

# **Children Beyond Dispute**

A Prospective Study of Outcomes from Child Focused and Child Inclusive Post-Separation Family Dispute Resolution

## **Final Report**

**Jennifer E. McIntosh and Caroline M. Long**

October 2006

### **Executive Summary**

#### ***Study synopsis***

This study was funded by the Australian Government Attorney-General's Department, and conducted through a collaboration between Family Transitions, Relationships Australia and La Trobe University.

The study compared outcomes over one year for two groups of separated parents, who attended mediation over parenting disputes. These parents engaged either in a Child Focused intervention, or in a Child Inclusive intervention, at one of three Relationships Australia services (Canberra, Melbourne and Adelaide).

Two hundred and seventy-five parents took part in the study (142 families). They reported on 364 children, and 193 of those children, aged 5 to 16 years, also participated directly in the research. No significant differences were found between the two treatment groups on demographic variables. A good retention rate of 75% over the year occurred for children, and 83% for parents.

The Child Focused intervention prioritised the psychological and relational elements of parents' separation, and the making of parenting arrangements that would best support the developmental needs of the children. Their children were not seen for the purposes of the mediation. The average length of time spent with both parents in this intervention, including intake, was 5.1 hours.

The Child Inclusive intervention shared the same intent and approach, but also involved a brief direct assessment of children's experiences of the separation and of their relationships with each parent. The children's material was carefully formulated and considered with

parents, and core themes incorporated into their negotiations. The average duration of this intervention with parents, including intake and feedback of the children's material, was 6.2 hours, plus a separate 1.5 hours with children.

Extensive repeated measures data were collected from parents and children prior to mediation commencing, and then again three and twelve months after the conclusion of mediation.

### ***Outcomes common to both groups***

Entry into mediation was a point of high risk for both groups of families. Both parents reported high to very high current acrimony with their former or soon-to-be-former partner and a low rate of resolution of disputes. Their children reported still higher rates of conflict between parents. Of concern, one third of children aged 5 to 16 were in the clinical range of psychological symptoms at the time of intake, on parent report.

Significant and enduring reduction in levels of conflict occurred for both groups in the year since mediation. The majority of parents reported improved management or resolution of the initial disputes that had brought them to mediation. Across all ages, children in both interventions perceived less frequent and intense conflict between their parents and better resolution of it, with a significant lowering of their own distress in relation to parental discord.

### ***Outcomes unique to the Child Inclusive intervention***

No isolated effects were evident for the Child Focused intervention at either the three or twelve month follow up points. In contrast, the Child Inclusive intervention was associated with a number of effects not evident in the other treatment group. These effects were strongest for fathers and for children.

One year post intervention, repeated measures analyses showed significantly better outcomes for the **Child Inclusive** group in the following areas:

- Lower acrimony in fathers in relation to their former spouses;
- Greater improvement in the parental alliance for fathers;
- Children's experience of improved emotional availability of their fathers and greater sense of closeness to him;
- Greater contentment by children with care and contact arrangements, and less inclination to want to change them;
- Greater satisfaction of fathers with care and contact arrangements of their children, despite initially lower levels of overnight contact than the Child Focused fathers;
- Greater stability of care and contact patterns over the year;
- Preservation or improvement of the mother-child relationship, from the perspectives of both mother and child.

### ***Durability of agreements and litigation patterns***

Agreements reached in the Child Inclusive intervention were significantly more durable and workable over a year, as rated by mothers and fathers. Of those cases with no prior Court involvement, Child Inclusive parents were half as likely to instigate new litigation over parenting matters in the year after mediation than were the Child Focused parents.

### ***Considering the difference in outcomes***

Three unique change mechanisms were identified for Child Inclusive parents and children:

**1. *The wake-up call.*** The immediacy and intimacy of material created by the child consultation process meant that parents were frequently “moved” in a lasting way by the feedback they heard from and about their own children. The “wake up call” to these parents, to alter their behaviours around their children and their attitudes about their previous partner, was direct, compelling and impactful. Although both interventions actively focused parents on their children’s responses to their conflict and their needs in post-separation re-structure of the family, discussion about children and parental cooperation was necessarily generic in the Child Focused intervention, because the children’s direct experiences were not obtained for mediation purposes. In this light, the power of parental projections and inaccurate assumptions about their children and about their relationship with each parent, had greater license to continue unchecked through the Child Focused intervention, and resulting arrangements in that group could be tailored, at best, to what parents “believed” their children needed.

**2. *A level playing field for fathers.*** The perceived “fairness” of the Child Inclusive intervention was notable for fathers. Through the father’s eyes, this intervention often functioned to remove the mother from the psychological role of “gatekeeper” of the information about their children. As such, in negotiations around his children’s needs, this created the experience of a more level playing field for the Child Inclusive father than for the Child Focused father. The Child Inclusive fathers and mothers appeared able to listen to views that sometimes did not support their own argument, when these views came from their children and were conveyed empathically by an independent specialist. Fathers in particular described the feedback session about their children as valued and transformative.

**3. *Developmentally correct arrangements.*** Through a sharpened focus on each of their children’s emotional and stage specific needs in the Child Inclusive treatment, parents’ agreements tended to favour stability of residence, and improved attachment relationships. Fathers in the Child Focused treatment initially obtained significantly higher rates of

overnight contact, which were then subsequently reduced over the course of the year, often through litigation. Fathers in the Child Inclusive intervention tended to agree to maintenance of overnight contact rates, rather than driving for their “equal share”. Of interest is the finding that these fathers were also substantially more content with the care and contact arrangements than fathers in the Child Focused group, and that they reported closer relationships with their children. The findings suggest that the Child Inclusive intervention assisted parents to create “developmentally correct” agreements, tailored to the core experiences of their children, and made it easier to resist arrangements tailored to any sense of adult entitlement.

### ***Children’s mental health outcomes***

Children’s overall mental health tended to improve over the year after intervention, although 21% of children remained in the clinical range, in contrast to about 15% in the general population. The combination of factors that best accounted for children’s poor mental health outcomes over the year were their father’s low education, high parental conflict, shared care and the experience of poor emotional availability in their mother. The findings suggest that the children whose emotional health suffered most were those for whom shared care posed a developmental risk; namely younger children whose parents remained in high conflict, with poor cooperation and regard for each other, and where a poor relationship between mother and child was mutually reported.

### ***Characteristics of poor progress***

Both treatments had less success with long-term high conflict cases, and parents with serious mental health issues. Findings support a careful screening of the entrenched and high conflict spectrum, aiming to divert parents in extreme conflict into tailored, longer-term therapeutic interventions with the family. The data suggest a strong need for close screening of personality and prodromal mental health symptoms at intake. Findings overall support inclusion criteria for both interventions that are *capacity* based, i.e. based around the ability of a parent to usefully participate and consider alternate and at times ego-dystonic information, rather than adhering to criteria based on the presence or absence of specific *issues*.

### ***Implications for targeting the Child Inclusive intervention***

The Child Inclusive intervention showed a differential capacity to bring about more durable and workable agreements with parents presenting with low alliances, or poor mutual regard

and cooperation, than did the Child Focused intervention. Parents presenting with undamaged or adequate alliances reported similar levels of progress across the two groups.

## **Conclusion**

While both the Child Focused and Child Inclusive dispute resolution interventions led to reduction in parental conflict, findings of this study suggest an enduring level of relationship repair unique to the Child Inclusive approach.

Significant changes in the quality of dyadic relationships were evident across the year, between former partners, and between each parent and their child/ren. From the children's perspective, the Child Inclusive intervention was associated with closer relationships with their fathers, and more emotionally available care from their mothers. In this light, the data point to the potential of the Child Inclusive intervention to target the crucial public health issue of children's emotional well-being post-separation, through a consequent effect of improved parental relationships.

The data also point to the importance of the developmental and relationship context around care and contact arrangements. In keeping with other findings in this study, the data suggest that substantially shared care is an arrangement best determined by the capacity of parents to exercise maturity, to cooperate and to embrace the developmental needs of their children, and to provide each child with emotionally available parenting in a climate of low conflict.

In all, this research provides evidence to support the further development and application of Child Inclusive, therapeutically oriented mediation. This method offered separated families a significant level of repair to the parental relationship, and to children's sense of their parents' availability, and produced developmentally sensitive agreements, with which parents and children remained more content, over the year since mediation.

It is important to note, however, that the findings of this study cannot be generalised to other models of Child Inclusive mediation, and careful guidelines around training and practice competency are necessary to ensure the ongoing fidelity of this intervention.