Integrative Family Therapy for High-Conflict Divorce With Disputes Over Child Custody and Visitation

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A growing number of divorcing families become locked in intractable disputes over child custody and visitation. This article describes an integrative family therapy approach targeted toward such families. Aspects of this treatment include negotiating a clear therapy contract, creating a multipartial alliance with all parties, assessing through the lens of specific understandings about these cases, incorporating multiple therapy session formats, holding both systemic and individual focused perspectives, incorporating a solution-oriented focus, and drawing upon a wide range of intervention techniques. The treatment aims to create a good-enough postdivorce climate in which a new family structure can be constituted in which parents maintain distance from one another, and conflict and triangulation can be minimized.


Conflicts over child custody and visitation number among the most pathogenic of situations for families. There is a great deal of discord. The family structure is unclear. Children are triangulated between parents, and others (including family, friends, and lawyers) readily become involved in these complex disputes.

High parental conflict is a particularly powerful predictor of the negative effects of divorce for both children and adults (Amato, 2001; Grych & Fincham, 1990, 1999). Such high levels of parental conflict almost always accompany disputes over child custody and visitation (Doolittle & Deutsch, 1999; Johnston, 1994; Johnston & Campbell, 1988). The child-centered conflicts engendered are particularly upsetting for children (Buchanan, Maccoby, & Dornbusch, 1991; Grych & Fincham, 1999; Johnston, 1993, 1994).

Although decisions related to child custody and visitation can be difficult for all involved, most divorcing parents negotiate the transition with little or no help from others (Emery, 1994; Walsh, Jacob, & Simon, 1995). Among families who require
assistance, most respond to low-intensity interventions such as psychoeducation that help them understand the divorce process (Pedro-Carroll, Nakhnikian, & Montes, 2001) or interventions such as mediation that directly work to negotiate disagreements (Emery). However, a subset of divorcing parents (10%; Maccoby & Mnookin, 1992) remain mired in intractable conflict even after these interventions. For these high-conflict families, a more intensive strategy is necessary. The mental health treatment and judicial systems have both been slow in developing and implementing specific intervention strategies that fit the special needs of families facing intractable conflict. Unfortunately, typical methods in each of these systems include aspects that are contraindicated in these cases (e.g., unmitigated support for even the most controversial ideas and uncoordinated efforts at helping). However, the extent of the consequences of these difficulties for families is becoming better appreciated, and intervention programs have begun to emerge.

As an adjunct to the court, programs have been developed that focus on the resolution of conflicts through arbitration. In many jurisdictions, “parent coordinators” have been granted the authority to make decisions for families when they are unable to agree about decisions, bypassing the costly and lengthy legal process (Sullivan, 2004). Such approaches do not aim to change family process but attempt to find solutions that limit conflict.

Other more psychological approaches center on intensive psychotherapy (e.g. Johnston, 2005; Lebow, 2003). In this article, we describe an integrative family therapy approach targeted to disputes over child custody and visitation (IFT-DCCV) that draws on a wide range of strategies and techniques. High-conflict divorcing families frequently seek therapy, sometimes because of the intrinsic difficulty in living with these disputes, though more often because of the intervention of the court or attorneys.

**SETTING THE FRAMEWORK FOR THERAPY**

**Creating a Therapeutic Contract**

It is essential in work with these families to have a clear therapy contract. The key elements of the contract should be specified in court orders about the treatment whenever possible. The crucial matters to clarify in the contract include the following:

**Who will participate?** Typical contracts call for the participation of mother, father, significant others of the parents, and all children living at home. Other family members (e.g. other children, extended family) who appear to have essential roles in the dispute are also included in the contract.

Frequency of participation is an equally vital consideration because many clients seek only to satisfy what they believe to be minimal expectations of the court. Participation in a few sessions is almost never sufficient. Thus, the therapy contract also contains a statement of expected frequency and duration of meetings.

**Who will pay?** Given that issues related to money are typically prominent in these cases, arrangements for who should pay are best worked out before the first session by the attorneys involved. This understanding should be specified in the therapy contract.

**Who has access to information about the therapy?** The therapeutic contract specifies how information will be shared and rules governing confidentiality with those outside the therapy. Such considerations are particularly important because clients in these
cases are invariably concerned about how the treatment will impact their disputes in court. As Greenberg and Gould (2001) suggested, it often is expected and vital in treating these cases that participation and progress be reported to the court and attorneys. Therapists must be forthright about the limitations as to confidentiality and must obtain the appropriate waivers of confidentiality. Although some treatment goals can be accomplished without such waivers of confidentiality, the therapist will be limited in his or her ability to work with aspects of the problem without the leverage that can be provided though the knowledge that the extent of progress is being shared with the court. Furthermore, lacking such waivers, therapists can expect a difficult interface with representatives of the legal system who are looking to them for a better understanding of the case.

In light of these concerns, the IFT-DCCV therapy contract states that confidentiality will be maintained with respect to others outside the legal system as it would in other cases, but that a special relationship will be established with the court and attorneys involved in the case. The contract details that the therapist may share general information about the level of clients’ cooperation with the court and all attorneys involved in the case. The contract also specifies that information about the therapy and court case may be exchanged with the attorney for the children when there is one, and that information about each adult client will be exchanged with his or her own attorney. If necessary, the leverage available from the court and attorneys can thereby be invoked, often essential to progress in these cases.

**Alliance Building**

Forging satisfactory therapeutic alliances with all parties is especially crucial in these families. Because an alliance with each parent is easily experienced as an alliance against the other in these families, considerable effort is required to establish a multipartial alliance in which the therapist is experienced as caring but also fair (Boszormenyi-Nagy, 1974).

Achieving such an alliance is not an easy task given the need for the therapist to bring issues into focus and label problems that require attention. Alliance ruptures are common, and steps need to be taken to minimize or mitigate the effects of such ruptures. To this end, the IFT-DCCV therapist establishes a frame that highlights client strengths and that does not unduly pathologize family members (Walsh, 1991). The therapist provides honest, direct feedback about the behavior occurring but looks to reframe the changes sought in the most positive light. Problematic behaviors related to the conflict are directly confronted, but the positive intent of each client is always underscored. When ruptures in the alliance do occur, the primary focus of attention moves to alliance repair.

**Assessment**

Assessment has a crucial role in the treatment of these cases but is difficult to conduct given the complexity and conflicting claims, coupled with the constraints imposed in the context of cases referred for intervention, not evaluation. Child custody evaluations that have been prepared as part of the judicial process are sometimes available. When such reports are conducted by an unbiased evaluator appointed by the court, the information can be enormously helpful in identifying the family’s strengths,
problems, and treatment goals (Ackerman 2001; Galatzer-Levy & Kraus, 1999; Gould, 1998).

More typically, therapy must begin without the benefit of an independent evaluation. When this is the case, treatment commences with a brief form of evaluation that involves separate meetings with each parent (with or without new spouses, depending on the issues involved) and children, a review of records of filings in court and other relevant reports available, and consultations with other therapists involved.

A crucial clinical judgment lies in assessing how much of the problem has an individual basis and how much is the product of circular systemic process. It is rare that problems in these cases reside fully in one domain or the other. More typically, the manifestation of an individual difficulty becomes the spark for circular escalation. Still, it remains essential to assess whether change in systemic processes is likely to be effective and/or whether significant changes in personality or psychopathology are needed as well. The assessment interviews identify family members’ strengths and liabilities. These interviews lead to a case formulation about the factors that appear to have caused, and continue to maintain, the high level of conflict over child custody and visitation. From this assessment phase, a treatment plan is generated that includes the format of future sessions—who will participate, in what combinations, at what time, and focused on what issues. Assessment remains ongoing as treatment progresses and information accrues from the responses of various family members to interventions (Pinsof, 1995).

Choosing Session Formats

Following a tenet of Pinsof’s integrative problem-centered therapy (Pinsof, 1995), all family members are viewed as part of the client system, but who participates in sessions varies based on the specific goals set in that case. Choices about session formats are often complex. Custody evaluations frequently suggest family therapy involving parents and children, sessions between parents, and weekly individual therapies for all parties when the family's financial resources allow. When such resources are available, there is a great deal to be said for intense therapy for each subsystem (subject to there being coordination across the therapies; all the parties finding their own disconnected therapists seldom helps). However, for most clients, there are constraints in time, money, and motivation. Family members are also only usually willing to participate in so much therapy, and most family members begin treatment at the precontemplative stage of change (Prochaska & Norcross, 2002), where they cannot see that they have any problem. Given these factors, choices about therapy resources are best made judicially.

Complexity in the treatment of these cases also invites the development of isomorphic issues in the therapy system that mimic those in the family. It may be essential for more than one therapist to be involved, given the importance of such factors as children having their own special person with whom to work, but it is essential for one therapist to coordinate the work, mitigating the opportunities for triangulation.

Goal Setting

Clear goal setting is a major task in IFT-DCCV. Pragmatically, the central goal in this approach is to reduce the most damaging aspects of custody disputes: high
conflict, triangulation, failure to arrive at an agreed-upon family structure, lack of safety, and inability to carry out life operations, such as visitation, without controversy. Although the goals of reducing conflict and reaching some accommodation are almost universal, specific proximate and ultimate goals vary from case to case. The assessment is used as a blueprint for what needs to change to allow for resolution of the dispute. This plan typically includes some combination of increasing mutual acceptance and stimulating behavior change, with the balance between the two varying from case to case.

Creating and Maintaining A Solution-Oriented Focus

A solution-oriented focus (Duncan, Hubble, & Miller, 1997) centered on the possibility of building on strengths already present (e.g., caring about the interests of children) has special value with these cases. These families almost exclusively focus on problems rather than solutions. Intervention in IFT-DCCV actively refocuses from problems to possible solutions. For example, if clients attempt to infuse these goal-directed discussions with past conflict-related narratives, the therapist reorients the discussion to what could be done differently in the future (e.g., making a chart with children, focusing on the most important rules, setting a reinforcement schedule for chores).

Orienting to Client Stage of Change

Family members in these cases typically enter therapy in what Prochaska and Norcross (2002) called the “precontemplative” stage of change. They take no personal responsibility for the problem, instead labeling the entire problem as about the difficult behavior of other family members. IFT-DCCV explicitly focuses on helping clients move from precontemplation to contemplation, in which clients understand their role in the problem, and then further through the stages of change.

STRATEGIES FOR INTERVENTION

Intervention strategies in IFT-DCCV are predicated on a multilevel understanding of these cases. Problems in these cases typically reside on multiple levels. There may be difficulties at the level of behavior, of cognitions, of regulation of affect, of client internal process and psychodynamics, of systemic circular processes between the participants, and/or of the contribution of larger systems, such as family or the judicial system. Intervention is directed to the levels at which the problems principally reside and, especially initially, to the points at which clients are most likely to find intervention acceptable.

Psychoeducation

Psychoeducation is a very potent intervention for helping clients resolve a wide range of difficulties (Lebow & Gurman, 1995), and it has an especially important role in treating families involved in high-conflict divorces.

One use has to do with understanding normal processes in divorce and the kinds of behaviors and feelings that typically unfold as a corrective to incorrect attributions. From their narrow viewpoints, parents often blame former partners if children manifest even common adjustment problems. As the therapist explicates the normative nature of many such problems, the focus can shift to how both parents can
support children through this difficult transition. In a similar vein, psychoeducation also is employed to explain the ways that children can be drawn into their parents’ custody disputes and struggle with loyalty conflicts. Common difficulties, such as children sharing problems occurring with the other parent or telling a parent that they don’t want to leave their home, are reframed in the context of this understanding.

Another psychoeducational theme focuses on what truly is in “the best interest of children” in these conflicts. The therapist uses data from divorce research to inform parents of the risks for children when parents are involved in protracted conflicts related to custody and visitation (Doolittle & Deutsch, 1999; Grych & Fincham, 1999). What is often not understood by parents is that there are few conditions as likely to be traumatic for children as the maintenance of the ongoing parental conflict.

Psychoeducation can also focus on helping parents learn or improve parenting skills. Some parents lack these parenting skills. Enhancing these skills not only is of value for that parent’s relationship with his or her child but also can lead to a better view of that parent’s parenting by his or her former partner.

Yet another related target of psychoeducation lies in helping family members understand symmetrical escalation in these disputes and the measures that can be taken to avoid such escalation. It is striking how rarely parents can see the provocative nature of their own behavior or that of their lawyer in these disputes.

Establishing Reliable Rule-Driven Methods of Communication and Good-Enough Coordination

Communication is a major issue in these families. It almost invariably is absent or filled with conflict. IFT-DCCV works to build reliable and agreed-upon methods of communication and coordination between family members. The working expectation for these cases is for the households to function independently with only a minimum of communication and coordination, except in those special circumstances that necessitate coordination.

The therapist brainstorms with parents about possible ways of communicating. E-mail and fax are often very valuable methods as long as there are clear rules for their use (for example, agreed arrangements to keep them from being used as evidence). A speaker-listener technique is taught, allowing for only a few crisply delivered rule-governed exchanges. Too much communication often is as risky in these families as too little, degenerating into off-subject fights, frequently with the children involved. When differences between households present special difficulties (for example, about radical differences in family rules) or when children present with issues that render coordination imperative (as in attention deficit hyperactivity disorder or diabetes), the goal becomes to create just enough coordination for children to successfully go on with their lives.

Building Disengagement Skills

All family members are taught skills for respectfully disengaging from conflict, such as ways of responding to challenging behaviors and statements. The therapist models and role-plays conflict situations and practice skills with clients. For example, children learn to respond to questions about the other parent with, “I am uncomfortable being in the middle of this.”
Reattribution and Narrative Change

Negative attribution plays an essential role in driving many of the interactions in these families. Divorcing parents tend to interpret their former partners’ behaviors in negative, self-serving ways. These attitudes and beliefs, in turn, impact their behaviors toward their former partners, which becomes a vicious cycle of negative exchanges.

For example, a father might be displeased with the visitation schedule that restricts his access to the children. Because it is incredibly painful for him not to be able to see his children, he begins to disengage by focusing on work. His former spouse interprets his promotion at work to mean that he is not upset about the divorce and about not seeing his children. Deeming father as an emotionally cold, unfit parent, mother seeks to limit father’s contact with the children by filing court petitions. And father may see those petitions as the reason that he needs to retain a more aggressive attorney to fight for more visitation, which mother in turn may interpret as his effort to use the children as a bargaining chip to lower the amount of child support he must pay, leading to further limitation of access by mother. Each parent typically views the actions of the other through a negative filter; problematic actions by the other are invariably viewed as evidence of character flaws or hostile action, whereas constructive behavior is seen as disingenuous or transitory. Children and extended family and friends in these cases often also become caught up in similar patterns of selective attribution (Johnston & Campbell, 1986).

IFT-DCCV draws from cognitive and narrative therapies techniques (Beck & Freeman, 1990; Combs & Freedman, 1990) to challenge such beliefs. For example, when parents see their children’s upset as directly a function of the other parent’s behavior but this interpretation does not appear based in actual events, the therapist reframes a new narrative suggesting other sources for the children’s distress, such as their powerful feelings about separation, the natural difficulties in learning to live in two households, or memories of old events. The therapist actively questions beliefs and works to build new narratives that are not blaming or destructive.

Negotiation

The formal process of mediation conducted by a trained mediator often has an important role in resolving conflicts in custody and visitation disputes, especially when the mediation occurs early in the conflict process (Campbell & Johnston, 1986; Folberg, 1991). Many jurisdictions mandate some participation in mediation for families involved in disputes over child custody. Although quite different in its focus and the range of interventions than mediation, IFT-DCCV draws on a number of mediation techniques to promote negotiation, especially structured efforts to problem solve and reach mutually acceptable solutions to problems. Therapists draw on shuttle diplomacy between parties, and direct negotiation.

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1 Such a reattribution is not therapeutic if the parent in question continues to present dangers for children; in that case, the focus must be on helping that parent to become less dangerous and on helping the other parent and children to differentiate between the behaviors that present threats and those that do not.
Working With Affect

Therapy with high-conflict divorcing families must attend to the powerful feelings of loss, betrayal, anger, and sadness surrounding the divorce. In sessions focused on catharsis, the client’s anger and feelings of hurt can be brought into focus, leading to the possibility that an agenda might form for the client to master his or her feelings of hurt and anger (Greenberg & Paivio, 1997). In those focused on anger management, skills are taught to recognize and modulate both direct and indirect (passive-aggressive) manifestations of anger.

Conjoint sessions are primarily devoted to coming up with workable solutions to their present conflicts over child custody and visitation rather than to the venting of complaints. If conjoint sessions become emotionally flooded, therapists make use of “time-outs,” or 5-minute breaks, to defuse heated exchanges. In some cases, the therapist terminates conjoint sessions that cease to be productive. By restricting the amount of time devoted to rehashing the past, the therapist reinforces the stance that parents are coming together for the purpose of engaging in productive work to minimize the negative consequences of their divorce on their children. When further opportunities for the expression of anger or work on anger management are needed, this work is conducted in individual sessions.

SPECIAL ASPECTS OF INTERVENTION IN VARYING THERAPY SESSION FORMATS

Most of the above strategies are primarily addressed in sessions with both parents, either conjointly or in sessions divided between meeting conjointly, and individual time with the therapist structured around the issues in focus conjointly. However, other session formats are frequently used in specific contexts.

Individual Intervention with Adults

Many parents in these cases present with diagnosable individual difficulties (Grych & Fincham, 1999; Jenuwine & Cohler, 1999) such as DSM-IV Axis I or Axis II disorders. Additionally, even if there is no diagnosable psychopathology, parents may lack parenting skills (Doolittle & Deutsch, 1999), have difficulty separating their own needs from their children’s need to develop a positive connection with the other parent (Johnston, 1994; Johnston & Campbell, 1988), or be struggling to establish their own life postseparation. Following the flow chart for therapeutic decision making explicated by Breunlin, Schwartz, and Mac Kune-Karrer (1997) and Pinsof (1995), IFT-DCCV explores and works with such individual issues to the extent that they constrain the resolution of the dispute in focus over child custody and visitation.

Frequently, clients who participate in this therapy already are engaged in individual therapy with another therapist. When this is the case, it is essential for the family therapist to maintain a dialogue with individual therapists and help their work to remain coordinated. When other therapists are not involved, IFT-DCCV includes a limited number of individual sessions with the parents to focus on issues that constrain the progress of the family therapy, or a referral for such specific goal-directed work. Whether with the family therapist or with another therapist, addressing such targets as inadequate parenting skills, inadequate problem-solving skills, assertiveness, and anger management often has a crucial role in problem resolution.
Working With Children

Children frequently manifest their own psychopathology (Doolittle & Deutsch, 1999) that may require attention in a concurrent therapy. Even if they do not, children almost invariably manifest powerful feelings about the parental conflict. In individual or sibling meetings, children are helped to better understand what it means to be in a divorced family, to talk about their feelings about the conflict between their parents, and to find ways to insulate themselves from that conflict. The specific intervention strategies used are tailored to the age of the children.

For young children, stories that enable feelings to be processed in fantasy serve as launching points for exchanges. In older children, direct discussion of the issues predominates, drawing on cognitive techniques and psychoeducation. For example, children are explicitly coached in how to avoid becoming triangulated into parent conflict and how to master living in two households that show little cooperation.

Working With Extended Family

The families and new partners of parents also can have immense influence in these disputes (Johnston & Campbell, 1986). When these families of origin and/or partners have a powerful role in the conflict, sessions with these family members with the parent present are held, attempting to bring them into the solution process. If other family members continue to fuel conflict after attempts at intervention, the focus of individual sessions with parents moves to how they can better deal with the feelings of new partners or extended family.

Building Parent-Child Understandings

Family sessions involving one of the parents (and sometimes their new partner) and the children are organized around how to help with the most important child-related challenges. These meetings also focus on helping to structure crisp boundaries that limit the content of conversations about what is occurring in the other household. In cases in which children and a parent have high levels of conflict, these meetings between parent and children focus on building or restoring attachment and reducing the level of conflict. Such work is informed by Kelly and Johnston’s (2001) understanding of parental alienation as a complex systemic issue, most often involving some version of a circular process.

SPECIAL CONSIDERATIONS IN THE TREATMENT OF THESE CASES

Concerns About Safety

In high-conflict divorcing couples, there are considerable risks of violence (Johnston, 1994; Johnston & Campbell, 1993). Some families have a documented history of domestic violence, orders of protection, and/or restraining orders (Logan, Walker, Horvath, & Leukefeld, 2003). For other families, spousal violence continues or increases during the separation and divorce process (e.g., Kurz, 1996). When one or both partners present with histories of violence, safety becomes the first and most important agenda. If necessary, special measures are introduced to minimize the contact between the parents in and out of sessions by, for example, having concurrent meetings with the parents rather than meetings together until the agenda for creating safety can be advanced.
Working With Impasses and Resistance

Change rarely occurs in these cases in an easy and stepwise fashion. Typical clients respond to therapy directives with considerable resistance, and progress is slow and fragile. Therefore, IFT-DCCV focuses considerable attention on intervening to minimize the forces working against change. Following another of Pinsof’s (1995) problem-centered tenets, when significant resistance is encountered and an intervention strategy is not leading to treatment progress, the therapist alters the intervention strategy. This refocusing may involve reframing the therapy task in a more palatable way to make it more acceptable, exploring what lies beneath the resistance, or simply changing the intervention strategy.

The Interface With the Judicial System

Behavior in these families must always be considered in relation to their frequent contacts with the legal system. It is a rare week when there is no direct contact with lawyers or the court. The adversarial context of much of the judicial system provides endless opportunities for confrontations in pleadings, subpoenas, depositions, and court appearances, frequently engendering further conflict (Galatzer-Levy & Kraus, 1999). Children also can become highly polarized in the context of interviews with judges and attorneys about their best interests.

Attorneys for high-conflict divorcing families are often selected for their aggressive style of advocating for their clients. Although most attorneys and judges intervene to mitigate conflict, such measures are frequently met with resistance in these families, sometimes even leading to parents engaging new attorneys or petitioning for changes in judges. If an attorney appears too conciliatory, clients will often look for more aggressive representation, further delaying the divorce process and moving away from resolving differences and settling on a postdivorce family structure.

In IFT-DCCV, therapists work closely with lawyers and judges to understand what is transpiring within the judicial process and to help the court interpret the therapy and clients to comprehend and cope with what is occurring in the legal system. Court appearances can be anticipated in therapy, and ways of dealing with these events can be developed to minimize the trauma that occurs around these events. Attorneys for the children typically welcome such coordination and are prepared to actively intervene to support the therapy process. When therapists proactively engage attorneys and the court in support of treatment and follow the proper conventions within the judicial system, that support typically is strong and clear. Coordination with attorneys and the court needs to be especially close when issues present as to the necessity for supervision of visitation, the initiation or discontinuation of visitation, or when children manifest parental alienation syndrome.

The Open-Ended Strategy

IFT-DCCV works to improve the problems that these families face. However, rarely are the problems fully resolved after the 15–30 sessions of therapy. In that time, typically there is an impact on the presenting problems, but the future offers endless possibilities for the renewal of conflict as children develop and new potential issues emerge. Disputes over child custody and visitation readily turn into chronic conditions. Therefore, IFT-DCCV is framed not only as a way to deal with the immediate presenting problems, but also a way to create a resource that can be used to prevent
and ameliorate future conflicts. At termination, a plan is formed for clients to return if problems begin to reemerge. Ideally, such therapy is written into divorce or postdi- vorce decrees as the first source of help when conflicts arise.

**The Therapist’s Interface**

The treatment of families manifesting child custody and visitation disputes is among the most stressful contexts for therapy. Therapists working with this population need to develop strong support systems in both the therapy and legal communities. Beyond the requisite therapy skills, they need to learn how to comfortably interface with the judicial system and how to work with these families without burnout. Therapists must become conversant with the ethical issues that emerge in work with these cases and the special ethical dilemmas and identity issues posed in working with cases that are also actively engaged in the judicial system (Greenberg & Gould, 2001). They also must work assiduously for clarity as to their role in these cases, avoiding problematic dual relationships and fully understanding relevant professional guidelines (Greenberg & Gould).

**CONCLUSION**

This article describes an integrative approach to family therapy for divorcing couples experiencing intractable conflict related to child custody and visitation. It is presented as an addition to the interventions already available to serve divorcing families. It is an intense treatment aimed at those who do not respond to less intensive treatments, such as divorce education, mediation, or collaborative divorce, or those who are unlikely to benefit from those interventions. This treatment has been shaped in relation to the multiple levels of difficulty, severity of the problems, and stage of change that typify these families.

This approach is not presented as a panacea. Because there are multiple points for resolution of these difficulties before most of these families enter treatment, problems are likely to be entrenched and difficult to resolve in this population. Nonetheless, the kind of active multilevel intervention in IFT-DCCV can resolve many disputes and, in almost all cases, mitigate the damage in those disputes that cannot be resolved.

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