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High-Conflict Divorce, Iatrogenic Harm, and the Need for Systemic Alternatives in Family Law: The Therapeutic Inclusive Intervention Conferencing (T.I.I.C) Program

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Introduction

Psychological and sociological research consistently highlights the profound and lasting damage high-conflict divorce can inflict upon both children and their separating parents. High-conflict divorce—characterised by persistent hostility, frequent litigation, and failure to resolve disputes amicably—places children at significant risk of adverse developmental outcomes. These include emotional and psychological harm, anxiety, depression, low self-esteem, emotional dysregulation, and, where coercive and controlling violence is present, post-traumatic stress symptoms (Amato & Afifi, 2006; Johnston et al., 2009; Sturge & Glaser, 2000; van Dijk et al., 2023). Children in these circumstances are more likely to develop maladaptive coping strategies, experience school difficulties and poor peer relationships, and face heightened risks of substance abuse and mental health challenges extending into adulthood.

Iatrogenic Effects in Family Law

The concept of **iatrogenesis**, originating from the Greek *iatros* (physician) and *genesis* (origin), refers to harm caused by the healer. In medicine, it denotes adverse outcomes arising from treatment. Applied to family law, iatrogenic effects refer to psychological, emotional, and relational harm caused by the legal process itself. These include entrenched conflict, emotional

distress, and damage to the parent–child relationship—outcomes that are often exacerbated rather than resolved through adversarial litigation (Asher et al., 2011).

Traditional adversarial systems, designed to resolve disputes where ongoing relationships are irrelevant, are structurally ill-suited to family law where cooperation and future-oriented co-parenting are essential. The adversarial process incentivises blame, fosters binary narratives of guilt and innocence, and often entrenches the polarisation between parents. This litigation framework frequently renders cooperative parenting unattainable and increases the risk of psychological harm for all involved, especially children.

Psychological Harm and Family Fragmentation

Children exposed to chronic parental conflict face significant developmental risks. They are more likely to internalise blame, suffer anxiety, depression, and loyalty conflicts, and experience disrupted attachment patterns (Kelly & Emery, 2003). Prolonged legal conflict may erode children’s relationships with both parents and produce what Johnston (1994) refers to as ‘*entrenched litigation fatigue*’, contributing to children’s rejection of one parent and their enmeshment with the other.

The adversarial system’s reliance on retrospective fact-finding, often through affidavit evidence and expert reports, can distort children’s experiences and force alignment with one parent’s narrative. Legal proceedings, court-ordered assessments, and family reports, even when well-intentioned, may inadvertently retraumatise children or cast them in the role of decision-makers, thus creating psychological dissonance and role confusion.

Fragmentation and Professional Disconnection

Family law proceedings typically involve multiple professionals—judges, lawyers, report writers, psychologists—working in silos. This fragmentation often leads to inconsistent messaging and confusion for families. Professionals may work at cross-purposes, reinforcing a narrative of conflict rather than resolution. Asher et al. (2011) describe this as a system plagued by excessive retrospective surveillance, procedural fragmentation, and adversarial escalation—all of which undermine therapeutic and cooperative possibilities.

This disjointed approach, combined with a systemic focus on the past and on blame attribution, often culminates in entrenched patterns of litigation that become self-perpetuating.

As Barton (2008) suggests, the adversarial mindset may inhibit creative solutions, anchoring all parties in historical grievances rather than prospective reconciliation.

Critique of the Family Report System

While family reports in Australia are intended to guide the court toward the child's best interests, they have been subject to sustained criticism. Concerns include variability in report quality, perceived or actual bias, lack of standardised training among assessors, and overreliance on brief interviews (Field, 2020; Kaspiew et al., 2014). Children often feel their voices are filtered through adult interpretations, leading to dissatisfaction and the perception that their views are ignored (Cashmore & Parkinson, 2009).

Despite their utility, family reports may reinforce adversarial dynamics, particularly when findings are interpreted as favouring one party. In high-conflict disputes, the conclusions drawn in reports often fuel further litigation rather than resolve it, and may reinforce psychological splitting among family members.

The Systemic Paradigm: A Shift in Perspective

A systemic approach offers a powerful alternative to adversarial family law processes. Rather than viewing conflict as linear and causally determined, systemic models understand families as complex, interrelated systems. Blame is replaced by curiosity, and intervention focuses on transforming dysfunctional interaction patterns rather than pathologising individuals. Lawyers, judges, mental health practitioners, and families are all viewed as part of the system, each with the capacity to influence outcomes.

A shift from retrospective analysis to future-focused collaboration requires redefining previously antagonistic relationships into cooperative partnerships. Legal and therapeutic professionals must work together to develop coordinated interventions that reduce conflict and prioritise the child's developmental needs.

The T.I.I.C Program: An Integrative Model

In response to these systemic failures, the **Therapeutic Inclusive Intervention Conferencing (T.I.I.C)** program was developed in 2023 by Lisa Bottomley and Vincent Papaleo. T.I.I.C provides a structured, trauma-informed, culturally responsive approach for

families entrenched in high-conflict litigation. The model explicitly integrates legal and psychological professionals, inviting both parties' legal representatives into cooperative, child-focused problem solving. It prioritises inclusion, feedback, psychological assessment, and collaborative planning.

T.I.I.C was initially envisioned as a proactive intervention, yet has more frequently been used as a last resort after years of conflict and litigation. Families often present emotionally and financially exhausted, their capacity for engagement diminished. Nevertheless, even in these late-stage referrals, many families demonstrate capacity for change when offered a respectful, coordinated alternative to adversarial conflict.

The success of T.I.I.C lies not in removing legal professionals from the process, but in repositioning them as collaborative agents rather than adversarial opponents. The program seeks not only to resolve immediate parenting disputes, but also to restore relational functioning, reduce harm, and promote healing within the family system.

Conceptual Foundations: TIIC – A Shift from Iatrogenic Harm to Systemic Healing

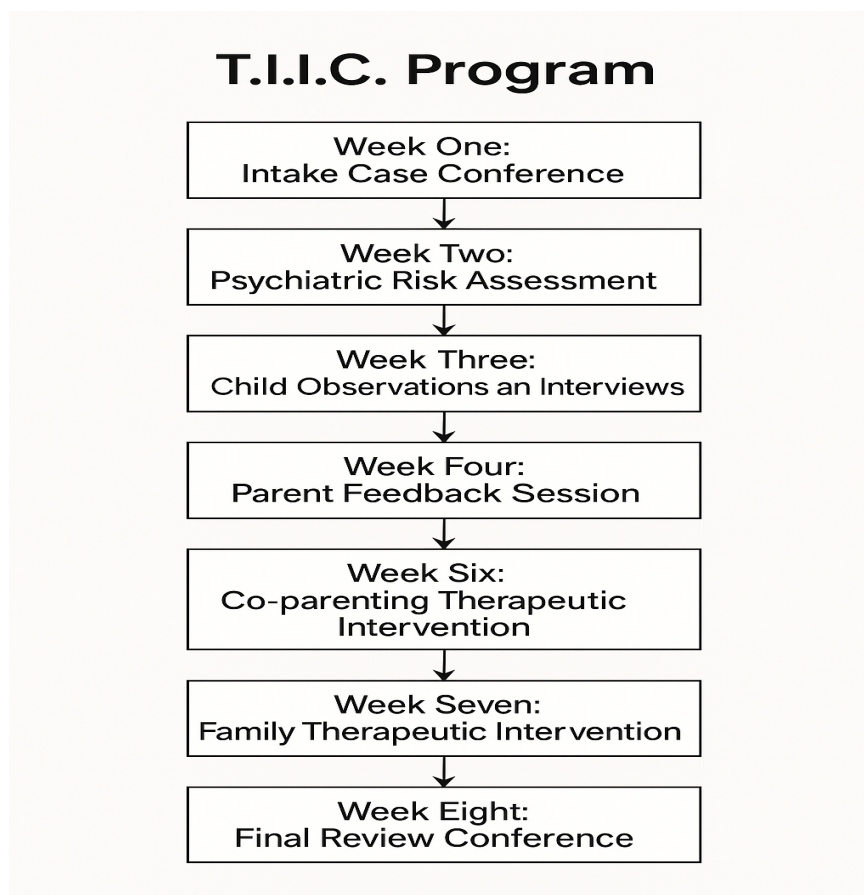
The concept of iatrogenesis—harm caused by the healer—has growing relevance within family law. While originally a medical term, its application to legal systems reflects the recognition that adversarial proceedings can worsen psychological outcomes for children and parents. Legal conflict often exacerbates family dysfunction by polarising narratives, fostering blame, and promoting entrenched positions (Asher et al., 2011).

Children caught in such dynamics often suffer loyalty conflicts, identity confusion, and emotional instability. Moreover, the legal system's reliance on fact-finding, affidavits, and one-off assessments can distort or invalidate a child's lived experience, casting them into adult conflicts they are not developmentally equipped to navigate (Kelly & Emery, 2003; Johnston, 1994).

T.I.I.C. offers a shift away from blame and litigation toward a systemic, trauma-informed intervention that seeks to support children's development while restoring cooperative parenting. It acknowledges that healing lies not in adjudicating the past, but in co-creating a sustainable and emotionally safe future.

T.I.I.C OVERVIEW and STRUCTURE

T.I.I.C. is structured over six to eight weeks, balancing therapeutic momentum with the need for reflective integration. It is court-endorsed and often functions as a final effort at repair before litigation resumes. The program comprises a sequence of professionally facilitated engagements, each designed to incrementally build insight, accountability, and co-parenting capacity.



Week One: Intake Case Conference

- Joint intake session with both parents and legal representatives.
- Independent Children's Lawyer (ICL) invited.
- Establishes dispute nature, confidentiality terms, and therapeutic ground rules.

- Focus shifts from blame to systemic relational patterns.
- Therapeutic goals are collaboratively set, with children's emotional needs at the centre.

Week Two: Psychiatric Risk Assessment

- Individual psychiatric assessments (Dr Tim Entwisle).
- Focus on trauma history, family-of-origin patterns, and defensive structures.
- Highlights psychological resistance and potential personality dysfunction.
- Identifies barriers to engagement and therapeutic readiness.

Week Three: Child Observations and Interviews

- Utilisation of the Lausanne Trialogue Play.
- Structured observation in four stages: child alone, child with Parent A, child with Parent B, and triadic interaction.
- Assesses emotional availability, relational dynamics, and co-parenting behaviour.

Week Four: Parent Feedback Session

- Feedback delivered to both parents based on child observations.
- Systemic formulation offered.
- Identifies relational vulnerabilities and proposes strategies for emotional containment and behavioural change.

Week Five: Professional Consultation

- Engagement with external allied professionals (e.g., therapists, schools).
- Integration of external insights into therapeutic strategy.

- Promotes continuity of care and multidisciplinary collaboration.

Week Six: Co-parenting Therapeutic Intervention

- Psychoeducation on conflict, child loyalty binds, and emotional regulation.
- Focus on insight-building and practical communication strategies.
- Supports behavioural accountability and parental alignment.

Week Seven: Family Therapeutic Intervention

- Family sessions to promote emotional re-engagement.
- Child-led work encourages emotional independence and security.
- Reinforces safe attachment to both parents where possible.

Week Eight: Final Review Conference

- Summary session involving both parents and legal representatives.
- Clinical synthesis and recommendations provided.
- Emphasis on long-term repair, not short-term victory.

INNOVATIVE FEATURES of the T.I.I.C Model

1. Therapeutic-Legal Collaboration

One of the most distinctive innovations of the T.I.I.C. model lies in its integration of legal representatives throughout the therapeutic process. Unlike traditional clinical interventions—where legal practitioners are often peripheral or absent—T.I.I.C. positions legal professionals as active and collaborative participants. This integrated approach enhances transparency, reinforces behavioural accountability, and aligns legal decision-making with clinical insight. It ensures that therapeutic progress is not siloed from the legal realities of the family, promoting coherent and ethically informed outcomes.

2. Child-Centred, Developmentally Informed Practice

At the heart of T.I.I.C. is a deep commitment to honouring the lived experience of the child. Rather than treating the child's emotional responses as secondary to adult narratives, the model places the child's perspective at the diagnostic and therapeutic centre. Structured play, observational assessment, and developmentally attuned interviews allow clinicians to access the child's inner world, providing a nuanced understanding of their needs, fears, and relational loyalties. This prioritisation of the child's voice ensures that interventions are not only protective, but developmentally respectful and emotionally validating.

3. Time-Limited and Goal-Oriented Structure

T.I.I.C. is designed as a focused, six-to-eight-week intervention with clearly defined therapeutic and procedural goals. This time-limited format serves multiple purposes: it maintains therapeutic momentum, prevents process stagnation, and fosters participant engagement through predictable timelines. By establishing clear benchmarks for behavioural change and interpersonal cooperation, the program encourages accountability while allowing flexibility for individual family needs.

4. Multidisciplinary Expertise and Biopsychosocial Responsiveness

T.I.I.C. draws upon the expertise of a diverse team—including psychiatrists, psychologists, social workers, family therapists, and legal practitioners—ensuring a comprehensive biopsychosocial approach. This multidisciplinary design allows for tailored responses to complex presentations, including neurodivergent profiles, trauma-related behaviours, attachment disruption, and entrenched conflict. It also facilitates a contextualised understanding of risk and resilience, allowing interventions to be both clinically sound and legally robust.

5. Systemic and Sociological Context

The fragmented architecture of traditional family law services—where courts, legal practitioners, psychologists, and social workers operate in relative isolation—frequently leads to procedural disconnection and professional incoherence. For families, this siloed system can generate confusion, escalate adversarial dynamics, and impede meaningful therapeutic progress. Asher et al. (2011) aptly describe this phenomenon as producing “procedural incoherence, adversarial escalation, and therapeutic paralysis,” whereby well-intentioned professionals inadvertently work at cross-purposes.

In contrast, the Therapeutic Inclusive Intervention Conferencing (T.I.I.C.) model exemplifies a coordinated, multi-agency approach that integrates legal and psychological expertise within a unified framework. Rather than functioning in parallel, professionals operate as a collaborative team, sharing information, clinical observations, and legal insights in real time. This dynamic, cross-disciplinary responsiveness allows the intervention to adapt fluidly to the family’s evolving needs while preserving child safety and therapeutic integrity.

By delivering a consistent, developmentally informed message across disciplines, T.I.I.C. reduces the professional dissonance children often experience in fragmented systems—where one adult tells them to express their feelings, another instructs them to comply, and yet another insists on neutrality. This harmonised professional voice is not only more ethical—it is developmentally essential.

T.I.I.C REVIEW: Outcomes and Observed Benefits

1. Restoration of Parent-Child Contact

In approximately two-thirds of cases involving child resistance or refusal, parent–child time was successfully restored through the T.I.I.C. process. These outcomes reflect the model’s capacity to address relational breakdowns not through coercion, but through structured therapeutic engagement, emotional containment, and the gradual rebuilding of trust. Even in cases where reunification did not occur during the program, therapeutic participation laid the groundwork for future contact once external pressures—such as enmeshment, triangulation, or alignment with a favoured parent—were reduced or resolved.

2. Informed Settlement and Dispute Resolution

More than half of families participating in T.I.I.C. finalised their parenting arrangements without further recourse to litigation, highlighting the model’s potential to support consensual dispute resolution. By fostering mutual understanding and providing a psychologically informed space for negotiation, the program promotes durable agreements that are responsive to the needs of both children and parents. This capacity to facilitate resolution without court-imposed orders reflects T.I.I.C.’s unique integration of legal and therapeutic processes.

3. Neurodivergent and Complex Presentations

A significant proportion of children engaged in T.I.I.C. presented with complex developmental profiles, including Autism Spectrum Disorder (ASD), attention-related challenges, and school refusal. The program’s flexible, developmentally sensitive approach allowed for meaningful therapeutic engagement with these children, recognising both their neurological diversity and the relational contexts shaping their behaviour. Rather than imposing generic reunification protocols, T.I.I.C. adapted its methods to meet each child’s cognitive, emotional, and sensory needs—demonstrating that clinical nuance is essential in family law interventions involving neurodivergence.

T.I.I.C REVIEW: Limitations and Systemic Barriers

1. Therapeutic Readiness and Voluntary Engagement

The success of the T.I.I.C. model is contingent upon the willingness and psychological readiness of both parents to participate meaningfully in the process. Where one party presents with entrenched denial, rigid defensiveness, or traits consistent with personality disorder—particularly those involving externalisation of blame or emotional dysregulation—therapeutic engagement can be significantly undermined. T.I.I.C. addresses this limitation early in the process, typically by Week Two, through structured clinical observation and readiness assessments. In cases where therapeutic traction cannot be achieved, the program provides clear feedback to the referring court, preventing further iatrogenic harm from prolonged or inappropriate intervention.

2. Limited Access Outside Court Orders

Currently, approximately 95% of T.I.I.C. referrals originate from court orders, limiting the model's application to families already entrenched in legal proceedings. This reactive positioning restricts its broader preventative capacity, particularly in early-stage separations where timely therapeutic support may prevent escalation. Expanding the program's accessibility—through pre-litigation referrals, community-based diversion pathways, or integration with early dispute resolution services—would increase its reach and amplify its protective impact for children and families at risk of entering high-conflict trajectories.

3. Boundary of Philosophical Scope

T.I.I.C. is a therapeutic, not forensic, intervention. Its core objective is relational restoration and developmental support—not adjudication or truth-finding. As such, it is not designed for cases where allegations of serious harm (e.g., physical or sexual abuse, criminal misconduct) require forensic investigation, evidentiary evaluation, or statutory child protection. In these contexts, the limits of T.I.I.C.'s therapeutic scope must be clearly understood to avoid the risk of misapplication or the minimisation of serious risk factors.

CONCLUSION: Toward a Therapeutic Family Law Paradigm

High-conflict divorce remains one of the most persistent and damaging challenges within contemporary family law. Rooted in an adversarial system designed to adjudicate blame, traditional legal processes often inflame parental hostility, entrench oppositional narratives, and compound psychological harm. Far from resolving disputes, the courtroom can become a crucible of iatrogenic trauma—particularly for children caught in the crossfire. While many children of separated families demonstrate resilience and adapt successfully, those exposed to chronic interparental conflict face elevated risks to their emotional, relational, and developmental well-being.

The current legal paradigm—linear, punitive, and adversarial—is poorly equipped to navigate the complex emotional terrain of family breakdown. It prioritises procedural outcomes over relational repair and often neglects the long-term needs of children and families. In this context, the imperative for systemic reform is clear. Family law must evolve toward integrative, collaborative models that acknowledge the psychological realities of family life, embrace relational complexity, and centre the lived experience of the child.

The **Therapeutic Inclusive Intervention Conferencing (T.I.I.C.)** model offers a powerful alternative—a roadmap for a systemic, developmentally attuned reimagining of family law. Grounded in therapeutic jurisprudence and informed by psychological science, T.I.I.C. departs from adversarial orthodoxy by prioritising emotional safety, promoting co-parental accountability, and facilitating behavioural change. It seeks not merely to settle disputes, but to restore functional family dynamics where possible, and to minimise harm where reconciliation is not achievable.

T.I.I.C. is not a panacea. It cannot resolve all conflicts nor undo years of damage. But its strength lies in its capacity to reframe family law as a process of **human restoration** rather than legal vindication. Its success is not measured solely by reduced litigation or resumed contact, but by its ability to rebuild trust, support child-centred parenting, and interrupt cycles of intergenerational trauma.

Critically, programs like T.I.I.C. illuminate the broader potential for family law reform. By integrating legal, clinical, and systemic perspectives, they demonstrate how interdisciplinary approaches can honour the dignity of all family members, reduce emotional suffering, and better serve the best interests of children. This shift—from adversarial adjudication to therapeutic collaboration—is not merely aspirational; it is essential.

In moving from harm to healing, from conflict to containment, and from fragmentation to functional reorganisation, T.I.I.C. and similar initiatives offer a glimpse into a more humane and effective future for family law. They ask not only what is legally right, but what is developmentally just—placing children where they belong: at the heart of the system.

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