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CHAPTER 2 — THE LEGAL MINEFIELD: WHAT YOU CAN'T SAY OR IMPLY

A note before we start: this chapter is about marketing language and professional risk. It is not legal advice, and I'm not your attorney. Licensing rules, advertising regulations, and case law vary by jurisdiction, and anything genuinely uncertain in your situation is worth ten minutes with a lawyer or your licensing board. What follows is the practical shape of the problem and the language patterns that keep you out of it.

In almost every therapy niche, your marketing copy has one audience: prospective clients. You write it, they read it, it either works or it doesn't. The downside of bad copy is that it doesn't convert.

Here, your copy has a second and third audience you didn't choose. A hostile ex-partner may read it looking for something to use. An opposing attorney may read it while preparing to argue that your client's chosen therapist is biased. A guardian ad litem or custody evaluator may read it while forming an impression of the professionals involved. In some cases it ends up printed and attached to a filing.

This is the real difference between this niche and every other kind of therapy marketing, and it's why generic advice is not just unhelpful here but actively dangerous. The advice to collect testimonials, to write bold hooks, to speak with confident authority about your clients' situations — all of it is sound in most contexts and creates exposure in this one.

The good news is that the constraint is narrower than it feels. Once you can see exactly where the line is, you can write with a lot of freedom on the safe side of it. Therapists who don't know where the line sits tend to do one of two things: ignore it entirely

and write copy that's a liability, or become so cautious that their website says nothing at all and they appear to have no expertise. Both are avoidable.

Where the exposure actually comes from

Four distinct failure modes, worth separating because they have different fixes.

One: you characterized a person you've never assessed.

This is the biggest one and the source of most of the risk. When your copy describes “the narcissistic ex” or “the manipulative co-parent,” you are — in a legally relevant sense — publishing a characterization of a specific category of person that your client will apply to a specific individual. If that content is presented as coming from your client's therapist, you've moved from marketing into something that looks like professional opinion about someone who was never your client, never assessed, never consented.

Two: you promised or implied an outcome in a legal matter.

Any language suggesting you help clients win, protect custody, strengthen their case, or prevail is a problem — both because you can't guarantee it and because it repositions you from clinician to advocate. That repositioning is what an opposing attorney wants to establish. Copy that hands it to them is a gift.

Three: you published something confidential.

Testimonials are the obvious case. The subtler one is the anonymized story that isn't as anonymous as you thought — the “composite” client whose situation is specific enough that the ex recognizes it.

Four: you appeared partisan.

This one is diffuse but real. Copy consistently framing one parent as the wronged party and the other as the aggressor establishes a general orientation. It doesn't require you to have said anything about a specific case. An attorney arguing that your assessment was predetermined will find your website enormously helpful.

The “narcissist” problem, specifically

This deserves its own section because it’s the single most common exposure in the niche and because the pull toward it is strong. The word performs. It’s what people search. Content using it gets shared. Every instinct in marketing says use it.

The problems, in order of severity:

It’s a diagnosis. Narcissistic Personality Disorder is a clinical diagnosis with criteria, and applying it to someone you haven’t assessed is a professional-ethics issue independent of any legal consequence. When you use the word in marketing aimed at people in custody disputes, you’re supplying a diagnostic label for an unassessed person, and you’re doing it with your credentials attached.

It converts description into accusation. “My ex is difficult” is a complaint. “My ex is a narcissist, per my therapist’s framework” is closer to a claim. Where the second lands in a legal process is not up to you.

It establishes orientation. A therapist whose content is built around identifying narcissists has, in effect, published a stance that one party in a two-party conflict is disordered. That’s usable against your client, and against you.

And it’s imprecise anyway. The behaviors your clients are actually dealing with — stonewalling, shifting accounts, using logistics as leverage, escalation at exchanges — occur across many presentations and plenty of people who meet no diagnostic criteria at all. The label adds heat and subtracts accuracy.

What to do instead. Describe behavior and pattern rather than person and label. You lose nothing in recognition — arguably you gain, because behavioral description is more specific than a label and specificity is what makes this audience feel seen.

Instead of: *Co-parenting with a narcissist*

Try: *When the other parent won’t cooperate — and every schedule change becomes a negotiation*

Instead of: *Signs your ex has narcissistic traits*
Try: *What it's like when the conflict doesn't end after the divorce*

Instead of: *Healing from narcissistic abuse*
Try: *Recovering your own judgment after years of being told you were the problem*

Note what the replacements do. They're more concrete, not less. They describe a lived experience rather than assigning a category. And none of them says anything about a person the reader can point at.

One practical exception: some directory platforms have “narcissistic abuse” as a selectable specialty tag, and this audience filters on it. Selecting a platform's own tag is a different act from writing the word into your own prose — you're using their taxonomy, not publishing a characterization. I'd select the tag and keep the word out of your written copy. Chapter 9 covers this.

The vocabulary table

The core reference for this chapter. Run anything you write past it.

High-risk phrase	Why it's exposed	Safer construction
<i>narcissistic ex / partner</i>	Diagnosis applied to an unassessed person	<i>a co-parent who won't engage in good faith</i>
<i>toxic relationship</i>	Characterizes the person, not the pattern; social-media register	<i>a relationship where the conflict never resolved</i>
<i>abusive ex</i>	Legal conclusion, not clinical description	<i>a relationship that left you doubting your own judgment</i>
<i>I'll help you protect your custody</i>	Implies a legal outcome; positions you as advocate	<i>support while you navigate a difficult custody process</i>
<i>build your case</i>	Explicitly repositions therapy as litigation support	<i>understand what therapy can and can't contribute in a legal process</i>

High-risk phrase	Why it's exposed	Safer construction
<i>your ex is manipulating the children</i>	Characterization of a non-client's conduct	<i>when children are caught between two households</i>
<i>parental alienation</i>	Contested, heavily litigated term with legal weight	<i>a child who's become reluctant to move between homes</i>
<i>I can testify on your behalf</i>	"On your behalf" implies partisanship	<i>if a court requests records or testimony, here is how I handle that</i>
<i>my clients have won custody</i>	Outcome claim plus confidentiality problem	(no replacement — remove)
<i>break free from the narcissist</i>	Diagnosis, plus prescribes a specific outcome	<i>decide what you want your life to look like next</i>
<i>you're not crazy, they're gaslighting you</i>	Assessment of an absent party stated as fact	<i>if you've started doubting your own memory of conversations, there are reasons for that</i>
<i>high-conflict personality</i>	Reads as pseudo-diagnostic when applied to an individual	<i>a high-conflict dynamic — the situation, not the person</i>
<i>expert in narcissistic abuse recovery</i>	"Expert" plus diagnosis; both exposed	<i>I work specifically with people leaving long-term high-conflict relationships</i>
<i>cut them out of your life for good</i>	Prescribes an outcome with legal implications for a co-parent	<i>figure out what contact needs to look like going forward</i>
<i>proven results</i>	Unsubstantiated outcome claim; regulated in many jurisdictions	(no replacement — remove)

The pattern underneath the whole table: **describe the dynamic, not the person; describe the process, not the outcome.** If you internalize only that, you'll catch most of your own errors before they're published.

The dynamic-not-person rule, at length

This is the load-bearing principle of the chapter, so it's worth being precise about what it means, because it's easy to apply it as a superficial word-swap and miss the point.

A **dynamic** is something that happens between people. It has no subject who can be identified, assessed, or defamed. "Every handoff turns into a negotiation" describes a pattern. Nobody is characterized. Two people could read it and disagree about who causes it.

A **person characterization** attributes a trait, disorder, or moral quality to an individual. "Your ex weaponizes the schedule" attributes intent and conduct to a specific someone.

The trap is that you can characterize a person without naming them, and without using any clinical vocabulary at all. "Some people simply cannot tolerate not being in control, and they'll use their children to get it" contains no diagnosis and no name. It's still a characterization — it just uses "some people" as cover. A reader knows exactly who it means. So does an attorney.

The test I'd use: **could the other parent read this sentence and reasonably conclude it's about them?** Not "does it name them" — could they conclude it. If yes, rewrite until the sentence describes something that happens rather than someone who does it.

Applied:

Characterizes: *He'll agree to the schedule and then change it at the last minute to remind you he can.*

Describes: *Last-minute schedule changes are one of the most common flashpoints in high-conflict co-parenting, and they're exhausting in a way that's hard to explain to people outside it.*

Same recognition. The first assigns motive to a specific man. The second describes a phenomenon.

Characterizes: *Your ex is telling the kids things they shouldn't hear.*

Describes: *When children start relaying messages between households, or repeating adult framing back to you, it puts them in a position no kid should be in.*

The second is arguably more useful clinically, because it centers the child rather than the accusation.

The testimonial problem

Standard practice in therapy marketing is to collect testimonials. Some licensing boards restrict this already; in this niche it's a bad idea regardless of what your board permits.

The confidentiality issue. A published testimonial reveals that a specific person was in therapy with you. Even with consent, even with a first initial. In a custody context, that a person attended therapy — and with whom, and roughly when — can become material. You've published it.

The consent issue. Consent from a client in a vulnerable state, given to their therapist, for a marketing purpose, is complicated in ways worth thinking about. If the therapeutic relationship later ends badly, the existence of that testimonial is a problem for both of you.

The credibility issue. This audience is unusually skeptical. They know testimonials are selected. And there's a specific reaction I'd expect from a reader in this niche: *if this therapist published someone's therapy experience, what would they publish about mine?*

What to use instead:

I don't publish testimonials or client stories. In this kind of work, what happens in therapy can end up in places it was never meant to go, and I'd rather protect that than use it for marketing.

That single paragraph is more persuasive than any testimonial you could collect. It demonstrates that you understand the stakes of the niche, which is the only credential this audience actually cares about.

If you need social proof, the safe forms are: professional referral relationships you have permission to name, credentials and training, published or presented work, and — most effectively — copy demonstrating operational knowledge so specific that no one who hadn't done the work could have written it. Chapter 4 builds that.

The anonymized story, and why “composite” isn’t automatically safe

Many therapists know not to publish testimonials but feel fine writing anonymized client vignettes. “*A client came to me last year who...*”

Be careful. A composite is safe when it's genuinely generic. It stops being safe when it contains enough specific detail to be recognizable — and the details that make a story compelling are exactly the ones that make it identifiable. A specific occupation, an unusual custody arrangement, a distinctive incident, a timeframe. Your client's ex may recognize the story instantly. So may your client, who never agreed to appear on your website even unnamed.

The safer construction is the **pattern statement**: describe something you've seen repeatedly, framed explicitly as a pattern rather than an instance.

Risky: *One client came to me after her ex showed up unannounced at her son's school three times in a month.*

Safe: *A pattern I see often is escalation around school — showing up at events, contacting teachers directly, using the school as a channel when other channels have been closed.*

The second is more useful to the reader anyway, because it describes a category they can locate themselves in rather than one story they may or may not match.

Standing disclaimer language

Boilerplate you can adapt. The tone target: matter-of-fact and informative, not defensive. Written well, these build trust — they show you’ve thought about the reader’s actual concerns.

For a website scope section:

What I do and don’t do

I provide therapy. I’m not a custody evaluator, a mediator, or a legal advocate, and I don’t conduct assessments for court purposes. I don’t make recommendations about custody arrangements, and I don’t offer opinions about people I haven’t met — including your co-parent.

If your situation involves active litigation, I’ll be clear with you from the start about what therapy can contribute and what it can’t. Some people find that boundary frustrating at first. In my experience it’s also what makes the work useful: therapy is more valuable to you when it isn’t part of the dispute.

For the records-and-testimony question:

If my case goes to court

Therapy records can sometimes be requested in legal proceedings, and in some circumstances a therapist can be compelled to testify. I can’t promise you that what we discuss will never be seen by anyone else, and I’d be misleading you if I did.

What I can tell you is that I’ll be transparent about how I handle records, I’ll tell you if I receive a request, and I won’t take a position for or against either parent. If you want to understand exactly how this works in your jurisdiction, that’s a question for your attorney, and it’s worth asking early.

For a general marketing footer:

The content on this site is general information about relationship and co-parenting dynamics. It isn't therapy, it isn't legal advice, and it isn't an assessment of any specific person or situation.

For social content, occasionally rather than on every post:

Sharing patterns I see in this work — not describing any individual, and not a substitute for advice about your own situation.

The pre-publication checklist

Run anything client-facing through this before it goes out. It takes under a minute once you're used to it.

1. The other-parent test. Could the co-parent of a typical reader read this and reasonably conclude it's about them? If yes, rewrite toward the dynamic.

2. The diagnosis test. Does this apply any clinical label — narcissist, personality disorder, abuser, alienator — to a person who isn't my client? If yes, remove it. Behavioral description only.

3. The outcome test. Does this promise or imply a result, especially a legal one? Look for *protect, win, ensure, guarantee, finally, free*.

4. The partisan test. If an attorney read only this piece and argued I'd already decided one parent is the problem — would they have a point?

5. The confidentiality test. Does this reveal, or let someone infer, that a specific person was my client?

6. The exhibit test. If this were printed and attached to a filing with my name on it, would I be comfortable explaining it under oath?

Six is the one that catches what the others miss. It's also the reason a lot of high-performing content in this niche shouldn't be posted, and knowing that in advance saves you the versions of this lesson that are more expensive.

Not to the other extreme

Everything above pushes toward caution, and caution has its own failure mode. A therapist who applies this material too broadly ends up with a website that says: *I offer a supportive, non-judgmental space for individuals and couples experiencing relationship difficulties.*

That's perfectly safe and completely useless. It tells the reader nothing, distinguishes you from nobody, and — worst of all in this niche — signals that you don't actually know what they're dealing with. An anxious, generic website is read as inexperience.

The mistake is assuming risk lives in *specificity*. It doesn't. It lives in *characterization* and *outcome claims*. You can be extraordinarily specific about the situation and remain entirely safe, as long as you're describing what happens rather than who's at fault.

Compare:

Too cautious: *I work with individuals navigating difficult family transitions.*

Exposed: *I help parents protect their kids from a narcissistic ex who's trying to turn them against you.*

Right: *I work with parents in high-conflict co-parenting situations — where communication has broken down, where every exchange is a potential incident, and where the usual advice about cooperation doesn't fit the situation you're actually in.*

The third is more specific than the second. It's also completely defensible. It names no one, diagnoses no one, promises nothing, and takes no side — while demonstrating more operational knowledge than either alternative.

That's the target for the rest of this book: **maximum specificity about the situation, zero characterization of any person, no claims about outcomes.** Everything in Parts 3 and 4 is written to that standard, and once you've read a few dozen examples in that register it becomes the way you naturally write.

What to take from this chapter

Your copy has readers you didn't choose. That changes what's safe to publish, but the constraint is narrower than it first appears.

Describe dynamics, never characterize people. Describe the process, never promise the outcome. Skip testimonials and say why — the explanation converts better than the testimonials would have. Treat “narcissist” as a word that costs more than it earns. Use pattern statements instead of client stories. And when you're unsure, run the exhibit test.

None of this makes you less specific. It makes you specific about the right things, which is also what makes this audience trust you.

Part 2 turns to positioning: who exactly you're talking to, and how to sound like the one person in the directory who has actually done this work.

You now know what not to write.

Chapter 2 showed you where the risk lives: in characterization and outcome claims, not in being specific. That's the foundation.

The rest of the book is what you build on it. Ready-to-adapt language, written for a reader who might be hostile:

- Hooks and social captions for high-conflict clients, written as recognition rather than diagnosis
- Calls to action that work for a reader who might be watched
- Website, bio, and FAQ copy in modular blocks you can adapt
- Directory profiles for Psychology Today and TherapyDen
- Email sequences for inquiries that go quiet for months
- Referral messaging for family law attorneys and mediators
- Response templates for the high-risk messages this work produces
- A content system that fits into three hours a month

14 chapters. 159 pages. The safe version of your copy, which is usually the one that works better.

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