

Family Therapy for High Conflict Divorce/Separation

by

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Abstract

The divorce process often involves complex issues such as an exacerbation of mental health symptoms, attachment insecurities, communication breakdown, and internalizing and externalizing behaviours in children (O'Hara et al., 2019). This capstone explores how family therapies can support recovery, improve parenting, and strengthen parent-child relationships in the aftermath of high conflict separation/divorce (HCS/D). It explores what defines HCS/D, its impact on parenting, and the impact of interparental conflict on children and adolescents.

Through an attachment theory lens, this paper addresses difficult concepts such as parental alienation and explores how family therapy models offer interventions to navigate HCS/D.

Finally, this capstone presents a professional development workshop for school counsellors. The findings in the capstone will hopefully encourage therapists to incorporate systemic therapies, working with as many family members as possible in high conflict divorce/separation cases to provide holistic and wrap around support for parents and children.

Keywords: attachment theory, externalizing and internalizing problems, family therapy, high conflict separation/divorce, parental alienation

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Chapter One: Introduction

Divorce, or the end of co-habiting relationships, is common today. Around 50% of marriages in western societies end in divorce and around 50% of children witness parental divorce (Koppejan-Luitze et al., 2021). Experiencing divorce is stressful for both parents and children. Although the majority of divorces end in effective co-parenting and child adjustment, between 10-20% of divorces do not achieve adaptive co-parenting relationships and become complex, high conflict separations (Koppejan-Luitze et al., 2021). Continued conflict can have a negative effect on healthy co-parenting behaviours (Becher et al., 2019). In addition, mental health concerns in families are higher for children who witness interparental conflict after divorce. In fact, parental divorce or separation can be deemed one of the worst adverse childhood events. Children who experience divorce face mental health challenges such as “higher rates of psychopathology, substance use disorders, and academic achievement” (O’Hara et al., 2019, p. 1476). Van Gasse and Mortelmans (2020) posit that families, especially children, fare much better when they are supported by a family counsellor through the process of divorce and family reconfiguration.

The aim of the capstone is to explore the nature and complexities of high conflict separation/divorce (HCS/D), how it impacts parents, their ability to parent and co-parent effectively, and its impact on children. Through the guiding framework of attachment theory, this capstone strives to uncover how HCS/D impacts the parent-child relationship, and how family therapies can be implemented to bring change and healing in these fractured family systems. Vital to the facilitation of family therapies for HCS/D is the role family therapists play working with members of family systems and implementing interventions. In this chapter I will discuss briefly how the literature describes HCS/D, as well as its effects on parents and children. This

chapter includes an introduction of the research topic, the purpose of this area of study, a description of the theoretical frameworks I will be working from, and this capstone's contribution to the field. I will provide a background of why I chose this area to focus on, a reflection and positionality statement regarding this topic, as well as an outline for the purposes behind undertaking this research.

In the next chapter I will review the literature on HCS/D, attachment theory, and family therapies. I will explore its impact on children, highlighting emotional, behavioral, and academic consequences, as well as effects on attachment and loneliness. In the final part of the literature review I will look at how theories, methods, and interventions from family therapies can be beneficial when working with families from HCS/D.

In chapter three I will provide a proposal for a professional development workshop for school counsellors as they are some of the front-line professionals working with families from HCS/D.

Background Context

There are many key components in the literature regarding the intricacies of divorce, however little research explores the use and benefits of family therapies as a framework for treating post-divorce families mired in conflict. Yet, the characteristics of high conflict divorce, creates co-parenting conflicts which has adverse effects on children.

A study by Van Gasse and Mortelmans (2020) found six distinct phases of family reorganization after divorce. For low conflict divorces, these phases begin “with a troubled relationship and end with the acceptance of single parenthood” (p. 1105). The phases consist of “initial contentment and decline” (p. 1105), “drive toward transition” (p. 1106), “the hazy period,” “temporary reorganization of family life” (p. 1107), “sustainable reorganization of work

and care,” and “new period of contentment: reorganization and acceptance” (p. 1108). During the fourth phase, the temporary reorganization of family life, two types of people begin to emerge: those who are independent and strive for an independent single-parent system, and those described as *symbionts*, who integrate their single-parent family system into a larger social or family network that plays a notable role (Van Gasse & Mortlemans, 2020). For families of high conflict divorce, they may become stuck in one of these early phases and struggle to move through conflict, resentment, and/or separation distress (Stolnicu et al., 2022).

Research on high conflict divorce reveals several distinct qualities that separate it from regular divorces. Koppejan-Luitze et al. (2021) found that parents in complex divorces experience more intense “negative emotions, especially emotions that motivate emotional distancing such as contempt, disgust, hatred, and rage” (p. 765). These parents also experienced more intense emotions which hinder self-regulation, such as fear, guilt, shame, and sadness. They noted these complex divorces are “characterized by ongoing hostile exchanges between ex-partners,” and long-lasting post-separation conflicts that hinder effective post-divorce coparenting (Koppejan-Luitze et al., 2021, p. 766).

Co-parenting is a key factor in “the quality of parent-child relationships, positive child adjustment, and the quality of family relationships in post-divorce family contexts” (Petren et al., 2017, p. 145). The quality of the co-parenting relationship is a key determinant in understanding families’ psychosocial adaptation following divorce. Significant interparental conflict negatively impacts child development and can contribute to “long term difficulties such as externalizing and internalizing problems, academic problems, physical health problems, and social and interpersonal problems” (Paquin-Boudreau et al., 2021, p. 657; Stolnicu et al., 2022). Children are often exposed to parental alienating behavior which affects children’s attitudes towards

parents. Exposure to parental alienation can harm children's emotional, cognitive, and social well-being, leading to increased aggression, difficulties in peer relationships, challenges in school, and increased impulsivity (Rowlands, 2019).

High conflict divorce can have both short- and long-term negative effects on children. Shumaker and Kelsey (2020) argue that high conflict divorce is a "potentially destabilizing threat" to a child's integrity or core beliefs (p. 24). Children exposed to this type of familial disruption question their security, freedom, acceptance by important figures, as well as the meaning, predictability, and order of their daily lives. In the face of conflict, "their fragile world is turned upside down, and basic understandings about how family works and who can be trusted are often shattered" (Shumaker & Kelsey, 2020, p. 24).

Purpose Statement

The purpose of this capstone paper is to present an overview of high conflict divorce and its connection to mental health symptoms in children. My aim is to assist therapists in obtaining a better understanding of the nuances of high conflict divorce, co-parenting, and children's internalizing and externalizing behaviors in the face of HCS/D. This will provide valuable insights for those working with these families and children. Throughout this capstone paper I aim to explore what makes a divorce/separation become high conflict. I delve into maladaptive behaviours that fuel interparental conflict, and maladaptive behaviours that appear to be the result of conflict. I examine how family therapies provide valuable evidence-based approaches and interventions that can be used in interparental conflict and promote adaptive behaviours and parenting strategies. In addition, this capstone paper provides extensive information regarding how HCS/D impacts children, their attachment needs, and the parent-child relationship. It provides evidence supporting the use of family therapies to improve the relationship between

parents and children and strengthen the family system. This capstone paper emphasizes the importance of understanding and weaving in attachment theory when working with parents, children, and family systems.

Research Questions

The research questions I will seek to answer in this paper are:

- What are the defining characteristics of high conflict separation/divorce (HCS/D)?
- What are some of the challenges and barriers to co-parenting in the context of HCS/D?
- What is the psychological and behavioural impact on children exposed to HCS/D?
- How does HCS/D impact the attachment security of parents, children, and the parent-child relationship?
- How can family therapies address interparental conflict and the emotional and behavioural consequences of HCS/D?
- What are the roles and challenges of family therapists when working with families in HCS/D?

Reflectivity and Positionality Statement

I was a primary school teacher for almost nine years and have been a school counsellor for 18 months at the time of writing this capstone. As a teacher, and even more so as a school counsellor, I have witnessed many high conflict divorces and the resulting internalizing and externalizing behaviours in these children. I watched children experience anxiety, depression, social anxiety disorder, school avoidance, low academic achievement, symptoms of ADHD, ODD, and/or conduct disorder, and difficulty with social and emotion regulation skills.

I noticed and began to theorize the role that attachment insecurity might play in high conflict divorce, and how an increase in isolation among family members worsened their

conflict. Although in most of the cases I witnessed the courts granted 50/50 custody, in the case of separation, there still appears to be one parent who remained the primary parent and another parent who became the secondary parent. Separation from a partner, and a change in time spent or the guarantee of time spent with a child appeared to increase attachment insecurities in parents. The more the attachment was threatened, the more the parent behaviour would escalate. The more a parent behaviour escalated, the more the other parent would deem them unfit as a parent, thus further threatening their already fragile attachment. In this context I felt as though individual counselling, although also beneficial, would have limited impact once the individual returned to the context of family conflict. I believe a holistic family systems approach, grounded in attachment principles, can reduce isolation, strengthen bonds, and improve family functioning by recognizing that humans are best understood and helped within their social context (Prochaska & Norcross, 2018). Family systems therapy supports each member of the family within their context by strengthening attachment bonds, providing co-parenting interventions, and enhancing the parent-child relationship (Stolnicu et al., 2022).

I recognize I am a white, cisgender, heterosexual settler from an upper/middle class socio-economic background. I have also never been married and have never been a parent. I recognize a lot of my experience working with families, and much of the research I have done is with heterosexual couples and cisgender children/adolescents. I have yet to gain more experience working with same-sex and/or polyamorous relationships, as well as gender fluid children. My middle-class socio-economic position sometimes sets me apart and creates a power differential, as many of the families I work with experience poverty and food insecurity. It is imperative I remain aware of my social location and biases while conducting research for this capstone project and working with families of various backgrounds. One of my greatest hopes for this

project is to help build stronger families and children post-separation/divorce. I hope to see attachment bonds strengthen for both parents and children and effective parenting practices overcome the challenges caused by interparental conflict post-separation. I also hope to see more people become aware of the many layers to HCS/D and feel more confident in supporting parents and children affected by this phenomenon.

Theoretical Orientation

This capstone will be based on Attachment Theory and Family Systems Theory. Attachment theory emphasizes bonding and asserts there is a universal, lifelong need for connection. This is met through responsive attachment figures, whose accessibility, emotional engagement, and responsiveness shape the quality of the attachment bond. These experiences form expectations or working models of self and others (Johnson, 2019). Those involved in HCS/D should not be viewed in isolation but understood through an attachment theory lens, which assumes that humans are inherently driven to connect with others (Diamond & Stern, 2003). Through divorce, attachment securities of parents and children are often severed or compromised and constitute a driving force for conflict and maladaptive behaviours.

Family systems theory emphasizes that individuals can only be understood within their social context and as part of interconnected systems, such as families (Prochaska & Norcross, 2018). Rothbaum et al. (2002) note considerable similarities between attachment theory and family systems theory, observing how they are both grounded in systems thinking and human relationships. Both theories emphasize the parental relationship as a key factor in family functioning, the quality of caregiving provided to the child, and child development (Rothbaum et al., 2002).

Significance of the Capstone

Although primarily geared towards informing therapists, this capstone paper is also meant to inform all readers and prospective helpers working with children and families. Among the intended audience are parents/caregivers, school administration, teachers, school counsellors, and policy makers. Parents are doing the best they can with what they have learned. In my experience working with parents, they are often trying to do better than their parents. This paper aims to inform parents that they are not alone in their struggles with post-separation conflict, and provide them with a better understanding of how to support themselves and their children, as well as how to reach out for help in the context of HCS/D. High quality parenting is a salient protective resource for children, especially those who experience parental divorce or separation (O'Hara et al., 2021).

School staff can benefit from a deeper understanding of the impact of high conflict divorce on children and parents, enabling them to provide better support within their systems. By becoming more informed about HCS/D and adopting a holistic, family systems approach, helping professionals can better support children and families. For children from HCS/D, schools may represent a safe space to thrive and reduce the risk of adjustment difficulties and mental health concerns produced by interparental conflict. Teachers can play a key role in noticing and identifying mental, emotional, and behavioral warning signs of children experiencing vulnerabilities due to HCS/D. Children spend a significant portion of time at school, placing teachers, school administrators, and school counsellors in a unique position to mediate stressors associated with HCS/D (Laletas & Khasin, 2021). School professionals can use this information to support post-divorce families by reframing detrimental perceptions, helping parents navigate challenges, and providing resources or counselling services (Russell et al., 2016).

Finally, policy makers are an important intended audience as they impact the societies in which we live. Healthy families beget healthy societies and it is important for policy makers to have a clear picture of the nature of HCS/D and its impact on children. It is beneficial for policy makers to arrive at decisions that reduce family distress and provide improved resources for families that are struggling. Policy makers can call for more awareness on the adversity of HCS/D for parents and children and put supports in place for those most vulnerable to its detrimental effects (van Dijk, 2022).

Contribution to the Field

This capstone paper contributes to the field by raising awareness of and advocating for family therapies after separation or divorce. In my work as a school counsellor, I rarely hear others acknowledge family therapy or refer parents/families to family therapy. Mental health professionals often refer adults and children to separate individual therapy when experiencing distress due to separation conflict. Systemic therapies are invaluable for producing change and promoting healing when treating the family system, working within family subsystems, or addressing an individual within the system.

Definition of Terms

Attachment Theory: Attachment theory, founded by John Bowlby (1969/1982, 1973, 1980, 1982), posits people are born with innate behaviours to maintain close relationships with attachment figures for physical and psychological security (Mikulincer & Shaver, 2005; as cited in Richards & Schat, 2011).

Co-parenting: Co-parenting refers to the ongoing interactions, both in-person and remote, between separated or divorced parents regarding decisions about their child(ren)'s care, needs, and activities. Unlike the broad definition of parenting behavior, co-parenting emphasizes the

coordination of caregiving rather than behaviors directed at the children (Beckmeyer et al., 2014; Beckmeyer et al., 2018).

Divorce/Separation: Divorce and/or separation refers to the legal dissolution of a marriage or cohabitation agreement and the separation of families between two single parent households (Van Gasse & Mortlemans, 2020).

Externalizing Behaviours: Behaviour that is directed outward. For example, aggression, defiance, hyperactivity, conduct problems, oppositional behaviours, and other disruptive behaviours (Roorda & Koomen, 2021).

High Conflict Divorce: High conflict divorces are often characterized by recurring legal disputes, high levels of anger and mistrust, communication problems linked to hostility, arguments, disappointments, verbal and/ physical aggression, and difficulties focusing on the needs of children as separate from those of the parents (Stolnicu et al., 2022).

Internalizing Behaviours: Behaviour that is directed inward. For example, anxiety, social withdrawal, social anxiety disorder, depression, selective mutism (Roorda & Koomen, 2021).

Parental Alienation: Parental Alienation occurs when one parent or caregiver consciously or unconsciously tries to turn their child against or influence them to reject the other parent (Goldin & Salani, 2020).

Systemic (Family) Therapies: Systemic therapies posit that humans can only be understood within their social context and as part of interconnected systems, such as families (Prochaska and Norcross, 2018). Family therapies fall within the systemic domain and include modalities such as Family Systems Therapy, developed by Murray Bowen, Structural Family Therapy, and Emotionally Focused family Therapy. These therapeutic approaches focus on identifying and

transforming interactional patterns, clarifying roles and boundaries, and disrupting the system to produce second order change (Gehart, 2018; Prochaska & Norcross, 2018).

Chapter Summary

In this chapter I discussed the research literature on HCS/D in relation to parents and children, the purpose of this paper, as well as the theoretical framework that informs this research. I highlight the significance of divorce in our society, and its impact on parents and children. I discuss how HCS/D distinguishes itself from low conflict divorce or separation by its volatile nature, characterised by intense emotions such as hatred, anger, and contempt. I note how this impacts the ability of both parents to co-parent effectively and results in internalizing and externalizing behaviours in children such as anxiety, depression, and aggressiveness.

It is my hope that this paper will assist therapists and other helping professionals in understanding and working with families affected by HCS/D. In this chapter, I propose that the integration of attachment theory and family systems theory prevents further isolation of family members in these contexts and provides a more holistic approach to treatment.

Chapter Two: Literature Review

Introduction

This literature review examines key aspects of high-conflict separation/divorce (HCS/D), family therapy approaches, and the role of family therapists when working with these cases. It begins by exploring the theoretical foundations of HCS/D, including its definitions, distinguishing characteristics, and its impact on parenting, co-parenting, and children. The primary theoretical framework guiding this review is attachment theory. Additionally, it explores multiple family therapy approaches in relation to HCS/D. Finally, this review considers how the role of the family therapist and their implementation of interventions can be utilized to treat families affected by HCS/D.

High Conflict Separation/Divorce

To effectively treat and work with families experiencing high-conflict separations/divorce (HCS/D), practitioners must have a working knowledge of the principal components and critical factors involved in these situations (Schmidt & Grigg, 2023). Deck et al. (2023) posit that most separations involve some interparental conflict, however this conflict typically subsides within a few years as the family navigates adjusting to a post-separation structure. However, in high-conflict cases, interparental conflict may persist due to prolonged litigation, physical or psychological abuse, considerable fractures in family connections, or post-separation maladjustment (Deck et al., 2023). Schmidt and Grigg (2023) suggest that HCS/D pertains to divorces or separations characterized by heightened anger and distrust, as well as verbal, emotional, and/or physical abuse, which create significant challenges in effective co-parenting. The authors found both individual and relational dynamics contribute to HCS/D.

Individual Dynamics

At the individual level, factors such as humiliation, shame, grief, and feelings of helplessness and vulnerability to profound life changes and threats to attachment security contribute to heightened and prolonged conflict. Additionally, individual psychopathologies and personality traits predisposed to conflict further exacerbate these dynamics (Schmidt & Grigg, 2023). Deck et al. (2023) note individual attributes such as one's defence mechanisms may also influence dysregulated reactions to conflict. Defence mechanisms produce distortions of reality and come into play when a partner is more motivated by self-protection than cooperation. Individuals with immature defence mechanisms often stimulate hostility, mistrust, anxiety, and poor communication (Deck et al., 2023).

Relational Dynamics

At the relational level, destructive dynamics such as a desire for revenge, trauma from the separation, and competition for power and resources can cause partners to be highly distrustful of each other, create one-dimensional characterizations of each other, and fail to cooperate (Schmidt & Grigg, 2023). Deck et al. (2023) also identified pervasive mistrust as a key factor, often driven by the belief of the other as an unfit parent. Pervasive mistrust also demonstrated a negative feedback loop: as conflict increased over the separation process, dyadic trust decreased (Deck et al., 2023).

Emotional Dynamics

Intensity of Emotions. Research by Koppejan-Luitze et al. (2021) identifies the intensity of negative emotions as a deciding factor that distinguishes HCS/D from regular separations/divorces. They found a range of negative emotions: fear, shame, guilt, hatred, contempt, anger, rage, disgust, and sadness. Significant gender differences were found regarding certain emotions with male parents reporting more hatred and disgust than female parents.

Parents from the high conflict group demonstrated a significantly higher “intensity of impairing self-regulatory emotions” and emotional distancing emotions (Koppejan-Luitze et al., 2021, p. 772). Thus, parents from HCS/D experience stronger emotional responses compared to those from typical divorces, especially regarding “emotions that motivate emotional distancing” such as “contempt, disgust, anger, hatred, and rage” (Koppejan-Luitze et al., 2021, p. 765).

Koppejan-Luitze et al. (2021) observed that primary emotions such as anger, hatred, and contempt play a more significant role in high conflict than secondary emotions such as shame and guilt. This appears to indicate that parents from HCS/D experience more intense primary emotions. In addition, they suggest that secondary emotions such as shame and guilt can be more challenging for parents from HCS/D, as they tend to minimize their own role in the separation and instead place blame on their former partners (Koppejan-Luitze et al., 2021).

Dimensions of Conflict

Both Deck et al. (2023) and Schmidt and Grigg (2023) found three distinct dimensions of conflict in HCS/D. Post-separation conflict can be categorized into “the domain dimension, the tactics dimension, and the attitudinal dimension” (Deck et al., 2023, p. 397). The domain dimension includes disagreements about separation specific topics such as child custody, finances, and property division. The tactics dimension refers to how former partners resolve disputes, while the attitudinal dimension pertains to the negative emotions experienced or displayed between former partners (Deck et al., 2023; Schmidt & Grigg, 2023).

Deck et al.’s (2023) meta-analysis examined each domain, noting that former partners experiencing high levels of conflict have distinct attributes that place them in a category of pervasive negative exchanges or hostile, insecure, emotional environments. Couples characterized by pervasive negative exchanges experience interactions dominated by “conflict,

defensiveness, aggression, escalation, negative attributions, and dualistic thinking” (Deck et al., 2023, p. 397). These interactional patterns foster strong negative affect, emotional reactivity, mutual distrust, and a lack of safety between former partners, creating hostile and insecure environments (Deck et al., 2023).

The Divorce Conflict Scale

To fill an assessment gap, Danish researchers Hald et al. (2020) created the Divorce Conflict Scale as means to measure conflict and cooperation. Their aim was to target the core conflict dimensions of separating couples: communication abilities; coparenting; global assessment of one’s former spouse; and self-perceived level of conflict (Hald et al., 2020).

The Divorce Conflict Scale includes a nine-item assessment divorce conflict dimensions. It measures the domain dimension, tactics, the attitudinal dimension, communication, coparenting, perceptions of the former partner, negative and pervasive exchanges, and hostile, emotionally insecure environments using a four-point Likert scale (Hald et al., 2020). The results identified key factors influencing HCS/D, with the global assessment of one's former partner emerging as a significant predictor of post-divorce conflict. This has a significant impact on the degree of hostility or negative emotion towards the former partner. Scores on this scale demonstrate that feelings of hatred between former spouses play a key role in high levels of conflict, especially when partners deem each other not worthy of respect (Hald et al., 2020). These findings align with Deck et al. (2023), who found that pathological hatred may explain why some former partners continue to engage in conflict long after separation. Hatred, defined as a persistent negative assessment of a former partner, can manifest as circumstantial or entrenched conflict. Circumstantial conflict is reactive and time-limited, often triggered by the initiation of

divorce, whereas entrenched conflict reflects an enduring negative attachment rooted in personality differences and dysfunctional interpersonal dynamics (Deck et al., 2023).

Hald et al. (2020) also found that lack of communication skills and challenges with co-parenting contribute to high conflict interactions following divorce. Similarly, Deck et al. (2023) found that high conflict couples frequently engage in persistent negative interactions that intensify over time, hindering constructive problem-solving. Moreover, these couples often employ aggressive communication strategies characterized by personal attacks rather than issue-focused discussions (Deck et al., 2023). Additionally, co-parenting plays a critical role in psychological adjustment, as shared children necessitate ongoing contact and cooperation between former spouses (Hald et al., 2020).

In summary, HCS/D distinguishes itself from regular divorces by its involvement in elevated and prolonged levels of conflict, intensity of emotions such as anger, hatred, and disgust, and destructive dynamics between co-parents. HCS/D is often characterized by a desire for revenge, the need to win, strong negative attributions, and intense emotional reactivity. The dynamic between former partners is dominated by pervasive mistrust, persistent hostility, and poor communication and conflict resolution skills. Conflicts often revolve around custody, co-parenting challenges, and finances. Assessment tools like the Divorce Conflict Scale provides insights into the degree of hostility and co-parenting challenges that sustain high-conflict situations.

The Impact of High Conflict Separation/Divorce

Physical and Psychological Impact of HCS/D on Parents

High-conflict separation/divorce (HCS/D) significantly affects parents' physical and psychological well-being, impairing their ability to parent effectively. Prolonged and intense

conflict before, during, and after separation is associated with adverse physical and psychological consequences (Pellon-Elexpuru et al., 2024). Pellon-Elexpuru et al. (2024) found that parents experiencing high levels of conflict exhibited increased anxiety, depression, and difficulty trusting new relationships. Parents involved in HCS/D also tend to have more physical symptoms, such as pain, fatigue, insomnia, and a decline in overall health. Stress from hostile and insecure environments was “linked to impairments in the immune, endocrine, and cardiovascular systems” (Pellon-Elexpuru et al., 2024, para. 4). Environments characterized by hostility and disagreements were associated with a higher incidence of somatic symptoms (Pellon-Elexpuru et al., 2024).

Negative Parenting Practices in HCS/D

Lack of Emotion Regulation. HCS/D impairs parents’ ability to be aware of and respond to children’s needs through appropriate parenting skills or co-parenting practices. It impacts their ability to teach children how to learn, understand, and regulate emotion. Parents may be more inclined to reject children’s negative emotions or feel uncertain regarding how to handle and work through them (Pellon-Elexpuru et al., 2024). Parents from HCS/D may fail to be emotionally present and responsive, providing an adequate explanation for these emotional states. Additionally, even when parents have some active patterns for teaching their children emotion regulation, they may feel a greater level of rejection when their children express negative emotions such as anger and sadness (Pellon-Elexpuru et al., 2024).

Punitive Parenting Methods. Being conscious and attuned to their own emotions while navigating persistent conflict can be overwhelming for parents, often resulting in a loss of effective parenting practices. Distressed parents struggling with conflict are more likely to rely on punitive parenting methods, invalidate their children’s emotional experiences, and impair

their ability to regulate emotions. Such environments negatively impact children's emotional development and foster maladaptive coping strategies (Pellon-Elexpuru et al., 2024).

Conflict-driven Parenting. Conflict-driven tension and parental distress often spill over into parenting dynamics. Hostile exchanges between parents amplify concerns about the former partner's parenting capabilities and hinder effective co-parenting (Pellon-Elexpuru et al., 2024). For example, Koppejan-Luitze et al. (2021) found that hostile exchanges are heightened when parents question each other's ability to parent. In another study, Finkelstein and Grebelsky-Lichtman (2021) found that negative emotions and aggressive behaviour between parents contribute to poor parenting strategies such as permissiveness, over-control, or over rigidity.

Stolincu et al. (2022) found that parental conflict often harms a child's well-being, even when parents believe they are acting in the best interest of the child. Parents may get so caught up in the conflict that they misinterpret their child's needs as their own, pressuring the child to choose sides or feel loyal to one parent at the expense of the other. They may exploit their child's words to escalate conflict or model hostile and negative communication patterns (Paquin-Boudreau et al., 2021; Stolincu et al., 2022). Additionally, parents may give children too much decision-making power which becomes too large of a burden to bear and a source of insecurity (Stolincu et al., 2022).

Barriers to Co-Parenting

Koppejan-Luitze et al. (2021) note that parents experiencing HCS/D report more co-parenting concerns than those from a regular divorce. HCS/D affects parents' ability to work cooperatively and maintain effective co-parenting practices. Successful co-parenting requires a willingness to be influenced by the other parent, which often fails to occur during prolonged separations. For example, Stolnicu et al. (2022) identified three phenomena necessary for

effective co-parenting that parents in HCS/D struggle to achieve: recognizing each other as parents for life; acting in the child's best interests; and managing disagreements constructively. Elevated and prolonged conflict exacerbates distress, making these domains particularly challenging and further hindering co-parenting efforts.

Unresolved Wounds. Stolnicu et al. (2022) found that unresolved emotional wounds from the separation exacerbate co-parenting difficulties. Not feeling recognized for their past suffering may lead some parents to resist co-parenting interventions. For some, maintaining conflict becomes a coping mechanism to avoid emotional collapse, driving interparental tensions to destructive extremes. Such psychological barriers further impede co-parenting quality (Stolnicu et al., 2022). Lingering feelings of anger and injustice, perpetuate conflict, and in some cases, disagreements stem from unresolved grievances about the separation, turning co-parenting into a battle of one parent against the other. The focus often shifts from the child's well-being to issues of winning or losing, with inflexibility sometimes used as a form of vengeance for perceived past suffering. Increased distress and inflexibility block interparental collaboration and spontaneity, further undermining co-parenting (Stolnicu et al., 2022). Parents in HCS/D may struggle to separate grievances from the previous relationship from their perceptions of the other's parenting abilities, leading to confusion between the ex-partner's personal flaws and their qualities as a parent. This can negatively intensify concerns about child safety and lead to confusion for children (Koppejan-Luitze et al., 2021).

Negative Perception of Partner. Negative perceptions of the former partner significantly undermine parents' capacity to navigate unexpected changes and disagreements. Stolnicu et al. (2022) observed that negative labeling of the other parent distorts perceptions of the former partner as a person and as a parent. Similarly, Stokkebekk et al. (2020) found that parents'

narratives often cast the other as untrustworthy or dysfunctional, interfering with their ability to acknowledge the other's parental skills. Intense negative emotions spill over into the co-parenting relationship, creating identity roles such as victim or villain that inhibit collaboration. Parents may feel trapped in these roles, perpetuating conflict and rendering resolutions unattainable (Stokkebekk et al., 2020). Interparental interactions are often dominated by mistrust, with parents withholding information, dismissing the other's perspectives, and viewing themselves as the sole decision-maker for the child. Such dynamics deepen relational wounds and hinder acknowledgment of shared parental responsibilities (Stolnicu et al., 2022).

Impact of HCS/D on Children

Exposure to ongoing, intense levels of conflict impact a child's cognitive, emotional, social, and psychological development. Laletas and Khasin (2021) found that when children experience interparental relationship distress, they are more vulnerable to developing a range of behavioural, emotional, and physical reactions including an exacerbation of psychological symptoms and somatic complaints. Laletas and Khasin (2021) note that children exposed to HCS/D are twice as likely to have emotional, social, academic, and behavioural problems than children from regular/low conflict divorces. They found that increased parental distress was related to emotional insecurity in children, impairing their sense of safety, protection, and security about the family as a unit.

Triangulation. Van Dijk et al. (2022) and Pires and Martins (2021) identify an increased tendency for triangulation in HCS/D, which contributes to post-separation maladjustment in children. Triangulation occurs when children become involved in the parental subsystem, interparental conflicts, and other complex matters that are too mature for them to handle. Similarly, Shumaker and Kelsey (2020) found that competitive co-parenting, characterized by

efforts to intrude on or undermine the other parent's interactions with the child, leads to significant concerns among children about being triangulated into parental conflict. As a result, children dedicate considerable mental energy to avoid this threat (Shumaker & Kelsey, 2020).

Internalizing Behaviours. Laletas and Khasin (2021) highlight various ways in which HCS/D impact children's mental and emotional well-being. Children report experiencing heightened stress when they feel caught in the middle or pressured to choose between parents. They also describe feelings of fear and an increase in self-blame, anxiety, and social withdrawal. These findings are supported by Martinez-Pampliega et al. (2021) who identified high levels of anxiety, depressive symptoms, aggressive behaviours, and somatic complaints in children affected by HCS/D. Shumaker and Kelsey (2020) describe this phenomenon as the existential impact of HCS/D, as it disrupts children's already fragile sense of stability and shatters their basic understanding of whom they can trust. Consequently, this compromises children's ability to cope with both major adversities and everyday stressors (Laletas & Khasin, 2021).

Van Dijk et al. (2022) found increased levels of triangulation to be associated with an increase in internalizing behaviours. Internalizing behaviours observed include self-blame and lowered self-esteem. The adverse impacts of triangulation on children's self-esteem are attributed to feelings of invisibility due to parental preoccupation with conflict. Additionally, triangulation can lead to feelings of rejection, as children internalize one parent's negative evaluation of the other through bad-mouthing and denigration (van Dijk et al., 2022).

Externalizing Behaviours. Laletas and Khasin (2021) found that these emotional stressors often spill over into externalizing behaviours, with disruptive and aggressive behaviours directed towards the child's environment being the most frequently reported. Children exposed to high levels of interparental conflict exhibit higher rates of conduct problems, hyperactivity, and

truancy compared to those from low conflict families (Laletas & Khasin, 2021). Similarly, Obeid et al. (2021) found that children exposed to high conflict environments are more prone to academic delinquency, addiction, and suicidal ideation. The turmoil and confusion experienced by these children interfere with their ability to focus and learn as they often remain preoccupied with events occurring at home (Laletas & Khasin, 2021).

In addition, increased triangulation was associated with externalizing behaviors, such as acting out and heightened problematic conduct. This was attributed to the stress caused by loyalty conflicts and the relational tension children experience when feeling caught between their parents (van Dijk et al., 2022).

PTSD in Children. Lange et al. (2022) and van der Wal et al. (2019) found children may experience post-traumatic stress symptoms from constant exposure to conflict. In the context of HCD/S, children repeatedly hear, observe, or are involved in verbal conflicts, which can lead to post-traumatic stress symptoms (Lange et al., 2022; van der Wal et al., 2019). The study by van der Wal et al. (2019) revealed that nearly half (46%) of the children in their research group were at an increased risk for developing post-traumatic stress disorder. While many of these children exhibited high levels of trauma, a significant number demonstrated high levels of resilience as well. In their examination of the existential impact of HCS/D on children, Shumaker and Kelsey (2020) uncovered evidence that children may experience acute, chronic, and/or implicit trauma. The initial perception of their parents' HCS/D can be experienced as an existential shock, producing extreme fear and a loss of feeling grounded in the world. Chronic trauma can result from witnessing overt hostility between parents, while implicit trauma refers to the indirect, vicarious trauma transmitted by the parents (Shumaker & Kelsey, 2020).

Developmental Impacts. Augustijn (2021) found that homes characterized by exposure to high levels of interparental conflict are detrimental to children's development. The author found that high levels of conflict can provoke negative emotions in children, including fear, anger, and distress. These children may experience increased feelings of guilt and responsibility for conflicts that pertain to them. They may also fear that parents will direct this anger and hostility towards them, leaving them feeling inadequately cared for and further undermining their sense of emotional and physical security (Augustijn, 2021). In addition, exposure to prolonged or toxic stress related to high conflict parenting was found to have damaging effects on a child's cognitive development and executive functioning (Laletas & Khasin, 2021).

Impact on the Child-Parent Relationship

Diminished Trust and Communication. Smith-Etxeberria and Eceiza (2021) identify that elevated and prolonged levels of conflict significantly impact the parent-child relationship, reducing trust and communication. Children exposed to frequent conflict often report weaker bonds with both parents, as the negativity from disruptions in the parental subsystem spill over into the parent-child subsystem. This spillover effect contributes to hostility, mistrust, and hypervigilance in children's relationships with their parents (Smith-Etxeberria & Eceiza, 2021). Similarly, Meland et al. (2020) found that post-separation conflict undermined conversational confidence and relational quality between parents and children, particularly in paternal relationships. These difficulties impaired children's capacity for trust, the closeness of the parent-child bond, and negatively affected children's self-concept. Both Meland et al. (2020) and Smith-Etxeberria and Eceiza (2021) emphasize the destructive spillover effect of interparental conflict, illustrating how it disrupts communication, trust, and emotional security in the parent-child relationship.

Increased Negative Interactions. Smith-Etxeberria and Eceiza (2021) found ongoing interparental conflict and/or withdrawal was associated with more negative interactions between parent and child. In another study, Ramezanzaden et al. (2022) found children developed more pessimistic views of their interactions and relationship with their parents.

Fear of Abandonment. Interparental conflict is positively related to a fear of abandonment, resulting in adverse mental health outcomes (O'Hara et al., 2021). O'Hara et al. (2021) note that a child's sense of security and capacity for development is further hindered in HCS/D by the child's fear of abandonment. Exposure to interparental conflict creates concerns in children that they may lose contact with their noncustodial parent, and it exacerbates fears that the remaining parent may also leave, resulting in pervasive feelings of vulnerability. Supporting this, Shumaker and Kelsey (2020) found children of parents involved in HCS/D often experience heightened isolation and aloneness. This stems not only from reduced contact with one or both parents but also from witnessing the fragility of relationships, as parental separations turn into adversarial conflict. Such dynamics shatter children's sense of order, predictability, and meaning. In addition, Ramezanzaden et al. (2022) note limited access to noncustodial parents amplifies feelings of abandonment and weakens the parent-child relationship.

The Role of Attachment Theory

Attachment Theory

Attachment theory refers to the fundamental link between a child's symptoms and maternal deprivation and/or separation. According to attachment theory, it is paramount that mothers maintain a warm, close, and intimate relationship with their children to prevent the development of mental health problems (Bowlby, 1952 as cited in Miller, 2022). When children sense danger, their attachment system is alerted, prompting them to seek refuge and comfort

from their main attachment figure. The quality of the attachment relationship and the context in which it develops significantly influence children's outcomes and their sense of security (Bowlby, 1952, as cited in Miller, 2022). Current research in attachment theory has expanded from focusing solely on the mother as the primary attachment figure to emphasizing the importance of paternal attachment as well (Thompson, 2022). Both maternal and paternal attachments have a developmental impact on children and their vulnerability to internalizing and externalizing problems (Thompson, 2022).

Attachment to a caregiver provides children with an exploratory system that motivates them to learn about their environment (Bowlby, 1952, as cited in Miller, 2022). Maternal attachment has a greater impact when children are upset, while paternal attachment is significant for exploration and discovery (Thompson, 2022). A child's quality of attachment to their caregiver contributes to their development of internal working models, or mental representations of themselves and others. These are shaped and influenced by interactions with others and interpersonal relationships (Bowlby, 1952, as cited in Miller, 2022).

Mentalization, or the ability to understand one's own thoughts and feelings as well as those of others, is formed during early attachment relationships. Through mirroring interactions of primary caregivers, children can develop self-awareness, emotional awareness, and an awareness of others (Fonagy & Bateman, 2007, as cited in Miller, 2022). If a child's primary attachment figure is present, attuned, and sensitive to their needs, the child will develop a model of self that feels valued and self-reliant. Conversely, if a primary attachment figure is distracted and unresponsive to the child's needs, the child may develop negative models of self and feel unworthy or incompetent (Bowlby, 1952, as cited in Miller, 2022).

Attachment Styles. Attachment theory identifies several distinct attachment styles. These are categorized as secure attachment, anxious attachment, and anxious-avoidant attachment (Ainsworth, 1979, as cited in Miller, 2022). Secure attachment demonstrates a child's ability to depend on their caregiver and have their attachment needs met. Anxious attachment, on the other hand, involves a child who is preoccupied with the caregiver relationship and feels their needs are not being met. Anxious-avoidant attachment arises from cold, rejecting caregiving, leading children to become compulsively self-reliant (Ainsworth, 1979, as cited in Miller, 2022). To develop secure attachment, children need to feel safe, seen, and soothed. Later, disorganized attachment was added as a category, characterized by a child's contradictory behaviour towards caregivers, stemming from traumatic or abusive caregiving (Main & Solomon, 1990, as cited in Miller, 2022).

HCS/D and Attachment Insecurity

Exposure to Conflict. There is research evidence that demonstrates HCS/D threatens attachment security. Salerno et al. (2023) found that high levels of triangulation within the family of origin reinforced and exacerbated insecure attachment patterns. Maya et al. (2024) found that exposure to interparental conflict was associated with lower levels of attachment security, poorer parent-child relationships, and a weakened bond. They found that when less affection and more conflict were present in the relationship, the emotional security of the child was compromised (Maya et al., 2024). Exposure to interparental conflict also led to lower levels of positive parental communication, diminished trust, and a lack of closeness (Maya et al., 2024).

Smith-Etxeberria et al. (2022) found that parental behaviours contributing to interparental conflict directly impacts children's attachment related anxiety and avoidance. Separations marked by conflict generate greater attachment insecurity, including more insecure attachment

styles and more negative internal working models. The authors found negative behaviours from both parents towards each other were directly linked to increased attachment-related anxiety. Specifically, the father's negative behaviours towards the mother, such as bad-mouthing or discouraging a positive relationship, were associated with higher attachment-related avoidance. Additionally, the mother's negative emotional state was related to higher attachment-related anxiety, while her discouragement of discussing the father was linked to higher attachment-related avoidance (Smith-Etxeberria et al., 2022). Therefore, the more the mother avoided the discussion of conflict, the more likely the child would be defined as avoidant themselves.

Negative Parenting Experiences. Smith-Etxeberria et al. (2022) found negative parenting strategies, loyalty conflicts, and efforts by parents to turn children against the other parent result in lower attachment security. These negative strategies can lead children to believe that the other parent is insecure, unavailable, and/or unloving, which may cause them to reject that parent (Smith-Etxeberria et al., 2022).

Parents' negative emotional states and emotional instability have also been found to impact children's attachment. Smith-Etxeberria et al. (2022) note that maternal negative emotional states were associated with increased attachment anxiety in children. Citing longstanding research on the link between maternal depression and attachment insecurity, the authors found that children who perceived their mother as sad, depressed, and irritable suffered greater attachment distress (Smith-Etxeberria et al., 2022). Maya et al. (2024) emphasize that in times of family distress, children have an even greater need for a secure attachment. Furthermore, Smith-Etxeberria et al. (2022) found maternal emotional instability reduces sensitivity and predictability in caregiving, leading children to feel uncertain about the extent to

which they can rely on their mother. As a result, children may rely on hyperactivation strategies within the attachment system to gain maternal attention.

Distracted Parents. A study by Ramezanzaden et al. (2022) found that parental unavailability, rejection, and mistrust after separation result in a loss of attachment bonds between children and parents. Limited physical and emotional access, low parental expectations, feeling ignored, and a diminished sense of belonging contribute to the development of insecure attachment patterns. Ramezanzaden et al. (2022) found these factors disrupt family security and create feelings of unworthiness regarding care and affection. Parental unavailability caused by hostility and/or withdrawal intensifies children's attachment insecurity and feelings of loneliness. Moreover, when parents fail to recognize and respond to their children's emotional needs, it undermines trust and reduces perceptions of parental warmth (Ramezanzaden et al., 2022). Miller (2022) notes that attachment theory stresses the importance of parental emotional support and co-regulation. Inconsistent caregiving, particularly in soothing distress and meeting emotional needs, heightens children's sensitivity to perceived threats and leads to the development of maladaptive coping strategies. Consequently, children may minimize their needs and use flight responses to distance themselves from inattentive attachment figures (Miller, 2022).

Children's Psychological Well-Being. Finkelstein and Grebelsky-Lichtman (2021) identify a negative correlation between parental separation and a child's secure attachment pattern. Their findings indicate that HCS/D in adolescents are associated with insecure attachment patterns, characterized by avoidance and anxiety, resulting in loneliness, heightened neuroticism, and poor emotional well-being. Similarly, Tan et al., (2022) found high quality parent-child attachment is essential for children's mental health, with disruptions in this

attachment linked to increased loneliness and depression. They found that increased positive communication was necessary for decreasing depression in children and adolescents (Tan et al., 2022).

Parental Alienation

Bernet (2023) defines parental alienation (PA) as a condition in which children strongly align with one parent while rejecting a relationship with the other parent without valid reasons. This is more likely to occur in HCS/D and usually the result of indoctrination by the favored parent or the child's fear or resentment toward the alienated parent. However, it is important to recognize that a child's rejection of a parent does not necessarily indicate parental alienation. Likewise, not all parental alienating behaviours lead to a child rejecting or becoming alienated from the other parent. A proper description of PA requires both identifying alienating behaviours by the favored parent and observing behavioural indicators in the child (Bernet, 2023).

Relational Aggression

Hafetz and Kryanides (2024) describe PA as a form of relational aggression that targets and weaponizes the parent-child relationship. Relational aggression is distinguished between two types: proactive relational aggression, which involves intentional, coercive aggression that occurs without provocation; and reactive relational aggression which arises in response to perceived aggression or provocation. Examples of relational aggressive behaviours include “giving the targeted person the silent treatment, excluding them from social activities and information, and spreading rumors” (Hafetz & Kryanides, 2024, p. 147). More broadly, relational aggression encompasses any social action or inaction that isolates the targeted person from meaningful relationships and undermines their social status (Hafetz & Kryanides, 2024).

Bond-Breaking Behaviour

Parental alienation occurs when a parent engages in bond-breaking behaviours that undermine the relationship between the other co-parent and child (Hafetz & Kryanides, 2024). Hafetz and Kryanides (2024) found that such behaviours include negative messaging, limiting contact and communication, removing reminders of the other parent, displaying apathy towards the child's disrespect or devaluation of the other parent, and undermining the other parent's authority. Additionally, starting rumors and making accusations, such as claims of abuse or abandonment, were also identified as common alienating tactics.

Hafetz and Kryanides (2024) found that parent-child bond breaking behaviours are significantly associated with relational romantic aggression and attachment anxiety. Their research suggests that attempts to disrupt the bond between a child and the other parent are primarily driven by attachment anxiety (Hafetz & Kryanides, 2024). In cases of marital or intimate relationships involving children, separation can activate deeply embedded attachment-related emotions, cognitions, and behaviours that shape both interpersonal and intrapersonal patterns of thinking and behaving (Hafetz & Kryanides, 2024). Hafetz and Kryanides (2024) further observed that attachment anxiety and attachment avoidance are strong predictors of adjustment following separation or divorce. Attachment anxiety in HCS/D often shows up as excessive worry about the loss of relationships, low self-worth, and overdependent or impulsive behaviours. Anxiously attached adults may react poorly to a separation, leading them to cling to their children and exhibit enmeshment behaviours. Fearful of further abandonment and the dissolution of family relationships, these parents may engage in parent-child bond breaking behaviours, partially due to a deep fear of losing their children or their identity as a parent, concepts connected to their sense of self-esteem (Hafetz & Kryanides, 2024).

Implications of Parental Alienation

Exposure to PA can have life-long ramifications on children's mental, emotional, and physical well-being (Bentley & Matthewson, 2020). Verhaar et al. (2022) found that parental alienating behaviours contribute to increased depression, anxiety, anger, loneliness, feelings of isolation, and poor coping strategies. Individuals exposed to PA describe feeling confused about their experience and report experiencing mental health difficulties, somatic complaints, and symptoms of complex post-traumatic stress (Verhaar et al., 2022). In another study, Portilla-Saavedra et al. (2023) found that children exposed to PA exhibited higher levels of anxiety, depression, somatic symptoms, and overall psychological distress. They note that even when PA does not result in complete rejection of one parent, alienating behaviours themselves can lead to worse mental health outcomes in children due to the atmosphere of tension and hostility within the family system. Bentley and Matthewson (2020) similarly identify anxiety, depression, low self-worth, attachment difficulties, difficulty in relationships, and poor academic achievement as consequences of exposure to parental alienating behaviours. Likewise, Bantic (2024) note dominant themes of confusion, low self-esteem, and maladaptive coping mechanisms such as avoidance. The author found PA creates emotional disturbances in alienated children, including feelings of sadness, hatred, and repression. It lowers their confidence levels as they were more vulnerable to seek belonging and connection from others in the absence of the alienated parent (Bantic, 2024).

Bentley and Matthewson (2020) found that alienating behaviours damage children's relationship with the targeted parent and often subject them to physical and emotional abuse by the alienating parent. PA involves the denigration of the other parent and disclosures of information that is too mature for children to handle, leading to the child being terrified of or

feeling unable to trust the targeted parent. A significant impairment of the parent-child bond resulting from parental alienating behavior is that children experience conflicting feelings toward their parents (Bentley & Matthewson, 2020). Children exposed to PA described feeling neglected and abandoned by the alienating parent and forced to suppress their own thoughts, feelings, and memories of the targeted parent. Consequently, alienated children become conscious of their similarities to the targeted parent, resulting in feelings of shame or internalizing criticism of the other parent. This leads to difficulties in developing their identity, a sense of self, and trust in others (Bentley & Matthewson, 2020). Similarly, Bantic (2024) found that alienated children often lack the ability to trust, enjoy intimacy later in life, and exhibit symptoms of complex trauma.

Helpful Parenting Practices in HCS/D

In their study, Pellon-Exexpuru et al. (2024) identify two key areas of emotion regulation that are crucial for parents to effectively support their children.

Emotion Coaching. Emotion coaching refers to a parent's commitment to teach their children about emotions. This active method of teaching emotion regulation involves direct conversation about emotions. It helps children understand their own and others' emotions and assists them in managing and expressing these emotions (Pellon-Exexpuru et al., 2024).

Acceptance of Negative Emotions. The second key area is parental acceptance of negative emotions. When parents accept and validate their child's emotional state, even when the child is expressing negative emotions, children understand that their emotions are legitimate and valued. This enhances feelings of trust, security, and self-worth, and promotes emotional resilience (Pellon-Exexpuru et al., 2024).

Both strategies are incorporated into the family-based interventions described below.

Family Therapy Approaches

Bowen Family Systems

Central to Bowen family theory is the family emotional system, which regulates the functioning of the family (Bowen 1978, as cited in Papero, 2024).

Differentiation. Paramount to an individual's functioning within a family system is Bowen's concept of differentiation. An individual's degree of differentiation impacts how they manage themselves in relationships and adapt to life's challenges (Bowen, 1978, as cited in Papero, 2024). Differentiation describes two foundational aspects of adult psychosocial functioning: the ability to separate thoughts and feelings, enabling sound decision making under stress; and the ability to foster meaningful relationships while maintaining a sense of individuality (Bowen, 1972, as cited in Cepukiene, 2021). Differentiation involves the efforts individuals make to become better observers of themselves in relationships and how they handle life's challenges. It involves managing emotional reactivity, managing responses to various stimuli, enhancing emotional autonomy, guiding behaviours thoughtfully, and increasing emotional autonomy within the family system (Bowen, 1978, as cited in Papero, 2024).

Togetherness and Separateness. The family system constantly faces pressure to adjust and adapt. Two forces that play a crucial role in family functioning and behaviour are the drive for togetherness and separateness (Bowen 1978, as cited in Papero, 2024). Both the motivation for togetherness and separateness are significant in individual functioning and family behaviour. Togetherness creates a need to be connected to others and to be an accepted member of the group, while separateness encourages movement towards self-determined goals (Bowen 1978, as cited in Papero, 2024).

Anxiety. According to Bowen theory, anxiety is a significant variable that affects the family emotional system's ability to function, as it is the response to real or imagined stress (Bowen, 1997, as cited in Papero, 2024). Many aspects of anxiety occur outside of a family member's awareness and provides the motivational energy that powers the system (Papero, 2024). The transfer of anxiety can occur rapidly between family members, resulting in changes in functioning at both the individual and family levels (Bowen, 1978, as cited in Papero, 2024). Anxiety can become chronic, increasing tension and resulting in emotional dysfunction, impulsiveness, withdrawal, social misbehaviour and/or physiological symptoms (Bowen 1978, as cited in Papero, 2024). When chronic anxiety increases, the capacity to adapt decreases (Kerr & Bowen, 1988, as cited in Suloglu & Guler, 2021). Chronic anxiety has the capacity to destroy resilience and competent functioning, resulting in greater difficulty regulating emotions, managing behaviour, and engaging in reasonable decision making (Papero, 2024).

Triangulation. The struggle for closeness and distance creates the basic process of the triangle (Bowen, 1978, as cited in Papero, 2024). The triangle consists of three interconnected dyadic relationships, vulnerable to emotional tensions within the system. It includes two connected individuals and an outsider (Bowen, 1978, as cited in Papero, 2024). The triangle reflects each member's opposing needs for togetherness and separateness, resulting in movements toward or away from each other. When the family system is calm, slight changes within the triangle do not significantly disturb it. However, when emotional tension is high, the triangle expands. During periods of disequilibrium, triangles operate to redistribute or reduce emotional tension within the family system. For example, when anxiety exceeds the triangle's capacity, others may be triangulated in, expanding the triangle into extensive networks (Bowen, 1978, as cited in Papero, 2024). In an expanded network, tension and anxiety move from one

triangle to another, becoming fixed and predictable. Some triangles may become more chronically active, forcing individuals into specific roles such as the outsider or the scapegoat (Papero, 2024).

Triangulation can create two-against-one dynamics that control individual behaviours and threaten the system's cohesion. Within emotionally tense family systems, multiple members can cluster around the poles of an active central triangle, forming large and powerful coalitions that exert intense pressure on members seen as disruptive or noncompliant (Papero, 2024).

Differentiation of Self and Resilience to Separation. Moral et al. (2021) and Suloglu and Guler (2021) explore the relationship between differentiation of self (DoS) and resilience to separation. Moral et al. (2021) found that high interdependence and low differentiation within a family system led to a decreased capacity to manage anxiety and adapt to stressful situations. They observed that low differentiation impacts parents' ability to cope with intense emotions. Suloglu and Guler (2021) found that DoS plays a significant role in predicting stress and resilience. They discovered that as the level of differentiation increases in individuals, so too does the capacity for resilience increase and perceived stress decrease. DoS predicts the levels of stress experienced by members of a family system and their resilience to those stressful situations (Suloglu & Guler, 2021).

Moral et al. (2021) found that DoS impacts partners' psychological adjustment to separation. A parent's capacity for differentiation impacts emotional suffering, negativity towards loneliness, former partner attachment, and co-parenting conflicts following separation. High DoS is related to a parent's ability to manage stress and navigate the emotional demands of separation, while low DoS is associated with over-dependence on others and increased psychological distress (Moral et al., 2021). Fusion with others (emotional enmeshment within a

family system) and the I-position (acting with rationality rather than feelings) significantly contribute to post-separation maladjustment. Individuals with high levels of fusion are prone to extreme emotions, heightened emotional responses, and hypersensitivity to change, creating a negative feedback loop that intensifies emotional enmeshment. Consequently, family members forgo autonomy, develop co-dependency, and exhibit impaired judgment (Moral et al., 2021). Conversely, a strong I-position enables logical decision-making outside of emotional stressors, resulting in more stable problem-solving and emotion regulation behaviours (Moral et al., 2021).

In similar studies, Sadeghi et al. (2020) found that higher levels of differentiation were associated with greater levels of resilience and hope, while Shokri and Mehrinia (2020) demonstrated that teaching DoS to parents had a significant impact on building resilience and reducing feelings of entrapment.

Differentiation of Self and Psychosocial Functioning. Cepukiene (2021) examined the relationship between DoS, interparental relationship quality, and adult psychosocial functioning, finding a strong positive correlation between DoS and psychological well-being. This implies that individuals with greater differentiation demonstrate better mental, emotional, and behavioral functioning (Cepukiene, 2021). Conversely, higher emotional reactivity, a weaker I-position, and stronger emotional cutoff were associated with more severe psychological symptoms. Similarly, Suloglu and Guler (2021) found that individuals with lower differentiation, particularly in terms of emotional reactivity, experienced more stressful events and greater psychological distress. Cepukiene (2021) further notes that higher DoS predicted fewer psychological symptoms, enhanced well-being, and improved interparental collaboration. These findings reinforce the idea that differentiation is a critical factor influencing self-concept, relational dynamics, stress resilience, and cooperation in relationships (Cepukiene, 2021).

Suloglu and Guler (2021) highlight that anxiety, in response to interactions with others, is often expressed through emotional reactivity. This includes behaviours such as self-accusation, blaming others, aggression, denial, and resentment (Suloglu & Guler, 2021). Their findings indicate that participants with children exhibit higher levels of emotional reactivity. However, when parents achieve greater differentiation, anxiety decreases, resulting in more adaptive responses to stressful situations (Suloglu & Guler, 2021).

Structural Family Therapy

Structural Family Therapy (SFT) provides a framework for identifying and addressing dysfunction in post-separation families, where structural issues contribute to maladaptive dynamics. Divorce or separation disrupts family functioning, necessitating the reorganization of hierarchy, roles, and boundaries; structural challenges SFT is well-suited to address (Dehghani & Bernards, 2021). Dehghani and Bernards (2021) found SFT effective in reducing children's behavioural problems and improving family functioning in post-divorce, single-parent families. Key interventions such as joining the family system, conceptualizing the family system, and restructuring the family system, demonstrated statistically significant treatment effects. They also found SFT was successful in empowering and strengthening the family as a system. Their study highlights that structural and role ambiguity, along with dysfunctional interaction patterns, increase children's emotional distress and withdrawal from their parent, exacerbating behavioral issues. Furthermore, parental disempowerment often leads to reactive anger towards children (Dehghani & Bernards, 2021).

Dehghani and Bernards (2021) focused on structural and process changes by educating and aligning with parents, establishing clear family rules and boundaries, enhancing communication, and building constructive patterns of interaction. Key techniques included

reflecting on family structure, disrupting dysfunctional patterns, modeling parenting strategies, facilitating enactments, and providing encouragement. Dehghani and Bernard also found that empowering parents enabled them to modify dysfunctional responses, maintain self-control, regulate emotions, empathize with their children, and strengthen the parent-child relationship. As a result, family cohesion improved, enhancing children's self-confidence, self-efficacy, and coping skills, which contributed to better behavior (Dehghani & Bernards, 2021).

In studying the effectiveness of SFT for co-parenting through incarceration, Tadros and Ogden (2020) found that SFT provides a systemic, present-oriented approach that helps families coping with exacerbating factors such as legal turmoil, lack of parental presence, and conflict — develop insight and adaptability, fostering healthier family dynamics. Similarly, Tadros and Finney (2018) found that SFT interventions, including boundary formation, rule negotiation, structural mapping, joining, enactment, and unbalancing, strengthened parent-child relationships by re-establishing hierarchies and realigning boundaries. Tadros et al. (2022) further emphasized that restructuring family roles, rules, and boundaries facilitates structural change, promoting flexibility and adaptability. Additionally, SFT helped parents and children recognize dysfunctional interaction patterns contributing to conflict, leading to improvements in overall family functioning (Tadros & Finney, 2018). Reviewing case studies, Tadros and Ogden (2020) highlighted SFT's integrative potential across various family settings, particularly in fragile families affected by conflict, lack of cohesion, and mental health challenges. They concluded that relational therapies like SFT effectively address co-parenting concerns and complex family adversities. A key theme in their findings was the role of SFT in helping families establish or re-create boundaries, whether rigid or diffuse, to navigate their evolving family structures (Tadros & Ogden, 2020).

Attachment-based Family Therapy

Attachment based family therapy (ABFT) is a trauma-informed, emotion-focused, and process-oriented model of family therapy that addresses mental health symptoms through systemic family change (Diamond et al., 2024). ABFT follows a structured, sequential approach consisting of five treatment phases designed to repair ruptured parent-child relationships and foster secure attachment bonds (Diamond et al., 2024). The first phase, relational reframing, shifts the focus from the child's behavior to relationship-building. The second phase emphasizes establishing a strong therapeutic alliance between the therapist and the child or adolescent, while the third phase focuses on forming an alliance with the parents. In the fourth phase, structured conversations facilitate the repair of the parent-child relationship. Finally, the fifth phase supports family members in mastering new communication and interpersonal skills while promoting competence and autonomy (Diamond et al., 2021; Van Vlierberghe et al., 2022).

Van Vlierberghe et al. (2023) recognized that mental health problems in children and adolescents are often rooted in parent-child relationships, emphasizing the need for interventions that promote attachment security. Likewise, Diamond et al. (2024) found that family and social stress contribute significantly to psychiatric disturbances in children. Negative family environments such as divorce and conflict, exacerbate a family's inability to respond effectively to stressful events, leading to ruptured relationships. Their findings indicate that the implementation of ABFT increases attachment security and improves parental relationship quality while reducing depressive symptoms. ABFT has been shown to effectively intervene within the family system while also equipping parents with the skills to adopt more stable, attachment-promoting behaviors (Diamond et al., 2024). Similarly, Sabey et al. (2024) found that

ABFT provides a structured framework that enables therapists to quickly address attachment ruptures, which are central to family conflict.

ABFT interventions emphasize safety learning, allowing families to address trauma and relational ruptures, particularly in the context of divorce and separation. This process involves facilitating safe conversations about trust, safety, and protection (Van Vlierberghe et al., 2023). ABFT follows a circular, iterative approach in which in-session sequences focus on parental empathy and validation in response to their children's disclosure of vulnerable emotions and unmet needs. Tsvieli et al (2022) found that this process enhances safety and trust within the parent-child relationships while also reducing psychological symptoms in children (Tsvieli et al., 2022).

ABFT was found to be effective in promoting interventions that enhance parental responsiveness. This is achieved through coaching parents to support their children in exploring emotions and unmet needs, fostering parental empathy and validation, and strengthening their ability to empathize with and validate their children. Additionally, ABFT helps parents take responsibility for their behavior and provides relational reframing to improve family dynamics (Tsvieli et al., 2022).

Corrective Attachment Episodes. Tsvieli et al. (2022) demonstrated (ABFT) can be used to strengthen the parent-child relationship by facilitating corrective attachment episodes. These episodes involve therapeutic enactments designed to foster openness and trust between parents and children. These were identified as a fundamental mechanism of change in ABFT, contributing to improved parent-child relationships (Tsvieli et al., 2022).

Relational Repair. Tsvieli et al. (2022) found that while emotional processing is a necessary step in facilitating relational repair between parents and children, it is not sufficient on

its own. Effective relational repair requires not only children's emotional processing but also parents' responsiveness to their children's expressions of vulnerability with empathy, warmth, and validation (Tsvieli et al., 2022). Similarly, Van Vlierberghe et al. (2023) found that ABFT increased the frequency with which children experienced parental comfort and support during distress through therapeutic enactments and conversations addressing relational ruptures. This process helped family members navigate difficult experiences and trauma related to divorce and separation, while also creating opportunities for safe, regulated discussion about trust, safety, support, and protection within the relationship (Van Vlierberghe et al., 2023).

Emotionally Focused Family Therapy

Emotionally Focused Family Therapy (EFFT) is an attachment-based, experiential model of family therapy that aims to strengthen emotional bonds and restructure negative interaction patterns within the family. As an extension of Emotionally Focused Therapy (EFT), developed by Dr. Sue Johnson, EFFT applies principles of attachment science as a mechanism for change (Sabey et al., 2024). Research has demonstrated the effectiveness of EFFT in supporting separated and divorced families by fostering co-parenting relationships and enhancing parent-child bonds (Allan, 2016). In addition, EFFT was found to be a practical and powerful approach for promoting family resilience and resourcefulness (Stavrianopoulos et al., 2014).

EFFT facilitates healing in families experiencing the emotional burdens of divorce by fostering connection and attachment (Hirschfeld & Wittenborn, 2016). Sabey et al., (2024) found that EFFT enhances parental availability, restructures parent-child interactions, and engages children's vulnerability, ultimately strengthening accessibility, responsiveness, and emotional connection. Through this process, parents regain emotional balance and availability, while children rebuild trust in parental care (Sabey et al., 2024).

EFFT has also been shown to reduce anxiety, improve emotional awareness, and enhance coping strategies for both parents and children, particularly in managing anger and problem-solving behaviors (Hirschfeld & Wittenborn, 2016). The therapy fosters greater parental attunement, leading to improved understanding of each other's perspectives and increased emotional connection within the family system. Additionally, EFFT provides an opportunity for former partners entrenched in conflict cycles to develop healthier communication patterns. By expanding and reorganizing emotional responses, EFFT transforms negative interaction patterns and reassures parent-child bonds through more attuned caregiving (Allen, 2016; Sabey et al., 2024).

Family conflict resolution through EFFT is achieved by identifying and restructuring negative interaction cycles, accessing underlying emotions, and reframing relational challenges (Hirschfeld & Wittenborn, 2016). Allan (2016) identified key therapeutic steps, including recognizing dysfunctional cycles, acknowledging unexpressed emotions, and embracing disowned needs. Similarly, research by Stavrianopoulos et al. (2014) demonstrated EFFT's effectiveness in parent-adolescent conflicts by de-escalating distress, fostering insight into reactive family dynamics, and strengthening attachment bonds.

Beyond relational benefits, EFFT has been linked to improved mental health outcomes in children, particularly in reducing somatic complaints and fostering adaptive behaviors (Dhariwal et al., 2023). It enhances parental communication by shifting the focus from behavioral control to emotional regulation, encouraging caregivers to reflect on and process their own emotions, such as fear and shame, that may hinder compassionate parenting (Havighurst et al., 2020). Goveas et al. (2024) further found that EFFT increases parental confidence in restoring parent-child relationships, improving emotional responsiveness, and developing behavioral regulation skills.

The integration of psychoeducation, skills-based instruction, and experiential learning fosters caregiver self-efficacy and enhances adaptive functioning for both parents and children.

Adlerian Family Play Therapy

Adlerian Family Play Therapy (AdFPT) is a family therapy model that integrates Alfred Adler's individual psychology with play therapy techniques (Chen et al., 2021). It acknowledges that a child's behavior is influenced by family dynamics and utilizes play as a medium for children to express emotions and explore family roles. Additionally, it emphasizes parental encouragement and involvement in the therapeutic process (Chen et al., 2021). The therapist acts as a guide "through four phases: building an egalitarian relationship, exploring family members' lifestyles, helping family members gain insight, and reorienting or re-educating the family" toward positive change (Chen et al., 2021, p. 32).

Chen et al. (2021) found that AdFPT is effective in helping families navigate various behavioral and emotional challenges, especially those associated with the trauma of conflictual divorce. This approach provides family members with opportunities to express themselves, understand each other's lifestyles, and recognize mistaken goals of behavior. It also facilitates the repair of ruptured attachments and fosters more functional family interactions (Chen et al., 2021).

AdFPT offers a systemic framework that supports parents in communicating about separation with greater sensitivity and in understanding their children's emotional needs through collaborative exploration of goals (Chen et al., 2021). From a systemic perspective, AdFPT has the potential to assess children's attachment styles, the nature of familial connections, and how individuals establish a sense of belonging within the family system. This therapeutic approach enables family members to learn and practice new ways of perceiving themselves, the family

unit, and the broader world. Additionally, parents and children receive psychoeducation, are encouraged to implement meaningful changes in attitudes, behaviors, and beliefs, and are given opportunities to enhance their connections by developing new interactional patterns (Chen et al., 2021).

Multi-Family Therapy Programs

Co-Parenting for Successful Kids. Co-Parenting for Successful Kids (CPSK) program is an evidenced-based multi-family intervention designed to address parental stress, anger, and self-efficacy (Wang et al., 2021). Research by Wang et al. (2021) demonstrated that participation in CPSK was associated with reductions in parenting stress and parental anger, as well as increased parenting self-efficacy. However, the program did not produce significant long-term improvements in the quality of the co-parenting relationship.

No Kids in the Middle. No Kids in the Middle (NKM) is a semi-structured multi-family therapy program developed by two family therapists in the Netherlands, designed to support separated parents experiencing high levels of conflict. The primary goal of NKM is to help separated parents move away from entrenched, polarized disputes and to find constructive ways of communicating, with a focus on prioritizing the child's well-being. This program employs a multi-family approach, working with groups of families systemically, allowing them to observe each other's interactions, engage in mutual sharing and understanding, negotiate common challenges, and offer and receive support (Mortimer et al., 2021). Lange et al. (2023) observed NKM also aims to reduce hostility between parents by involving their social networks and considering their broader social context. Hoigilt and Boe (2021) note that the program alternates between educational pieces, group discussions, and experiential exercises, providing opportunities for parents to collaborate and find more effective solutions to conflicts. They also

found that organizing children's groups parallel to the parent's group helps parents keep their children's needs and well-being in mind throughout the program (Hoigilt & Boe, 2021).

Positive Outcomes of Multi-Family Therapy. Lange et al. (2023), Mortimer et al. (2021), and Hoigilt and Boe (2021) found that NKM may be a promising approach for separated parents involved in co-parenting conflicts. Mortimer et al. (2021) reported reductions in hostility and conflict among parents addressing parenting issues. Similarly, Lange et al. (2023) observed decreased parental conflicts and reduced frequency of co-parental disputes. Hoigilt and Boe (2021) noted that NKM helped parents move from ambivalence and low expectations to a more positive outlook, allowing them to view their situations from new perspectives.

Parents reported that the program positively impacted their daily lives, citing improved relationships with their children, more relaxed interactions with their ex-partners, and reduced intense emotions and distrust (Hoigilt & Boe, 2021). Mortimer et al. (2021) found that fathers reported better relationships and more frequent contact with non-resident children. Parents appreciated learning about destructive communication patterns and reported benefits from refraining from sending aggressive emails and avoiding arguments (Mortimer et al., 2021). Additionally, parents felt less isolated and gained a broader understanding of their situations through shared experiences (Mortimer et al., 2021).

In another study, Bertelsen (2021) found that multi-family therapy interventions like NKM not only facilitated the learning of skills and practices for parents but also addressed the existential aspects of parenthood. Parents were hopeful that participating in the program alongside their children would improve their parent-child relationships and were deeply impacted by the program's focus on how their children were experiencing HCS/D.

Positive Outcomes for Children. Hoigilt and Boe (2021) and Mortimer et al. (2021) identified that parents reported their children benefitted from participating in multi-family therapy. Similarly, Bertelsen (2021) found NKM provided an opportunity for children to see their parents together in the same room, an experience some children had not had for a long time. Mortimer et al. (2021) observed that children developed a greater understanding and acceptance of their family situation, were less prone to hoping their parents would reconcile, and demonstrated less stress when transitioning between parents. Parents reported that their children felt safer seeing their parents demonstrate less angry and animosity towards each other and were beginning to improve at school (Hoigilt & Boe, 2021; Mortimer et al., 2021). Additionally, children demonstrated improved emotion regulation, reduced internalizing symptoms, and reported improved well-being in family life (Mortimer et al., 2021).

Key Interventions in Multi-Family Therapy

Experiential Learning. Bertelsen (2021), Hoigilt and Boe (2021), and Mortimer et al. (2021) identified experiential learning as a defining characteristic of multi-family therapy and a key mechanism for change. Mortimer et al. (2021) found that tasks such as explaining destructive patterns to a social network member or highlighting positive parenting traits of a former partner helped parents improve. Bertelsen (2021) and Hoigilt and Boe (2021) noted that parents reported these exercises helped them understand their children's perspectives during conflicts, leading to new insights on how disputes affected their children. One mother mentioned that seeing her ex-partner participate in these exercises allowed her to re-discover him as the father of her children (Bertelsen, 2021). Mortimer et al. (2021) identified a powerful piece of experiential learning for parents was exploring “new solutions to old problems” (p. 108). Parents discussed interparental conflicts with the group, received feedback, and tried out new ideas

within a supportive environment (Mortimer et al., 2021). Additionally, experiential learning fostered intergenerational understanding, as some parents recognized they were repeating dysfunctional patterns (Hoigilt and Boe, 2021).

The Therapist Stance. Mortimer et al. (2021) found that the therapist's stance is crucial for the successful delivery of multi-family therapy. The authors emphasize that family therapists should model empathy, curiosity, and openness rather than offering solutions. This approach empowers parents to take ownership for resolving their challenges while receiving support and encouragement from fellow parents. It also helps therapists remain neutral and avoid being pulled into parental conflict. (Mortimer et al., 2021).

Hoigilt and Boe (2021) corroborate these findings, noting that the therapist's approach significantly influenced parents' reception of the program. When therapists were nonjudgmental, invited parents to share without judgment, and focused on possibilities and the future, parents felt more relaxed and open-minded. This positively impacted their ability and willingness to express themselves and share with other parents. (Hoigilt & Boe, 2021). Hoigilt and Boe (2021) also cited that assuming a "not knowing" stance by the therapist positions the client as the expert on themselves and their world, fostering a collaborative relationship. Therapists who created a collaborative atmosphere when facilitating NKM allowed for openness and vulnerability, which proved crucial for fostering interactions within the group (Hoigilt & Boe, 2021, p. 196).

The Role of Family Therapists in High Conflict Separation/Divorce

Schmidt and Grigg (2023) found that family counsellors play a critical role in counselling parents and children experiencing HCS/D. They note that family counsellors can act as guides, support systems, and teachers, helping families in conflict navigate a change process that involves restructuring the family and re-authoring its members in a manner that promotes

agency. A key aspect of this work is an awareness of the trauma associated with HCS/D, an understanding of complex issues such as alienation, and the development of the therapeutic relationship (Schmitt & Grigg, 2023).

The Therapeutic Alliance

Parady et al. (2019) identify three important aspects of the therapeutic alliance: between-system alliance (the alliance between therapist and clients); within-system alliances (the alliance between family members); and split alliances (when the alliance with one member of the family weakens due to the therapist's alliance with another family member). They found that high-conflict co-parents usually generated low scores regarding the therapeutic alliance, had lower within-systems alliances, and had higher rates of split alliances (Parady et al., 2019).

Safety. Gunther-Bel et al. (2021) and Parady et al. (2019) emphasize the importance of safety in strengthening the therapeutic alliance. Parady et al. (2019) found safety to be a crucial precondition for change, especially among within-system alliances. Gunther-Bel et al. (2021) observed that parents reported feeling safer and were more likely to establish both between-system and within-system alliances when they perceived greater openness and comfort from the therapist. Parents who felt higher levels of safety during individual sessions with the family therapist were more likely to experience stronger within-system alliances during subsequent conjoint sessions with their former partners. This highlights the crucial role of fostering feelings of safety prior to involving both co-parents in the therapy room during HCS/D (Gunther-Bel et al., 2021).

Therapist Behaviours that Enhance Alliance. Parady et al. (2019) suggest that therapists must spend extra time building and strengthening alliances when working with HCS/D. They identify six therapist behaviours that fostered alliance building: balancing

technique and warmth; a genuine desire to understand; adjustments in interactions that promote safety; attending to body language; support of client sense of agency; and facilitation of a constructive first session (Parady et al., 2019). They also note five themes that clients experience which strengthen the relationship: perceiving the therapist as warm and competent; feeling supported; feeling deeply understood; experiencing hope, and challenging apprehensions and anxieties around therapy (Parady et al., 2019).

Maintaining Balanced Alliances. Schmitt and Grigg (2023) emphasize that family therapists must consistently evaluate and address imbalances in the therapeutic alliance to minimize perceptions of favoritism and client fears of bias. Similarly, Gunther-Bel et al. (2021) note the importance of establishing multiple, balanced alliances, especially in cases of severe triangulation of children during HCS/D. The authors highlight the need to define and contextualize the therapeutic system as a distinct process, separate from other spheres. This involves family therapists explaining how therapy works and constructing a meaningful relationship wherein each member perceives the therapist as an ally (Gunther-Bel et al., 2021). Parady et al. (2019) found that when family therapists help co-parents from HCS/D find common goals, within-system alliances can improve as co-parents begin to work together instead of against each other. Gunther-Bel et al. (2021) also found that narratives revealing joint responsibility for the problems within the family system, can enhance within-system alliances and increase solution-focused collaboration. Narratives of joint responsibility may include discovering common desires for their children or finding ways for former partners to minimize contact with each other (Parady et al., 2019).

Working with High-Conflict

De-Escalation and Conflict Management. Anderson et al. (2020) identify several strategies that therapists can use to re-engage and de-escalate co-parents during periods of heightened conflict. They found that active and engaged therapists who were vigilant in blocking parent attempts to return to the conflict accrued greater degrees of success. Focusing on the most escalated partner first, blocking attempts to dis-engage, direct guidance, taking control of the interaction, reframing attacking comments, and restatements that used less reassurance and approval interventions were found to be effective therapist behaviours that promote de-escalation and collaboration. Finally, structured interventions were found to be particularly effective in facilitating re-engagement among conflictual co-parents (Anderson et al., 2020).

Baum (2023) and Heggdalsvik et al. (2022) highlight the complexity of high-conflict cases, emphasizing that they pose significant challenges for mental health professionals. They found systemic understanding, including understanding the context in which the conflict takes place and the patterns that perpetuate it, essential for practitioners working with HCS/D.

Heggdalsvik et al. (2022) and Baum (2023) identify critical considerations for therapist conduct in these cases. Baum (2023) notes that HCS/D cases are particularly demanding, requiring substantial time and emotional investment from therapists. This amplifies the importance of establishing clear policies and procedures, as well as setting firm boundaries, to preserve the integrity of the therapeutic process.

Therapist Self-Care. Baum (2023) underscores the importance of therapists working with HCS/D cases to prioritize their own well-being and safeguard themselves within the therapeutic role. Given the emotionally demanding and highly stressful nature of these cases, implementing a structured self-care plan is essential. Mental health professionals should actively engage in activities that enhance their sense of self and foster personal connection. Additionally,

regular consultation and supervision are crucial, providing therapists with support, guidance, and a professional outlet to navigate the complexities of HCS/D cases (Baum, 2023).

Phase-Based Interventions. Misurell and Schwartz (2024) found that family therapists are best suited to prioritize session time for family members require the most intensive intervention. They emphasize that therapy should follow a phase-like approach, with interventions tailored to the evolving needs of the family system. Therapists should consider conducting individualized sessions with family members before gradually integrating them into joint therapy. This approach is particularly crucial for parents experiencing HCS/D, as they often require significant individualized support before they can effectively engage with their child or co-parent (Misurell & Schwartz, 2024).

Individual Work through a Systemic Lens. White (2024) outlines three distinct phases in working with individuals through a systemic lens. The first phase involves self-observation, where the individual examines their role within the family system across various contexts and identifies recurring patterns in their functioning. In the second phase, the individual applies this newfound self-awareness by experimenting with alternative ways of engaging within a specific relational context. Finally, in the third phase, the individual undertakes the process of differentiation, integrating insights gained from experiential learning into other areas of their life (White, 2024).

Therapeutic Focus during Initial Phases. In the initial phase of therapy, interventions should focus on enhancing perspective-taking, challenging cognitive distortions, fostering empathy, and employing validation strategies. Therapists must address problematic communication patterns, rigid parenting beliefs, and unresolved grievances with former partners while encouraging openness and flexibility within the family system (Misurell & Schwartz,

2024). Additionally, it is essential to assess whether the child requires individualized support before engaging in family therapy, as dedicating time to individual sessions can facilitate more effective parent-child interactions later (Misurell & Schwartz, 2024).

Given that ongoing hostility and interparental conflict in HCS/D significantly contribute to children's distress and poor mental health outcomes, therapists must prioritize establishing clear, civil, and professional communication between parents. This is crucial for stabilizing the family, building trust in the therapeutic process, and creating an environment that facilitates meaningful therapeutic progress. This begins with working individually with each parent to develop constructive communication skills. Once parents demonstrate a willingness to engage productively, gradual integration into joint sessions can further support family healing (Misurell & Schwartz, 2024).

Conjoint Therapy with Families. In conjoint sessions, the family therapist serves as a guide, mediator, and referee, establishing clear rules and boundaries for communication. These may include structured turn-taking, prohibiting interruptions and name-calling, and encouraging parents to acknowledge and validate each other's feelings before responding. The family therapy phase involving both parents and children can then begin once family members demonstrate sufficient insight into their contributions to the conflict, individual stability, a willingness to engage in the therapeutic process, and the interpersonal and coping skills necessary for constructive interaction. During these sessions, the family therapist must give voice to each family member's concerns and experiences, facilitating validation and understanding among members, as well as providing structure to the conversation (Misurell & Schwartz, 2024).

Potential Pitfalls. Finally, when implementing interventions in HCS/D cases, Misurell and Schwartz (2024) identify common challenges therapists must be aware of and strategies

for overcoming them. Misurell and Schwartz (2024) note some of these challenges may include an attachment to the idea of winning, negative attributions, dualistic thinking, and difficulty considering the other parent's perspective. These tendencies can lead to perceptions of dishonesty, stonewalling, triangulation, and challenges related to transference and countertransference. To address these issues, the authors recommend reframing techniques that help parents recognize and appreciate each other's positive qualities (Misurell & Schwartz, 2024).

Additionally, White (2024) highlights the value of integrating Bowen family systems theory, which emphasizes shifting focus within the family system when therapeutic progress stalls. By moving into various contexts of the system, therapists can avoid becoming overly fixated on specific symptoms and remain centered on the broader work of differentiation (Bowen & Kerr, 1985, as cited in White, 2024).

Chapter Summary

High-conflict separation/divorce (HCS/D) differs from typical divorces due to its prolonged and heightened levels of conflict, the intensity and nature of emotions such as anger, hatred, and disgust, and the destructive dynamics between co-parents. HCS/D is often characterized by a desire for revenge, a need to win, strong negative attributions, and intense emotional reactivity. These dynamics have detrimental effects on both parents and children. Parents often struggle with self-efficacy, and their distress regarding their former partner frequently spills over into their relationship with their children. As a result, they may find it difficult to maintain appropriate parenting skills, co-regulate their children, and remain attuned to their children's attachment needs. Children in HCS/D contexts exhibit increased internalizing and externalizing problems, including higher levels of anxiety, depression, and loneliness. They

may also display heightened aggression, difficulty concentrating in school, and increased suicidal ideation.

Family therapy approaches emphasize working with the family system to facilitate change. Bowen family systems theory identifies differentiation of self as a key mechanism for reducing emotional reactivity and promoting constructive behavior. Structural family therapy focuses on modifying dysfunctional family structures to restore healthier dynamics. Emotionally focused family therapy strengthens attachment bonds by addressing emotional processes, while attachment-based family therapy facilitates corrective attachment experiences through dialogue. Ultimately, an active family therapist who maintains a strong therapeutic alliance with family members can serve as a powerful catalyst for change. The therapist's stance is crucial in implementing effective interventions and therapeutic programs that support parental healing from HCS/D, improve parenting, and enhance the parent-child relationship.

Chapter Three: Summary, Recommendations, and Conclusion

In Chapters One and Two, I explored the key distinctions between high-conflict and low-conflict divorce or separation. I also reviewed the literature on the impact of high-conflict dynamics on co-parenting and parenting capacity. This revealed resulting mental health challenges in children and adolescents. The literature also suggested the positive role that family therapy could play in mitigating these effects. The literature review in Chapter Two provided an analysis of this topic, using family systems theory and attachment theory as a theoretical framework to inform treatment approaches for mental health professionals working with families experiencing high-conflict separation/divorce (HCS/D).

In this final chapter, I will apply this research to practice by developing a professional development workshop for school counsellors. I will begin by summarizing the literature, followed by a discussion of my recommendations for systemic interventions, presented through a sixteen-slide PowerPoint. Finally, I will address the limitations of this capstone and conclude with final reflections.

Summary of the Literature

HCS/D is characterized by prolonged and intense conflict, heightened anger and distrust, and the use of maladaptive defense mechanisms that contribute to dysfunctional responses to conflict (Schmidt & Grigg, 2023). Pervasive negative exchanges hinder effective conflict resolution. Lasting conflict may arise from prolonged litigation, custody disputes, or financial disagreements (Deck et al., 2023). However, individual psychopathology, such as a desire for revenge or engagement in power struggles, can also contribute to persistent mistrust and ongoing conflict. Research indicates that individuals involved in HCS/D are more likely to hold negative

attributions about their former partners compared to those in low-conflict separations and are more inclined to perceive each other as unfit parents (Deck et al., 2023).

HCS/D creates a highly stressful environment for families, negatively affecting both parents and children. Parents involved in HCS/D often struggle with emotional regulation and may have difficulty responding appropriately to their children's needs. They are more likely to resort to punitive parenting methods or misinterpret their own needs as those of their children (Pellon-Elexpuru et al., 2024). Exposure to persistent conflict and its impact on parenting significantly affects a child's mental, emotional, physical, and developmental well-being. Children exposed to HCS/D are at a heightened risk of experiencing anxiety, depression, and self-blame. They may also exhibit increased aggression, social withdrawal, and academic difficulties (Laletas & Khasin, 2021). In addition, research has shown that exposure to HCS/D increases the likelihood of children developing symptoms of post-traumatic stress disorder (PTSD) (Lange et al., 2022; van der Wal et al., 2019).

Attachment theory provides a critical framework for understanding the systemic consequences of HCS/D. It posits that all humans have an intrinsic need for connection and naturally seek opportunities for bonding (Johnson, 2019). Both attachment theory and family systems theory emphasize the interconnected nature of human relationships and suggest that individuals are best understood within the context of their relational environments (Rothbaum et al., 2002). HCS/D can severely disrupt attachment bonds between parents and children, leading to increased isolation, loneliness, and heightened fears of abandonment (Maya et al., 2024). Attachment insecurity is further exacerbated by factors such as parental alienation, a phenomenon more frequently observed in high-conflict situations. Parental alienation occurs when one parent deliberately attempts to sever the child's bond with the other parent, leading to

long-term psychological consequences and negatively shaping the child's internal working model of self and others (Bernet, 2023).

Family therapy integrates attachment science and provides a holistic approach to fostering lasting, systemic change. Bowen family systems therapy emphasizes differentiation, the ability to separate thoughts and emotions and to develop a sense of self distinct from others, which reduces emotional reactivity and improves communication and conflict resolution (Papero, 2024). Structural family therapy offers a framework for restructuring family roles and hierarchies following separation, promoting clearly defined roles and boundaries that support constructive family interactions (Dehghani & Bernards, 2021). Attachment-based family therapy focuses on repairing relational ruptures and strengthening parent-child attachment bonds through corrective attachment experiences that address unmet emotional needs and enhance parental responsiveness (Diamond et al., 2024). Emotionally focused family therapy leverages emotional expression as a means of restructuring parent-child interactions and fostering greater parental attunement (Sabey et al., 2024). Adlerian family play therapy incorporates play into the therapeutic process, serving as both an assessment tool and an intervention to facilitate emotional expression and strengthen family cohesion (Chen et al., 2021). Finally, multi-family therapy brings multiple families together to encourage shared learning, mutual support, and collaborative problem-solving. These programs incorporate psychoeducation, group discussions, and experiential exercises designed to improve family functioning (Lange et al., 2023; Mortimer et al., 2021).

Counsellors play a crucial role in working with families experiencing HCS/D. They are responsible for establishing, maintaining, and balancing therapeutic alliances with family members while navigating the complexities of HCS/D (Schmidt & Grigg, 2023). Counsellors

must implement appropriate de-escalation and re-engagement strategies to keep family members focused on constructive dialogue and resolution (Anderson et al., 2020). Establishing safety through balanced alliances, structured interventions, and reframing negative attributions is essential to fostering cooperation (Parady et al., 2019). Given the emotionally and mentally demanding nature of working with high-conflict cases, counsellors must also prioritize their own well-being. Engaging in self-care, maintaining firm professional boundaries, seeking regular supervision or consultation, and participating in activities that promote personal growth and fulfillment are necessary to sustain their effectiveness in this challenging field (Baum, 2023).

Professional Development Workshop Slides

Based on the literature review in Chapter Two, I have developed a professional development workshop for school counsellors, presented through a PowerPoint format. The following section provides a detailed description of each slide included in the workshop. A comprehensive outline of the workshop is available in Appendix A, while the PowerPoint slides are included in Appendix B. The descriptions below outline the content covered in each slide, along with the strategies implemented throughout the presentation.

Slide 1: Title, Introduction, and Icebreaker Activity

The first slide captures the workshop's title, *Family Therapies for High Conflict Separation/Divorce*. The first slide also includes my name, as I will use this opportunity to introduce myself, my social locations, and why this topic is important to me. From the first slide, I will begin to build rapport with the participants, offer context to the topic, and discuss my own experience witnessing children of HCS/D as a school counsellor. Participants will be given the opportunity to engage in an ice breaker activity. In small groups they will be encouraged to discuss personal experiences working with HCS/D cases, including its most common challenges.

Slide 2: Outline

The second slide provides participants with a brief outline of the workshop. They will be introduced to the topics covered, encouraged to engage in discussions and activities, and informed that a designated question-and-answer period will take place at the end of the presentation. Additionally, participants will be reminded to communicate any access needs and reassured that they may step out at any time to attend to their well-being. The importance of confidentiality will also be emphasized, with a reminder to refrain from disclosing the names of students or clients or sharing any personal information.

Slide 3: What Makes a Separation/Divorce High Conflict?

HCS/D will be distinguished from low-conflict divorce by several defining factors, including parents' prolonged engagement in conflict, individual and relational dynamics, as well as the emotional intensity and dimensions of the conflict. I will examine key themes in the literature that describe HCS/D, particularly how the intensity of emotions such as hatred, anger, and shame contribute to persistent conflict. Additionally, personality factors, defense mechanisms, and the desire for revenge and power struggles hinder cooperation and constructive communication. Finally, I will discuss how strong negative attributions toward each other, attachment insecurities, and difficulties in emotion regulation further exacerbate conflict.

Slide 4: Impacts of HCS/D on Co-Parenting and Parenting and Discussion #1

In this section, I will examine the impact of HCS/D on parents and their ability to parent and co-parent effectively. I will discuss how research indicates that parents experiencing HCS/D are at an increased risk of emotional reactivity, which affects their interactions with their children and their ability to communicate with one another. HCS/D often leads to difficulties in communication, coordination, and cooperation, which impede effective co-parenting and result

in unclear boundaries and parental roles. Additionally, the stress of ongoing conflict contributes to negative parenting practices, including difficulties with emotion regulation and co-regulation, the use of punitive parenting methods, and conflict-driven parenting approaches. Participants will be given the opportunity to discuss what communication strategies have worked for them in school-based team meetings and/or the therapy room with co-parents.

Slide 5: Impact of HCS/D on Children and Discussion #2

In this section, I will examine the research literature on the impact of HCS/D on children, with a particular focus on observable effects in the school environment. The emotional consequences of HCS/D include an increased risk of anxiety, depression, and attachment insecurity (Martinez-Pampliega et al., 2021). In addition, children exposed to HCS/D are at greater risk for developing post-traumatic stress disorder (PTSD) symptoms, as well as experiencing long-term effects on self-esteem and their ability to form meaningful relationships (Lange et al., 2022; van Dijk et al., 2022). Research indicates that children who witness HCS/D are more likely to develop behavioral problems, including aggression, social withdrawal, and difficulties in school. These school-related challenges may manifest as struggles in peer and teacher relationships, as well as academic difficulties (Laletas & Khasin, 2021). Finally, this section will explore how experiencing HCS/D can affect child development and contribute to attachment-related issues. Participants will be asked these discussion questions and be given time to discuss:

- How might children in these situations display symptoms at school? In the therapy room?
- What strategies have participants found useful when working with these children?

Slide 6: Attachment and Family Systems Frameworks

In this section I will examine the theoretical frameworks that shape this research and inform strategies for supporting families experiencing HCS/D. Attachment theory, as developed by John Bowlby and expanded by Mary Ainsworth, Mary Main, and Judith Solomon, will be explored to highlight the importance of secure attachment and the disruptive effects of interparental conflict. Exposure to conflict compromises children's emotional security, heightens fears of abandonment, and creates uncertainty about their ability to rely on their parents. Furthermore, HCS/D increases the risk of parental alienation, forcing children to feel torn between parents and impairing their internal working models of self and others.

This section will also examine family systems theory, which views families as interconnected systems where individuals can only be understood within their social context (Prochaska & Norcross, 2018). Children affected by HCS/D should not be considered in isolation but through the combined lenses of attachment theory and family systems theory, both of which emphasize relational dynamics as key to systemic change. Notably, both theories share a foundation in systems thinking and human relationships, underscoring the parental relationship, the quality of caregiving, and its impact on child development (Rothbaum et al., 2002).

Slide 7: Family Therapy Approaches and Discussion #3

This slide presents several family therapies as therapeutic options for working with children and parents affected by HCS/D. In this section, I will discuss Bowen Family Systems Therapy, Structural Family Therapy, Attachment-Based Family Therapy, Emotionally Focused Family Therapy, and Adlerian Family Therapy. I will provide a brief overview of each approach and highlight key elements and interventions relevant to addressing HCS/D.

Bowen Family Systems Therapy offers valuable concepts such as the family emotional system, differentiation, and triangulation, which can improve communication through the use of

"I" statements. These principles help manage emotional reactivity, regulate responses to stimuli, and foster resilience and rational decision-making among family members (Papero, 2024).

Structural Family Therapy focuses on strengthening family hierarchy by establishing clear boundaries and roles between parents and children. This approach helps restructure family dynamics that may have been disrupted by HCS/D (Dehghani & Bernards, 2021).

Attachment-Based Family Therapy facilitates corrective attachment experiences between parents and children, re-establishing trust and security in the parent-child relationship. This approach emphasizes relational repair and the reinforcement of parent-child bonds (Diamond et al., 2024).

Emotionally Focused Family Therapy enhances parent-child relationships by increasing parental responsiveness. By exploring underlying emotions, this approach helps restructure negative interaction patterns and improve communication within the family (Sabey et al., 2024).

Finally, Adlerian Family Play Therapy incorporates play into the therapeutic process to promote emotional expression and strengthen family cohesion. Play serves as both an assessment tool and an intervention, enabling families to learn and practice new ways of interacting (Chen et al., 2021).

Participants will be encouraged to discuss strategies for referring a family experiencing HCS/D to family therapy during a school-based team meeting.

Slide 8: Multi-Family Therapy Programs and Discussion #4

In this section, I will briefly define multi-family therapy and discuss its primary objectives and interventions. Multi-family therapy programs bring multiple families together to facilitate shared learning, support, and problem-solving. These programs incorporate educational components, group discussions, and experiential exercises to enhance family functioning. They

help reduce isolation, normalize the experiences of both parents and children, foster social learning through observation, and promote collaboration and emotional regulation. Experiential learning activities include role-reversal exercises to help parents understand their child's perspective, constructive communication practice, and the exploration of “new solutions” to recurring conflicts within a group setting (Mortimer et al., 2021, p. 108). Multi-family therapy provides a collaborative, nonjudgmental space that encourages parents to shift from blame to self-reflection (Mortimer et al., 2021). Participants will be asked to consider how they would describe and advocate for a family experiencing HCS/D to engage in a multi-family therapy program.

Slide 9: Interventions

This slide will provide a brief overview of four key interventions and strategies that participants can apply in their practice. These interventions include techniques for fostering effective co-parenting, emotion coaching for parents, strategies for addressing parental alienation, and interventions designed to support the family system.

Slide 10: Co-Parenting Strategies and Activity #1

This slide presents the first strategy for supporting parents involved in HCS/D. It explores communication tools that school counsellors can use to help parents reduce conflict, including encouraging child-centered discussions, setting clear communication boundaries, and promoting paraphrasing and summarizing before responding. To manage emotional reactivity, parents can use “I” statements to express concerns without assigning blame. Participants will learn to facilitate discussions that remain child-centered and establish clear, child-focused co-parenting goals. School counsellors are advised to maintain neutrality when working with both parents and provide psychoeducation on destructive versus constructive communication, the impact of

destructive communication, and alternative communication strategies (Baum, 2023; Mortimer et al., 2021). Participants will engage in a role-playing activity, working in pairs to practice facilitating structured conversations using “I” statements.

Slide 11: Emotion Coaching for Parents

In this section, I will discuss how school counsellors can guide parents in validating and helping children process their emotions. Emotion coaching techniques for parents involve assisting children in labeling and understanding their emotions, providing consistent reassurance and presence, and fostering open conversations about feelings and experiences without fear of conflict. Parents are encouraged to avoid dismissing or reacting negatively to their child’s emotions and instead create a safe and accepting environment for emotional expression. School counsellors can support parents in recognizing their child’s emotions, building emotional connections, demonstrating empathy, and helping their child problem-solve while establishing appropriate limits (Havighurst et al., 2020). Emotion coaching emphasizes focusing on emotions rather than behavior to strengthen parent-child connections and improve communication (Havighurst et al., 2020). Additionally, counsellors should help parents increase awareness of their own emotional responses to their child's needs and provide them with behavioral and emotion-focused skills to support their child at home (Hirschfeld & Wittenborn, 2016).

Slide 12: Strategies for Parental Alienation

This slide outlines several strategies that participants can use when addressing parental alienation. It highlights the importance of school counsellors’ awareness and ability to recognize alienating behaviours, enabling them to intervene effectively and provide timely support for children. School counsellors can offer psychoeducation to families on the long-term effects of parental alienation and its impact on children's ability to form meaningful and lasting

relationships. Given these challenges, counsellors can play a key role in supporting children as they build and maintain healthy relationships with both adults and peers. It is essential that school counsellors avoid placing children in the middle of parental disputes and encourage parents to do the same. In addition, school counsellors can support affected children by addressing cognitive distortions, holding the favored parent accountable, and providing emotional support to the targeted parent. They can also assist children in navigating relationships with both parents (Misurell & Schwartz, 2024). Finally, participants will learn strategies to help children develop coping mechanisms for managing family conflict (Misurell & Schwartz, 2024).

Slide 13: Strategies for Supporting the Family System and Activity #2

In this section, I will discuss strategies that school counsellors can use to support families. First, counsellors can encourage parents to separate their emotions from their actions. This approach can help family members engage in more rational decision-making and develop greater resilience in response to stressful living situations (Sulogu & Guler, 2021). School counsellors can facilitate this process by asking open-ended questions that prompt families to observe their patterns of functioning across various contexts, identify recurring dynamics, and explore alternative ways of interacting (White, 2024). Additionally, they can help families reduce both behavioral and physiological reactivity by addressing maladaptive behaviors such as self-accusation, blaming others, aggression, denial, and resentment (White, 2024).

Next, school counsellors can facilitate emotional expression between parents and children. They can empower parents to recognize their emotional responses, modify dysfunctional reactions, regulate emotions effectively, empathize with their children, and strengthen the parent-child relationship (Dehghani & Bernards, 2021). Furthermore, counsellors play a crucial role in reframing negative cycles of interaction into opportunities for positive

engagement. This can be achieved by invoking the relational reframe (Van Vlierberghe et al., 2022), facilitating validation among family members, and promoting secure attachment to restructure family interaction patterns (Hirschfeld & Wittenborn, 2016; Misurell & Schwartz, 2024).

School counsellors can also help families establish clear boundaries between parental and child roles while assisting parents in minimizing children's exposure to interparental conflict. One strategy for achieving this is the creation of a *Children's Bill of Rights* (Baum, 2023). This activity involves developing a list of ten fundamental rights for children affected by HCS/D. Examples include the right not to be placed in the middle of parental disputes, the right not to witness parental conflicts, and the right to experience childhood without undue emotional burdens. The *Children's Bill of Rights* can serve as a central focus during counselling sessions to reinforce these principles (Baum, 2023).

School counsellors can also support families in establishing or redefining flexible yet clear boundaries within the new family structure. They can guide discussions on boundary-setting, assist in clarifying and realigning family roles, and help develop new rules to support family cohesion (Tadros et al., 2022; Tadros & Ogden, 2020).

Finally, school counsellors can encourage the development of healthy family routines and rituals that provide children with a sense of stability and security. By exploring meaningful activities that foster family cohesion, counsellors can support families in implementing practices that strengthen their emotional bonds (Dehghani & Bernards, 2021). To reinforce these concepts, this section includes an interactive activity in which counsellors collaborate in pairs or small groups to develop a *Children's Bill of Rights* specific to interparental conflict.

Slide 14: Reminders for the Role of the Therapist and Activity #3

This section provides participants with reminders regarding the role of therapists when working with families experiencing HCS/D. It is essential for counsellors to remain mindful of the therapeutic alliance, balancing neutrality while advocating for the child's well-being. Counsellors must employ de-escalation techniques and strategies when working with these families, while also prioritizing their own mental and emotional well-being.

During this section, I will discuss with participants the importance of balancing alliances, establishing safety, and fostering hope when working with these families. Counsellors must prioritize building rapport and trust with each family member individually while maintaining independence and objectivity. Demonstrating empathy, curiosity, and openness, adopting a non-judgmental approach that fosters dialogue, and avoiding behaviors that risk alienating family members are key strategies for effective engagement (Hoigilt & Boe, 2021; Mortimer et al., 2021).

Effective de-escalation techniques require counsellors to take an active role in conversations, facilitate structured dialogues, and reframe negative attributions. Maintaining professionalism and neutrality is crucial in preventing counsellor burnout and upholding professional integrity. Counsellors must set firm boundaries, adhere strictly to protocols and policies, and enforce them consistently. To manage high-conflict dynamics, counsellors are advised to maintain a diplomatic and structured approach, remaining firm yet respectful in their communication. It is imperative that counsellors avoid being triangulated into parental conflict or diverted from their professional role (Baum, 2023). They should remain vigilant against manipulation and triangulation, continuously aligning their practice with the best interests of the child (Misurell & Schwartz, 2024). Counsellors must remain cognizant of their professional role and ensure they do not overstep its boundaries (Baum, 2023).

Additionally, all forms of communication (email, phone, and text messaging), must remain transparent, civil, respectful, and empathetic (Misurell & Schwartz, 2024). Professional communication guidelines include ensuring that all written and verbal correspondence maintains a standard suitable for review in a family court setting; modeling emotional regulation for parents; managing personal frustration and stress; demonstrating assertive, respectful communication; and maintaining transparency by copying both parents on emails unless otherwise indicated. Furthermore, counsellors should inform parents when conversations or phone calls occur with the other parent to prevent perceptions of bias or secrecy (Misurell & Schwartz, 2024).

Finally, counsellors are encouraged to work within a team environment and engage in regular consultation or supervision (Baum, 2023; Misurell & Schwartz, 2024). Weekly supervision or consultation provides a structured space for discussing cases, developing treatment plans, analyzing intervention strategies, processing countertransference, and managing professional challenges in a supportive environment (Misurell & Schwartz, 2024). At the conclusion of this section, participants will engage in a self-reflection activity in which they identify one self-care strategy they will implement following the workshop.

Slide 15: Wrap-Up and Q&A

The final section of this presentation will summarize key takeaways for working with families experiencing HCS/D and provide reflections on insights emerging from discussions and activities. The key takeaways include the importance of understanding HCS/D for effective intervention, recognizing that children are the most affected by these conflicts, acknowledging the role of family therapy in repairing parent-child relationships, and highlighting its

effectiveness in improving co-parenting dynamics. Additionally, the therapist's role remains critical throughout the intervention process.

This section will offer participants an opportunity for open discussion and questions, both with the presenter and among peers. Furthermore, I will provide easily accessible resources and create space for school counsellors to share additional resources with one another.

Slide 16: Resources

This slide presents a selection of websites and online resources that school counsellors can utilize to deepen their understanding of HCS/D, co-parenting strategies, and effective interventions for parents and children. The listed resources include:

- The National Child Traumatic Stress Network – Children and Divorce
- Our Family Wizard – Co-Parenting Tools & Conflict Reduction
- No Kids in the Middle – Multi-Family Therapy for HCS/D
- Co-Parenting for Successful Kids – Online Program
- Sesame Street – Divorce & Separation Resources for Young Children
- Books & Worksheets for Children on Divorce (Therapist Aid)

These resources provide school counsellors with strategies to support children affected by parental conflict, identify trauma symptoms, and foster resilience. Additionally, they offer guidance on working with high-conflict families, educating parents on cooperative parenting, and implementing practical activities to reduce divorce-related stress.

Limitations to the Capstone

Despite the depth of research and analysis provided in this capstone, there are several limitations. The first limitation is the lack of available research on the application of family therapies to high-conflict separation/divorce (HCS/D). While there is a substantial body of

literature on individual and play therapy interventions for children and parents experiencing HCS/D, fewer studies have examined the effectiveness of systemic family therapies in these contexts. Specifically, research on the use of family therapies for different family subsystems within HCS/D, as well as the role of family therapists working in this context is lacking. This gap in the literature makes it difficult to draw definitive conclusions about the most effective family therapy approaches for various family subsystems in HCS/D. More empirical studies are needed to evaluate the long-term outcomes of these interventions.

Additionally, inconsistencies in the definition of HCS/D present a limitation. Research lacks a universally accepted definition of what constitutes high-conflict separation/divorce, making it difficult to compare studies and apply findings across different contexts. Some studies emphasize legal disputes and custody battles, while others focus on psychological and emotional factors such as hostility, mistrust, and unresolved trauma. This lack of consensus limits the generalizability of findings and complicates the development of standardized therapeutic interventions.

The research remains inconsistent regarding the internal experiences of parents that fuel conflict and the factors that heighten children's vulnerability to trauma in the context of HCS/D (Pellon-Elexpuru et al., 2024; Stolnicu et al., 2022; van der Wal et al., 2019). Empirical evidence distinguishing the impact of HCS/D on father-child versus mother-child relationships is limited, and little is known about the influence of parental gender on co-parenting behaviors (Smith-Etxeberria & Eceiza, 2021; Smith-Etxeberria et al., 2022). While some studies suggest that mothers may be more likely to serve as the primary caregiver post-separation and fathers may struggle with maintaining consistent contact, research on how these dynamics influence children's attachment security and adjustment is limited. Further studies are needed to examine

how parental roles, gender expectations, and custody arrangements shape parent-child relationships in high-conflict divorce scenarios.

Another key limitation is the focus of existing literature on middle-class families, with relatively little research exploring HCS/D within lower-income or culturally diverse populations. Lower-income families may face additional barriers, such as financial constraints, limited availability of specialized family therapists, and systemic factors that contribute to ongoing conflict. Future research should examine how systemic family therapy can be adapted to meet the needs of diverse populations, including culturally specific approaches to conflict resolution and co-parenting.

Conclusion

This capstone examined the characteristics of high-conflict separation or divorce (HCS/D), its impact on parents and children, and the application of family therapies through an attachment theory lens as a method of intervention. Disruptions or dysfunctions in one area of the family system inevitably affect other areas, making systemic interventions more effective than those targeting individuals in isolation. Family therapies facilitate systemic change by addressing family structure, the emotional system, and attachment bonds among family members. Throughout this process, the role of the family therapist is critical, serving as a key mechanism for change. Effective therapeutic work in high-conflict cases requires balancing therapeutic alliances, ensuring safety, and actively facilitating structured interventions to manage conflict and enhance cooperation. The goal of this capstone was to encourage mental health practitioners to consider systemic therapies as valuable interventions when working with parents and children affected by HCS/D.

The final chapter of this capstone presented strategies and recommendations for counselors working with families experiencing conflictual separations. The accompanying workshop provides counselors with insights into the complex factors involved in HCS/D, its detrimental effects on parents and children, and key issues such as parental alienation. In addition, the workshop offers a deeper understanding of how family therapies can support these families in their recovery, along with practical skills and interventions for working with both parents and children.

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Appendix A: Outline for Professional Development
Family Therapies for High Conflict Separation/Divorce

Objectives:

1. Educate participants about the characteristics and impacts of HCS/D on parents, children, and family systems.
2. Learn how attachment theory and family systems can inform interventions for HCS/D.
3. Apply evidence-based family therapy approaches when working with HCS/D.
4. Develop skills and strategies to strengthen co-parenting, mitigate the impact of HCS/D on children, and address parental alienation.
5. Strengthen the role of the therapist in HCS/D cases.

Outline:

- I. Introduction to High Conflict Separation/Divorce (HCS/D)
 - a. Defining Characteristics
 - b. Individual and Relational Dynamics
 - c. Emotional Dynamics and Conflict Dimensions
- II. Impact of HCS/D on Parents
 - a. Impact on Parenting
 - b. Impact on Co-Parenting

Discussion #1: What communication strategies have worked for you in school-based team meetings and/or the therapy room with co-parents?

- III. Impact of HCS/D on Children
 - a. Emotional Consequences
 - b. Behavioural Consequences

c. PTSD

Discussion #2: How might children in these situations display symptoms at school? In the therapy room? What strategies have participants found useful when working with these children?

- IV. Theoretical Frameworks
 - a. Attachment Theory and HCS/D
 - b. Family Systems Theory
- V. Family Therapy Approaches and Programs
 - a. Bowen Family Systems
 - b. Structural Family Therapy
 - c. Attachment-Based Family Therapy
 - d. Emotionally Focused Family Therapy
 - e. Adlerian Family Play Therapy
 - f. Multi-Family Therapy

Discussion #3: What information might be important to include when recommending family therapy to families experiencing HCS/D?

Discussion #4: How would you describe or encourage a family to participate in a multi-family therapy program?

- VI. Interventions and Strategies
 - a. Co-Parenting Strategies
 - b. Emotion Coaching for Parents
 - c. Strategies for Parental Alienation
 - d. Supporting the Family System

Activity #1: Role-playing – divide participants into pairs and have them practice facilitating structured conversations using “I” statements.

Activity #2: Brainstorm – have participants get together in pairs or small groups and create a ten-item list of Children’s Bill of Rights regarding exposure to interparental conflict.

VII. The Role of the Therapist and Self-Care

- a. Building a Therapeutic Alliance in HCS/D Cases
- b. De-Escalation Techniques
- c. Therapist Self-Care

Activity #3: Self-Reflection – What is one self-care strategy you will implement after today’s workshop?

VIII. Wrap-Up and Q&A

- a. Summary of Key Takeaways
- b. Open Discussion and Resource Sharing

Appendix B: Presentation Slides

Slide 1: Title and Introduction

Slide 2: Outline

Slide 3: What Makes a Separation/Divorce High Conflict?

Slide 4: Impacts of HCS/D on Co-Parenting and Parenting

Slide 5: Impact of HCS/D on Children

Slide 6: Attachment and Family Systems Frameworks

Slide 7: Family Therapy Approaches

Slide 8: Multi-Family Therapy Programs

Slide 9: Interventions

Slide 10: Co-Parenting Strategies

Slide 11: Emotion Coaching for Parents

Slide 12: Strategies for Parental Alienation

Slide 13: Strategies for Supporting the Family System

Slide 14: Reminders for the Role of the Therapist

Slide 15: Wrap-Up and Q&A

Slide 16: Resources

