

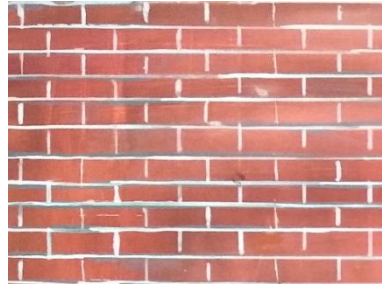


## Conflict Divorces: "Crossroads and Dead Ends"

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### INTRODUCTION

This paper refers to the clinical and therapeutic experiences of specialized professionals who receive requests (from beneficiaries or prosecutorial and judicial authorities) regarding high-conflict divorces and their management in Public Community Mental Health Services.

Conflict divorces, being “entropic” processes, present increased complexity and contingency, and therefore require a multilevel and multifocal approach. Evaluators/therapists need appropriate training, specialized knowledge, and professional experience.

On a second level, increased complexity emerges when service-delivery systems and the legal system intersect, particularly in contexts where a culture of institutional synergies and collaboration among institutions, agencies, and networks is lacking.

The “epigenetic development” of therapists (primarily in therapeutic mediation), the structure and functioning of the broader interdisciplinary team, reflective thinking, and communication with both the family’s external system and the broader macro-system of services- in terms of interactive transactions- create a “safe framework” for managing a crisis, in which truths and falsehoods are continuously approached, explored, and evaluated.

### Mental Health Networks and Services in the Community

Adult Services and Child and Adolescent Services within Community Mental Health Centers operate within a broad network of collaborations with institutions and



community services, supporting the comprehensive response to the needs of adults, children, adolescents, and their families.

This network includes the legal system and law enforcement authorities, educational structures and the educational community, as well as specialized agencies such as Centers for Interdisciplinary Assessment, Counseling and Support. At the same time, an important role is played by municipal social services, health centers and primary care units, private clinics, as well as mental health establishments, including psychiatric nursing services, outpatient care services, and psychosocial rehabilitation units operating under legal entities of private law or Social Cooperatives of Limited Liability. Collaboration among these agencies is often essential to ensure continuity of care, coordination of interventions, and the effective support of beneficiaries in complex psychosocial situations.

### **Systems in Interaction**

The dynamics of a family conflict are shaped through the interaction of multiple frameworks that influence both its emergence and its development. At the center lies the “system in conflict”, which is constituted by the context of disputes and the context of claims, two dimensions that exist in a continuous and bidirectional relationship. This system is closely connected to the preexisting family framework, namely the history of relationships, experiences, and interactions within the family, which influences the way conflict manifests itself. At the same time, the evolution and management of the conflict are influenced by the legal framework, which includes institutional procedures and decisions; by the socio-cultural framework, which shapes perceptions, values, and social expectations regarding family and parenthood; and by the therapeutic framework, within which interventions for support, assessment, and relational restoration are developed. These frameworks are in constant interaction, influencing how claims are articulated, how disputes evolve, and how relevant decisions are made.

The concepts that give meaning – and are at the same time being given meaning to – through the communication between the frameworks, belong to certain basic categories that affect the comprehension and management of the cases. First of all, the conflict itself occupies a central position, and functions both as a situation that arises through the interactions of the parties involved, and as a factor that produces new tensions. At the same time, there is often confusion regarding the terms “founded” and “unfounded” assertions, which affects the evaluation of reports. Another important distinction is that between a lie and a fabricated assertion, as the latter may constitute the impression of a specific process of the shaping of the narration. Additionally, the principle of “the best interest of the child” that constitutes a basic criterion of decision making, plays a definitive role. This context also includes the concepts relating to parental responsibility



– like custody, joint custody, parental adequacy – while prosecutor’s orders or court decisions that must be implemented through institutional processes are also important.

### **Referrals from the Legal System (Associated with High-Conflict Divorces)**

Referrals primarily arise from prosecutorial orders issued by the Juvenile Prosecutor’s Office, requests for the preparation of minors for investigative procedures, forensic expert assessments, referrals from juvenile probation officers, and referrals issued through court decisions. The most common formulations of requests include child and adolescent psychiatric assessment, child and adolescent psychiatric assessment and follow-up, psychological support for children and adolescents, as well as parental counseling and/or family counseling.

### **Categories of Requests Addressed to Mental Health Professionals and Service Users**

Within the framework of child and adolescent mental health services, issues frequently arise that relate to family functioning, particularly conflictual relationships between parents. These include matters concerning the redefinition of communication between parent and child, behaviors associated with parental alienation, custody claims, and difficulties in implementing joint custody arrangements. At the same time, cases involving emotional abuse or neglect of children and adolescents are examined, as well as instances of physical abuse. Reports may originate from one parent, from third parties- such as neighbours or the school environment- or even from the minors themselves. In addition, complaints related to sexual harassment, indecent acts, or sexual abuse, as well as incidents of domestic violence, are also encountered. Often, within the context of these high-conflict parental relationships, parents seek services by reporting a particular “symptom” manifested by the child or adolescent; however, this symptom needs to be explored within the broader family and relational context.

### **Assessment/Exploratory Sessions (Typical Structure)**

The assessment process is conducted through a series of structured sessions, which include individual meetings with the mother, the father, and the minor, as well as joint sessions with the parents and sessions involving the entire family. In parallel, observational sessions are conducted to assess the interaction between each parent and the child, followed by a feedback session at the conclusion of the process, in which the findings are communicated.

When deemed necessary, members of the extended family or support network, as well as professionals from other services, may participate. Additional sessions with the



parents or with the minor may also be arranged. Furthermore, a multilevel assessment of the minor may be conducted by the interdisciplinary team, which can include psychological, educational/learning, speech and language, occupational, or psychometric evaluations. When appropriate, parents may also be referred to the Adult Mental Health Department for psychological or psychiatric assessment.

### **Emerging issues and hidden agendas**

In conflictual situations between divorced or separated parents, multiple factors that intensify the conflict are often involved. These include unresolved interpersonal and emotional tensions, vengefulness and hostility – i.e. betrayal, defamation, or parental alienation behaviours – as well as the treatment of the child as “spoils of war” through a process of conflict that aims to completely obliterate the other parent. At the same time the adaptation to the post-divorce period may be exacerbated by social and financial pressures of the wider social reality, while the involvement of the families of origin is often observed. Moreover, tension may be connected to psychological difficulties, psychiatric disorders or personality characteristics of the parents, or to financial claims, and inappropriate or misleading guidance from supporting individuals or legal representatives.

### **Involvement of Health Services with the Legal System (Differentiation and Interaction)**

The legal-judicial system and the mental health framework approach family conflicts with different reasonings and objectives. Within the legal framework, processes are primarily based on lawyers, witnesses, and evidentiary material, aiming at making rulings and attributing responsibility or penalties, often leading to distinctions between the “innocent” and the “guilty”. In contrast, the mental health framework emphasizes acceptance, confidentiality, and the avoidance of judgment, seeking to reduce feelings of blame, to understand the underlying difficulties, and to provide support and counseling to the individuals involved.

In the perception of many parents who attend services following a prosecutorial order, the mental health service is often viewed as an extension of the legal-judicial system. This perception is reflected in the submission of legal documents, the presence of lawyers, or the invocation of testimonies from relatives. Within this context, diagnostic procedures-such as the psychological or psychiatric assessment of a parent-may be used as a “weapon” in judicial disputes. At the same time, professionals within the same interdisciplinary team are often required to shift from the role of “evaluator” to that of “therapist”, particularly when the communication of assessments and recommendations generates new dynamics in the case. This situation is further



complicated by the lack of adequate mental health structures and staffing, which would allow for a clearer distinction between assessment and treatment, especially in cases involving repeated prosecutorial orders with different requests. Moreover, during the process of child and adolescent psychiatric assessment, important information concerning parental relationships or ongoing legal disputes is often withheld, making the diagnostic and therapeutic approach to the minor more difficult. Prolonged and repeated legal conflicts also lead to a significant psychological and financial burden for those involved, limiting their capacity to effectively exercise their parental role. At the same time, there is often a lack of feedback from prosecutorial authorities to mental health services regarding the progress of cases and the use made of the conclusions contained in professional reports.

### **Paradoxes**

In practice, the implementation of prosecutorial orders in cases involving children and families is often accompanied by a range of practical difficulties and overlaps between different institutional frameworks. Multiple prosecutorial orders may be issued concerning the same requests for the same individuals, even when a forensic expert assessment is already underway by another agency. In some cases, the prosecutorial order is used solely as a means of expediting diagnostic or therapeutic procedures. Furthermore, a court decision may request the mediation of parent–child contact within a National Health System (NHS) service, even without the agreement of the interdisciplinary team. In other instances, prosecutorial orders with the same request are repeatedly issued without the recommendations of previous professional reports having been implemented. There are also cases in which specific instructions regarding the type of therapeutic intervention are provided, bypassing the protocols of the therapeutic framework. At the same time, during the assessment or therapeutic process, a large number of requests for written clarifications or professional opinions may arise from institutional bodies. Finally, unexpected and disruptive situations may also occur- such as the arrest of a parent during a session- which can significantly interrupt and destabilize the therapeutic process.

### **Suggestions**

Child-friendly justice seeks to avoid re-victimization and to ensure the timely completion of both clinical and judicial investigations, which require adequate staffing. Interdisciplinary and cross-sector collaboration is essential, with unified operation of the teams across all involved services. Continuous professional development and training is crucial not only for health professionals but also for legal, prosecutorial, and judicial practitioners.



The operation of family courts and mediation services, at both the criminal and therapeutic levels, strengthens evidence-based practice and the use of professional experience through systematized procedures and the prioritization of potential risks and their significance and relevance. Furthermore, the establishment of community networks and collaboration with agencies such as municipal family counseling centers, primary health care, community mental health centers, and the educational community aims at the early detection and prevention of neglect and abuse, particularly in contexts of high-conflict family relationships.