' approaches, they seemed to employ a diverse range of theoretical models and mentioned 36 of them during the interviews. There were trends of therapists discussing the benefits of trauma-informed and attachment-based models along with mentioning cognitive behavioral therapy. Regarding the facilitation of therapy services, therapists uniformly stressed the importance of having firm boundaries and maintaining neutrality. While some participants expressed confidence in their role others reported a lack of confidence. They described overtly and covertly how working with families in high conflict was emotionally draining compared to their other clients.

Furthermore, therapists expressed the limited training they received in working with families involved in legal proceedings which echoes the findings in the literature (Schmidt & Grigg, 2023). Many therapists described how they "learned along the way" or were "thrown in" along with describing utilizing consultation and wanting more guidance. To support them, therapists discussed consultation and advised continuous consultation when working with families in high conflict. In conclusion, this study sheds light on therapists' experiences with families in high conflict and legal proceedings, offering insights for further exploration and support.

## Implications for the Field

The findings demonstrate the need to identify best practices, education, and training for therapists working with families in high conflict in the context of legal matters. Therapists must be able to conduct their role properly, be effective, and build comfort in the work to serve their clients best. In addition, there is a need for therapists involved to have a unified and structured approach to this work. Families in high conflict need the assistance of qualified family professionals. Therapists would benefit from establishing uniform guidelines through the education process and ongoing professional support to better meet the needs of these high conflict families.

While there are many implications to explore, I will suggest five specific areas for advancing services for families in high conflict. These implications can be summarized as follows: (a) development of therapist training, (b) certification of training (c) development of training for legal professionals (d) creation of a therapy liaison role, and (e) mentorship program for consultation. These implications, along with other possibilities, are important to the mental health field as they provide actionable insights that can lead to improvements in practice, policy, and research.

### *Development of Therapist Training*

Nearly all therapists involved in this study identified that they did not receive formal training for working with families or clients in high conflict. Further, they uniformly expressed that there should be a formal educational process established to equip them for work within these families better. Due to the complex dynamics of these families, these cases are significantly higher in ethical complaints (Chang, 2020). By establishing a standardized training program, both for existing professionals and within clinical graduate programs, therapists would have the

opportunity to acquire essential knowledge, skills, and competencies necessary to deliver effective and ethical therapy services and thus prevent burnout and elevate the desire often faced by therapists to not work with these clients. With greater preparation to serve these families, perhaps a degree of the fear associated with these cases would abate.

Training for therapists who will work with clients in a high conflict context could have specific emphasis such as setting boundaries for the therapy relationship, maintaining neutrality in therapy relationships, keeping confidentiality within the therapy relationship relative to court involvement, engaging appropriately and ethically with legal professionals, using specific clinical techniques appropriate for these high conflict clients, and working with the special dynamics of the family in high conflict. Training could also be comprised of providing psychoeducation on legal processes faced by these families, the roles of legal professionals and how those roles impact the therapeutic role, co-parenting dynamics and how they differ in high conflict families, communication breakdowns typical of these clients, trauma, and its impact on therapy within a high conflict family, and the impact of high conflict on children---all of which will assist therapists to better perform their therapeutic work. Overall, research shows that therapy training for working with families in high conflict can help therapists become equipped with the specialized knowledge, skills, and guidelines to support families in high conflict with sensitivity, empathy, and effectiveness. Moreover, specialized education will also support the therapists as they face the challenges inherent of working with this population. The need for informed therapists is crucial as high conflict divorce is increasing (Schmidt & Grigg, 2023).

***Certification of Therapy Training***

There could also be benefits to therapy professionals and the clients they serve to have a certification process with specialized training that can serve several purposes. First, certification

could help therapists undergo a standardized and research-informed education process to acquire the knowledge, skills, and competencies to provide ethical and effective therapy services. Certification would signify that therapists have met specific criteria set by professional organizations or other accrediting bodies, demonstrating their commitment to upholding best practices and ethical guidelines. Certification could help with facilitating professional accountability and regulation within the field.

Secondly, certification reassures clients that the therapist they are working with has met recognized professional training and competency standards. If the parents have more trust in the therapist's skills within the therapy process, this may reduce parental interference. It may also instill confidence in parents within the therapeutic setting if they recognize that the therapist has the expertise and qualifications needed to address their concerns and provide appropriate support and guidance.

Certification will enhance the therapists' credibility and recognition in both the mental health and legal fields. Colleagues may be more likely to trust and collaborate with certified therapists if the therapist maintains certain qualifications and credentials demonstrated within a certification process. This likely will make the referral process to trained therapists much easier for legal professionals and will likely allow therapists who do not want to do this work to refer to certified therapists who can be relied upon for appropriate therapy for families in high conflict and legal proceedings.

***Development of Training for Legal Professionals***

Creating training programs tailored to professionals working in the legal setting could significantly enhance the effectiveness of therapy for families involved in legal proceedings. By equipping legal professionals with a nuanced understanding of therapists' roles, ethical

considerations, and the therapeutic process, a collaborative relationship can be fostered for serving their mutual clients. Improved communication and collaboration between the legal and therapeutic spheres can ensure a more holistic approach to addressing the needs of families navigating legal challenges. Therapists should collaborate with other professionals working with a family to coordinate care (Deutsch & Sullivan, 2014). The two professions would be less likely to encroach on the therapeutic process and more therapists would likely not cease working with clients who are involved in legal proceedings. Through training, legal professionals could gain insight into the intricacies of therapeutic interventions, enabling them to advocate more effectively for their clients while respecting the therapeutic process. Appropriate boundaries could be established between the professions with both finding common ground in serving their mutual clients.

By bridging the gap between legal and therapeutic frameworks, tailored training programs can empower legal professionals to navigate the delicate balance between legal proceedings and therapeutic processes. For example, training could include understanding the limitations of confidentiality, informed consent, safe harbor agreements, treatment plans, and what is in the authority of the therapists that can help assist legal professionals in making informed decisions that will better serve the family. Through mutual understanding and shared objectives, legal and therapeutic professionals can work in tandem to foster positive outcomes for families, emphasizing the importance of holistic support and comprehensive solutions in navigating the complexities of legal proceedings intertwined with familial dynamics.

#### *Creation of Therapy Liaison Role*

Due to the complexity of the therapy work and multiple professionals of different disciplines interacting with the family, a creative solution is likely needed. New roles have been

created in the field over time such as parenting consultants/coordinators, mediators, custody evaluators, and guardian ad litems to improve services available to families. A new role that could be beneficial to the interdisciplinary work of therapy and legal processes is a point person assisting the family with mental health or therapy services such as a "therapy liaison." This person would be an identified professional akin to a guardian ad litem and would assist with the coordination of care in conjunction with the legal proceedings. From the results of this study, there proves to be problems in the interdisciplinary work of therapists and legal professionals, specifically attorneys. A liaison's purpose would be to help maintain the therapist's boundaries which are important in therapy while informing the court of the information that must be conveyed to assist in the legal process. This process would allow the therapist to focus on providing the service necessary and abiding by confidentiality, which is critical in a therapeutic relationship, instead of the therapist having to manage parents, engage with the legal professionals, and lessen the logistically demanding factors found in these cases. This role would help assist when multiple therapists are working on a case to coordinate the mental health services being provided to the family system.

### *Mentorship Program for Consultation*

Many of the therapists in the study discussed that the access to consultation with other therapists was helpful or that they advised other therapists to utilize consultation in their therapy work with families in high conflict. Consultation groups can support therapists personally, professionally, and emotionally (Thomas, 2010). Having a mentorship program for consultation specifically regarding therapy with families in high conflict would connect therapists to skilled and knowledgeable therapists willing to assist. Therapists who want to work in this area or learn more would have a mentor/supervisor to consult with who is specifically knowledgeable. That

mentor would provide direct support on a case-by-case basis on these complex cases—all of which have various case-specific nuances. This program could also have available consultants that are easy for therapists to access when they need immediate consultation on an active case.

**Limitations of the Study**

Like most studies, this study is not without limitations. First, the primary researcher is a Licensed Marriage and Family Therapist and had to be mindful of remaining a researcher instead of a fellow therapist when interviewing therapists. While it was helpful for the primary researcher to have this knowledge-base to provide insight into connecting the findings with further development in the field, precautions needed to be taken. Although interviews are often used in qualitative research, there is a strong link between interview practices and epistemological assumptions (Hoover et al., 2018), so there was a chance for bias from the interviewer. The researcher tried to keep strict boundaries, followed the IRB-approved interview questions, and refrained from interjecting thoughts or opinions into the interview. In addition, the primary researcher's clinical work frequently entails working with families in high conflict, which may impact how the data was coded. However, precautions were taken through bracketing and following Colazzi's methodology to limit the impact of potential bias. Another area of limitation related to the primary researcher's identity as a clinician guided by systems theory, is the challenge of balancing this pre-existing knowledge and theoretical framework with a data analysis approach that is inherently atheoretical. Declaring a systems theory-informed way of conceptualizing these families up-front, as I did in the literature review, is another way of declaring this potential bias that may have affected the data analysis process. The researcher's systemic understanding of these families is yet another layer of bracketing that the reader needs

to know about in order to have more confidence that biases were declared up front and efforts were made to avoid liberally applying systems theory concepts to the data.

Utilizing a semi-structured interview also created a limitation for this study. The semi-structured interview provided insight into experiences; however, it is difficult to fully understand these experiences with the limited questions in the IRB-approved interview transcript. The participants were not given the questions beforehand, which did not allow them to prepare answers. The interview questions were intended to gather information and provide rich insight into the participants' experiences involving work with high conflict families, however, due to the time, participants' level of disclosure, and answering the questions without preparation, it is likely the interviews did not gather all aspects of the participants' experiences.

The third limitation of this study is the absence of diversity. While this study had both male and female perspectives, all participants identified as White (with one reporting White/Asian. Most of the participants identified as White female, which was not surprising due to this being the dominant racial and gender identity in the field, according to the American Psychological Association (2016) and the American Association for Marriage and Family Therapy (Doherty & Simmons, 1996; Northey, 2002). This study could be replicated with a more culturally diverse population to gain insight into perspectives beyond the majority race.

The fourth limitation of the study was that the participants all resided in the state of Minnesota. While keeping some homogeneity with the sample might increase the study's internal validity, it might come at the cost of external validity. Residing in Minnesota would impact the statutes that govern these therapists' practices. This may influence how they must practice compared to other states and how they must interact with legal professionals. Furthermore, residing in Minnesota might limit the education and training available to therapists.

Lastly, the legal proceedings available or practiced in Minnesota that therapists would be exposed to due to practices of the Family Law Courts in Minnesota could be considered limited and different from other jurisdictions. For example, Minnesota has a legal service called Social Early Neutral Evaluations, or SENEs, and this is not a practice in most states. This would be a context therapists are exposed to in Minnesota that they would not be in other states. Other states may also have legal services that Minnesota does not have. This study should be replicated across states or in other countries to affirm or evolve findings.

**Future Research Directions**

There is a significant lack of research on the interdisciplinary work of family therapy and family law while these two fields often intertwine due to serving the same families. There could be many different directions for researchers to expand this exploratory study. A predominant need appears to be for training. To provide quality training, the training should be informed by research, therefore, there is much work to be done to establish and research training for professionals working with families in high conflict. Research can provide empirical evidence regarding the effectiveness of different therapy approaches, techniques, and interventions specific to working with families in high conflict. Therapists can make informed decisions when engaging with families to achieve positive outcomes by integrating research findings into therapy training.

Another area to target in future research is having evidence-informed theoretical clinical approaches for therapists. This study demonstrated the array of approaches therapists use with families in high conflict and legal proceedings and having to “learn along the way” in their practice. As a field, we need to identify what is effective so that families can have healthy family

functioning when in high conflict and legal proceedings. A research-informed therapy model can enhance the quality and accountability of therapy services.

Another area of research would be to focus on the development of screening tools for families in high conflict and legal proceedings. Assessment tools provide a structured and standardized way to gather information and comprehensively understand clients' presenting needs. Specifically, a screening tool to assess for high conflict may be helpful for therapists at intake so therapy services can start with the proper paperwork and procedures necessary to be successful. Another screening tool would be a self-assessment tool for therapists to use to determine their competency in working with families in high conflict and who are also involved in legal proceedings. Therapists could use this tool to be able to identify where they may need additional training or consultation.

Furthermore, this study was conducted by only interviewing therapists. Further research could be done to understand legal professionals' experiences in working with mental health professionals when they share a mutual client's family. It would be benefit the field to explore attorneys' or other legal professionals’ knowledge about the roles of therapists and how they feel about working with their profession. This would help inform where specific training is needed for legal professionals who work with families in high conflict alongside therapists and where there could be possibilities for collaboration for the betterment of the family.

**Conclusion**

This study aimed to learn about the experiences, attitudes, and approaches of therapists who have worked with families in high conflict. Understanding these therapists’ challenges, strategies, and insights can offer valuable lessons for both the therapy profession and the legal profession. By amplifying therapists' voices and experiences, this study aimed to contribute

actionable knowledge that can lead to more informed interventions, better outcomes for families, and potentially even systemic improvements in how therapy can occur concurrently with legal proceedings.

It was evident that conducting therapy with families in high conflict and legal proceedings is experienced by therapists who do not specialize in the work that they face whenever they work with clients in high conflict. The current research has indicated a need for more training and support for therapists, research on practical and theoretical approaches, and training for legal professionals. While the following conclusions provide some ideas and directions for these things,  much more remains to be explored. The current phenomenological analysis of licensed therapists has identified many themes related to therapists' experiences of working with families in high conflict. Throughout the interviews, there was a collective response of therapists being reluctant to be involved in the legal process, feeling challenged by problematic parents, seeing a lack of training, expressing ways to self-protect, and identifying various therapy approaches.

This study indicated several implications for the practicing field and directions for future research. This included training for therapists and legal professionals, establishing a mentorship program, creating a therapy liaison role, and establishing specialized intake protocols and tools. These additional advancements could create opportunities for more informed professionals to develop ways to coordinate services for families. It is recommended that there be research to support these potential new advancements. By addressing these recommendations and supporting them with empirical research, professionals in the field can enhance their ability to support families effectively and ethically, ultimately contributing to positive outcomes for families.

Using a qualitative research design, the researchers explored the experiences, attitudes, and approaches of therapists who have worked with families in high conflict in the context of legal proceedings. From the findings, areas for growth as a field were identifiable such as solidifying a model, providing training, and creating new programming. While the study provided valuable insights into therapists' experiences working with high conflict families, it also emphasized the need for further research in this area. Continued investigation can help deepen our understanding of the underlying dynamics, refine therapeutic approaches, and identify best practices for supporting families in distress. By building upon the findings of this study, researchers and practitioners can continue to advance the field of family therapy and improve outcomes for families facing high levels of conflict in legal proceedings.

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**Table 1.** *Participant Demographics*

| Participant # | Gender | Race | Years in Practice | Current clinical setting | % of practice with children and families | % of current caseload with divorcing families |
|---|---|---|---|---|---|---|
| 1 | M | white | 3 | Private practice | 40-60% | Less than 20% |
| 2 | F | white | 12 | Private practice | 40-60% | 20-40% |
| 3 | F | White, Asian | 8 | Private practice & non-profit | 40-60% | Less than 20% |
| 4 | F | white | 2 | Private practice | Over 80% | 20-40% |
| 5 | F | white | 12 | Private practice | Over 80% | 20-40% |
| 6 | F | white | 10 | Private practice & nonprofit | 60-80% | 20-40% |
| 7 | F | white | 14 | Private practice | 20-40% | 20-40% |
| 8 | F | white | 9 | Private practice | Less than 20% | Less than 20% |
| 9 | F | White, Asian | 12 | Private practice | 40-60% | Less than 20% |
| 10 | M | white | 7 | Private practice | 40-60% | Less than 20% |
| 11 | F | white | 6 | Private practice | 20-40% | 20-40% |
| 12 | F | white | 3 | Hospital /medical setting | Over 80% | 20-40% |
| 13 | F | white | 3 | Private practice | Less than 20% | Less than 20% |
| 14 | F | white | 2 | Private practice | 40-60% | Less than 20% |
| 15 | F | white | 27 | Private practice | Over 80% | Less than 20% |
| 16 | F | white | 10 | Indian health services | 20-40% | 20-40% |

| | | | | | | |
|---|---|---|---|---|---|---|
| 17 | M | white | 25 | Private practice | 60-80% | 20-40% |
| 18 | F | white | 8 | Private practice | 40-60% | Less than 20% |
| 19 | F | white | 5 | Private practice | 60-80% | 40-60% |
| 20 | F | white | 5 | Private practice | Over 80% | Less than 20% |

**Table 2.** *Thematic Content*

| Superordinate Theme | Associate Subordinate themes |
|---|---|
| Theme 1: Reluctant to be Involved in Legal Process | 1a. Fear |
| | 1b. Time-consuming and Logistically Demanding |
| | 1c. Desire separation between therapy and legal process |
| Theme 2: Managing Problematic Parents | 2a. Therapist wants to "safeguard" children |
| | 2b. Parents struggle with being child-focused |
| | 2c. Parents need to do "their own work" |
| | 2d. Parent interference with the process |
| | 2e. Balancing coparent interactions |
| Theme 3: Training/Experience | 3a. No explicit training |
| | 3b. Want more guidance |
| | 3c. Accessing consultation |
| | 3d. Learn along the way/Thrown into it |
| | 3e. Confidence:<br>i. Lacking Confidence<br>ii. Owning Confidence |
| Theme 4: Needing Self-Protection | 4a. Having firm boundaries |
| | 4b. Existing policies and procedures provide structure |
| | 4c. Emotionally exhausting |
| Theme 5: No Unified Therapy Approach | 5a. Trending towards trauma and attachment models |
| | 5b. Mentioning of Cognitive Behavioral Therapy |

# APPENDICES

## APPENDIX A

## RECRUITMENT EMAIL

Dear Therapy Colleague,

My name is Erin Guyette, and I am a Doctoral Candidate in the Department of Family Social Science at the University of Minnesota and a local licensed therapist. I am conducting interviews with therapists for a qualitative research study to help improve family therapy services. I am specifically interested in interviewing therapists who work with children and families. I would like to talk with you about your experience if you have ever had a family case where the parents were involved in a custody dispute, a conflictual coparenting relationship as a result of a separation/divorce transition, and/or the courts to resolve their disputes.

To meet the inclusion criteria for this research study, you must (1) be a licensed mental health professional in Minnesota, (2) be someone who regularly works with families (e.g., parents and/or children), and (3) have some experience with high-conflict court-involved families (i.e. custody disputes, interparental conflict, and/or court involvement). This study would not apply to you if you were considered a specialist for dealing with families involved in high-conflict court-involved families (e.g., parenting coordinator, mediator, court-involved therapist). Also, while I appreciate the sometimes overlapping occurrences of conflict and violence (e.g., family violence, intimate partner violence, coercive control), this study is not about experiences of working with families involved in violence.

I would greatly appreciate your time if you were willing to participate in an interview with me. The interview will take approximately 45 minutes of your time at a time that is convenient to you, the interview will be online via Zoom, and all involvement in this study will be confidential.

To participate, please click the link below to answer the prescreening questions and sign the informed consent. If you meet the criteria, we will follow up with you via email to schedule the interview. Please also send this email along to any mental health professionals you think would be interested in participating.

Those who participate in the interview will be gifted a $25 Amazon Gift Card. Gift cards will be delivered electronically at the closing of the interview.

**To participate in this study, click this link- https://umn.qualtrics.com/jfe/form/SV_d6BqB8fTNouqF7M**

Your privacy is important to me. Responses will be stored in a secure server at the University of Minnesota and will not be linked back to any participants. Your participation in this study is entirely voluntary, and at any time, you can choose to withdraw from the study or choose not to answer any of the questions. There are no risks associated with participation in this study as it involves only describing one's clinical judgment in family therapy. This study has been approved by the University of Minnesota's Institutional Review Board for research with human subjects.

If you have questions, please contact me at eguyette@umn.edu or my advisor, Dr. Steven M. Harris smharris@umn.edu.

Thank you for your time and consideration.

Sincerely,

Erin Guyette, Ph.D. (Candidate), LMFT
Doctoral Student - Family Social Science
University of Minnesota

Steven M. Harris, Ph.D., LMFT
Professor - Family Social Science
University of Minnesota

APPENDIX B

PRE-INTERVIEW QUESTIONNAIRE AND INFORMED CONSENT

**Study Background**

The purpose of this study is to identify how marriage and family therapists approach their work with high-conflict, court-involved families in the context of divorce or separation. This questionnaire is to gather basic background information to provide demographics for the study and provide informed consent.

**Prescreen Questions**

1. Are you licensed to practice in a mental health profession (i.e. MFT, LPC, LCSW, etc.)?
   - Yes
   - No

2. Do you regularly or typically see children and families in your clinical practice?
   - Yes
   - No

3. Have you ever worked with high-conflict court-involved families in a divorce transition?
   - Yes
   - No

**Participant Demographic Questions**

1. What gender do you identify with?
   - Male
   - Female
   - Non-Binary
   - Other
   - Prefer not to say

2. What race do you identify with? (Check all that apply)
   - White/Caucasian
   - African American
   - Asian or Pacific Islander
   - American Indian
   - Hispanic/Latino
   - Other- ____________________________________

2. What is your highest degree earned?
   - MA/MS
   - PhD
   - PsyD

- MD
- EdD
- Other- ___________________________

3. What is your current clinical practice setting?
   - private practice
   - Community Mental Health Center
   - hospital/other medical setting
   - school/institution
   - detention center/jail
   - other (please specify)- _________________

4. How many years have you been in practice? ______ years.

5. On average, how much of your clinical work week is spent providing services to children and families?
   - Less than 20%
   - 20-40%
   - 40-60%
   - 60-80%
   - Over 80%

6. What percent of your caseload at any given time involves families involved in a divorce transition?
   - Less than 20%
   - 20-40%
   - 40-60%
   - 60-80%
   - Over 80%

7. What training have you received in working with high-conflict, court-involved families? (check all that apply)
   - a selected topic in a graduate class
   - dedicated graduate class
   - practicum/supervision issue (dealt with on a case-by-case basis)
   - attended workshop(s) or conferences
   - A training specified for working with court-involved or high-conflict divorcing families
   - none
   - other- ______________

## INFORMED CONSENT

### Understanding Therapists' Beliefs, Attitudes, and Approaches to Working with High-Conflict, Court-Involved Families

**Key Information About This Research Study**

The following is a summary to help you decide if you would like to be a part of this research study.

**Why is this research being done?**

The purpose of the proposed study is to investigate the experiences and perspectives of therapists who work with families and/or children. We are particularly interested in therapists' perspectives on therapeutic work when families are engaged in legal proceedings such as divorce or separation and may have a "high-conflict" family system.

**How long will the research last?**

We expect that your involvement with the study will be primarily limited to the initial 30-45 minute interview. From there, we will be coding and analyzing the transcripts we get from doing interviews. Participants will also have the opportunity to review our final coding and synopsis of the interviews we conduct and provide any clarification.

**What will I need to do to participate?**

You will be asked a series of questions in an interview that will take approximately 45 minutes. More detailed information about the study procedures can be found under "What happens if I say yes, I want to be in this research?"

**Is there any way that being in this study could be bad for me?**

Because the interview is regarding reflecting on your clinical work with families, the interview questions could lead you to feel anxious or other negative emotions as you discuss past experiences. However, we acknowledge this and have prepared the interview protocol to be sensitive to your experiences. We also want you to be assured that this is a confidential interview. In addition, because of your training as a therapist, most likely you will be aware of any possible negative emotions that may arise when discussing this topic. Thus, the discomfort is not expected to exceed levels already experienced. We do have a list of resources of mental health services available to you at any time if you experience more negative emotions than anticipated.

**Will being in this study help me in any way?**

We cannot promise any benefits to you or others from your taking part in this research. However, the possible benefits include advancements in the field if the research is published and services to families are adjusted based on its findings. You may also find some value in discussing your experiences in working with families in the interview.

**What happens if I do not want to be in this research?**

There are no consequences to you for choosing to not participate.

**Detailed Information About This Research Study**

The following is more detailed information about this study in addition to the information listed above.

**How many people will be studied?**

We expect to interview about 20 licensed therapists who work with children/families.

**What happens if I say "Yes, I want to be in this research"?**

If you would like to participate in this study, the primary researcher, Erin Guyette, will contact you to schedule a time to meet over Zoom. You will be emailed a Zoom link to join at the time of the interview. During the interview, Erin Guyette will ask you some questions about your experiences in working with families in therapy, specifically surrounding those who you identify as "high-conflict" and are court-involved during or after a divorce/separation transition. The zoom meeting will be recorded to transcribe the interview for the research study. The interview will last 30-45 minutes. After the interview, any identifiable information in the transcription will be removed and the recordings and transcriptions will be saved in the University of Minnesota's secure online storage box where only the research team will have access to the content.

**What happens if I say "Yes" but I change my mind later?**

You can leave the research study at any time and no one will be upset by your decision. Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss. If you decide to leave the research study, contact the investigator so that the investigator can remove any information about your involvement.

**Will it cost me anything to participate in this research study?**

There will be no cost to you for any of the study activities or procedures.

**What happens to the information collected for the research?**

Efforts will be made to limit the use and disclosure of your personal information for those involved in the research process. We cannot promise complete confidentiality. Organizations that may inspect and copy your information include the Institutional Review Board (IRB), the

committee that provides ethical and regulatory oversight of research, and other representatives of this institution, including those that have responsibilities for monitoring or ensuring compliance. We may publish the results of this research. However, we will keep your name and other identifying information confidential. You will have access to the final report/summary of the qualitative data. Additional sharing of your information for mandatory reporting. If we learn about any of the following, we may be required or permitted by law or policy to report this information to authorities: Current or ongoing child or vulnerable adult abuse or neglect; Communicable, infectious, or other diseases required to be reported under Minnesota's Reportable Disease Rule; Certain wounds or conditions required to be reported under other state or federal law; or Excessive use of alcohol or use of controlled substances for non-medical reasons during pregnancy.

**What will be done with my data when this study is over?**

We may use or share data for future research on a related topic. Data may be shared with researchers/institutions outside of the University of Minnesota if one of the original research team members is involved. We will not ask for your consent before using or sharing them. The data will be de-identified so there is no traceable data back to any participant. If you leave the study, you can ask to have the data collected about you removed.

**Whom do I contact if I have questions, concerns, or feedback about my experience?**

This research has been reviewed and approved by an IRB within the Human Research Protections Program (HRPP). To share feedback privately with the HRPP about your research experience, call the Research Participants' Advocate Line at 612-625-1650 (Toll-Free: 1-888-224-8636) or go to z.umn.edu/participants. You are encouraged to contact the HRPP if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

**Will I have a chance to provide feedback after the study is over?**

The HRPP may ask you to complete an optional survey about your experience. If you do choose to complete the survey, your responses will be anonymous. If you are not asked to complete a survey but would like to share feedback, please contact the study team or the HRPP. See the "Investigator Contact Information" of this form for study team contact information and "Whom do I contact if I have questions, concerns, or feedback about my experience?" of this form for HRPP contact information.

**Can I be removed from the research?**

You can self-withdraw from the research study at any time.

**Will I be compensated for my participation?**

If you agree to take part in this research study and complete the interview, we will compensate you with a $25 electronic Amazon Gift card for your time and effort.

For questions about research appointments, the research study, research results, or other concerns, please contact Dr. Steven Harris or Erin Guyette.

Principal Investigator Name: Dr. Steve Harris
Departmental Affiliation: Family Social Science
Phone Number: 612-625-1900
Email Address: smharris@umn.edu

Student Investigator Name: Erin Guyette
Phone Number: 612-625-1900
Email Address: eguyette@umn.edu

The investigator may audio or video record me to aid with data analysis. The investigator will not share these recordings with anyone outside of the immediate study team.

- o I agree
- o I disagree

The investigator may use my de-identified data for future research beyond this study.

- o I agree
- o I disagree

**Full Name**

______________________________________

**Your signature documents your permission to take part in this research. You will be provided a copy of this signed document upon request.**

___________________________________

## APPENDIX C

## EMAIL RESPONSE TO ELIGIBLE AND INELIGIBLE PARTICIPANTS

**Email to Eligible Participants-**

________________,

Thank you for taking the time to complete the pre-interview questionnaire and informed consent for this research study. Please let us know if you have any questions about the pre-interview materials. We would like to schedule a time to meet for the interview via Zoom. Please let us know if any of the times below work with your schedule.

**[List dates/times of open slots]**

Thank you again for your participation in this study. We look forward to the interview time with you and your contributions to helping us improve services for families.

Best,

Erin Guyette

**Email to Ineligible Participants-**

______________,

Thank you for taking the time to complete the pre-interview questionnaire and informed consent. Unfortunately, you do not meet the criteria necessary to be eligible for the study. We appreciate the time you have taken so far with this study, but we will not be proceeding with an interview at this time. Please feel free to reach out with any questions you may have.

Best,

Erin Guyette

APPENDIX D

THANK YOU EMAIL TO PARTICIPANTS

Dear __________,

Thank you for participating in the recent survey about clinical work as a marriage and family therapist. This letter is to inform you that the study is currently closed. I would like to thank everyone for their time and efforts taken to complete the study.

I also wanted to inform you that due to your participation, you will be provided an electronic $25 Amazon gift card. Your gift card will be delivered by the end of this week to the email address you provided.

If you have questions about this study, please contact me, Erin Guyette, at eguyette@umn.edu or my advisor, Dr. Steven M. Harris, at smharris@umn.edu.

Thank you for your time and contribution to research.

Sincerely,

Erin Guyette, Ph.D. Candidate
Doctoral Student - Family Social Science
University of Minnesota

Steven M. Harris, Ph.D., LMFT
Professor - Family Social Science
University of Minnesota

APPENDIX E

INTERVIEW GUIDE

Date:_______________
Zoom Meeting ID:____________________
Interviewer:_________________________
Interview Number: ___________________
E-File Name:________________________

**Introduction:**

Thank you for coming today, I'm glad we could find a time to meet. Before we get started, you had the chance to complete the questionnaire and informed consent, correct? Do you have any questions about it?

I wanted to give a quick recap of what the study is about to refresh your memory on its purpose.

> The purpose of this study is to explore therapists' perspectives on working with families (parents and/or children) involved in high-conflict court-involved disputes. While there is no consensus on the definition of 'high-conflict', most would define these situations as coparents with exhibit ongoing interparental conflict after their separation and/or divorce, with continuous negative and conflictual exchanges while attempting to coparent their children. These families often engage in court services throughout a child's childhood due to the conflict. Families involved in high-conflict are distinct from those experiencing family violence, which we will want to differentiate because this study is not about violence but instead about your experience of working with families engaged in high-conflict to improve services with research.

I am appreciative of you taking the time to meet with me, and I am glad of your participation and want to remind you that this is a confidential process, and you can withdraw from the study at any time. The interview should take approximately 45 minutes. I will email you after the interview concludes with the $25 electronic Amazon gift card.

I have some questions here to guide me, but I'm hoping this will feel more like a conversation than an interview. Remember that there are no wrong answers as I am just hoping to have your perspective.

**Experiences with families involved in high-conflict**

**Grand Tour Question:** Describe your experiences of working with families involved in high-conflict as a family therapist.

***Possible Follow-up questions:***

1. What do you like or dislike about working with these families?

2. What do you feel are the biggest challenges when working with these families?
a. Can you share a case example?

3. What do you feel is rewarding when working with these families?
a. Can you share a case example?

4. Can you say something about how competent/comfortable you feel in your work with these families?
a. How long did it take for you to feel competent/comfortable with these families?
b. Have you received any specific training to work with families involved in high conflict (if so, please elaborate)
c. Discuss any other training that prepared you for working with these families.

5. Generally, how successful (as you define it) is your work with these families?
a. What has made it this way?
b. Tell me about one of your successful cases
c. Tell me about one of your less successful cases.

**Therapist's Approach to Clinical Work**

**Sectional Grand Tour Question:** How do you approach working with these families?

***Possible Follow-up questions:***

1. How is your clinical approach different for families involved in high-conflict than for the other families you work with?
a. Intake?
b. Who attends sessions?
c. Termination?
d. Follow Up?

2. What are some of the most important things to attend to when working with families involved in high-conflict?

3. What theory (or approach) do you rely on to work with families involved in high-conflict ?

**Interfacing with the legal system**

**Sectional Grand Tour Question:** What has your court-involvement experience or experience with legal professionals who are involved in your client's lives been like?

***Possible Follow-up questions:***

1. How do you feel about working with clients who are actively involved in court proceedings in comparison to clients who are not?

2. Can you share a little bit about any specific training you received about working with the legal system?

3. How do you feel the legal professionals perceive you in your role?
   a. Can you share an example of an interaction?

4. Can you say something about the level of contact you may have with legal professionals? [attorneys, parenting coordinators, custody evaluators, etc.]
   a. Do you have a formal process in your contact with them or is it more informal?

5. How often do you work with families involved in court proceedings?
   a. Have you been the identified therapist in a court order, if so, what was that like?

6. Have you been asked by legal professionals to do "reunification therapy?"
   a. What does reunification therapy mean to you?
      i. Do you believe you and the legal professionals see reunification therapy in the same way?

**Preparedness as a Clinician**

**Sectional Grand Tour Question:** Is there anything you wish you would have known more about when it comes to working with families involved in high-conflict? If so, what is it?

***Possible Follow-up questions:***

1. Do you have any advice for therapists wanting to work in this area?

2. What would you like to see happen as a field to change therapy services with
families involved in high-conflict?

**Final Question:** Is there anything else you can think of that would be important for us to know about conducting therapy with these families?

**Closing**

Thank you for your time today, and I will be emailing you your Amazon gift card today. Is the email we set up this interview with the best one to use? Do you mind if we contact you if we have additional questions or follow up with you in the future? What is the best way to reach you at that time?

APPENDIX F

## SUMMARY FOR PARTICIPANTS

Twenty therapists, with a 2–27-year range of professional practice experience, who have worked with children and/or families involved in high-conflict and legal proceedings were interviewed for this study. The interviews averaged about 45 minutes each. The interviewees had a range of experience in exposure to high conflict families as some therapists only had a couple cases while others had significant involvement. Overall, it was evident that the therapists engaging in this work wanted to provide support to the children involved and wanted to create a therapy process that was separate from legal engagement. We also observed that the therapists reported either lacking confidence or really owned their confidence in their role as a therapist to these high conflict legally involved families; this seemed to be directly related to the level of experience – more practice, more years, more exposure, all seemed to translate into greater confidence.
From the data analysis there were five superordinate themes that emerged. These themes include: (1) Reluctant to be involved in legal process, (2) managing problematic parents, (3) training/experience, (4) needing self-protection, and (5) no unified therapy approach. These themes will be described below in a brief manner.

**Theme 1: Reluctant to be involved in legal process**

Most participants described not wanting their therapy services to be involved in the legal processes at all. Most indicated a significant level of fear when thinking about initially working with these families, due to the legal side of this work. Therapists described various scenarios of fear; that they may not do things correctly or not know their role when it comes to engagement with legal professionals and processes. Further, they explained how working with these families was more demanding administratively and practically than their other cases (e.g., more emails, phone calls, care coordination, balancing messages to parents, lawyers, and others, etc.). They described more positive experiences with neutral legal professionals such as guardian ad litems, parenting consultants, and custody evaluators, but had have more difficult contact experiences with attorneys.

**Theme 2: Managing Problematic Parents**

Another common theme was the difficulty in working with the parents who are in high-conflict situations. The interviewees expressed a consensus opinion that parents in these families struggle with being child-focused and had a difficulty being able to do “their [own] work” concurrently to the services being provided to their children. Therapists discussed parents being defensive or wanting to blame the other parent instead of recognizing the impact of their conflict on their child(ren) and being solution focused. It was evident that therapists believed they had to put more energy towards managing coparent interaction than in non-high-conflict families. Therapists overwhelmingly described wanting to “safeguard” or provide a “safe haven” for the children.

**Theme 3: Training/Experience**

When asked about training, none of the therapists we interviewed reported having specific training on working with families in high-conflict in the context of court-involvement. Many therapists wanted more guidance or shared what would have been helpful early on in their career. All therapists described the importance of consultation and being reliant on it when providing services to these families. Most therapists referenced things such as "learning along the way," that it was "trial and error" or that they were "thrown into it."

**Theme 4: Needing Self-Protection**

When describing their work with these families, most participants mentioned the word "boundaries" and described the need to have firm clinical and personal boundaries that they developed through experience. Some therapists discussed how their clinic or agency's procedures provided structure (or boundaries) to the work that was helpful. Most therapists mentioned the high pressure of the work and it being "emotionally exhausting" in comparison to working with lower conflict, non-court involved families.

**Theme 5: No Unified Therapy Approach**

In the 20 interviews there were 36 different therapy approaches/models mentioned. So, there was no one specific theory that generally guided these therapists in their work with these families. There was some indication that attachment-based or trauma-focused models were more well represented in their responses as well as some support for using skills from cognitive behavioral therapy. None of the therapists we interviewed discussed having a single model that informed their work but instead mentioned several models or having an eclectic approach. There was also some confusion about what reunification therapy entailed with a couple therapists identifying as providing this service.