

### The study

- A comparative study of the outcomes of two child centred mediation interventions with 183 separated couples and their children (298).
- Explores stage 1 and 2 progress made by families through two specialist forms of mediation: Child Focused Mediation and Child Inclusive Mediation.

### The study responded to

- A paucity of Australian data on the well-being of children in the face of their parents' post separation conflict.
- Desire to explore psychologically based Family Law interventions and their impact on the well-being of children.

### Beyond Rhetoric....

- 1 in 12 children in Australia will develop mental health difficulties in childhood.
- For children of separated parents, that figure is 1 in 4 .
- Divorce does not cause this. Ongoing parental conflict does.
- A significant public health issue.

### Can/should mediation really impact on this?

- A constructive process at the right time is likely to have a cumulative positive impact.
- An adversarial adult focused approach at this critical time is likely to have a cumulative negative impact.
- from Emery (2004)

### Questions behind the current study:

1. What is the psychological functioning of parents and children at peak points in post separation conflict?

### Questions behind the study :

If we redefine what “divorce settlement” means, through the eyes of the child, what results do we achieve?

### Questions behind the study:

2. What outcomes can be achieved through therapeutic Mediation processes that
  - a) actively target the parental state of mind, and the parental alliance ?

### What shaped the interventions studied here?

The evidence: For children to adjust well to parental separation, what matters, unequivocally, is that parents are supported to construct or restore a parental alliance secure enough to support the weight of their developing child.

The theory: Attachment theory informed the core interventions, targeting parental reflective function.

### Parental reflective function

- Attachment research of many decades shows that the cornerstone of a child's security and mental health is the parent's ongoing capacity *to take the child's perspective*. The clarity of parent's reflection on their own internal states and ability to differentiate the child's experience from their own is what matters .

### Questions behind the study:

3. Are *different* outcomes achieved by a mediation process that also
  - 1) offers children a separate space to share their experience of the conflict?
  - 2) Offers parents *objectively* derived knowledge about the *unique* needs of each child?

### Parental reflective function within mediation interventions

- Child focused mediation interventions target PRF *generically*, without access to children's own material.
- Impacts of parents projections are likely less evident/workable.
- Child Inclusive interventions target PRF with "corrective" information from children's assessments.
- Parents projections may become clearer.

### The people behind the study.

- Funding: *Commonwealth Attorney General's Department, Canberra.*
- Collaboration of *La Trobe University, Family Transitions, Relationships Australia.*
- Principal Investigator: McIntosh
- Research Manager: Long
- RA teams: Canberra, Melbourne, Adelaide
- Design and Consultation: Smyth (AIFS)
- Statistical consultation: Wells (AIPC)
- Research Assistants: Hamilton, Daniels, Gerner, Sisko, Capogrecco, Myer, Tun-Andersen.
- Consultants: Moloney, Foreman
- Advisors to planning: Emery, Smart, Johnston

### The study

- Applies two different forms of Family Law Mediation, to two groups of families (n=75 each).
- Parents presenting with child related issues, and at least one child age 5+.
- Both treatments given by the same mediation teams.
- Families interviewed (quant. qual) pre-mediation, 3 months and 12 months post mediation.
- Comparative outcomes explored for parents and children.

### The two treatment models

#### 1. Child Focused Mediation:

- individual intake sessions, 1-6 joint sessions on child related issues,
- parent education tools
- 1 or 2 mediators
- active targeting of conflict and parental alliance
- *generic* consideration of each child's needs and experience, as viewed by the parents.
- educational resources used and therapeutic support as needed.

### The treatment models

#### 2. Child Inclusive Mediation:

- individual intake sessions, 1-6 joint sessions on child related issues. 1 or 2 mediators, plus child consultant
- tailored parent education tools
- separate child session
- active targeting of conflict and parental alliance.

### The treatment models

#### 2. Child Inclusive Mediation:

- *tailored* consideration of each child's needs and experience, as viewed by the child, parents and as assessed by the Child Consultant
- therapeutic feedback session/s to parents by Child Consultant and mediator.

### Clinical Demonstrations

### Treatment fidelity

Independent blind rating explored the extent to which:

- Mediation was completed
- Treatment framework was adhered to.
- Any aberrant factors in the treatment

Child focused group:  
108 cases  
Mean = 2.55/3  
13 cases excluded

Child Inclusive group:  
70 cases  
Mean fidelity= 2.85/3  
1 case excluded

### Changes studied

### Strengths of the study design

- post separation parental alliance
- conflict management
- parent-child relationships
- management of and satisfaction with contact/living arrangements
- child well-being and adjustment
- child's self representation of conflict
- children's perception of parental conflict and cooperation

- Mediator effects constant: same mediation teams for both interventions.
- Same criteria for entry to each treatment .
- Parents in both groups gave mutual consent to study and intervention.
- Individual impact of the child interview same for both groups: all received the same interview three times over the year.
- Repeated measures.
- Strong quantitative and qualitative/ projective interview design with parents and children.

### Findings : Level one

### Demographics of the two groups at intake

- The psychological shape of the separated family on entry into dispute resolution.
- The conflict climate.
- The shape of inner discord: children's experience of post separation conflict.

Income, Ethnicity, Education, Living arrangements: no significant differences.

75% Australian born, 45% second generation.  
Majority in low-medium income bracket

37% tertiary education, 30% trade.

65% of children living predominantly with mother.

40% parents very unsatisfied with parenting arrangements.

### The Conflict Climate

- 50% mothers and 41% fathers reported high to extreme conflict post separation
- (13-17% IVOs)
- 2/3 mothers and 1/2 fathers reported high psychological acrimony with ex partner (Acrimony Scale, Emery)
- 95% of children reported moderate to high conflict between their parents at intake.

### The Conflict Climate at Intake

Escalated conflict on entry to mediation: both.

92% mothers and 85% fathers report poor parental alliance.

- CIM group separated longer and more complex pathways.

### Children's well-being at intake: SDQ trends

Both parents ratings: children's psychological functioning far poorer than norms\*\*\* (n=298 children).

- 33% in borderline-clinical range
  - (14% norm)

### Through the children's eyes

- 160 children, ages 5-18, personal interviews, play and drawings
- 50% : parents' conflict is about me
- 91% sad in the face of their parents' conflict, 68% scared, and 52% angry.
- The higher the conflict, the more likely the child was to feel caught in the middle of it and distressed(\*\*).

### Internal representations of parental conflict

- Children's Separation Story Stems (McIntosh, 2004)

Three projective stories: parental conflict, residence dispute, and contact dispute.

### How can I make sense of this conflict?

Pre-intervention, only 10% of children could find an effective resolution to the conflict in the stem.

40% of children (of all ages) relied on denial and magical thinking to resolve the conflict internally.

36% were unintegrated/ traumatised in their ability to form a coherent narrative around parental conflict.

Struggle across age groups.

“My Dad, he doesn’t really know what it’s like to be me”

- On all projective and written measures, children reported a significantly less available relationship with their father, than with their mother.
- A known risk factor.

Findings: Level 1

Assessing progress  
3 months post mediation.  
Repeated measures

- Repeated Measures, Mother, Father and Children.

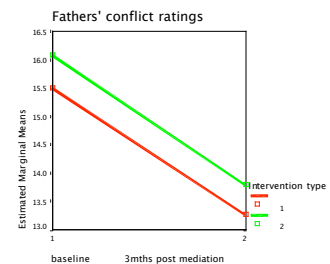
Main effects at 3 months:  
Both treatment groups associated with positive effects on:

- Acrimony, Dad \*\*
- Conflict, Mum \*\*
- Conflict Dad \*\*
- Parent-child relationship \*
- Child’s subjective response to conflict \*\*
- Children’s perception of parents’ conflict\*\*
- Children’s mental health \*

Conflict: Treatment effect for fathers of both groups

Significant reduction of conflict over time in both treatment groups \*\*

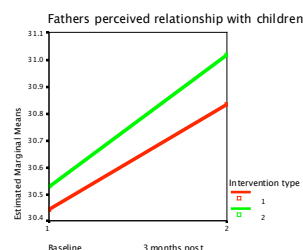
Similar pattern for mothers and fathers.



Parent Child Relationships:  
mixed effects for mothers & fathers: both groups

Significant improvement over time for all fathers\*\*

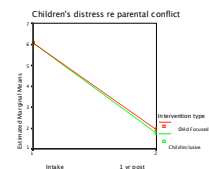
Stability or slight decline for mothers of both groups.



Children’s distress

Children’s distress decreased when:

1. Mother’s sense of acrimony and conflict decreased, and her parental alliance increased,
2. Child perceived available parental relationships with both.



Children’s distress continued when:

1. parental relationships with mum and dad remained distant.

### What changed? Child Focused Treatment

The child focused treatment did not produce any unique outcomes at 3 or 12 months post intervention.

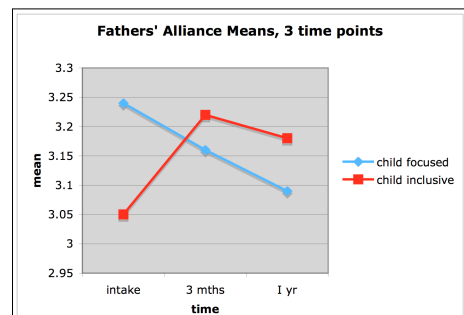
### What changed? Child Inclusive Treatment

The CIM intervention produced several unique outcomes

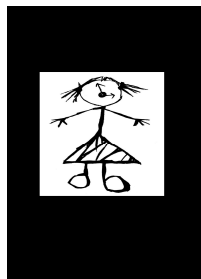
#### Main effects at 3 and 12 months: Child Inclusive treatment groups :

	3 months post treatment	1 year post treatment
• Parental Alliance Mum	*	ns
• Parental Alliance Dad	**	**
• Acrimony Mum	*	ns
• Acrimony Dad	**	**
• Satisfaction with arr/nts	**	*
• Court	*	**
• Durability of agreements	**	**
• Progress in resolving dispute	**	**

#### Parental alliance: Treatment effect for Child Inclusive Fathers

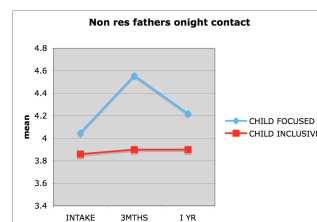


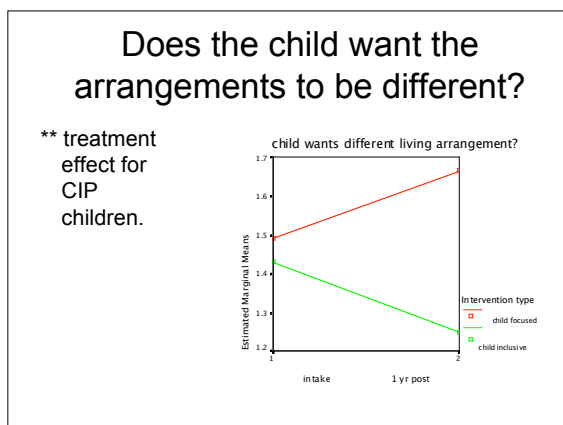
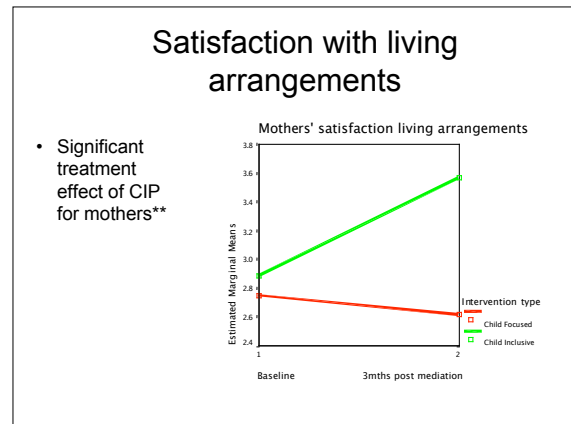
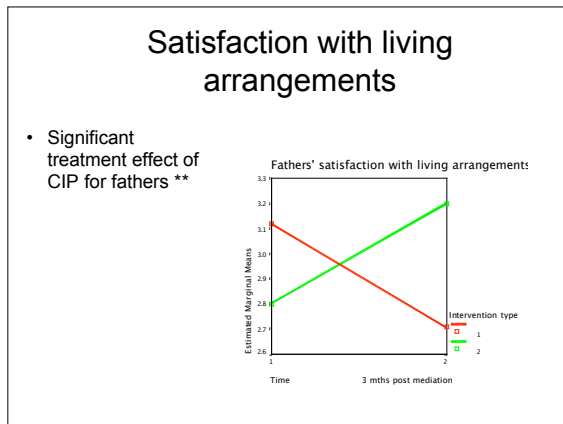
### What's time got to do with it?



### Time with fathers

1 year after intervention:  
28% CF shared care and 66% mother resident parent  
22% CI shared care and 69% mother resident parent





### Main effects at 3 and 12 months: Child Inclusive treatment group

	3 months post	1 year post
• Parent child relationship Mum	ns	*
• Parent Child relationship Dad	ns	ns
• Child's perception of conflict	ns	*
• Closeness to Dad	**	**
• Contentment with living a/mnts	*	*
• SDQ Emotional symptoms subscale	-	*

### Durability and Litigation?

Child Inclusive Treatment associated with:

- Lower litigation rates \*\*
- More durable mediation outcomes\*
- More workable mediation outcomes\*

One year after intervention.

### Findings : Level three

Social validity and qualitative data:

- Mediators' data
- Parents' data
- Children's views

### Evaluation trends: Mediators' ratings

Child Inclusive cases were significantly more complex\*, but parents made greater progress through the course of mediation in

1. reduction of conflict \*\*
2. overall resolution of dispute \*\*

Mediators were more satisfied with the outcomes of the mediation\*\*

Mediators felt that the intervention was appropriate in 73% of cases (not needed, court needed)

### Mediator outcomes

- *"It took us a good 6 months to find our stride with CIM. It is complex work. But so worth it. When I try to mediate parenting disputes without it now, it's like having my hands tied behind my back"*

### Mums' views

CIP mothers rated all evaluation items higher than CF mothers. Significantly:

- decisions reached are working (\*)
- decisions are fair for my ex partner(\*)
- felt supported as a parent (\*\*)
- decisions good for child/ren (\*\*)
- concern was shown for child/ren (\*)
- children benefited from mediation (\*\*\*)
- Better overall progress (\*\*\*)

\*<.05 \*\* .01 \*\*\*<.001

### Progress trends: A focus on fathers

Of all parents across groups, fathers in the CF mediation group reported that the decisions reached in mediation were least fair for them. \*\*\*

Fathers in CIP compared to fathers in CF, reported:

- better progress \*
- fairer mediation outcomes for them \*
- greater support through the process \*\*
- more concern shown for their children \*\*
- their children benefiting more from the mediation \*

\* <.05 \*\* .01 \*\*\*<.001

No significant differences between mothers and fathers in the CIP group on any evaluation variables.

However, strong differences between mothers and fathers in the CF group. CF Fathers felt

- less supported (\*\*\*)
- less understood in the mediation (\*\*\*)
- outcomes were less fair for them(\*\*\*)

### Findings level 4: Qualitative Analyses.

### Parent and child interviews

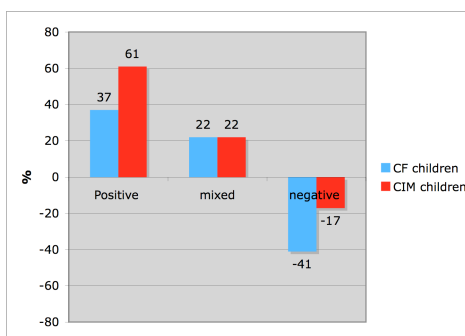
### Looking back, what helped?

CF parents n=75		CIP n=101 parents	
Nothing	28%	Hearing from my kids	43%
Uncertain	27%	Felt supported/heard	23%
Felt supported	13%	Nothing	14%
Being able to talk	12%	Uncertain	14%
neutral 3rd party	12%	Education	6%
Focusing on kids	8%		

### Children's perspectives

- 61% of CI children reported positive outcome for the family since their parents' mediation.
- 37% of CF children reported this.

### Children's reported outcomes



### Children's perspectives

"Dad knows how I feel. I could not speak to Dad and if I wrote letters he thought mum wrote them. After talking to the lady, he knows how I feel". (11 years)

"We don't see Mum and Dad arguing around us. They don't speak to each other much. They see it more from our point of view". (10 years)

"He helped a lot, it helped get the sadness away from me" (5 years)

### What predicts progress?

For MUM:

1. CIM intervention \*\*
2. Lower hostility at intake \*\*
3. Progress around visiting \*\*
4. Shift in her perspective of father's parenting \*\*
5. High parental alliance at 12 months \*\*

Also strong trends for:

- Older mothers
- Higher income mothers

### What predicts progress?

For DAD:

1. CIM intervention \*\*
2. Reduced hostility over time \*\*
3. Increased alliance \*
4. Shared care \*

Trend:

And their children's well-being was seen to improve.

### What predicts poor progress at 12 months?

- Younger mums
  - Lower income mums
  - A pattern of escalating conflict over the 12 months
  - A pattern of declining alliance over the 12 months
  - Dropped out of mediation early:
  - fewer sessions
- In these cases, the mediator rated parents progress in mediation as very low, and was dissatisfied with the Mediation.
- Violence did NOT predict poor outcomes, nor did Court status

### Indicators for Child Inclusive practice

- Violence and high conflict not contra-indicated.
- Couples with poor alliance at intake benefit most.
- Couples with adequate alliance do just as well in both groups.

### Clinical range of children's mental health predicted by:

- Low education of father \*\*
- Child's perception of distant mother \*\*
- High conflict\*
- Shared care\*
- Younger children\*

### Reflections

- At the point of presenting to Family Law Mediation, these children's mental health was at significantly higher risk than the general population
- These children experienced a poorly available relationship with their fathers
- They tended to self blame and to struggle to integrate the meanings of their parents' conflict.

- Treatment effects are evident in both CF and CIP interventions around reduction of parents' conflict and children's distress.

- Isolated effects evident in Child Inclusive Treatment, particularly around the recovery of the parental alliance, and the child's sense of parental availability.
- There is significantly greater satisfaction of parents, and children with outcomes from Child Inclusive Mediation.

**Findings suggest a level of relationship repair unique to this form of child inclusive dispute resolution, 3 and 12 months post intervention.**

## Study limitations

Weekly site communication and treatment fidelity checks for entire study, but less capacity to monitor clinical elements of child focused intervention than for child inclusive treatment (Internal/ external supervision).

1 site : research interviewer changed over the 12 month period (although this affected both data sets).

## Practice Directions

- The analyses indicate different psychological mechanisms of change for mothers and fathers.
- The implications for CF and CIM practice are substantial, helping to target interventions earlier and more accurately for each parent.

## Concluding thoughts

- Public health issues
- The future for child inclusive avenues through dispute resolution: refining specialist practice.



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