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No Kids in the Middle: A Group-Based Interdisciplinary Protocol for High-Conflict Post-Divorce Families, from Legal and Psychiatric Perspectives

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Abstract: *Highly problematic post-divorce parental conflict represents a growing clinical challenge, with significant consequences for the child's wellbeing. Conventional approaches, which includes individual child therapy, single-parent interventions, and legal proceedings, have shown limited efficacy, in part because they fail to address the systemic and neurobiological dimensions of the most problematic of conflicts. This paper presents the No Kids in the Middle (NKM) protocol - a structured, group-based interdisciplinary intervention developed in the Netherlands for families embedded in high-conflict post-divorce situations, from the complementary perspectives of a family lawyer and a child psychiatrist. The NKM protocol engages groups of six couples in parallel with a children's group, led by pairs of co-therapists, across a structured sequence of eight sessions. Key features include the simultaneous engagement of parents and children, dedicated sessions with each parent's wider social network, an explicitly experiential therapeutic approach, and a systemic reframing of parental conflict behaviour as a neurobiological response to chronic stress rather than a volitional character deficit. The NKM approach offers a coherent and clinically promising response to a population subgroup that consistently overwhelms conventional professional frameworks. Its interdisciplinary applicability spans psychiatry, social work, law, and education, and makes it particularly suited to the systemic nature of the problem it addresses.*

Keywords: *high-conflict divorce; toxic parental conflict; no kids in the middle; NKM protocol; child welfare; interdisciplinary intervention; co-parenting; chronic stress; group therapy; parental alienation.*

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1. Introduction

Divorce has become a significant demographic phenomenon across Western societies, with rates stabilising in many countries at approximately 40–50% of marriages (Eurostat, 2021). While the majority of separating couples manage to co-parent over time, a clinically significant minority estimated at between 10% and 25% of divorcing couples become entrenched in conflict that stays long beyond the legal dissolution of the marriage (Johnston, 1994; Pruett & Johnston, 2004). This population, commonly described in the clinical and legal literature as high-conflict or 'pathologically separating' families, is characterised by chronic litigation, mutual denigration, inability to communicate directly about children, and the progressive dissolution of co-parental functioning (Johnston & Campbell, 1988; Van Hemelrijck, 2016).

The consequences for children exposed to sustained, high-intensity interparental conflict are well documented across several decades of developmental and clinical research. Amato's (2001) meta-analytic review of the child adjustment literature established that it is not parental separation itself, but the quality of the post-separation interparental relationship, that most powerfully predicts child outcomes. Children in high-conflict post-divorce environments show elevated rates of internalising disorders (anxiety, depression, somatic complaints), externalising problems (aggression, conduct difficulties), and impairments in social functioning and academic performance (Camisasca et al., 2025; Grych & Fincham, 1990; Kelly, 2000). Exposure to interparental conflict activates stress response systems in children, and chronic activation associated with dysregulation of hypothalamic-pituitary-adrenal (HPA) axis functioning and long-term effects on neurobiological development (Davies & Cummings, 1994; McEwen, 1998; Wallerstein & Kelly, 1980).

Despite the scale of the problem, all major institutions that encounter these families, like the family court system, child psychiatric services, child welfare agencies, and schools, have consistently demonstrated limited effectiveness in producing durable change (Vasselier-Novelli et al., 2014). Legal proceedings frequently make conflict worse by providing a structured arena for adversarial engagement (Emery, 1994). Individual child psychotherapy has been identified as potentially counterproductive in this context: by reducing the child's defensive organisation without addressing the systemic conflict that generates it, individual treatment may increase the child's vulnerability rather than their resilience (Johnston, 1994). Similarly, interventions directed at only one parent are limited by the systemic nature of the conflict, any progress made by one parent is typically undermined by the broader conflict (Visser & Van Lawick, 2021). This systemic understanding of high-conflict divorce has important implications for intervention design.

Several structured intervention programmes for high-conflict co-parenting have been developed and evaluated over the past three decades. Psychoeducational parenting programmes, court-mandated mediation, and co-parenting counselling have all demonstrated some efficacy in conflict situations, but show limited effectiveness with the most entrenched cases (Ver Steegh & Dalton, 2008; Pruett & Johnston, 2004). Approaches grounded in collaborative law and interdisciplinary practice teams have shown promise, particularly when they integrate legal, therapeutic, and child-focused perspectives (Tesler, 2004). However, group-based, experiential models that also engage parents, their support networks, and their children within a unified therapeutic frame remain relatively rare in the published literature.

The No Kids in the Middle (NKM) protocol, developed by Dutch therapists Erik Van der Elst, Robin Glerum, and colleagues, represents a structured group intervention specifically designed for families in high-conflict post-divorce situations (Visser & Van Lawick, 2021). It integrates systemic family therapy, group therapeutic principles, and an experiential learning model. Critically, the NKM protocol addresses several of the core limitations of existing approaches: it works simultaneously with multiple families, it engages both parents and children in parallel groups, and it explicitly attends to the role of the wider social network through dedicated sessions with each parent's support system. A key theoretical contribution of the model is its reframing of parental 'lack of empathy' as a neurobiological consequence of chronic stress rather than a character pathology. Specifically, the stress-induced inhibition of prefrontal cortical functioning in favour of

limbic-driven threat responses, which cognitively narrows parental attention to the conflict and causes children to ‘disappear from the mental screen.’ This reframing has important implications for both therapeutic stance and institutional collaboration.

The present paper offers an interdisciplinary account of the NKM approach from two professional perspectives, that of the family lawyer and that of the child psychiatrist, with the aim of presenting the protocol's principles and process to a broader clinical and legal readership.

2. The Lawyer's Point of View

Lawyers, like magistrates, caregivers, social workers, and teachers, are confronted with several types of experiences when dealing with these families: powerlessness, uselessness, despair, and pessimism about a possible resolution.

Not being mental health specialists, lawyers often do not know how to refer parents to assessments and care that promise beneficial change.

Knowing the principles of the NKM approach can enable lawyers to better listen to, understand, and advise these parents.

3. The Psychiatrist's Point of View

Clinical experience in child psychiatry and family psychotherapy consistently confirms the institutional paralysis described above. A characteristic dynamic emerges in these cases: each professional system, confronted with the complexity and intractability of the situation, tends to redirect responsibility toward another. The consulting child psychiatrist refers the family to the courts or child welfare services; child welfare services refer the case back to psychiatric care; educators refer indiscriminately to all three, often reactively rather than strategically. The result is a closed circuit of referrals in which no system assumes sustained clinical ownership, and the family remains without effective intervention.

It was approximately fifteen years ago that a group of Dutch clinicians, confronting the same therapeutic impasse, developed a structured intervention protocol they termed No Kids in the Middle (NKM). Their starting point was a set of observations derived from clinical failure rather than theoretical prescription, which gives the model both its intellectual honesty and its practical grounding.

First, offering individual psychotherapy to a child embedded in an active high-conflict parental system is not only ineffective but potentially harmful. Individual work with the child functions by gradually dismantling the defensive psychological organisation the child has constructed in order to survive the conflict. In doing so, it increases the child's exposure to the very toxicity it aims to address, without modifying the systemic conditions that generate it.

Second, intervening with only one parent produces limited and unstable change. Even when one parent makes meaningful progress, loosening their fixed positions and reducing their emotional reactivity toward the other, this progress is routinely undermined by other members of their relational network who remain invested in the conflict. Friends, relatives, lawyers, and even therapists may inadvertently sustain adversarial positions, confirming the authors' central systemic insight: the conflict is not located between two individuals but between two competing social networks, or what the NKM model terms ‘two villages of belonging.’

Third, and perhaps most clinically consequential, the behaviour of parents in high-conflict situations is frequently misread as evidence of personality pathology. Parents in these situations commonly attempt to diagnose one another, invoking labels such as narcissistic personality, bipolar disorder, borderline organisation, Asperger's syndrome, or psychosis. However, in conditions of severe and chronic stress, the phenomenological presentation of any individual, their emotional reactivity, cognitive rigidity, impaired empathy, and behavioural dysregulation, closely mimics the clinical picture of numerous psychiatric disorders. Differential diagnosis is therefore not meaningful in this context. What is being observed is the functional consequence of sustained stress activation: the progressive inhibition of prefrontal cortical functioning, which governs reasoning, planning,

anticipation, and reflective capacity, in favour of limbic-system dominance, which organises behaviour around the perceived threat posed by the other parent. In this neurobiological state, children effectively disappear from the parent's mental screen. What presents clinically as indifference to the child's suffering or deliberate emotional abandonment is, in the majority of cases, neither volitional nor characterological. This reframing, from moral failure to neurobiological consequence, is foundational to the therapeutic stance of the NKM approach and has direct implications for how all professionals, including lawyers, engage with these families.

4. The NKM Therapists' Compass

1) Attitude

- Make parents feel that you are on their side and that you understand how painful it is to go from being a happy couple to the current unhappy, broken couple.
- It is not a question of judging them but of helping them.

2) The community

- It is not about two parents in conflict, but two ‘villages’ in conflict, which means that both ‘villages’ need to be brought together.
- The group is helpful in this work as a ‘third co-therapist.’

3) The child's place

- The children's group meets at the same time as the parents' group, in another room
- The children can send a "message in a bottle" or a paper airplane with messages addressed to the parents' space.
- Small empty chairs for children are placed in the parents' group room to highlight the issue from the outset: we are all gathered together in a collective effort because children are involved.
- Most of the time, parents caught up in toxic conflicts feel ashamed/guilty/different in a pejorative way, and confronting others in the same situation allows them to recognise themselves as humans with common existential problems.

4) Equidistance and defocusing from the conflict

- This position taken by therapists must be conveyed to parents, either implicitly or explicitly: *‘we don't have control over each other’* and *‘our goal is not to reach an agreement between two divergent positions.’*

5) The enemy = destructive patterns

- There are three types:
  - Attack-attack
  - Attack-avoidance
  - Avoidance-avoidance, with the child becoming the messenger between the two

6) Change through experience, not theory

To use the allegory of Mary Poppins, we don't explain, we let them experience, and the promising understanding of change will come later

5. The NKM Therapeutic Protocol Process

This protocol is carried out with a group of six couples in pathological conflict and a group of children. These two groups work in parallel, in two separate rooms. Each group is led by a pair of NKM therapists.

The protocol is carried out as follows:

- An introductory session to present the protocol to the parents, while the children get to know their therapist pair in another room, in an engaging and playful way.
- A session with each parent's support network, with the aim of making them a third party that validates the NKM protocol and does not invalidate it
- Eight sessions with the parents, each lasting approximately two hours
- A final evaluation session and, if necessary, an additional session to reinforce what has been learned: we proceed by focusing, in turn, on each parent who participated in the group and ask the others what effects they saw on that parent; we also ask them if there are any specific points in the program that they feel are essential to keep, or to modify, or even to remove.

6. Session Content

Session one is structured to establish both psychological safety and cognitive orientation. Photographs of each parent's children are placed on small chairs positioned in the centre of the room. This arrangement serves to make children symbolically present from the outset, anchoring the group's shared purpose. Each parent is invited to introduce their child through a positive personal memory, a deliberate framing that activates the 'good parent' dimension of parental identity, which is typically suppressed in high-conflict contexts. The session has a partially psychoeducational character, which serves the clinical function of reducing stress activation and increasing cognitive availability. The three conflict patterns are introduced and illustrated through an anonymised clinical example. The full group is then divided into two sub-groups, each working with one therapist to identify and discuss pattern recognition in their own experience. The sub-groups reconvene to share emerging insights. A homework task is assigned: parents are asked only to observe and identify the patterns in their daily interactions, without attempting to change them. This restrained instruction is intentional, it reduces performance pressure and introduces a reflective, observational stance without demanding behavioural change before the conditions for it have been established.

During the second session of the therapist duo with the six couples in conflict, four parents are seated on four small chairs in the middle and asked to imagine they are children (they are asked to choose a first name, age, and favorite activity to help them regress and truly embody this role).
The other parents are placed facing each other, standing up (avoiding placing couples in conflict facing each other), and asked to act out the three patterns.
After each pattern, the four parents playing the children are asked how they feel.
At the end, the therapist who has been in contact with the four parents playing the children and who has written the different feelings on the board summarises them for the whole group and emphasises that these are the feelings that children generally experience when they are subjected to these patterns, and which their parents actually want to spare them from.

The session ends with a second homework assignment for next time:

1) Continue to identify patterns and try to change something in their attitude in order to reduce the child's stress.
2) Come up with a story for their child that explains their decision to divorce without disparaging the other parent and that allows them to look forward to a more peaceful future (creating a kind of bridge between the two parents that the child can cross peacefully from one to the other).

During the **third session** of the therapist duo with the six couples in conflict.

The therapists start with the work that the parents have done at home.

Several techniques can be used to reduce group stress levels and encourage work, always according to the principle that therapists are not counselors who teach parents how to be, but directors who guide them through an experience, aiming to move them from reactive anger to lucid sadness and then to corrective action.

We use phrases such as*: "We are going to sort out what in the letter written for your child may be useful/beneficial to them and what is not, even if it makes sense."*

Several techniques are used to ensure that this is not a cognitive exercise (which generally leads to criticism and judgment of others) but an emotional/experiential one.

For example, four parents are asked to sit on four small chairs, imagining themselves as children listening to the story, and to move their chairs closer to the parent whenever something in the story touches them positively, and to move their chairs away from the parent whenever something repels them.

In subsequent sessions, parents are asked to give three examples of good parenting by their ex-partner. A couple of ex-spouses are then asked to take turns describing a problem in their daily interactions, without seeking agreement from others on their feelings or views, as if each of them were playing their own musical instrument without trying to tune in to the others. The same procedure as above is followed, asking four parents to play the role of children listening to this (using the chairs in the same way: moving them closer or further apart, depending on how they feel).

During sessions with children, we favor playful communication to reduce stress levels and encourage children to express themselves spontaneously, rather than solely through conceptual language.

Before the final evaluation session, each parent and child is encouraged and supported, within their respective groups, to convey something to the other (the parent to the child and the child to the parent):

- The children convey this message through drawings or suggestive modeling, or written messages about how they experience the parental conflict.
- Parents convey what they have learned in their group about their own problems, which they symbolically put in their backpack (to be carried by them), as well as messages/values that are important for their child (to be put in their backpack to help their current and future development).

7. Discussion & Conclusion

The NKM protocol addresses a population that routinely overwhelms conventional professional frameworks, but not because those frameworks are inadequate in themselves, but because they were not designed for the systemic nature of high-conflict post-divorce situations. Individual therapy, single-parent interventions, and legal proceedings each engage only one node of a conflict that is maintained by an entire relational network. The NKM model's central contribution is to match the systemic scope of the problem: working simultaneously with multiple families, their support networks, and their children, while reframing entrenched parental behaviour as a neurobiological response to chronic stress rather than a character deficit. This reframing is not just theoretical, it is what makes therapeutic engagement possible with a population that typically elicits frustration, helplessness, and premature case closure across all professional systems.

Limitations of this account should be acknowledged. This paper is descriptive rather than evaluative, no outcome data are presented, and the evidence base for the NKM protocol, while promising, remains in early development. The protocol also requires significant institutional coordination and trained therapist pairs, which may limit its accessibility in under-resourced settings. Future work should prioritise controlled outcome studies and examine conditions for effective implementation across different legal and healthcare systems.

For practitioners across psychiatry, social work, law, and education, the NKM approach offers both a practical protocol and a conceptual shift: from viewing these families as resistant or pathological, to understanding them as trapped in a system that no single professional intervention can resolve alone.

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