

Children Beyond Dispute

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

Final Report

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October 2006



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Acknowledgements

The authors thank the Australian Government Attorney-General's Department for its vision in funding a longitudinal study of this kind and for the genuine interest, support and encouragement we have received over the years.

The staff at the Relationships Australia sites (Canberra, Melbourne and Adelaide) provided all the services described in this study. The skill and enthusiasm of the clinical teams are reflected in the outcomes of the study. We thank the administrative teams at each site for their diligent attention to data collection, and the management and executive of Relationships Australia for committing their organisation to the study. A special thanks to Diane Gibson, former CEO of Relationships Australia, for her energy and determination to seed the study.

To the staff at AIPC, La Trobe University, for our research home, support and management of this vast project. Particular thanks to Professor Peter Foreman and Lorna Luke for their support and Sharon Gibson for the smiles.

To the research interviewers, Janenne Hamilton, Ingrid Johnston, Bill Hewlett and Charlotte Henderson in Canberra, Lynne Daniels and Carola Maier in Adelaide, Caroline Long, Lawrie Moloney and Francesca Gerner in Melbourne, and research assistants Tom Capogreco and Bitten Tun-Andersen, for their persistence, tenacity and sensitivity in chasing down the data. Thanks to Carolyn Coburn for her skilled supervision of the Canberra team.

To Yvonne Wells, for her patient, expert and friendly statistical guidance.

To Bruce Smyth, AIFS, for the design that gave the study its foundation.

To Janet Johnston, for her inspiration in every respect.

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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.

Chapter One: Study Background



Chapter 1 – Background

1.1 A shift in the practice of Family Law

Since the mid-1990's, the emergence of a paradigm shift in the practice of Family Law mediation in Australia has occurred, evident through developments in policy, research and practice. Previously, mediation with separating couples was shaped by its legal heritage, and had little purchase in the psychological territory of family transition through high conflict divorce. Practices rarely directly sought to meet and better understand children's experiences within the mix, relying instead on the views of parents and "experts" to convey the "best interests" of children into the dispute resolution process.

The movement toward a more meaningful inclusion of children in Family Law interventions emerged in part from legal and social rights based arguments. The current study approaches the issue from developmental and public health perspectives. Beyond doubt, high conflict separation creates an additional and far reaching layer of risk for a significant number of Australian children every year (McIntosh, 2003a), yet the field has lacked a strong evidence base for responsive public health initiatives. As Lamb (2006) has commented, in both the research and practice arenas that surround our understanding of high conflict separation, adequate synthesis of psychological and legal knowledge bases is yet to occur. Family Law dispute resolution interventions offer an important opportunity to do much more than resolve parenting disputes. It is argued in this study that dispute resolution services (or mediation as it will more generically be referred to in this report) have not only the potential and opportunity, but the responsibility for influencing the psychology of family re-structure, and reducing the risk that parents and children will enter cycles of spiraling distress. Through the use of targeted, evidence-based parent education strategies, integrated knowledge from the developmental and attachment fields and specialist skills, family dispute resolution services may redefine their capacity for facilitating psychological resolution, alongside the legal and pragmatic issues.

1.2 The need for research

The Australian professional education program, *Children In Focus* (McIntosh, Moloney and Fisher, 2002) funded by the Australian Government Attorney-General's Department, was one of the initiatives to substantially challenge the lingering tendency of mediation to behave like quasi-legal services. It drew on developmental and therapeutic frameworks, and on early evidence about the potential of Child Inclusive methods of mediating (McIntosh, 2000), to

build an evidence-based approach to parent education and Child Focused mediation practices within high conflict separation (McIntosh, 2005; Moloney and McIntosh, 2006). The program provided a strong conceptual framework for dispute resolution practices to give full weight to the needs of children to recover from parental conflict and to have their views considered.

Child Focused mediation has since developed into a distinct mediation process, in which the mediator steps out of a “neutral” position with respect to advocating for the interests of the children and supporting parents through education and therapeutic strategies, to promote parental reflection on their children’s needs. Child Inclusive mediation is considered by a growing body of practitioners in Australia to be a new benchmark in mediation for entrenched parental disputes, however there has been no empirical evidence to support the contention that it results in better, sustained outcomes for separating parents and children than Child Focused methods. Mediators and other professionals in Australia have been increasingly concerned to involve children in safe, strategic ways. Family Court Counsellors in Australia usually talk to children in the context of litigated parental dispute, but arguably this has been in the context of an overarching legal perspective, rather than specifically the perspective of the children’s well-being. Professionals have experimented clinically with new ways of talking with and including children, but face a number of dilemmas. Some might adhere to a counselling model; others may want to act as a conduit to pass on children’s views, while others may want children involved in joint sessions with parents. Yet others might feel that involving children is too dangerous, either for the children, for the parents or indeed for the practitioners. Evident in practices across the community was a strong desire to make Family Law processes more child-centred, and yet there is no consensus over how to achieve this.

Beyond the above-mentioned endeavours, recent research has produced little systematic information about what children think about mediation, how they may be affected through inclusion, and what outcomes for parents, children and the wider system can be attributed to this pathway through dispute resolution.

1.2.1 Developmental vulnerability to ongoing parental discord: The evidence

In light of these practice-based conundrums, solid research evidence continued to mount about the detrimental impacts of post-separation conflict on child development (Kelly, 2000). Current indications in Australia are that 12% of dependent children from never separated families develop mental health difficulties in childhood, manifest in behavioural and

emotional disturbances (Sawyer, et al, 2000). Within the divorced family population of children, the figure is significantly higher. Local and international studies indicate that approximately 25% of this population of children will develop mental health problems during the course of their childhood (Kelly and Emery, 2003; Sawyer et al, 2000).

While researchers find evidence of negative impacts of the marital dissolution itself for many children (Amato, 2006; Cheng, Dunn and O'Connor, 2006), most agree that the mechanism of risk transmission does not lie solely in the stresses accompanying divorce and family re-organisation. Increasingly, researchers take heed of the nature and extent of interparental conflict surrounding the separation, and conclude that conflict compounds the divorce effect (Amato, 2006; Cummings and Davies, 2002).

Relationship factors between parents and between parents and children that promote healthy adjustment to divorce are also increasingly well understood by researchers. Booth (2006) observed that decline in the parent-child relationship is normative as development progresses, but is exacerbated by divorce, particularly for father-child relationships. Research has shown the conditions under which this happens, finding that the quality of fathers' involvement with their children is predicted by the extent to which the father feels supported within the co-parenting relationship (Madden-Derdich and Leonard, 2000; Sobelewski and King, 2005). Abidin and Brunner (1995) define this as the parental alliance, a concept crucial to the conceptualisation of this study.

Other central constructs underpinning this study come from the attachment literature around parental attunement or parental reflective functioning, and emotional availability. These core parental functions have been operationalised in the divorce field, by Buchanan, Maccoby and Dornbusch (1996) and Katz and Gottman (1997), demonstrating that the ability of each parent to provide the child with an available emotional relationship, or "emotional scaffolding", could ameliorate potentially toxic impacts of enduring conflict. Children with emotionally overwhelmed parents, pre-occupied with ongoing hostilities with their former partner, are compromised by the limited availability of the parental mind to assist them to integrate change and stress in a healthy manner (Wolchik, Wilcox, Tein and Sandler, 2000). Within this set of dynamics, the effects of ongoing parental dispute and accompanying compromise in parental capacity for attunement to the child have demonstrable corrosive effects on the developmental pathways of young children, including:

- Disturbed emotional arousal and regulation
- Chronic tension
- Heightened aggression and anxiety
- Poor social skills
- Dysfunctional behaviour patterns
- Long-term problems with the perception and resolution of conflict (McIntosh, 2003a).

To date there has been a paucity of Australian data on the well-being of children in the face of their parents' post-separation conflict. Reliable knowledge about the impacts for children of different parenting arrangements, such as shared care, is not yet established, and neither is evidence around the impacts of different Family Law interventions on the well-being of family members. Despite this, widespread, innovative change is occurring in Australian Family Law practice and policy, driven by many factors. Some of this change is concerning for its rapid progression without adequate empirical foundations, particularly in the understanding of impacts for children's development. The current study positioned itself to provide some of this empirical evidence.

1.3 Testing the efficacy of two interventions with separated families

The study constructed two developmentally grounded approaches to Family Law mediation and systematically compared the reach that each had over time in shaping the conflict climate, parental attunement, the parental alliance, and the well-being of affected children.

Across three sites in Australia (Relationships Australia in Canberra, Melbourne and Adelaide), two forms of mediation were administered to 140 families (70 families in each treatment group). The first mediation "treatment" provided parents with a form of Child Focused mediation, while the second treatment group, in a separate phase, received a specific form of Child Inclusive mediation. The research design is detailed in the next chapter, with the remaining focus of this chapter on the interventions.

1.4 The two interventions

Child Inclusive and Child Focused Family Law practices are in their youth; confusion rightly exists about the nature and intent of the work, as the field creates a new language for its developing efforts. The origins of the two approaches have been documented extensively elsewhere (Moloney and McIntosh, 2006; Moloney and McIntosh, 2004; McIntosh, Long and

Moloney, 2004; McIntosh, 2000). The interventions as delivered in this study, are summarised below.

1.4.1 Treatment 1: Child Focused dispute resolution

The Child Focused (CF) treatment was designed to promote parental reflection on the core needs of their children and to facilitate improved parental alliances and conflict management, resulting in parenting plans that encompassed these psychological dimensions of adjustment, together with the pragmatics and legalities of care arrangements. Interventions were educative and therapeutic, exclusively targeted at each parent, and did not include consultation with, or involvement of, the children.

The Child Focused approach is a form of mediation commonly practiced in Australia. It involves parents in individual intake sessions, and then up to six joint mediation sessions. Child-related issues provide the focus, and parents are actively supported to consider the needs of their children throughout the mediation. Beyond specialist facilitation of the sessions by the mediator/s and use of generic education resources, no additional input, such as parent education groups, were given to this group. In both interventions, one or two mediators could be present. Co-mediation was mixed gender, and the gender balance of mediators overall across sites was 45% male and 55% female.

The aims of Child Focused dispute resolution are:

- To create an environment that supports disputing parents in actively considering the unique developmental and emotional needs of each of their children.
- To facilitate the capacity for dispute resolution/ management.
- To facilitate a parenting agreement that preserves significant relationships and supports children's psychological adjustment to the separation, including recovery from parental acrimony and protection from further conflict.
- To support parents to leave the dispute resolution forum on higher rather than diminished ground with respect to their post-separation parenting relationship.
- To ensure that the ongoing mediation/litigation process, and the agreements or decisions reached, reflect the basic psycho-developmental needs of each child, to the extent that they can be known without the involvement of the children.

The concept of Child Focused dispute resolution is described fully in Moloney and McIntosh (2004) and is illustrated in a multi-media resource, *Child Focused Dialogues* by the same authors (2006).

1.4.2 Treatment 2: Child Inclusive dispute resolution

The Child Inclusive (CI) treatment was also designed to promote parental reflection on the core needs of their children, and facilitate improved parental alliances and conflict management, resulting in parenting plans that encompassed these psychological dimensions of adjustment, together with the pragmatics and legalities of care arrangements. Interventions were educative and therapeutic, targeted at each parent, and included consultation with their children, and associated discussion of this with parents.

This style of Child Inclusive practice shares the same goals as those outlined under Child Focused practices, and crucially also includes:

- Consultation with the child/ren about their experiences of the family separation and dispute, by a trained and supervised specialist, in a supportive, developmentally-appropriate forum. The style of consultation avoids and removes any burden of decision-making from the child.
- Understanding and formulating each child's core experience within a developmental framework.
- Validating each child's experiences and providing basic information that may assist his/her present and future coping.
- Forming a strategic therapeutic loop back to the child's parents by considering with them the essence of their child/ren's experience in a manner that supports them to hear and reflect upon each of their children's needs.
- Ensuring that the ongoing mediation/litigation process, and the agreements or decisions reached, include each child's story and reflect at their core the psycho-developmental needs of each child.

The approach used in this study is an augmented version of the model described by McIntosh (2000), and delivered in the *Children in Focus* professional development program (McIntosh, Moloney and Fisher, 2002). It is best described as a specialist therapeutic mediation model, anchored clinically within frameworks of attachment and developmental theory. Its primary

aim is to assist parents to re-establish or consolidate a secure emotional base for their children after separation, based on a screening assessment of the children by an independent specialist, followed by a dialogue between parents, child specialist and mediator about the unique developmental needs and psycho-emotional adjustment of each child within the family.

In this model, parents attend individual intake sessions, followed by up to eight joint mediation sessions on children's issues. Following the first mediation session, the parents' school-aged children attend a separate interview with a specially trained child consultant. This interview was standardised for the purposes of the research, with the same measures, questions and projective techniques employed for all children (and modified somewhat for adolescents). Feedback from the children's session is discussed with parents at their next mediation session by this consultant. This takes the form of a highly skilled conversation with parents about their children's responses and needs in light of the separation, where the child consultant functions as both an ally for the children, and a support for the parents' capacity to reflect sensitively on the needs of their children. The mediator(s) and child consultant assist the parents to develop a clear view of the children's needs in light of the separation and conflict. As appropriate, the consultant may stay on for the remainder of this mediation session, and into further sessions to support thought and decision-making about the children.

Children may be offered a follow-up session with the child consultant at the conclusion of the mediation, to share outcomes and messages from their parents. Throughout, parents work with *Children In Focus: Because it's for the kids* (McIntosh, 2005), a cooperative parenting resource, which includes valuable material to support optimal Child Inclusive outcomes in the mediation. In addition to the child consultant, mediation could be conducted by a solo worker or by co-mediators.

The training and supervision of the Child Inclusive treatment phase is described in the following chapter, together with the study design and research procedure.

Chapter Two: Research Design



Chapter 2 – Methodology

2.1 Subjects

2.1.1 Participation at baseline

The two treatment groups were drawn from separated and separating couples presenting with parenting-related matters at Relationships Australia (R.A.) mediation services in Adelaide, Melbourne and Canberra offices. This multi-site intervention framework was used to strengthen the design. Each site had a different client base, and different work cultures and practices.

A total of 181 families were recruited, with 111 Child Focused (CF) and 70 Child Inclusive (CI) cases. The following parents agreed to participate in the research at intake to mediation:

Table 1. Family members agreeing to participate at baseline

n	Mothers	Fathers	Children
Child Focused	95	88	62
Child Inclusive	71	67	112
Total n	166	155	174

This included 139 couples (72 CF and 67 CI) and 42 “single” parents (39 CF and 3 CI) i.e. where the other parent did not consent to participation, or one case where the other party was the grandmother.

Of the CF sample, 38 sets of parents agreed for their children to be seen at baseline. All of the parents in the CI sample had their children seen at baseline as a required part of the mediation. This resulted in a total of 174 children interviewed at baseline across the two interventions (62 CF and 112 CI).

Families where data existed for only one member of the family at intake, were not pursued for follow up. Fourteen cases were also excluded from follow up analyses, following treatment fidelity checks (13 in the CF group and 1 in the CI group). These analyses are described in the next chapter.

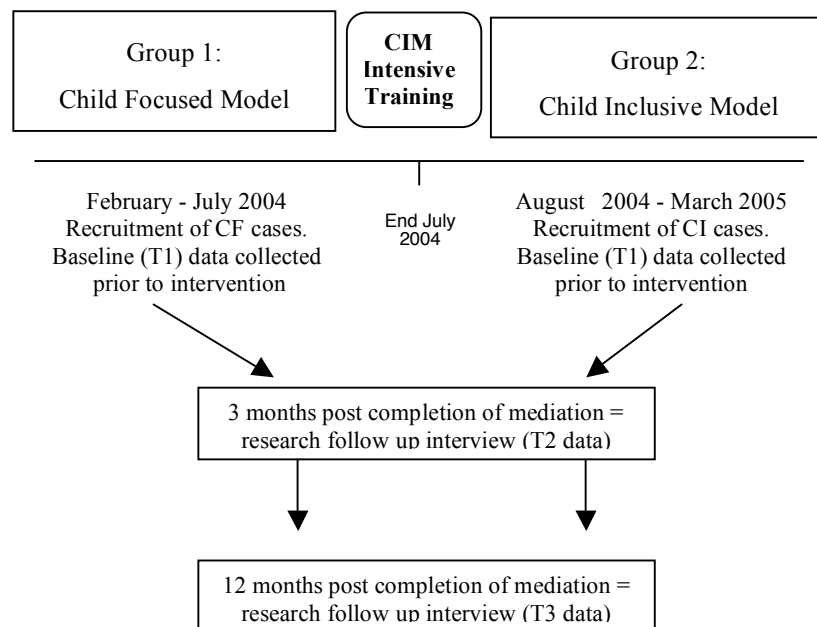
2.1.2 Demographics

There were no significant demographic differences between the two treatment groups. Across both, participating families had an average of two children and the average age of parents was similar; 38 (CF) and 39 (CI) years for mothers and 39 (CF) and 42 (CI) years for fathers. The majority of parents were Australian born (77% for both parents CF; 71% of mothers and 80% of fathers CI) with most non-Australian-born grandparents from English-speaking countries or Europe. (For further details, see *Chapter 3 Results: Demographics*).

2.2 Design

A repeated measures, two stage lagged design was implemented. The Child Focused mediation was the only intervention administered during the first half of the project. Following that, the same groups of mediators were trained in the Child Inclusive model. This approach was then offered to all new incoming families who presented to the services in the next six month cycle.

Figure 1. Mediation study design



2.2.1 Recruitment into the study

The study aimed to recruit 25 families from each city into each intervention, resulting in a total of 75 families for each treatment condition. Allowing for natural attrition over time, this would retain a sample with sufficient statistical power at the final follow up to support generalisability of findings. It was estimated an initial sample of 75 families would result in a sample of 40 families per treatment by the twelve month follow up. Retention was in fact higher than this, as discussed in Chapter 3.

Recruitment criteria for the two groups were homogenous. In both samples, families were eligible for the interventions and the study if:

1. Parents had separated or were separating. They may have been married or de facto.
2. Their dispute included child-related matters for negotiation. They may also have presented with disputes around property and assets.
3. At least one child implicated in the parenting dispute was at or within the ages of 5 to 16 years.
4. Both parents demonstrated some intent to manage or resolve their dispute.
5. Parents were able to describe their children as having needs of their own.
6. Parents spoke/read English at a Year 7 level or above (due to funding constraints, an interpreter could not be provided).
7. At least two members of the family were willing to participate in the research, namely, both parents, or one parent and child/ren, or all three parties.
8. Consent of both parents and children was required for children's participation in the baseline interview for each treatment. (The baseline children's interview was used purely for research purposes in the Child Focused intervention. In the Child Inclusive intervention the children's interview was discussed with parents, in addition to being used for research purposes).
9. The families were screened as appropriate for Child Inclusive consultation, regardless of the treatment phase. That is, Child Focused cases also had to fit the criteria for inclusion in the second treatment phase (as discussed further in this chapter).
10. Children were likely to benefit in their own right from discussing their experience of the separation.

Voluntary and mandated cases were approached for inclusion in the study, and a broad range of conflict severity was sought. Family violence cases were not screened out, as it was deemed appropriate to explore comparative outcomes around this issue.

2.3 Research Measures

Outcomes monitored in this study included changes in:

- Post-separation parental alliance
- Conflict management
- Parent-child relationships
- Management of contact
- Children's well-being and adjustment
- Children's self representations of parental conflict
- Children's perception of parental availability and alliance

Demographic information was collected using a modified version of the intake form used at Relationships Australia sites, to which research-specific items were added. Parent and child questionnaire sets were created for the research and consisted of a combination of quantitative scales and closed and open ended questions. The protocols include well-established measures with recognised reliability and validity, together with measures created specifically for this trial. Measures were selected to provide concise coverage of the variables of interest to the investigation. The completed questionnaires were tested on a sample of six adults and two children, for clarity, ease of use and time to complete. In addition to qualitative interview components, multiple repeated measures scales were employed to assess key variables. These are outlined in sections 2.3.1 and 2.3.2.

2.3.1 Parent measures

The following measures were incorporated into the parent interview:

- Contact and Contact Satisfaction scales (McIntosh and Long, 2003a)
- Parenting Alliance Measure (Abidin and Brunner, 1995)
- Parent-Child Relationship scale (McIntosh and Long, 2003b)
- Parental Conflict scale, current and historical (McIntosh and Long, 2003c)
- Acrimony Scale (Shaw and Emery, 1987)
- Strengths and Difficulties Questionnaire (Goodman, 1997).

2.3.2 *Children's measures*

The following measures were incorporated into the child interview:

- Self representation techniques through drawing and projective cards
- The Kvebaek Family Sculpture Technique (Cromwell, Fournier, & Kvebaek, 1980)
- Child-Parent Relationship Scale (McIntosh, 2003b)
- Children's Perception of Inter-parental Conflict: intensity, frequency and resolution subscales (Grych, Seid, & Fincham, 1992)
- Security in the Interparental Sub-system (Davies, Forman, Rasi, & Stevens, 2002)
- Caught in the Middle Scale (Buchanan, Maccoby, & Dornbusch, 1991)
- Separation Story Stems (McIntosh, 2003c).

2.3.3 *Parent interview*

A structured survey interview was designed for this study, composed of the measures listed above and specific questions to capture essential elements of parental alliance, conflict between parents, contact with children, children's adjustment and satisfaction. The interview was completed at baseline as a pencil and paper measure, and then formed the core of a semi-structured personal interview (telephone or face-to-face) at the two follow up periods.

♦ **Contact:** Seven items were created for this questionnaire to ascertain the level of contact between children and their non-residential parent, including distance between homes, overnight and day contact, telephone and e-mail correspondence¹, together with a Likert scale satisfaction rating (McIntosh and Long, 2003a).

♦ **Parenting relationship:** The *Parenting Alliance Measure* (PAM; Abidin and Brunner, 1995) is a 20 item self-report instrument that explores the construct of parenting alliance. This has been defined as the part of the marital relationship that is concerned with parenthood and child-rearing.

The PAM has been applied to different samples and discriminates well between the responses of married, separated and divorced couples and correlates well with other measures of parental attitude.

¹ Designed with input from Bruce Smyth, AIFS.

Significant correlations between parenting alliance and problem behaviours in children (as measured by the Eyberg Child Behaviour Inventory, Robinson, Eyberg and Ross, 1980) have also been established.

♦ **Parent/Child Relationship:** *The Parent-Child Relationship scale* (McIntosh and Long, 2003b) is a seven-item measure created for the research to determine the closeness of the relationship between parents and their children. Items include “*I am satisfied with my parenting*”, “*I enjoy doing things with my child/ren*” and “*I feel close to my children.*” Frequency responses are scored on a five point Likert-type frequency scale.

♦ **Conflict:** a) *Parental Conflict scale: Historical and Current* (McIntosh and Long, 2003) was created for the study, drawing on Straus’ *Conflict Tactics Scale* (1979) and on O’Leary’s *Overt Hostility Scale* (Porter and O’Leary, 1980). It consists of nine Likert scaled items chosen to clarify the level and type of conflict present in the relationship during and after the marriage. The final item asks parents to estimate the percentage of conflict situations they have resolved satisfactorily with their former partner in the period under question.

b) *The Acrimony scale* (Shaw and Emery, 1987) measures co-parental conflict between separated or divorced parents. Parents rated the degree of conflict they have in 25 different areas of potential problems. Responses are scored on a four point Likert-type frequency scale from “*(Almost) Never*” to “*(Almost) Always*”. Examples include “*Do you feel friendly toward your former partner?*” The scale has been used in a variety of studies to measure change in parents engaged in custody disputes. This measure demonstrates good internal consistency ($\alpha = .88$), high test-retest reliability ($r = .88$ over a six week period) (Emery, 1982) and is correlated with measures of children’s behavioural adjustment (Emery, 1982; Shaw and Emery, 1987).

♦ **Children’s psychological well-being:** *The Strength and Difficulties Questionnaire* (SDQ) (Goodman, 1997) is a behavioural screening questionnaire designed to provide a concise and balanced coverage of children and young people’s behaviours, emotions and relationships. The parent report version was used in this study. It is based on the Rutter Questionnaires (1967), which are long established and respected.

2.3.4 Follow up interviews

♦ **Parental separation and impact of mediation:** After the baseline data had been gathered, additional questions were added to the parent questionnaire to gain insight into the nature of the parental separation (three items) and on the consequent impact of mediation on each family (four items).

♦ **Parents' Satisfaction with Mediation measure:** Parents were asked to complete a "*Satisfaction with Mediation*" assessment at each follow up. This measure was created for this research and consisted of two parts, the first being a nine item measure about parents' experience of mediation. Examples included "*I was supported as a parent*" and "*The decisions we reached were good for my children*". Responses were scored on a five point scale from "*Very True*" to "*Very Untrue*".

The second part of this measure comprised seven open-ended questions asking parents to consider what changes had occurred in their lives since mediation and questioning their recollection of their mediation, including areas of improvement and the factors that had the greatest impact on them during the process. Examples included "*What changes came out of the mediation?*" and "*What stays with you from the mediation?*" The last item asked parents to rate their progress since mediation on a seven point scale from "*No progress*" through to "*Good progress*".

2.3.5 Children's interview

Wherever consent existed for children to participate in the research, they were seen in a one-to-one play style interview at intake, with follow-up interviews at three and twelve months post mediation.

All children who participated in the study experienced the same core interview at each data collection point. The baseline interviews for children in the Child Inclusive mediation were conducted at Relationships Australia, by the child consultant. Data from that interview were then forwarded to the research team. The Child Focused children's baseline interview was conducted by a researcher primarily in the child's home, unless the parent preferred to be interviewed at Relationships Australia. The majority of follow up interviews for both groups were undertaken in the child's home, with a small number taking place at Relationships Australia or in one case, at La Trobe University, according to the preference of the residential

parent. Parents were not privy to their children's research material. Research workers were trained and supervised, following standard personal safety guidelines when interviewing children in the home. Children with their siblings were seen face-to-face for every interview, as well as having individual time to complete the formal measures. Some sections of the interview took the form of a discussion, some of play and story telling and other sections were pencil and paper. Older children with a reading level of age eight years and above were offered the opportunity to complete the questionnaire segment on their own.

♦ **Children's views of their parents' conflict:** a) Three sub-scales from the Children's Perception of Inter-Parental Conflict Scale (CPIC) (Grych, Seid and Fincham, 1992), Frequency, Resolution, and Intensity, were used to create a 19 item scale. Response options were "True", "Sort of True" and "False". The CPIC assesses particular dimensions of marital conflict demonstrated to lead to child adjustment problems and obtains children's perspectives on the degree of conflict to which they are exposed. Frequency, Intensity and Resolution subscales were most predictive of harmful marital conflict.

Significant correlations were found between child perceptions of conflict and their adjustment as measured by parents, teachers and peers. In addition, the CPIC was found to be a more consistent predictor of children's adjustment than parent report (as measured by the O'Leary-Porter Scale; Porter and O'Leary, 1980).

b) Three items from the *Security in the Interparental Subsystem* (SIS) (Davies, Forman, Rasi and Stevens, 2002) were selected to provide a simple subjective measure of the emotional reactivity of children to their parents' arguing. Items are "When my parents argue I feel....Sad, Scared, Angry". Each option is scored on a three point response set consisting of "True", "Sort of True" and "False".

c) The *Caught in the Middle Scale* (Buchanan, Maccoby and Dornbusch, 1991) is a seven-item scale created for children to assess their perception of triangulated communication between themselves and their parents. Frequency responses are scored on a five point Likert scale and range from "Never" to "Always".

♦ **Parent-child relationship:** a) The *Kvebaek Family Sculpture Technique* (KFST; Cromwell, Fournier and Kvebaek, 1980), devised in the early 1970s, represents perceived emotional closeness and distance between a child and members of his/her family. In the

current study, children used small wooden dolls to represent themselves and their parents, and then placed the figures on graph paper using the physical distance to indicate the emotional closeness or distance they felt with each parent. The distance between the child and each parent figure was later recorded by the researcher.

The KFST is a flexible research and clinical procedure, which does not depend on reading ability or high levels of motor or verbal skills. It has been used with both children and adults, clinical and non-clinical samples, in a wide variety of settings and conditions, to examine children's representations of their closeness to family members, following life events such as illness and divorce.

The KFST evidences satisfactory convergent, discriminant, and construct validity (e.g. Dunlop et al., 1989). Scores on the KFST correlate with other measures of cohesion including the *Family Environment Scale* (FES; Feldman, and Gehring, 1988), and Bowerman and Bahr's (1973) *Measure of Family Cohesion* (Russell 1980). Concurrent and predictive validity have been reported by Watson and Russell (1991).

b) The Child Parent Relationship Scale (McIntosh, 2003b), a six-item scale, was created for the research to determine the child's sense of their parent's emotional availability. Items include "*Mum understands me*", "*Dad is interested in the things that I do*" and "*If I had a problem, I know Mum would help*". Responses are scored on a five point Likert-type frequency scale and range from "*Never*" to "*Always*".

♦ **Self Representation:** a) *Bear Cards*. Children's self perceptions with respect to their parents' separation were elicited using a selection of 15 cartoon pictures of teddy bears of different sizes, each representing one of the following emotions: joyful, happy, content, confused, stunned, sick, avoidant, dejected, sad, grumpy, angry, enraged, shocked, afraid and alarmed. Children were asked to select a card to show, for example, "...*what it's been like to be you, in your family, since Mum and Dad separated?*", or at the three month follow-up, "...*what it's been like to be you in your family over the past few months?*"

b) *Separation Story Stems* (McIntosh, 2003c) consist of three short, incomplete stories developed specifically for this study. Each is based on a commonly occurring scenario around residence, contact and conflict post-separation. The child is asked to complete each sentence. The story stems have been created in four formats according to gender and age

range (4 to 10 and 10 to 16). Younger children told their story to the interviewer, and older children completed theirs by writing in a record book.

♦ **Family Representation:** Children were asked to “*Draw a picture of your family*” using Textas and plain paper provided. They were given no further instruction.

♦ **Follow up questions:** After baseline data had been gathered, two additional open-ended questions were added to the children’s interview at follow up, to gather information about children’s experience of their parents’ progress, and a further three questions for children who participated directly in the Child Inclusive Model, to elicit their experience of child consultation.

2.3.6 Information from Mediators and Child Consultants

♦ **Mediators:** Mediators completed a two page “*Satisfaction with Mediation*” questionnaire which was created for this research. This obtained basic information about the mediation (number of sessions, date of final session) together with items about the residential arrangements, the level of conflict prior to and after mediation, the complexity of issues, the progress made in mediation and their satisfaction with the mediation provided. Mediators were also asked to identify the nature and extent of any parenting arrangements formed in mediation and any unresolved issues.

♦ **Child Consultants:** When the feedback had been given to parents by the child consultant, the latter completed a “*Child Consultant Feedback Form*”. This was a brief questionnaire rating the extent to which the intervention was delivered according to the model, describing core themes emerging from the children’s interview, and their perception of the efficacy of feedback to parents. Items were measured on a five point scale from “*Very satisfied*” through “*Neither satisfied nor unsatisfied*” to “*Very unsatisfied*”. Examples include: “*How satisfied were you that the children’s interview captured the essence of each child’s needs with respect to the mediation?*” (answered for each child) and “*How satisfied were you that...each child’s needs was heard by the mother/father*”. Consultants were asked if separate feedback was given to the children and if parents attended all or part of that feedback. Finally, consultants were asked to identify factors that enhanced or compromised the fidelity of the treatment.

2.4 Procedure

2.4.1 Ethics

Prior to commencement, ethics approval was sought and obtained from the La Trobe University and Relationships Australia Ethics Committees. Key staff from Relationships Australia met with the research team to identify potential issues and clarify the most appropriate implementation process.

2.4.2 Recruitment

Recruitment of the Child Focused treatment group occurred with families first attending between December 2003 and July 2004. The Child Inclusive recruitment was then implemented with families first attending between July 2004 and April 2005 (see Figure 1). Final follow up data for Treatment Group 1 were collected by July 2005 and for Treatment Group 2 by May 2006.

2.4.3 Engagement and consent

Relationships Australia sites agreed to offer the target treatment to all parents presenting within each recruitment wave unless there were specific reasons why it was necessary to offer some other form of intervention, or if a family specifically requested some other form of intervention. Parents attending for mediation were assessed for suitability for inclusion in the study by the mediator, at intake. All suitable parents were advised of the research and provided with a research information sheet. If they agreed to participate, they were asked to provide written informed consent (see Appendices 1 and 2). Three levels of engagement were possible:

- i. (Ideally) both parents elected to participate, and allowed their child/ren to participate.
- ii. Both parents took part, but consent was not given for child/ren to participate by either or both parents.
- iii. Both parents consented to their child/ren participating but only one parent elected to take part.

Parents were asked to discuss the research with their children, and seek their verbal consent. Parents signed a consent form for their own and their children's participation, and children's consent was confirmed by the researcher in discussion with the parents, and at each child interview. (See Appendix 3 for a diagram of the Engagement pathway). Parents then

attended individual intake sessions with the person who would go on to mediate the case. Mediation was conducted by solo workers or by co-mediators.

For the Child Focused group, parents were given their research forms to fill out at the completion of the intake session. These were placed in a sealed envelope and passed on to the research team, with parents' intake and consent forms. Mediation then commenced sometime over the next few weeks. For parents in the Child Inclusive group, the research tool was completed as part of the intake session with the mediator and then forwarded to the research team.

2.4.4 First research contact with parents

After their consent forms and intake questionnaires were received, participating parents were contacted by the research worker, thanked for their involvement and reminded of the follow up interviews. If they gave consent for their children to be interviewed, Child Focused parents were asked to nominate a time for their child/ren's baseline interview. Children were interviewed in person, with their siblings and each interview took approximately 45 minutes per child.

2.4.5 Follow up research interviews

Three months from the completion of the mediation, the research worker contacted each parent. Participating parents were asked to complete a three-quarter hour semi-structured interview. In the majority of cases this was completed in person or by telephone. A small number preferred to complete and return the survey by mail. Parents at each follow up time repeated the questionnaire given at intake, and an additional set of questions about their experience of the mediation. Where consent was given, children's interviews were repeated, three and twelve months from the first interview. This was the end of the family involvement. Parents could nominate to cease participation at any time prior to this.

2.4.6 Data management

The Research Co-ordinator in Melbourne communicated regularly with a nominated research worker at each mediation site. Intake data were sent to the La Trobe University CIF office as families were recruited. All questionnaires at the research office were kept in a locked filing cabinet with identifying information kept separately from the completed questionnaires.

Databases were set up early in the project, with data entry regularly checked for accuracy, using a random number generator.

2.4.7 Training and supervision of the sites

Between November 2003 and January 2004, Dr. Jennifer McIntosh and Caroline Long visited each participating mediation site to meet staff and provide training over one day on the project rationale, intake procedure and engagement techniques for the Treatment 1 (Child Focused) phase.

Throughout the first half of 2004, the Child Inclusive mediation model was refined and further developed from its origins (McIntosh, 2000), and a training manual produced. In August 2004, Dr. McIntosh conducted on-site training in the delivery of the model with each of the three services. Training occurred over two full days, ensuring the smooth delivery of the new model. The skills of the child interview, of building a new kind of dialogue with parents and feedback of sensitive material from children were demonstrated and practiced at length. Staff were selected by Dr. McIntosh to train specifically in the role of child consultant, while others trained in the role of mediator. Subsequent to this training, each team was supported with fortnightly specialist supervision of the child consultants, to ensure adequate skill development and monitoring of treatment fidelity. (Internal supervision was also given to all mediators for both Child Focused and Child Inclusive cases).

With change in staff (three new mediators during the project), the Relationships Australia and research teams ensured that new team members were familiarized with the research and its protocols and provided with the necessary training and materials.

2.5 Hypotheses and planned analyses

In the current study, a range of hypotheses were derived from the literature, described in Chapter 1, and from clinical experience. Other aspects of the study were more exploratory, and directional hypotheses were not formed around them. Here, an inductive research approach was adopted to better understand the pathways of families after separation, and intervention factors contributing to positive outcomes.

In conceptualising the study and its analyses, it was hypothesised that both Child Focused and Child Inclusive mediation would result in:

- i.** A reduction in conflict and acrimony between separating parents, as evidenced in parents' scores at the three and twelve month follow up, contrasted with their baseline scores.
- ii.** An associated reduction in children's experience of parental conflict and subjective distress as measured by the CPIC and SIS at three and twelve month follow up.
- iii.** Following the literature in children's mental health and parental conflict, a correlation was hypothesised for both groups around reduction in parental conflict with reduction in children's disturbed behaviours as measured by the SDQ at three and twelve month follow up.

These issues were investigated through repeated measures analyses, with planned comparisons between treatments. It was further hypothesised that the Child Inclusive mediation would generate unique outcomes not shared by Child Focused Mediation, around key dyadic relationship variables in the study, namely:

- iv.** An increase in parental alliance between parents at the three month follow up. Sustainability of this result over the year was not hypothesised.
- v.** Greater improvement in parent child relationships at the three month follow up. Sustainability of this result over the year was not hypothesised.
- vi.** Greater improvement in children's relationships with their parents at the three month follow up and lower reports of being caught in the middle of their parents' conflict as measured by the CPR, Kvebaeck and SIS respectively. Sustainability of this result over the year was not hypothesised.

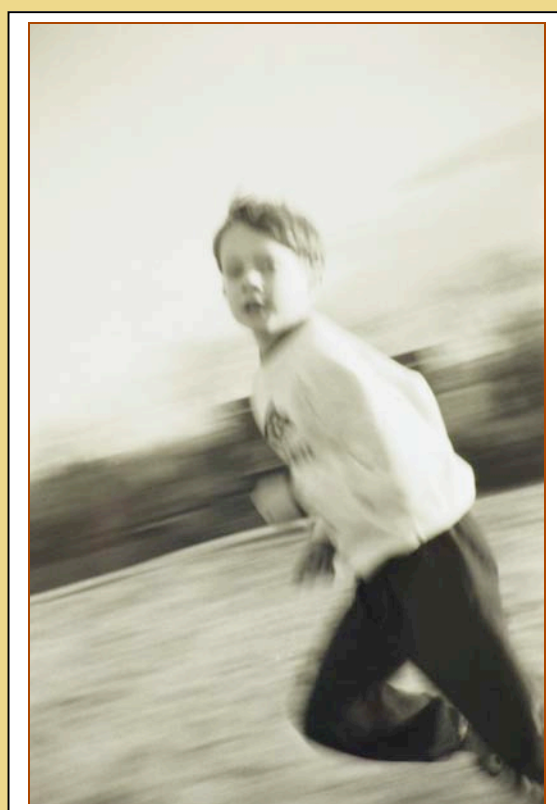
These issues were also investigated through planned repeated measures analyses, with comparisons between treatments. A range of other outcomes were treated in an exploratory manner, as there was little from prior research or theory to indicate that differential effects should or would occur between treatments or between parents. Key areas of inductive investigation included:

- a)** Correlates of parental satisfaction with children's living arrangements post mediation, including potential intervention effects
- b)** Intervention effects around litigation post mediation
- c)** Durability of outcomes over time

- d) Factors associated with parents' and children's sense of progress, including potential intervention effects
- e) Differences between parents' reports of progress.

These latter issues were investigated using both quantitative (planned comparisons between treatment groups and between parents in multivariate analyses, and multiple regression modeling) and qualitative processes (content analyses and phenomenologically oriented analyses).

Chapter Three: Results at Baseline



Chapter 3 – Results at baseline

As hoped for, the sample recruited for the study were a diverse and complex group. A spectrum of conflict and presenting issues was evident within a representative demographic. This chapter outlines the demography of the sample and gives a baseline picture of the conflict and relationship dynamics within families on first presentation to the mediation services.

3.1 Characteristics of recruited families

3.1.1 Retention rates

The initial aim for the study was to recruit 75 families from Relationships Australia (R.A.) into each intervention, hoping to retain 50 families by the three month follow up, and 40 by the twelve month follow up. The actual retention rate was substantially better as demonstrated by the table below.

The take-up rate for parents agreeing to participate in the study varied amongst mediators, ranging from 60% to 90% of those approached. Focus groups at each site showed varied methods and styles of recruiting parents, not surprisingly with more assertive, confident and supportive approaches winning over more parents. Of those who did not agree to participate, the dominant explanations were for parents approached in the CF phase to report “*too much already happening*” in their life, and for parents approached in the CI phase to say their children were “doing okay” and it was not needed.

Table 2. Retention of Mothers, Fathers and Children across both treatment groups at baseline, and three and twelve month follow up

		Mothers			Fathers			Children		
		T1	T2	T3	T1	T2	T3	T1	T2	T3
CF	n	75	67	59	70	62	56	72	76	75
	%	100%	89%	79%	100%	89%	80%	100%	105%	103%
CI	n	67	54	58	67	57	57	121	76	84
	%	100%	81%	87%	100%	85%	85%	100%	68%	75%

The baseline interview was a compulsory part of the intervention for children in the Child Inclusive group, and entirely voluntary for the Child Focused group. A drop off rate was therefore anticipated in the Child Inclusive group. In addition, in the Child Focused group, some children (or parents on behalf of children) declined at intake, but agreed at the three month mark. There were some parents and children who were not available for one follow up but were available at another due to interstate/overseas travel, illness or other factors. This would explain the small increase in CI mothers and children interviewed at the twelve month compared with the three month follow up.

For the Child Focused group this resulted in a total of 75 mothers and 70 fathers approximately 90% of whom participated in the three month follow up and 80% of whom participated at 12 months. For the Child Inclusive group, we have baseline data on 67 families, with data on children from every family. Of those families, 54 mothers and 57 fathers, (over 80%) were successfully followed up at three months and 58 mothers and 57 fathers (over 85%) at 12 months.

3.1.2 Age

The age range for the two treatment conditions was similar, as shown in the table below.

Table 3. Age of participants

	Child Focused		Child Inclusive	
	n	Mean age	n	Mean age
Children	224	8.6 yrs	140	9.8 yrs
Mean age				
Mother	75	38 yrs	67	39 yrs
Father	70	39 yrs	67	42 yrs
Family size (mean)	2.1		2.0	

3.1.3 Ethnicity

As the next table details, the majority of parents were Australian-born, but many were second generation Australian. There were no significant differences between the groups on country of origin or language, but there were trends for more Child Inclusive mothers to have a first language other than English, and for more Child Focused fathers to have immigrant parents.

Table 4. Parents' birthplace, heritage and first language

	Mothers		Fathers	
	CF	CI	CF	CI
Australian born	77%	71%	77%	81%
Born other English speaking country	16%	14%	18%	13%
Born non English speaking country	8%	15%	5%	6%
First Language not English	2%	7%	2%	3%
Australian born parents	58%	64%	51%	66%

In terms of site differences, no significant differences emerged on independent samples t-tests between the three research sites (Melbourne, Adelaide and Canberra), on demographic variables. The strongest, but not significant difference between the samples was, as expected, in father's country of origin, with fewer Australian born fathers in Melbourne (71%) than in Adelaide (88%) or Canberra (82%). Mothers were surprisingly more homogenous on ethnicity across the three sites, with an average of 74% Australian born in Melbourne and Adelaide, and 75% in Canberra. Taken together, the overall sample contains diversity representative of the larger population, with 41% of mothers and fathers being second generation Australian.

3.1.4 Income and education

Mothers reported a significantly lower income than fathers, but the income range did not differ significantly between the two treatment groups. Most mothers reported being on a low income (51.9% said between \$0 - \$22,000) compared with the majority of fathers (57%) who reported a medium income. Tertiary education levels were comparable between parents. A quarter of fathers reported a trade qualification (25%; mothers: 13.5%). There were no significant differences between the two treatment groups for education and general income (see Table 5).

Table 5. Parents' income and education

		Mothers		Fathers	
		CF	CI	CF	CI
Income	Low	53%	51%	17%	17%
	Medium	40%	39%	62%	51%
	High	7%	9%	21%	32%
Education*	Tertiary	40%	43%	35%	40%
	Undergraduate/ Associate Diploma	4%	13%	8%	8%
	Trade	14%	13%	29%	21%
	Secondary	40%	27%	25%	30%

* Education statistics reflect top four categories of educational attainment only

3.1.5 Time since separation

Data were not available for all cases on the time between mediation onset and parents' separation. Of the available data, outlined in the table below, most parents presented within twelve months of separation.

Table 6. Time since separation at Baseline

	Child Focused		Child Inclusive	
	n	%	n	%
Within 8 weeks	18	20.5%	4	7.7%
2-6 months	20	22.7%	14	26.9%
6-12 months	13	14.8%	8	15.4%
1-2 years	20	22.7%	7	13.5%
2-4 years	9	10.2%	13	25.0%
> 4 years	8	9.1%	6	11.5%
Total	88	100.0%	52	100.0%

There was a trend² for Child Inclusive cases to be further into their separation process, as demonstrated in the table below. This coincides with a trend for the CI cases to report more entrenched conflict and to more often be mandated by Court to mediate, as reported further in this chapter.

3.1.6 Living arrangements

More than half of the mothers in the sample and 20% of fathers described themselves as living in a one-parent family. Twenty-eight percent of both parents were living in a new relationship with children at the time of their mediation. The table below describes the difference in living arrangements between the two treatment groups.

Table 7. Living arrangements at baseline

		Mothers		Fathers	
		CF	CI	CF	CI
Parents' living arrangements	Living alone with children	60.6%	51.4%	19%	22.1%
	In a new relationship with children	21.3%	37.1%	26.2%	30.9%
	Living alone	5.3%	1.4%	31.0%	27.9%

Sixty-one percent of children were living in the primary care of their mother (more than 5 nights per week) and only a small proportion with their father at the time of presentation to the mediation service. Twenty-eight percent of children were in a form of standard shared residence (more than 2 nights per week with each parent). The latter figures are on par with those reported in the demographic review of contact in Australian separated families (Smyth, Qu and Weston, 2004). Very infrequent or no contact occurred between children and their non-resident parent in 21% of cases.

² ($p = .091$, *ns*)

As can be seen from the table below, there were no obvious differences between the two treatment groups for children's living arrangements.

Table 8. Reports of living and care arrangement at baseline

		Mothers		Fathers	
		CF	CI	CF	CI
Main residence	With Mother	65.3%	63.2%	56.6%	59.1%
	With Father	6.3%	2.9%	9.6%	3.0%
	Equal/substantially shared	25.3%	27.9%	31.3%	31.8%
Contact with non-residential parent	Frequent/daily contact	40%	38.5%	42.7%	42.2%
	1-4 times a month	35.5%	41.6%	37.3%	36%
	Less than 12 times year	24.4%	19.9%	19.9%	21.9%

3.1.7 Satisfaction with children's living arrangements

More parents were unsatisfied with their children's living arrangements than satisfied.

CI mothers were the most unsatisfied group at baseline.

Table 9. Satisfaction with living arrangements at baseline.

		Mothers		Fathers	
		CF	CI	CF	CI
Satisfaction with Living arrangements	Satisfied	42%	40.6%	38%	36.4%
	Neutral	13.6%	7.2%	15.2%	21.2%
	Unsatisfied	44.3%	52.2%	46.8%	42.5%

3.1.8 Duration of intervention

In each intervention, parents had separate intake sessions. The Child Inclusive group involved a standard additional session for the children's interview, which lasted an average of 45 minutes per child. It also involved one additional session for parents, to provide feedback from their children's interview. Mediators recorded the number of joint sessions taken to complete the mediation (each joint session lasted an average of 1.75 hours). The feedback

session typically lasted one hour. In the Child Focused group, the average number of joint sessions with parents, following intake, was 1.8 (and the average total, including intake, was 5.1 hours). In the Child Inclusive intervention, the average number of joint parent sessions, including the feedback, was 2.4 (an average total of 6.1 hours, including intake plus 1.5 hours around the children).

Child Inclusive parents participated in one additional, focused, intensive discussion about their children's responses to the conflict. The common experience of mediators was that the feedback session catalysed the process of resolution and reduced the number of hours that were then needed after feedback to reach settlement.

3.1.9 Conflict and relationship profiles of families pre-intervention

The results reported in the next section are baseline data from the study's repeated measures.

Table 10. Reliability scores (Cronbach's Alpha)³

Parent Measures	Mother n = 164	Father n = 143
Parental Alliance Measure (20 items)	$\alpha = .94$	$\alpha = .93$
Parental Acrimony Scale (25 items)	$\alpha = .82$	$\alpha = .86$
Parent Conflict Scale (7 items)	$\alpha = .81$	$\alpha = .80$
Parent-child Relationship Scale (6 items)	$\alpha = .79$	$\alpha = .81$
Strengths and Difficulties Questionnaire (20 items)	$\alpha = .86$	$\alpha = .83$
Child Measures	Children n = 165	
Perception of Inter-parental Conflict (9 item sub scale)	$\alpha = .83$	
Security in Interparental Subsystem (3 items)	$\alpha = .56$	
Caught in the Middle Scale (7 items)	$\alpha = .67$	
Child Parent Relationship Scale – Mother (3 items)	$\alpha = .80$	
Child Parent Relationship Scale – Father (3 items)	$\alpha = .84$	

³ A reliability co-efficient of 0.80 is strong for this sample size, on the 20+ item scales. Lower Cronbach scores for smaller item scales were within an accepted range.

All measures demonstrated adequate to strong reliability, as reported in the table above. There was a tendency for fathers to consistently report slightly lower levels of legal intervention prior to mediation compared to mothers (for example, mothers reported current domestic violence intervention orders in 14.4% of cases, fathers in 10.3%). The statistics below are from mothers' reports.

Higher proportions of Child Inclusive parents identified themselves as mandated to attend mediation and reported previous Court attendance. An unforeseen complication in this study occurred via a change to Family Law rules in April 2004, which amongst other things, made it necessary for parties to take part in "Primary Dispute Resolution" prior to instituting Court proceedings. This change coincided with recruitment of the Child Inclusive sample, and is reflected in the larger proportion of prior legal intervention. Initial acrimony profiles in the CI group were also higher, significantly so for mothers⁴.

Table 11. Voluntary status, previous Court involvement and current domestic violence orders between parents: Mothers' report

	CF (n = 91)	CI (n = 68)
Mandated to attend mediation	7.9%	16.4%
Previous involvement in Court	14.3%	18.5%
Domestic Violence Order	13.5%	15.6%

The historical experience of marital conflict for both groups differed according to the parental lens (see Table 12 below). Forty-four percent of mothers described conflict during their marriage as high to extremely high, while only 20% of fathers reported this level of conflict. There were no item differences within the scale, but an overall tendency for fathers to report a lesser degree of conflict of all types. Both parents reported high to very high current acrimony with their ex partner and a low rate of resolution of disputes. The differences on these variables were consistent between the two treatment groups (see Table 12).

⁴ $p < .05$

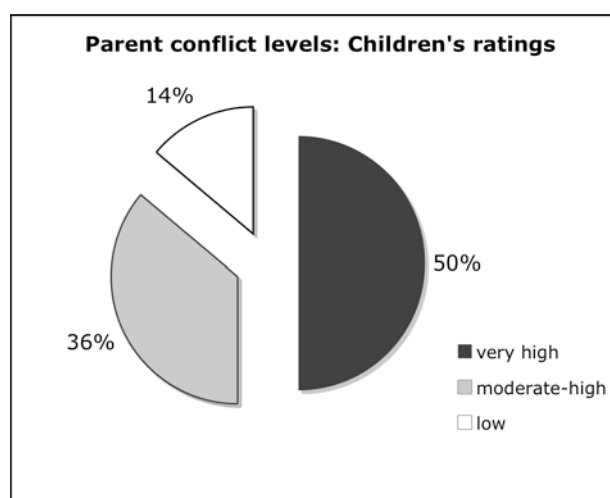
Table 12. Conflict and Acrimony at baseline

		Mothers		Fathers	
		CF	CI	CF	CI
Conflict during Marriage	High – Very high	44.7%	44.3%	19.5%	20.9%
	Medium	31.9%	31.4%	43.9%	38.8%
	Low – Very low	23.4%	24.2%	36.6%	40.3%
	Total (n)	94	70	82	67
Acrimony	High – Very high	54.9%	61.5%	38.2%	46.9%
	Moderate	41.8%	32.3%	52.6%	43.8%
	Low	3.3%	6.2%	9.2%	9.4%
	Total (n)	91	65	76	64
Satisfactory resolution of disagreements	Mean	35%	30%	42.54%	35.24%
	S.D.	27.2	28.28	27.27	28.67
	Total (n)	65	63	65	63

3.1.10 Children's views of their parents' conflict

Of sobering interest, only 14.5% of children (n=193) regarded their parents' conflict as "low" at the time of entry to mediation, with the breakdown reported below.

Figure 2. Intensity, frequency and resolution of parents' conflict at baseline as rated by their children



3.2 Baseline associations

Clear associations are evident in the baseline data for parents and children, around the conflict story at the time of intake. Prior court involvements, particularly mandated cases, are linked with higher acrimony and lower parental alliances. Not surprisingly, there is a strong negative association between the parental alliance (parents' positive regard for each other as parents) and parental acrimony (level of animosity felt for the other). Children's perception of inter-parental conflict is significantly correlated with both parents' rating of their acrimony and alliance.

Table 13. Conflict Associations for Mothers', Fathers' and Children's data

		Prior court re parenting disputes?	ACRIMONY		ALLIANCE		CONFLICT		Child's Perception Of Inter-Parental Conflict
Mother n = 165	Father n = 150		Mother	Father	Mother	Father	Mother	Father	
Children n = 112									
Prior court re parenting disputes?		1							
ACRIMONY	Mother	.28***	1						
	Father	.19	.48***	1					
ALLIANCE	Mother	-.26***	-.68***	.35***	1				
	Father	-.30***	-.50***	-.72***	.43***	1			
CONFLICT	Mother	.03	.36***	.22**	-.18*	-.20*	1		
	Father	.04	.21*	.42***	-.09	-.33***	.34***	1	
Child's perception of inter-parental conflict		.20*	.39***	.35***	-.22*	-.31**	.35***	.09	1

*** $p < .001$, ** $p < .01$, * $p < .05$ (Pearson Correlation, 2-tailed)

3.2.1 The parenting relationship

Given the high levels of conflict of the presenting parties, it comes as little surprise that few ex-partners reported health in their co-parental relationship. The parental alliance measure used in this study (Abidin and Brunner, 1997) looks at qualities of the co-parental relationship such as respect, admiration, cooperation, communication, shared values and decision making, and enjoyment of parenting. In the current sample, only 5% of mothers and 12% of fathers reported a positive and healthy parenting alliance with their ex partner. As one father said *“There is so little left to respect about her, because she refuses to give me the time of day. I can be a Dad so long as it’s when it suits her and she doesn’t have to know about it.”*

3.2.2 Children’s mental health

In light of this level of discord, the study set out to explore associations with children’s mental health. The emotional well-being of children was measured in this study by the Strengths and Difficulties Questionnaire, parent-report scale (Goodman, 1997). At baseline, both parents reported significantly elevated levels of psycho-emotional distress in their children. Thirty-three percent of children (n = 298) rated by mothers and 29% of children (n = 268) rated by fathers fell into the clinical range of disturbance in emotional well-being. The average expected on this particular scale is 15%. There was a trend for children of lower income families to be over-represented in the clinical group.

The data indicate that, at the time of presentation to the mediation services, the children of client families face a significant risk to their emotional health. Previously, mediation services have not been construed as having the responsibility or opportunity to impact on the well-being of clients’ children. One of the aims of the current study was to explore the impacts over time of intensely child-centred interventions with separating parents on the emotional well-being of their children. The findings around this question are addressed in the next two chapters.

Chapter Four:

Outcomes, Three Months After Intervention



Chapter 4 – Results at three months post mediation

4.1 Chapter overview

This chapter explores repeated measures data and the experiences of family members, three months after the completion of the mediation. At this time, the research team went out to family homes and interviewed parents and children, repeating the interview that had been used at intake, with the same embedded measures. Parents and children were asked to speak about how their situation had been “over the past few weeks”. Their responses and scale scores were compared against their intake measures, as reported below.

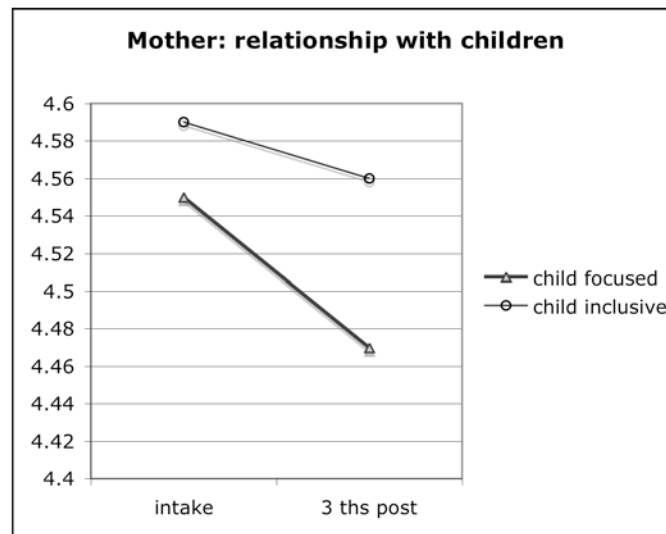
Following treatment fidelity appraisal, and retaining only cases for whom complete pre and post measures were obtained, the data in this chapter represent 56 cases in the CI intervention and 67 for the CF intervention (numbers for individual variables alter, depending on missing data from surveys). With the repeated measures design, this sample size lends sufficient power to be able to generalise statistically significant findings to the wider population of separating families.

4.1.1 What outcomes were achieved by both groups?

First we explored the outcomes that were common to both the Child Focused and Child Inclusive groups.

Each group of parents reported significant gains over the first three months post intervention in the area of conflict management. Fathers also reported reduction in their levels of acrimony over this period (with a trend for greater reduction in the Child Inclusive group). Mothers in both groups reported some overall decline in their relationships with their children post mediation, the latter of which was significantly pronounced in the Child Focused group (see Figure 3). This latter finding is of some concern, given the known risk to children’s mental health of poorly available relationships with their attachment figures (McIntosh, 2005), a finding which is indeed born out in the twelve month data, presented in the next chapter.

Figure 3. Mother's relationship with children – at baseline and three months post mediation (mean item scores, 1-5 scale)



In both groups, the child's perception of the intensity, frequency and resolution of their parents' conflict altered significantly from their baseline interview to the three month post mediation interview. Overall, children in both groups perceived lower conflict between their parents. There is a trend towards a greater reduction of conflict as perceived by the Child Inclusive children ($p = .06$).

The children's subjective distress about parental conflict measure showed a substantial reduction over this first time interval. With the evident reduction of parental conflict over time, this finding makes intuitive and theoretical sense. The data further indicate a greater sensitivity or responsiveness of children to their mother's sense of progress. That is, three months after mediation, children in both groups reported less distress on the SIS scale when their mother reported decreased acrimony, decreased conflict and increased parental alliance. Importantly, multivariate analyses indicated that when children felt they had available parental relationships with both parents, they also reported less distress, even when conflict had not substantively reduced. Conversely, children's ongoing distress and feeling caught in the middle of their parents' conflict was highly associated with a distant parental relationship with their mother and father.

Overall, however, the trends around de-escalation of conflict over time are encouraging for longer term outcomes. In the absence of a non-treatment group, we cannot conclude outright that the interventions themselves resulted in the reduction of conflict (against the notion that

time itself may have done the healing), but given the qualitative data around this issue (see Chapter 6), it can be safely concluded that the reduction was aided by the interventions, and that children then experienced some consequent benefit.

4.1.2 What unique outcomes were achieved by the Child Focused group?

The data were explored to ascertain whether the Child Focused intervention was associated with outcomes that were not apparent for the Child Inclusive group. No isolated effects were evident. That is, the Child Focused intervention did not result in any gains that were not also achieved by the Child Inclusive intervention.

4.1.3 What unique outcomes were achieved by the Child Inclusive group?

The data were explored to ascertain whether the Child Inclusive intervention was associated with outcomes that were not apparent for the Child Focused group. Several outcomes were identified at the three month mark. General Linear Model analyses were conducted to explore the extent to which each variable studied differed a) over time, and b) as a result of the Child Inclusive treatment.

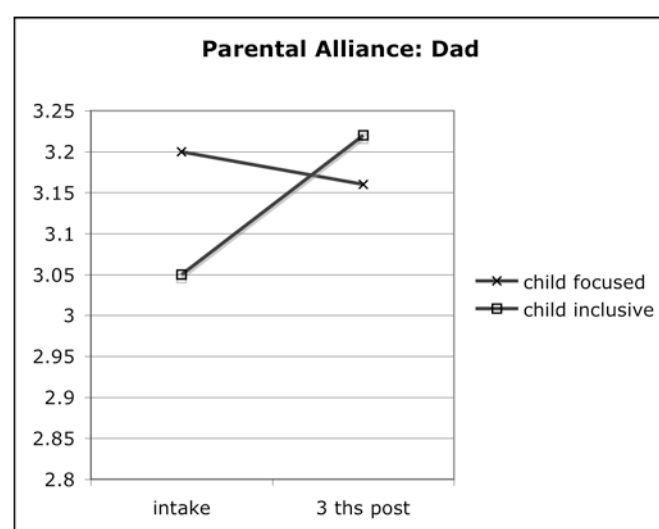
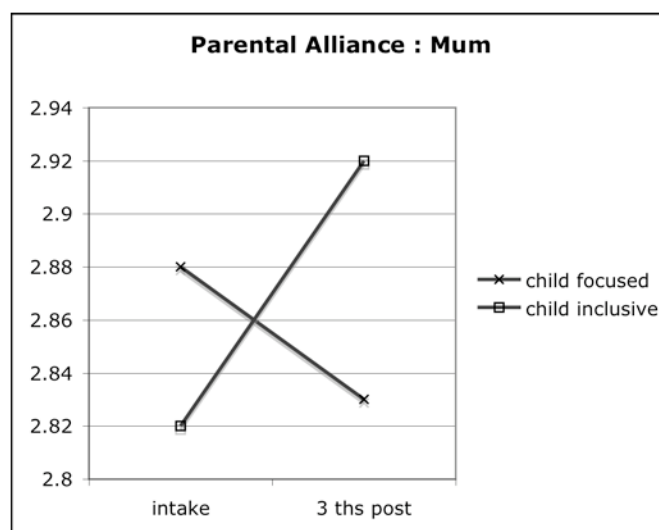
Table 14. Time and treatment effects: General Linear Model results for parent measures

	Subject	Child Focus n	Child Inclusive n	3 mth Time effects	3 mth CI Treatment effects
Parental Alliance	Mum	67	58	ns	.07
	Dad	59	52	ns	.03 *
Acrimony	Mum	62	52	.00 ***	.01 **
	Dad	59	53	.00 ***	ns
Satisfaction with living arrangements	Mum	60	54	.02 **	.00 ***
	Dad	57	52	ns	.01 **
Conflict with ex	Mum	62	50	.00 ***	ns
	Dad	57	49	.00 ***	ns
Parent-Child Relationship	Mum	66	52	.07 (-)	ns
	Dad	61	52	.06 (+)	ns
SDQ	Res parent	53	49	.01 **	.03 *

*** $p < .000$, ** $p < 0.01$, * $p < 0.05$, ns = non significant

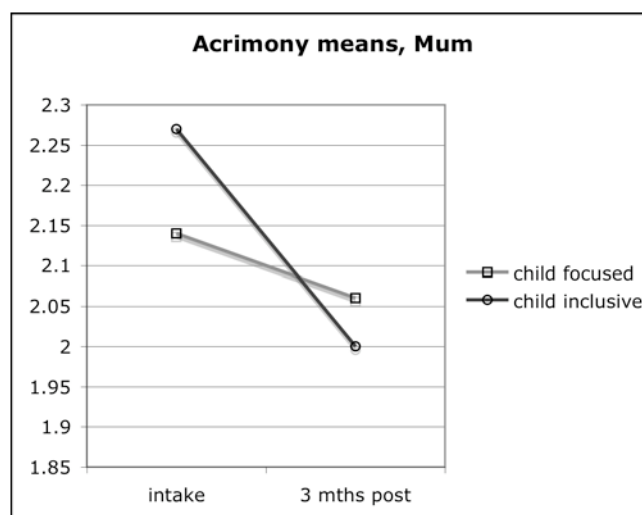
Table 14 highlights variables in which both treatments were associated with progress over time, and those where progress was associated specifically with the Child Inclusive intervention. Of note, the Child Inclusive treatment was associated with better Parental Alliance outcomes for both parents. As illustrated in the graphs below, fathers' and mothers' data from the Child Focused group indicated a decline in their alliance scores, where parents' data from the Child Inclusive group indicated a significant improvement since intake. This finding was of some concern, given a target of both interventions was to promote and foster a more cooperative parental alliance. Clearly the question arises as to why the Child Inclusive approach should produce this differential outcome. This is taken up in the final chapter.

Figures 4. and 5. Parental alliance: Mother and Father at baseline and three months post mediation (mean total scale scores, scale= 1-5; 5 = very positive alliance)



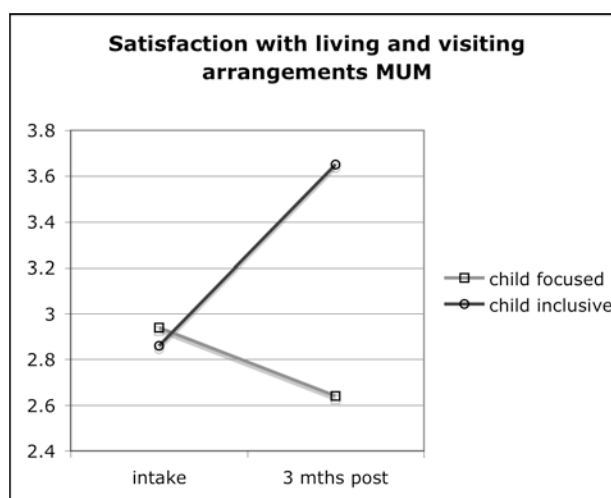
Mothers' data from the Child Inclusive group showed a significant reduction in parental acrimony scores as illustrated in the graph below.

Figure 6. Mothers' ratings of Acrimony
(mean item scores, scale = 1- 4; 4 = high acrimony)



Both mothers and fathers from the Child Inclusive treatment reported far greater satisfaction with their living and visiting arrangements post mediation than did the Child Focused group. The latter in particular was an unexpected result, given that the Child Inclusive fathers also reported having less overnight contact with their children than did fathers from the CF group.

Figures 7. and 8. Mothers' and Fathers' satisfaction with living arrangements
(mean scores, scale = 1-5; 5 = very satisfied)





Parents' increased satisfaction correlated highly with their children's reports about satisfaction with the arrangements (see next section). The table below sets out the percentages of children in both groups who reported being "*happy with and not wanting to change*" their living arrangement, at intake and three months post intervention. The repeated measures data shows a significant increase in satisfaction in the CI group, compared to the CF group⁵.

Table 15. Percentage of children who feel 'content' with their current living arrangements and did not want them to change

Children	Prior to mediation	3 months post mediation
CF	41%	44%
CI	43%	68%

General Linear Modelling was used to explore the progress of the two groups over time, together with the progress that appeared attributable to the CI intervention. The findings unique to the Child Inclusive intervention were in children's increased emotional closeness with their fathers, with a trend for CI children to report lower conflict between their parents post intervention.

⁵ $p > .01$

Table 16. Time and treatment effects. General Linear Model results: Children's measures

	Child Focus n	Child Inclusive n	3 month Time Effects	3 month CI Treatment Effects
Child's Perception of Inter-Parental Conflict	37	42	.01**	.06
Child's subjective distress	37	39	.00**	ns
Caught in the Middle	36	39	ns	ns
Child's perception of Emotional Availability	Mother	40	ns	ns
	Father	41	ns	ns
Kvebaeck: Closeness to	Mother	44	ns	ns
	Father	44	ns	.05*

** $p < 0.01$, * $p < 0.05$, ns = non significant

4.2 Children's mental health, three months post intervention

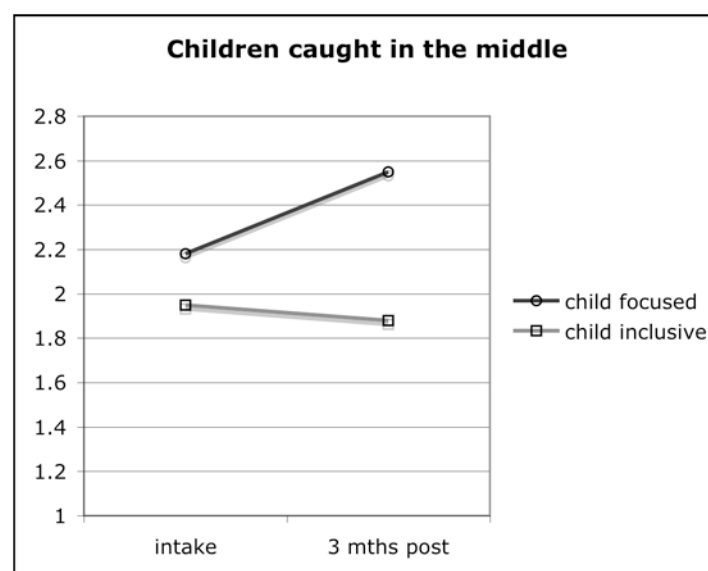
As noted in the previous chapter, both parents reported high levels of psychological symptoms in their children at the time they commenced mediation. When re-assessed at the three month post-intervention stage, both groups reported significant recovery of function in their children, with good agreement between parents' ratings. At intake, 29% of children were rated by their mothers with behaviours in the borderline-clinical group and this dropped to 19% of children by three months post intervention. As reported in Table 14, repeated SDQ measures from the children's residential parent indicated a greater improvement in mental health outcomes over this three month period for the Child Inclusive children.

While the ratings post mediation remain elevated above the norm, it represents a level of substantial recovery in children's emotional well-being. Clearly, the time of presenting to mediation is one of high stress for parents, and this is likely to also be felt and expressed by their children. There is also likely to be some level of projection by the aggrieved and stressed parent onto their children's functioning, with the parent's own sense of recovery post mediation influencing their view of their children. The data were further explored at the 12 month stage, to identify those children who did and did not recover emotional function, and associated factors operating around this. This is reported in the next chapter.

4.2.1 Caught in the Middle

Worthy of mention here is the *Caught in the Middle* scale, which monitored children's feelings about each parent's inappropriate use of the child to discuss the parental conflict, or to use the child to convey their messages and feelings to the other parent.

Figure 9. Children's Caught in the Middle scale: Baseline and 3 months
(means scores, scale = 1- 5; 5 = feeling very caught)



While neither group evidenced significant progress in this area at this three month mark, general linear analyses indicate a significant increase for Child Focused children in the feeling of being caught in the middle of their parents' conflict⁶. The Child Inclusive children reported relative stability in this variable. This result needs careful consideration. Children often become more aware of their parents' conflict over time, and the differential finding may reflect a better ability on behalf of the Child Inclusive parents to protect their children from further conflict. These associations are fully explored in the next layer of analyses (see Chapter 5).

4.3 Summary

Overall, at the three month mark post intervention, the data indicate good progress by both groups in the reduction of conflict levels. The Child Inclusive treatment produced a number of unique outcomes around the following:

⁶ ($p = .00$).

- Improved parental alliance,
- Reduced acrimony, and
- Overall satisfaction with the living and visiting arrangements made in the mediation.

Children from the CI group reported a closer relationship with their fathers post intervention, and were also more content with their living and visiting arrangements than were children from the CF group. Early children's mental health data indicated progress for both groups of children, more significantly so for the Child Inclusive group.

The data reported in this chapter show us the directions of immediate change in conflict and relationship management for families in the months immediately following mediation. Of import is the extent to which these outcomes remained or changed over a year following intervention, and any consequent effect on children's mental health during that time. Equally, it is important to know to what extent agreements remained workable and durable, and enabled families to stay out of court. These issues are explored in detail in the following chapter.

Chapter Five:

Outcomes, One Year After Intervention



Chapter 5 – Results at one year post mediation

5.1 Chapter overview

One year after the conclusion of mediation, researchers again visited parents and children in their homes to repeat the standard interview and measures for the third and final time. In cases where parents had moved away or were not easily visited, telephone interviews were conducted, using the standardised protocol. A small percentage of parents also elected to complete their interview in a survey form, and posted it to us. The persistence of the research team in tracking families who had often moved, together with the willingness of families to remain involved in the research meant that the subject retention rates remained high over the year of the study, as discussed in Chapter 3.

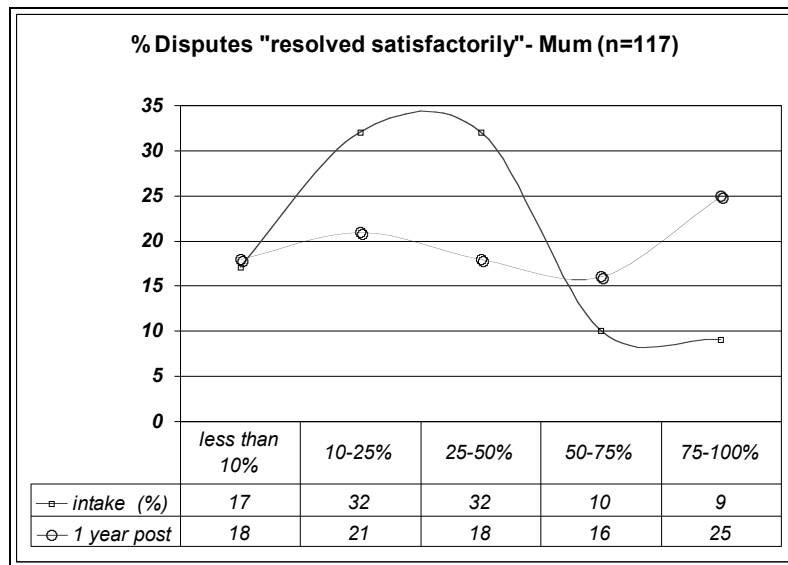
The following chapter now addresses the quantitative outcomes for families, one year after intervention. Qualitative findings for the entire study are outlined in the next chapter. Where possible, sustained outcomes over time together with the emergence of new outcomes are distinguished. Main effects associated with time and with the CI treatment are outlined in Table 17 later in this chapter.

5.2 Outcomes

5.2.1 What outcomes were common to both groups, one year post intervention?

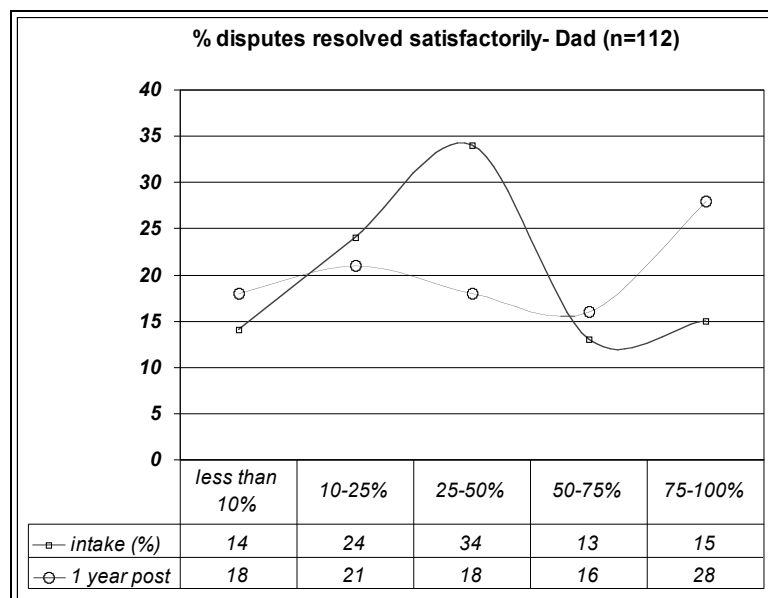
Regardless of the type of mediation parents participated in, the data from both groups showed a significant and enduring reduction in their levels of conflict, with the majority of parents having moved on from the initially inflamed dynamic that had brought them to mediation. Both mothers' and fathers' data showed similar patterning over the year, with a flattening out of conflict and overall increase in the percentage of disputes that each felt was satisfactorily resolved between them, as illustrated in the Figures 10 and 11 below. In keeping with the original hypothesis, interventions that actively assisted parents to resolve or manage their core dispute contributed to reduced conflict over time.

Figure 10. Percentage of parenting disputes satisfactorily resolved: intake and 1 year post mediation – Mother’s report



Again in the absence of a “no treatment” control group, the qualitative data from the study becomes important in understanding the extent to which intervention assisted parents, versus the simple effects of elapsed time. This is discussed in the next chapter.

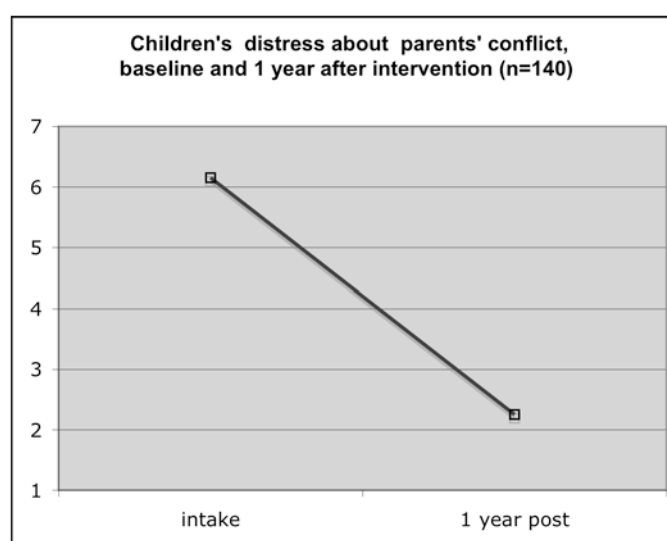
Figure 11. Percentage of parenting disputes satisfactorily resolved: intake and 1 year post mediation – Father’s report



Twenty seven percent of all parents reported that their conflict had become worse over the year, and of that, 21% reported ongoing deeply entrenched and unresolvable conflict, with less than a quarter of their disputes satisfactorily resolved. Not surprisingly, these cases of high conflict were best accounted for by the level of acrimony remaining between the parents⁷. High conflict at the end of the year was also independently predicted by low parental alliance, low satisfaction with the children's living arrangements and reports of poor progress in mediation⁸.

Data from the majority of children in both groups indicates that, across all ages, children 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 their parents' conflict, as illustrated in the figure below.

Figure 12. Children's distress about their parents' conflict (mean total scores, scale = 1 - 9; 9 = extreme distress)



5.2.2 What unique outcomes were evident for the Child Focused treatment, one year after intervention?

General Linear Modelling was used to explore the progress of the two groups over time, together with the progress associated uniquely with either intervention. The next table highlights the time and intervention (i.e. treatment) effects evident at the three and twelve month follow ups on the parents' repeated measures. As with the three month data, no

⁷ Logistic regression results, sig = .000

⁸ Multiple regression results, $p = .000$, $p = .03$ and $p = .05$ respectively.

isolated effects were evident for the Child Focused intervention. That is, no effects were evident from this intervention that were not also evident in the Child Inclusive treatment.

5.2.3 What unique outcomes were evident for the Child Inclusive treatment, one year after intervention?

At the one year mark, two effects that had been evident earlier on were no longer significant. These were mothers' reports on the Alliance and Acrimony measures, which had been significant for the Child Inclusive group at the earlier review time. By the one year post intervention interview, mothers from both treatment groups looked fairly similar on these two scales. In contrast, the outcomes for fathers from the Child Inclusive group remained significantly better.

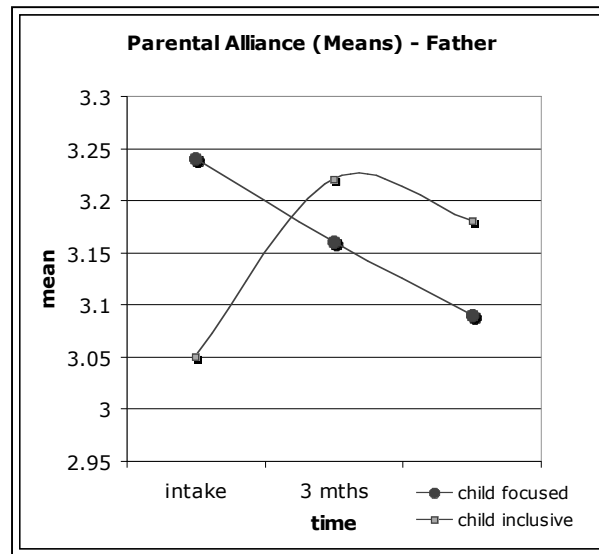
Table 17. General Linear Model findings: Time and Child Inclusive effects for key parent variables

		CF n	CI n	3 mth Time Effect	1 year Time Effect	3 mth CI effect	1 year CI effect
Parental Alliance	Mum	67	58	ns	ns	.07	ns
	Dad	59	52	ns	ns	.03*	.02*
Acrimony	Mum	62	52	.00***	.00***	.01**	ns
	Dad	59	53	.00***	.01**	ns	.01**
Satisfaction with living arrangements	Mum	60	54	.02**	.00***	.00***	ns
	Dad	57	52	ns	.00***	.01**	.05*
Conflict with ex partner	Mum	62	50	.00***	.00***	ns	ns
	Dad	57	49	.00***	.00***	ns	ns
Parent-Child Relationship	Mum	66	52	.07 (-)	ns	ns	.06 (-)
	Dad	61	52	.06 (+)	ns	ns	ns
SDQ n = 208 children	Residential parent			.01**	.07	.03 *	ns
SDQ Emotional symptoms subscale n = 208 children	Residential parent			.07	.00***	ns	.07

*** $p < .000$, ** $p < 0.01$, * $p < 0.05$, ns = non significant

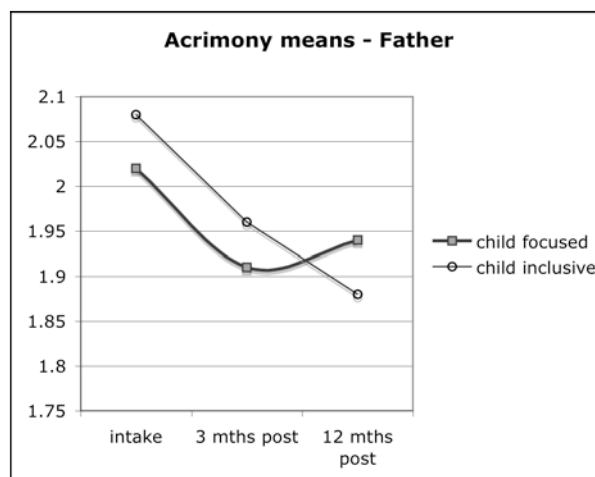
At intake, the CI fathers reported very troubled alliances with their partners. Following an initial surge post intervention in regard for their partner, some weakening of this is apparent with the test of time over the year, although the CI fathers' scores remain higher (see graph 13). For the CF fathers, the alliance continued to drop steadily over the year. There is an overall trend for decreasing alliance with greater time since separation, for both groups.

Figure 13. Father's report of parental alliance (mean item scores, scale = 1 - 5; 5 = strong, positive alliance)



One year outcomes from the Acrimony scale also showed significantly lower levels of psychological grievance between the CI fathers and their former spouses.

Figure 14. Father's feelings of acrimony towards mother (mean item scores, scale = 1 - 4; 4 = high acrimony)



Although the groups begin to look more similar at the one year point, both mothers and fathers from the Child Inclusive treatment reported significantly greater satisfaction with their living and visiting arrangements, one year after intervention.

Figure 15. Father's satisfaction with children's living arrangements (mean scores, scale = 1 – 5; 5 = "very satisfied")

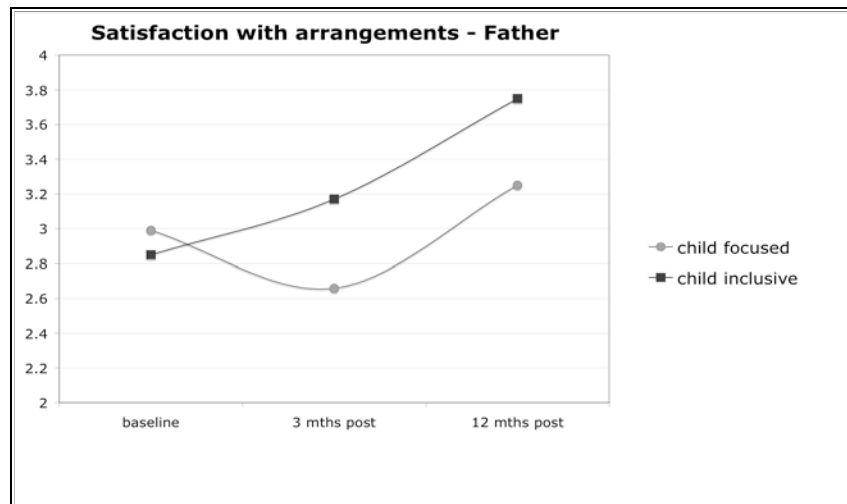
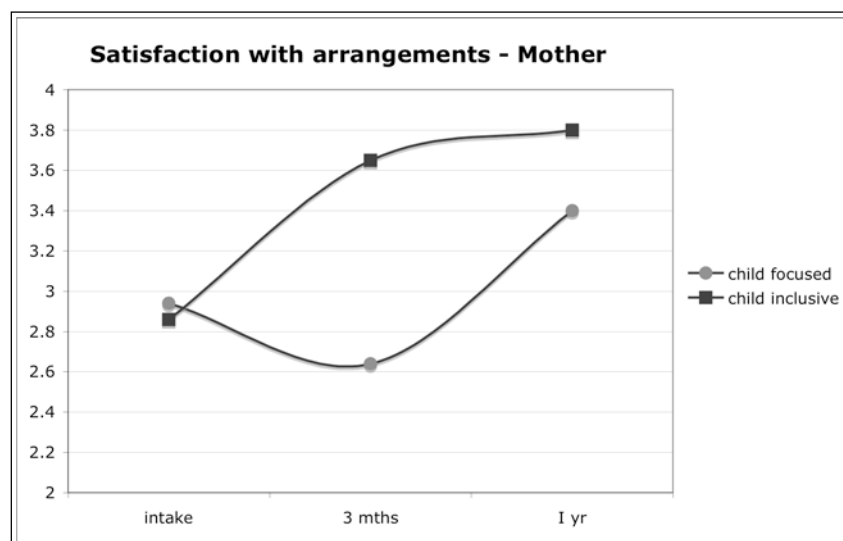


Figure 16. Mother's satisfaction with children's living arrangements (mean scores, scale = 1 – 5; 5 = "very satisfied")

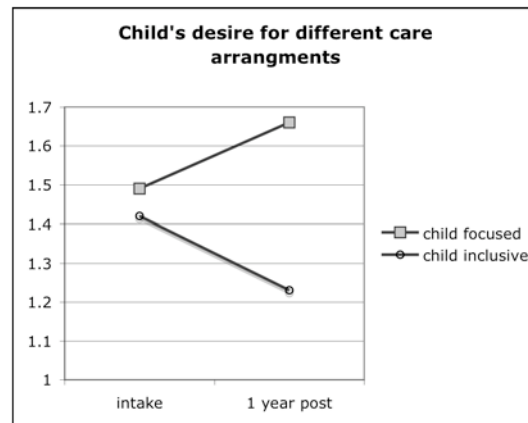


As Figure 17 illustrates, at the one year mark, the Child Inclusive children were also substantially more content⁹, and less inclined to want a different arrangement, whereas the

⁹ $p < .01$

children from the Child Focused group showed an *increased* desire for change to their current arrangement.

Figure 17. Children would like different living arrangements (means, scale: 1 = no, 2 = yes)



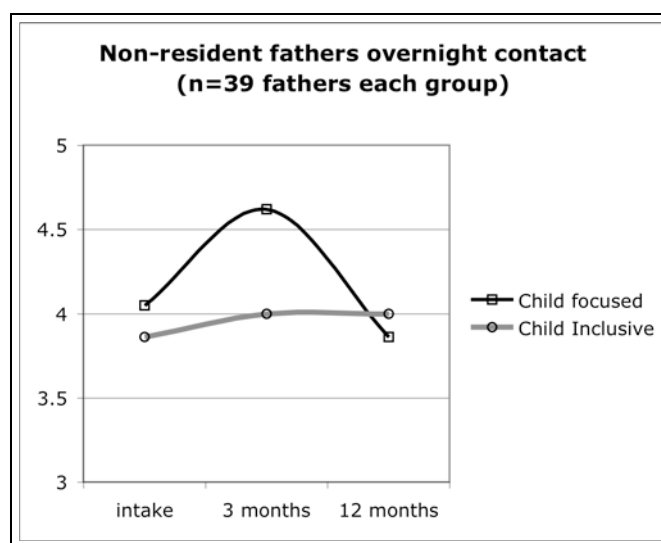
Again these findings about higher satisfaction with living arrangements by all CI family members come in light of overall *lower* levels of overnight contact with fathers in the Child Inclusive group. The patterns in this data are interesting to study. One year after intervention, the following broad residential patterns were:

Table 18. Residential patterns at 12 months

	Shared care	Mother is resident parent
Child Focused	28%	66%
Child Inclusive	22%	69%

The pattern of overnight contact remained stable over the year for the Child Inclusive group, as shown in the next graph, but had fluctuated for the Child Focused group. With the increase in overnight contact for the Child Focused group immediately post mediation came a corresponding pattern of *decline* in satisfaction with the arrangement from all members of the family. Contact in that group of families then cycled back, slightly below initial pre-mediation levels over the year, with a corresponding increase in satisfaction by CF parents. It would appear that something about the initial arrangement did not work as well for the Child Focused group, with one factor to consider being the additional stress of change to the status quo that many seemed to have endured.

Figure 18. Non-resident father's overnight contact with their children (means)*



*Scale: 3 = 1-3 nights per month; 4 = 2-3 nights fortnightly; 5 = 2-3 nights weekly

During the gap between the follow up interviews, the CF group had more often changed their arrangements, or litigated to bring about new parenting plans. This may account for some of the upswing in their satisfaction levels, as opposed to “sleeper” effects from the treatment itself. The findings outlined in a later section point to other developmental considerations around this finding.

5.3 Durability and litigation outcomes

Aside from being more satisfied with their living and visiting arrangements, data from the three additional progress items in the one year interview show that the agreements reached in the CI intervention were reported to be significantly more durable and workable for the families, as rated by mothers and fathers.

Further, the CI families reported a substantially lower rate of litigation over parenting disputes in the year that followed mediation than did the CF group. At intake, 14.3% of CF cases and 18.5% of CI cases had previously attended Court over parenting disputes. A number of those cases in both groups returned to Court following mediation, usually to report progress and to complete formal Orders around mediated agreements (11% of CF cases and 15% of CI cases).

Looking only at those cases with no prior Court involvement, one year after mediation, Child Focused parents were twice as likely to report having instigated new legal action over

parenting matters, with 36.4% of CF cases entering new litigation proceedings after mediation, contrasted with 17% of the CI cases (as detailed in the following table).

Table 19. Post-mediation litigation rates, for cases with no prior Court involvement

Litigation since mediation?	Child Focused		Child Inclusive	
	n	%	n	%
No	42	63.6%	56	82.4%
Yes	24	36.4%	12	17.6%
Total	66	100%	65	100%

Some representative comments about the instigation of litigation proceedings post mediation included these ideas:

- *“The mediation was not at fault, the ex just wouldn’t budge”*
- *“Mediation was helpful but there was nothing to enforce the decisions that were made, and we needed something tougher and more complete”*
- *“We needed more direction”*
- *“Nothing short of a Judge could sort it out”*

A common remark from CF fathers was:

- *“I couldn’t get any satisfaction – this system favours the woman, so I had to keep fighting”*

5.4 Differential outcomes for children in the Child Inclusive group

General linear modelling showed significant association of the Child Inclusive intervention with children’s reports of closer and more available relationships with their fathers, and a greater reduction in their perception of parental conflict. These results are tabled below.

This trend for children in the CI group to report a greater reduction in their parents’ conflict at the one year mark may be in part accounted for by the higher level of conflict in which these families began, because by the end of the year, children in both groups reported fairly similar levels of actual conflict between their parents.

Table 20. Time and intervention effects for the children's repeated measures

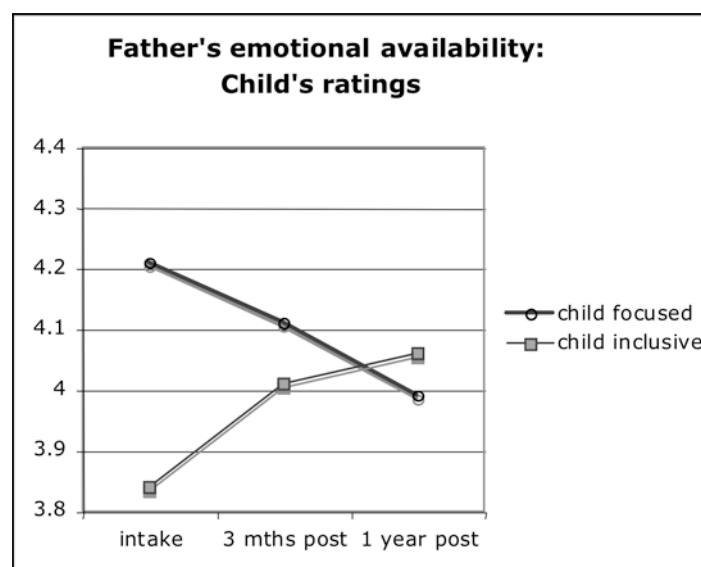
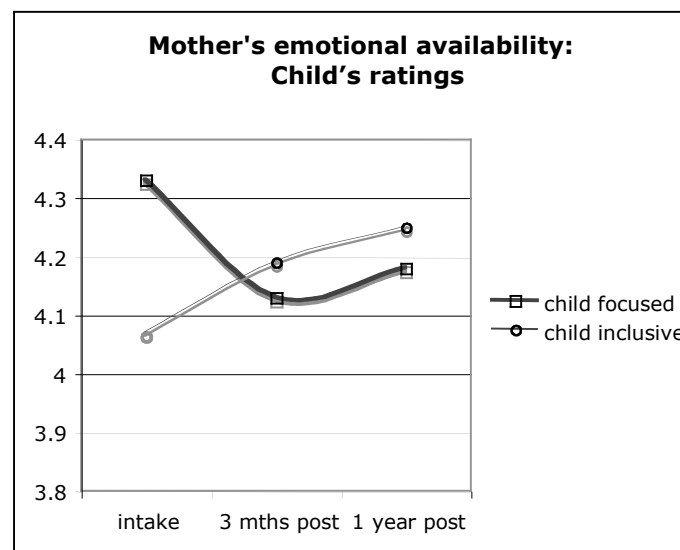
	CF n	CI n	3 month Time Effect	1 year Time Effect	3 month CI Effect	1 year CI Effect	
Inter-Parental Conflict	63	77	ns	.01**	ns	.03*	
Subjective distress	63	77	.00**	.02	ns	ns	
Caught in the Middle	65	67	ns	ns	ns	ns	
Emotional Availability	Mother	57	71	ns	ns	ns	.07
	Father	56	70	ns	ns	ns	.03*
Closeness to	Mother	58	71	.08	.03*	ns	ns
	Father	58	71	.06	.09	.04*	.00***
Content with living arrangements	71	79	ns	ns	ns	.01**	

*** $p < .000$, ** $p < 0.01$, * $p < 0.05$, *ns* = non significant

As illustrated in Figure 20, CI children tended to report an increasingly available relationship with their mother, perceiving her to be more understanding, interested in them, and more able to help them at the end of the year than at the beginning. The CF children tended to report the opposite, with a substantial decline in their reports of mother's availability.

The same CI children also reported significant recovery in their relationship with their fathers (see Figure 21). Having begun the year in a very troubled way, possibly reflecting the higher rates of acrimony and legal intervention of their parents, the CI group reported a substantially more available relationship with their father one year after intervention and greater feeling of closeness to him than did the CF group.

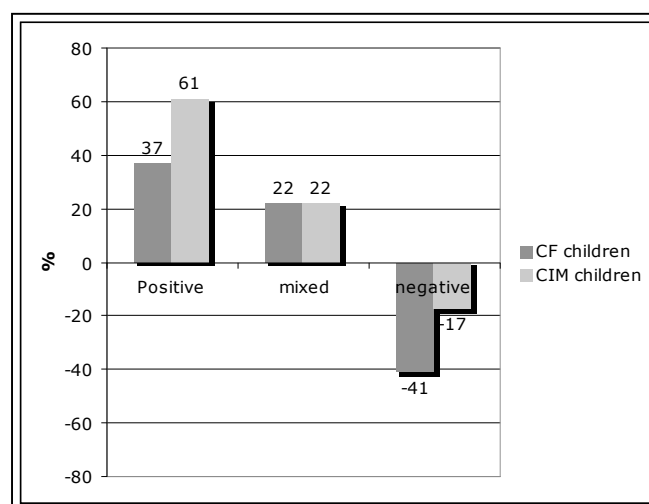
Figures 20. and 21. Mothers' and Fathers' Emotional Availability: Children's report (mean scores, scale = 1 - 5).



Content analyses were conducted on children's narrative accounts (n = 94) to explore the direction of their overall appraisal of progress around their parents' separation conflict. With a simple breakdown, of "mostly positive", "mixed" and "mostly negative", two raters blind to treatment allocations reviewed the relevant narrative, with 92% initial agreement, and complete agreement upon discussion. Sixty-one percent of CI children reported mostly positive outcomes for the family since their parents' mediation. Substantially fewer (37%) CF children reported this. Of concern, 41% of CF children across ages reported negative

outcomes, that is they viewed their parents' conflict situation as having become worse over the year.

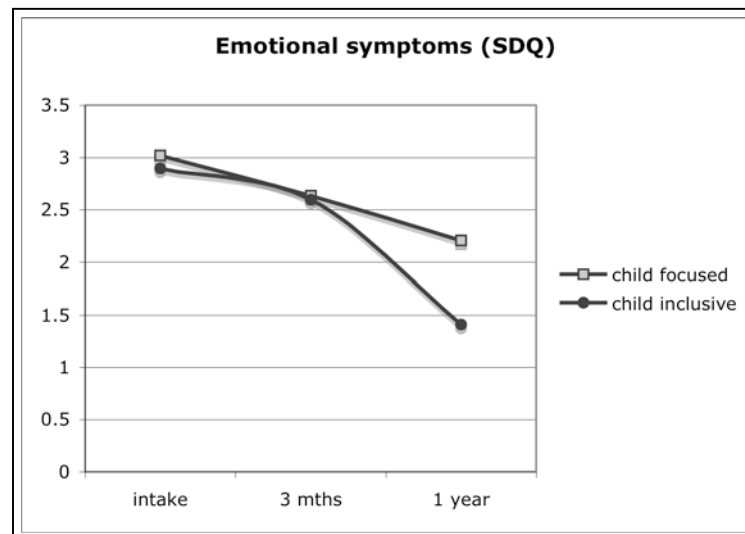
Figure 22. Children's perceptions of outcomes re their parent's conflict, one year post intervention (n = 47 children in each group)



5.5 Children's mental health, one year post mediation

Children's mental health results throughout the study were not significantly related to stage of divorce, nor to parents' education or income levels. The issue of parental emotional availability however was found to be heavily implicated in children's distress and mental health functioning at the three month follow up. In this one year follow up, the pattern was similar. The SDQ was re-administered to parents at the one year interview, and was completed for each child separately. Total SDQ scores for the children in the two treatment groups did not differ significantly at the end of the year. Exploration of sub-scales within the SDQ showed the two groups to be significantly differentiated on the Emotional Symptoms scale, as illustrated in the graph below. Here we see that the CI children's scores dropped in the latter half of the year, with the residential parent reporting lower anxiety, clinging behaviours, fewer depressive and somatic symptoms and fewer fears.

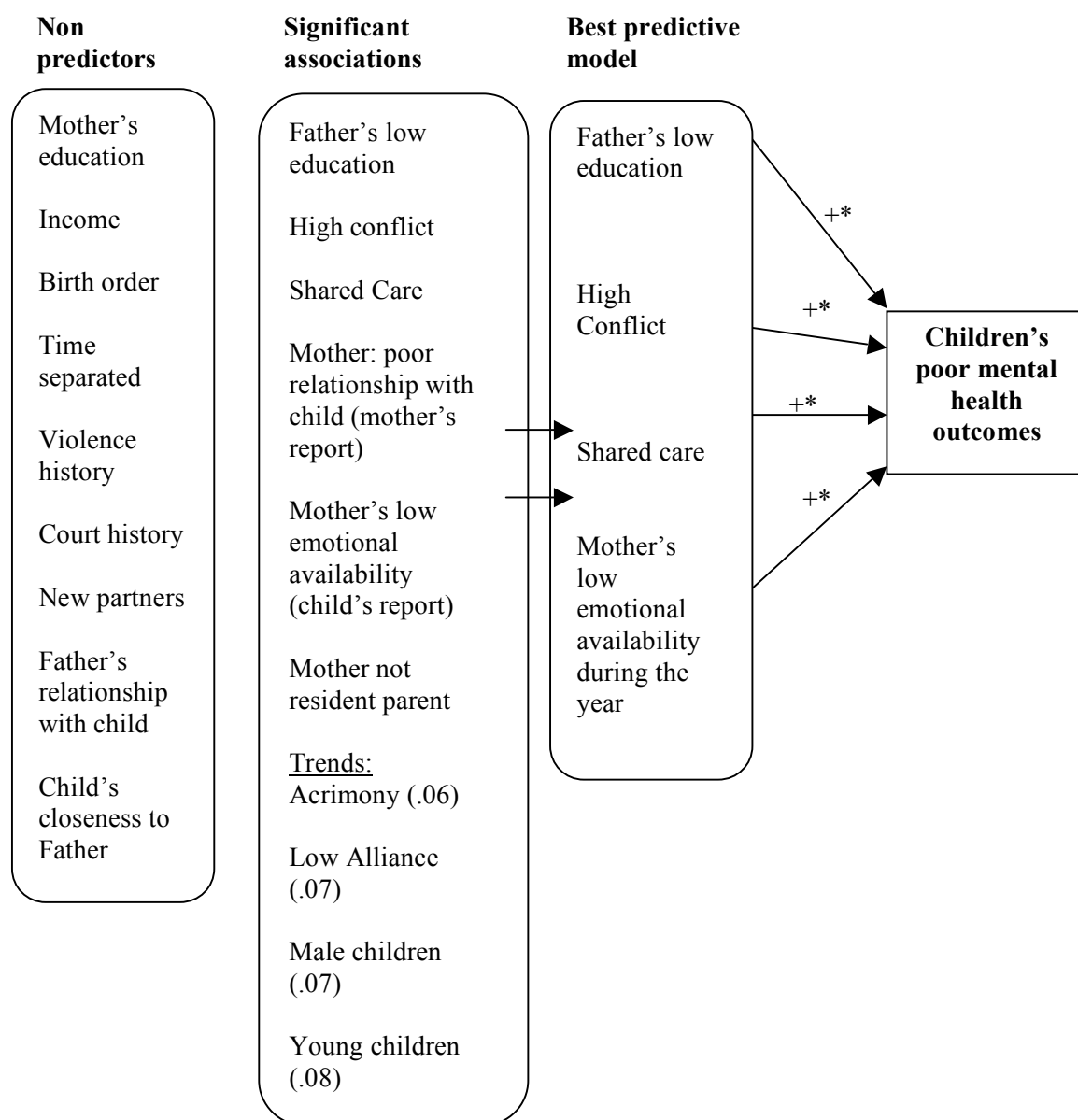
Figure 23. Children's emotional symptoms, as rated by residential parent
(mean item scores, scale = 1 - 3)



Of the overall group of children, 43 (21%) remained in the clinical range of symptomatology on the SDQ, as rated by their residential parent. This is significantly higher than the norm, which in Australia is about 15%. The data were examined through multiple regression analyses, to determine what pattern of variables best predicted a poor mental health outcome for children at the year's end. The diagram on the next page depicts the "most parsimonious" model, or the pattern of variables that best explained a poor mental health outcome for these children over the year, together with variables that did not have an association with the outcome. The combination of factors that best accounts for children's clinical ratings were their father's low education, high parental conflict, shared care and the experience of poor emotional availability in their mother (see Figure 24).

Of interest in this mental health data is the extent to which the relationship factors with the mother overshadowed the influence of relationship factors with the father in the co-determination of poor mental health outcomes for children. This may reflect the younger group of children represented in the clinical group, and the heightened primacy of their attachment relationship to their mother.

Figure 24. Predictors of children's poor mental health outcomes; multiple regression modeling.



*+ = These factors contributed most significantly to children's poor mental health outcomes.

5.6 Predictors of progress for parents

5.6.1 Factors contributing to progress

The data were explored through multiple regression analyses to ascertain what factors contributed to parents' experience of progress at the one year mark, in resolving and managing their parenting disputes. For these analyses, a dichotomous variable was created from the progress scale, and the repeated measures were used, together with several factors derived from factor analytic studies of the Acrimony Scale.

The overall findings were slightly different for mothers and fathers, as follows:

Best predictors of mother's reports of good progress:

1. Child Inclusive intervention
2. Lower hostility at intake
3. Progress around visiting
4. Positive shift in her perspective of father's parenting
5. High parental alliance at 12 months **¹⁰

There were trends for mothers who reported good progress to be older and to be in a higher income bracket.

Best predictors of father's reports of good progress:

1. Child Inclusive intervention **
2. Reduced hostility over time **
3. Increased alliance *
4. Shared care *¹¹

There was a trend for progress to be associated with the father's perception that his children's well-being had improved over the year.

¹⁰ All mother predictors significant at $p < .00$.

¹¹ For fathers ** $p < .01$, * $p < .05$

For both mothers and fathers, the CI intervention was highly associated with better durability and workability of agreements, as was improved parental alliance. Mothers did better when they began from a position of lower acrimony toward their ex partners, and when they made gains in their regard for the father's parenting capacity, within well resolved living arrangements.

The data suggest that both fathers and children do best when shared residence occurs in an environment of low acrimony and cooperation with the child's other parent. Older children in this sample in shared care, who were not caught in high conflict dynamics, did not show evidence of poor outcomes. The data point to the importance of context when considering shared care arrangements, specifically the developmental needs of the child and levels of cooperation between their parents.

Finally, those cases where poor levels of progress were reported by parents were further explored. The following table shows the distribution of scores from the progress scale, converted into a dichotomous variable.

Table 21. Progress since mediation

	Child Focused				Child Inclusive			
	Mother		Father		Mother		Father	
	n	%	n	%	n	%	n	%
No / poor progress	14	32.6%	16	33.3%	12	24.5%	12	23.5%
Some / good progress	29	67.4%	32	66.7%	37	75.5%	39	76.5%
Total	43	100%	48	100%	49	100%	51	100%

Of these cases, data from mother and father in the same case were available for 49 CI cases and 50 CF cases. In 18% (n = 9) CI cases, and 34% (n = 17) CF cases, *both* parents agreed that they had made poor progress by the end of the year with resolving their initial dispute. Interestingly, in each of these cases, the mediator rated parents' progress in mediation as very low, and was dissatisfied with the mediation.

These cases shared the following in common:

Predictors of poor progress in mediation

- Younger mothers
- Lower income mothers
- Pattern of escalating conflict over 12 months
- Declining alliance over 12 months
- Co-habiting new partners
- Dropped out of mediation early

5.6.2 Relationship between progress and time since separation

The figures on the following page show an interesting and unexpected trend¹² for the two groups to differ in their progress toward a workable and durable agreement about parenting, relative to the time since the parents had separated.

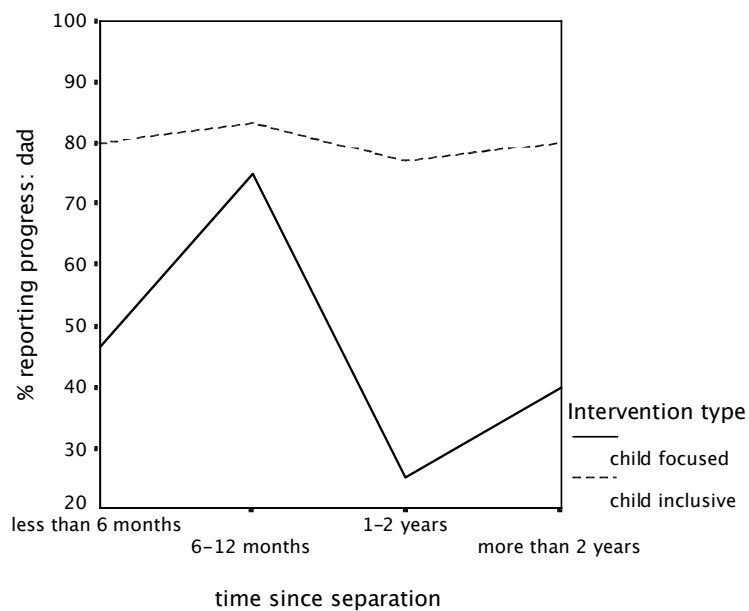
As noted earlier, a larger proportion of CI parents reported progress overall. Within the groups, the Child Focused parents reported less progress the longer the separation had been. Mediating within one year of separation was important to the outcomes for that group. However, progress in the Child Inclusive mediation was not affected by elapsed time. Fathers reported consistent progress, regardless of the time since the separation, and mothers reported *increased* progress, the longer the separation had been.

While something about the Child Inclusive intervention may have overridden the effects of longer term conflicts, future work will need to consider other interaction effects that may underpin this outcome.

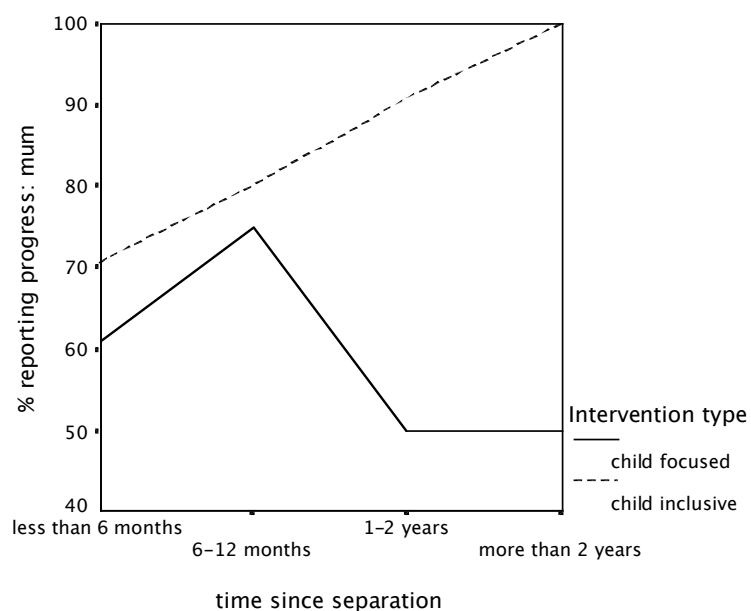
¹² *Chi-square, p = .09*

Figures 25. and 26. Progress against time since separation

Fathers' data (n = 102)



Mothers' data (n = 105)



5.7 Indicators for Child Inclusive Mediation

Finally, the data were explored for information that may help to guide the application of the Child Inclusive intervention. The question was asked, did all families require this intervention, or do some do just as well with the Child Focused intervention?

Taking parents' own progress ratings, we graphed progress scores against the major repeated measures. The resulting patterns indicated that:

- The families who most benefited from the CI intervention were those who reported a *poor parental alliance* at intake.
- Couples with adequate alliance at intake did as well in either group, when looked at from the viewpoint of parents' reported progress about their presenting conflict.
- The data indicated that histories of violence per se were not predictive of poor progress in either intervention, suggesting that this factor in isolation does not contraindicate membership of either treatment group.

5.8 Summary

The one year results, explored through repeated measures analyses, indicate a continuing reduction in conflict levels for the majority of families, across both interventions. Some of the early impacts of the Child Inclusive intervention for mothers appear to have diluted over the year, namely in mothers' reports of alliance and acrimony levels. For men and children, however, the Child Inclusive group continued to show unique treatment outcomes, around the recovery of relationship between father and children, and in fathers' recovery of confidence in the co-parental relationship.

The data also afforded the opportunity to explore contributors to poor mental health outcomes for children. Here we found that those children whose emotional well-being was poorest at the end of the year were those living in shared care, with the combined stressors of highly conflicted parents and poor maternal availability.

Finally, while the Child Inclusive intervention had many notable outcomes that were not evident in the Child Focused data, families who benefited most from the additional and tailored intervention of the Child Inclusive approach were those with a poor parental alliance at the outset of mediation. The intervention offered a significant level of repair to the parental

relationship, and produced developmentally sensitive agreements, with which parents and children remained more content over the year since mediation.

Chapter Six: Qualitative Findings



Chapter 6 – Qualitative Results

The experience of the interventions: Parents, children and professionals

This chapter brings together qualitative data from across the study, to explore further the experiential correlates of the two interventions, from the perspective of parents, children and the mediators and child consultants who delivered the treatments.

6.1 Parent Perspectives

6.1.1 Responses to evaluation of the services

At the three month post treatment interview, parents completed an evaluation form about their views on the mediation they had participated in. As described in the method section, the form contained Likert items such as “*In the mediation, I felt supported as a parent*”, “*The decisions we reached were fair for me*”, “*The decisions we reached were good for my children*”, “*The decisions we reached are working*”.

On this scale, both mothers and fathers of the Child Inclusive Group rated their own progress through the course of mediation as significantly higher than the parents of Child Focused group, on all items¹³. The following items showed statistically significant differences between the groups.

- Higher resolution of presenting dispute ***¹⁴
- Decisions reached are working *
- Felt supported as a parent *
- Decisions reached were good for my child/ren *
- Concern was shown for my child/ren **
- My children benefited directly from the outcomes of the mediation**

Of interest, there was little difference between mothers’ and fathers’ reported experiences of the mediation process in the Child Inclusive group. They tended to describe very similar experiences of the mediation across all items assessed, revealing a uniformity in how the

¹³ (for fathers, significant at .05; for mothers, significant at .01).

¹⁴ * $p > .05$ ** $p > .01$ *** $p > .001$

treatment was perceived and received by each parent. However, there was a notable difference in the Child Focused treatment group, with mothers and fathers reporting a strikingly different experience of the mediation on a number of accounts. Significantly, the Child Focused fathers reported that they were less supported, that their feelings were less understood by the mediator and that the outcomes were less fair for them¹⁵.

This finding gives an important insight into the concept of fairness and the differential impacts of “mainstream” mediation for mothers and fathers. The narrative data described further in this section suggest that the Child Inclusive intervention often functioned to remove the mother from the psychological role of “gatekeeper” of the information about the children. As such, we speculate that this may have created the experience of a more level playing field for fathers in the negotiations around children’s needs than was experienced by fathers in the other treatment group. The Child Inclusive fathers 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 a neutral specialist.

The following comments highlight some of this dynamic:

“It was very good. Comments that came back were rather surprising – like that my kids actually preferred us being separated than together. I was concerned particularly how they were going and it was good to have an independent person to ask them.” (CI Father 102)

“It’s all about interpretation. What I heard from that meeting from the ‘child person’ made sense. After we went through that, from then on my daughter can sit down and talk about whatever she wants. I learned that she adjusted what she was saying to me or her mum. She doesn’t have to be careful about what she says anymore.” (CI Father 109)

“It was fine for me and I’d do it again. I remember the feedback distinctly - she said the children were very affected and I hadn’t realised it. I was too caught up in the battle to see it.” (CI Father 121)

“I thought it was wonderful - sometimes they (children) weren’t comfortable talking to me directly, so having a skilled person, independent, to talk with me about them was wonderful. It was closely aligned with my experience and challenging in a good way. It’s

¹⁵ all significant at .001.

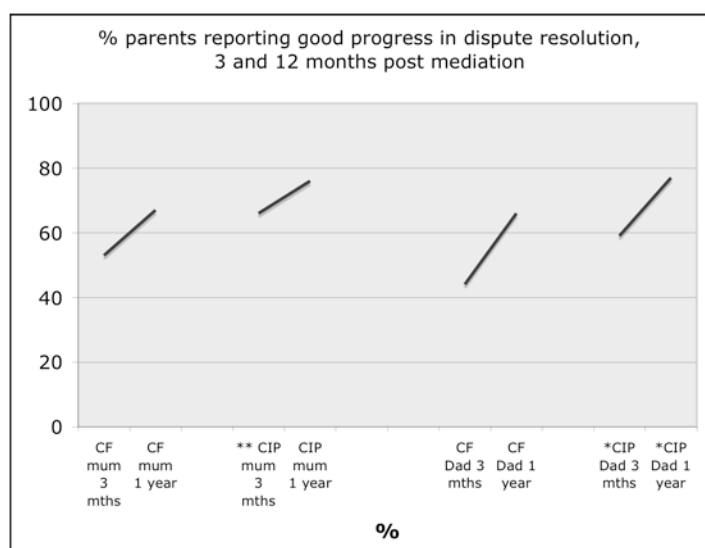
easy to get carried away with our own fantasies especially at a time of such turmoil." (CI Father 125)

"It was good to see my child through someone else's eyes." (CI Father 315)

6.1.2 Time heals, and intervention helps

As the following graph illustrates, all parents reported an experience of improved resolution and management of their dispute across time. This corresponds with the repeated measures data reported in the previous two chapters. There was a significantly higher rate of progress reported by Child Inclusive mothers at the three month follow up¹⁶, and by the Child Inclusive fathers at both follow ups¹⁷.

Figure 27. Parents reporting good progress in dispute resolution



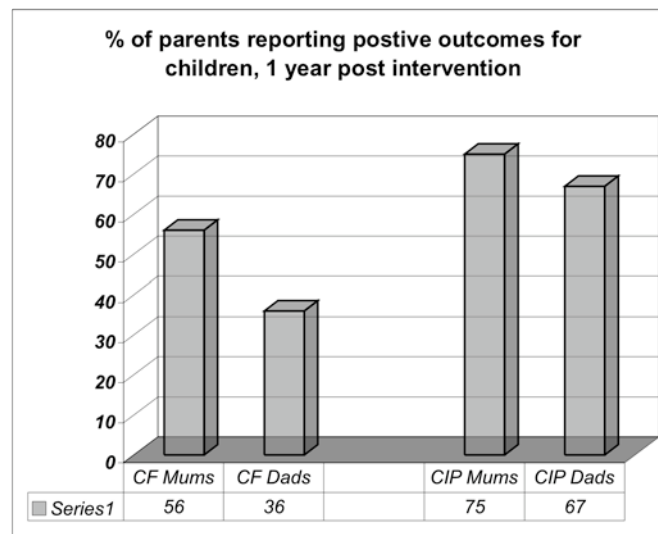
6.1.3 Did parents believe the services made a difference for their children?

Again, in the 12 month follow up interview, parents were asked to rate and to discuss where their children were left, one year following intervention. Specifically, they were asked whether they felt the overall outcomes of mediation for their children had been positive. Graphically, the data appear as follows:

¹⁶ $p < .01$

¹⁷ $p < .05$

Figure 28. Parents reporting positive outcomes for children



The same patterns are evident in this data as in the previous set. First, a five point Likert scale was collapsed into a dichotomous variable, to explore broad trends in this area. On this item, we see that 75% of the CI mothers reported overall positive outcomes for their children, compared with 56% of mothers in the CF group who did. On fathers' data, 67% of fathers in the CI group reported overall positive outcomes for their children, where 36% of CF fathers reported this.

Fathers in the Child Focused group were most likely to say that their children had not benefited from the mediation process or its outcomes. Those who did see gains for the children referred to the direct educative component of the intervention, for example,

"(It) made clear that his wellbeing should be at the centre of our decisions." (CF Father 613)

"Mediation (gave) a constant reminder that our son needed to be the focus – we can't be constantly arguing with one another. There was the reality of the practicalities – we need to have realistic expectations – and we have to negotiate, for our son's sake." (CF Mother 613)

The quality of insight from parents into the need to contain and manage conflict was decidedly more pronounced in the Child Inclusive interviews, one year after intervention. Parents in the Child Focused group were more inclined to mention the benefits of having the

routine and communication with their ex partner sorted out, whereas CI parents were more inclined to mention relationships and conflict variables that affected their children.

6.1.4 What was it like having children seen in the Child Inclusive intervention?

It was evident across many indicators over the year that the impact of having the children seen and their views heard was substantial. Further analyses were conducted to systematically explore parents' views about this aspect of the intervention.

Table 22. CI Parents' reports of having their children seen, one year after intervention

	Highly valuable	Some value	No value
Mothers (n = 47)	79% (n = 37)	15% (n = 7)	6% (n = 3)
Fathers (n = 55)	84% (n = 46)	11% (n = 6)	5% (n = 3)

The table above contains findings from a condensed Likert scale, with the data indicating that few parents found the experience to be negative. Fathers in particular described this aspect of the mediation as valued and transformative.

It is equally important to understand the context of cases where no value appeared to come from the Child Inclusive intervention. The comments of these six parents are considered below.

6.1.5 Children being seen was of “No value”

Only one couple of the 70 cases explored agreed that the CI intervention had not been of value. This is their story:

♦ Case 1: No value seen by either parent after 1 year

“Both children say they did not like the counselor and did not like the process – I would not do it again.” (Mother)

Her former husband was also negative - *“If it shuts everyone up and makes all these academics look good, then it's great. I don't think it achieved anything. Take children to someone and there'll be something wrong with them.”* (Father)

The mediator reported: *“The parents attended in crisis. The wife had left with the children after a violent and frightening incident, witnessed by the children. A safety plan and a truce was negotiated. Parenting has not yet been discussed. They agreed to seek counselling for the children, on the child consultant’s advice. They agreed to the next steps in considering the separation and relocating the family safely.”*

The child consultant commented: *“The children felt safe in the interview – were very chirpy and happy when they left the session. However the children had not known why they were coming – their parents had not given an explanation. Parents were living under the same roof at the time, and the children were hopeful that the separation may not occur. Parents were still ambivalent at feedback about separating. Recommended counselling for the children around the trauma. Could not do much more at this time.”*

The boys, ages eight and five, spoke hopefully about their parents in their first and only interview for this research. *“They haven’t fought for four days.”* said the eldest. They had been very frightened of their father’s violent outburst, and their material showed a high level of despair, and concern that the “fights” would never end. They said they had enjoyed the interview and the little one felt *“...much better in the tummy”* after.

In the first follow up set of interviews with these parents three months post intervention, Mum reported that the feedback from the children’s interview was accurate, but the children’s interview itself was *“boring”* for the children, and that she also had been very anxious about them being seen.

The children had been in an emotionally untenable position. While they had been able to share an authentic experience with the child consultant, it appeared to the researchers that they had minimised their interview and its importance when speaking to their parents, particularly to the father who was unable at that time to value anything of their material.

The clinical supervisor’s notes from the case indicate a focus on the *“...need for damage control and the re-establishment of emotional equilibrium”* through the feedback. The case was seen as crisis oriented, where the child intervention was hoped to have provided a debriefing function for the children, and a screen for further supports required. Feedback was tailored according to parents’ capacity to hear, and kept to a minimum, given the parents’ highly reactive state.

In the three months post intervention, the parents formally separated and the father had a severe depressive breakdown, for which he was hospitalised.

At his final interview, Father simply commented: *"It's all turned to sh*t - it got worse not better."*

Mother at twelve months spoke about the impediment to mediation of her former partner's mental health and alcohol issues, which were untreated at the time of intervention. Once psychiatric care was obtained eight months after intervention, this mother saw an improvement, but not enough to be able to mediate. Their matter had come from the Family Court and was returning there at the time of the last research interview with the family.

Comments from the other parents who felt that the Child Inclusive intervention had been of no value are presented below, together with the contrasting experiences of their former partners.

♦ **Case 2: Mother found mediation helpful, father did not**

"I felt that was a very unnecessary session for my boys. I think they were an age where they did not need to be involved and I felt they were forced into that by their mother. Totally unnecessary. No new information. At the time (feedback) I think she heard things that suited her." (CI Dad 107)

This father's ex-partner was positive about the intervention, saying: *"I'm all for it. My ex was very angry. I did try for another feedback session. I think we needed more than one session to think about it all, but he wouldn't"*. (CI Mum 107)

♦ **Case 3: Father found mediation helpful, mother did not**

This mother commented: *"No, it wasn't valuable. May have been counter-productive - stirred things up"*. (CI Mum 221)

Her former husband was positive: *"I was very interested in learning about their perceptions – I learned a lot"*. (CI Dad 221)

♦ **Case 4: Mother found mediation helpful, father did not**

A father commented: *“Didn't make any difference. No value. My son was intimidated by his sister - he had to do a drawing but when he saw hers, he said ‘Oh I've done mine differently’ so he scrubbed his out to make his more like hers.”* (CF Dad 306)

His ex partner said: *“Fine – I was really happy they got to have a say, and I got good feedback on my children’s thoughts about their life with me. I learned a lot about my children’s feelings and that I was right on track with them. They have been affected by the split, which was a worry to me. Unfortunately though my ex wouldn’t finish the mediation process”.* (CF Mum 306)

Children said: *“Dad knows how I feel. I could not speak to Dad before and if I wrote letters, he thought Mum wrote them. After talking to the lady, he knows how I feel.”* (CF Son 306)

“Good because I felt I could talk openly.” (CF Daughter 306)

♦ **Case 5: No value seen by either parent after 1 year**

This mother commented: *“To tell the truth, they were a bit disgusted – it wasn’t really geared towards their age. Not terribly helpful to them. If I'd known I would have said No - I had no problem with them going and saying what they think.”* (CI Mother 215)

The children’s father said: *“I didn’t really learn enough about what they said because she (ex) rushed it. Didn’t get enough feedback. Should have had another session, but the ex was hell-bent on finishing and getting out of there. No time to think.”* (CI Father 215)

From these comments, it can be seen that experiences are mixed. Much depends on the perspective of the parent, their mental state at the time of the intervention. A subsequent section explores further the impact of mental health on intervention outcomes.

6.1.6 Children being seen was of “Some” or “Mixed” value

The following are a randomly selected array of comments from parents, that are illustrative of the experiences categorised as “mixed” value in having the children’s direct involvement.

“Alright. Bit nervous because you wonder what your kids are feeling about living with you. Kids sometimes say what they think you want them to say. It would be nice if there was a way to get feedback about how your kids truly are feeling. A lot of it's confidential so we only got generic information.” (CI Mum 105)

“I was disappointed the feedback was by telephone, because my ex lives a long way away; felt it let her 'off the hook' a bit, and maybe things could have been tackled more head on if she'd been in the room. It's hard to know what she really thought about what was said there.” (CI Dad 120)

“The feedback was shallow. We think the children did not want things fed back. Would have preferred the child consultant to tell us that. My ex and I strongly agree that the children are more important than our problems. We did learn that the children were a bit puzzled – ‘Why can't our parents fix this themselves?’” (CI Dad 122)

“A good thing then, but in the end, disappointing. My son would jump at the thought of spending time with me but is afraid of the repercussions that would come from his mother, and I don't think we could get to the bottom of this in such a short time”. (CI Dad 127)

“It was OK for me, but one interview left my daughter upset – the issues were too raw.” (CI Mum 217)

Clearly some parents had hopes of the child consultation that were not realized in the single session and in some cases the confidentiality of the child's interaction with the child consultant caused parents to feel that they were missing out on insights into their children's experience.

6.1.7 Constituents of progress for each intervention group

At the three month interview, parents were asked to reflect on what stood out for them about the mediation, that appeared to them to have made a difference to their progress. Content analyses, informed by an empirical phenomenological method, were conducted by two researchers, to explore the common elements that parents described in good and poor outcomes from both interventions. This method takes the raw narrative, breaks it down to meaning units and then explores common themes emerging within and across narratives of the groups. Agreement of broad themes was reached in all cases.

This is not always the case in such analyses, but in this data set, parents tended to be emphatic, or “black and white” about their views on this, assisting the clarity and division of the resulting themes. The results are summarised and elaborated below. There were no obvious divisions between mothers and fathers in either group.

Over half of the Child Focused parents could not identify anything specific that helped to progress the resolution of their dispute. Despite the deliberate and repeated emphasis given in that intervention to children’s needs, only 8% mentioned it as having been pivotal to their progress.

Table 23. What helped your progress the most?

Child Focused Parents (n = 75)		Child Inclusive Parents (n = 101)	
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%		

In this group, property settlement, parenting timetables and financial issues featured prominently in parents’ narratives as being fundamental to a sense of progress. Responses here emphasised the importance of the mediation forum as a place for airing issues, and highlighted the facilitating presence of a third person in terms of feeling safe and contained:

“The mediator did a good job, and also I was surprised at the level of anger brought out in the process, which was well contained by the mediator.”

“It was good to have a third party to bounce ideas off and make suggestions.”

“He was really non-judgmental, keen to help us make informed decisions.”

The importance of their children’s welfare being addressed through the mediation was present, but more often at a level secondary to the resolution of the concrete and pragmatic concerns. The more common thread in their commentary was around a resolution to the living and visiting arrangements, particularly when they were organised to the satisfaction of

both parents. Parents who reported good outcomes from the Child Focused process conveyed an increased awareness of placing importance on children's perspectives and issues.

"The mediation clarified our financial situation so that we could then put our energy into getting things right for (son)."

"Being able to openly discuss their welfare and having advice from someone experienced in these matters."

"Brochures and information about conflict provided by the mediator were helpful."

"Facilitated seeing what the options were for our daughter."

In contrast, the Child Inclusive group had a much clearer impression about what had helped. The majority spoke about the direct feedback from their children as having been of greatest assistance to the resolution of their dispute. There was a higher incidence in father narratives on the feeling of being supported and heard, in keeping with quantitative data reported earlier in this report.

Positive outcomes in the CI group were shaped by the primacy of relationship between parents and their children. Parents' accounts in this group often remained attuned across both follow up interviews to their children's feelings and experiences. The children being invited to articulate "their view" was central to the successful outcomes reported by this group. Parents were aware of value having been placed in this process on every person in the family-system. Links here were evident to the promotion of a greater understanding and greater goodwill between the parties.

"Both of us as parents came away feeling affirmed."

"He (son) was considered as important as everybody else, and properly listened to."

"Former partner and I keep our focus on the children's needs, this in turn makes many decisions much easier."

"To be honest about your parenting and learning to meet your husband in the middle, letting go of the bitterness and focusing on the children."

"We settled into a routine and are ALL happy because we are not fighting."

The fact that the impact of conflict on children was not received in general terms, but heard directly from and focused on their children via the child consultant, seemed to be particularly

valuable in embedding a child-centred approach in the parents to their dispute. The atmosphere in the mediation process was felt to provide a safe place for airing opinions and discussing issues while avoiding an adversarial situation.

For the children whose experience corresponded with parents (i.e. who had similar positive experiences of their involvement in the mediation), there are feelings of being on firmer ground, that communication in the family became easier, with less conflict between the parents. A sense of relief strongly underscored the narrative of the children in the Child Inclusive group, at being able to talk about their feelings with the child consultant:

"Made me feel better about not being with both of them, and it was good to get things out. It was easier than talking to Mum and Dad. It was helpful to let all the stuff out"

"It was good to express my feelings"

"It was helpful letting all my thoughts out"

"Dad started getting nicer and Mum and Dad don't fight as much".

Below are further representative comments from parents:

*"Can't get over that booklet (Referring to Because it's for the kids, McIntosh, 2005). It kept reiterating - it's hard for you but you're adults. Just keep thinking about the kids. At the time you're so hurt, you just think about yourself. The mediator put a whole lot of issues on the table. She didn't take sides. Good at throwing back the other person's issues at you. Yeah, it was really confronting. I thought I'd be judged. You'd be told you're a f**ked mother. There was fear too because we're a gay couple, you have your own guilt over what happened for the kid. Your worst fear is that your child is suffering and that someone is going to point out how much damage you've caused your child. The feedback session was a bit confronting, but very well handled. Felt like we'd got it wrong, but could put it right." (CI Mother 106a)*

"It was great because I know my eldest had issues. She looked very depressed. Being older she understood more about the separation. Feedback? Basically that they wanted to see their Dad but didn't want to be pressured into doing something they didn't want to do. We decided we'd leave it up to them to come round when they were ready and that has worked well. We probably would have got into something more uptight, and put more pressure on the kids, without that feedback." (CI Mother 127)

“A little bit scary. I say that because I don't see them very often – and I wasn't sure what was going to come out of it, but I was happy to do it. Wanted to know if I was doing anything to hurt them and if I could do anything to help them. I learned a lot.” (CI Father 105)

“They went into so much detail about the boys and their relationship with their Dad. My husband really heard what they said, which really surprised me because he's a stubborn man. He could see from all their visual images how it really was for them.” (CI Mother 105)

“I heard their opinions, which were an eye opener. It gave insight into what they were going through. I do stuff differently now – getting past the hurt and seeing them more clearly is what happened.” (CI Father 206)

“It was not something I enjoyed going through, but look what it achieved - my former partner now listens to the children's needs and is a better father.” (CI Mother 108)

“I was pretty comfortable. Important they speak to someone with the knowledge. That person gives the children reassurance about how things would sort themselves out. Important for kids to hear that from an independent person. Important for the service to flag any problems they were aware of that we weren't. It's a good opportunity if some underlying issue is not apparent to us, which is what happened in my case.” (CI Father 108)

This brief examination provides further food for thought about the differential impacts of the Child Inclusive intervention over time, and the mechanisms by which the intervention stays in the mind of the parent as a shaping and formative experience.

6.1.8 Constituents of poor outcomes for both groups

The vast majority of parents in the Child Focused group who reported poor progress did not feel they had experienced anything helpful regarding their children or otherwise. Problems in mediation related largely to un-cooperative ex-partners. Parents frequently referred to their perception of personal or gender bias by the mediator, and carried a strong sense of injustice away from the experience. In this group, children tended on the whole to share their parents' view about poor progress.

“They still are in a mess, and probably always will be”

"I don't think anyone can help them"

"It's just better because I've learned to keep out of it. I just figured it out, like that was the best way of coping."

In the Child Inclusive group, parents who reported "no progress" were similarly despairing that anything at all could help their situation. Problems experienced in the Child Inclusive mediation related both to factors between the parents that could not be overcome and to parents not feeling supported or understood in the process. Despite overall impressions that their conflict had not been resolved, there remained in this group an evident thread of awareness around the impact of conflict on their children and of the importance of considering their welfare.

"I learned some different ideas about how the children might be affected by separation."

"Reinforced the need to consider the well-being of the boys."

"It's all about what's best for the children."

Children's responses in this poor progress group indicated that about half of them agreed with their parents' assessment that no improvement had occurred. These children were still reporting problems with their parents' conflict and often wanted different living arrangements. The other half of these children disagreed with their parents' view, and perceived some kind of progress, usually believing that their parents at least did not fight as much. There were many children who reported personal gain from the process, despite their parents' own pessimism about progress.

"They don't argue as much, even though they still don't agree."

"Helped me understand more about them being separated, and about how I feel about it."

"I got a lot off my chest, and I really liked that guy I spoke to. He made me feel like I wasn't alone and gave me advice from what other kids did that helped them just to cope with their parents' carry on."

6.1.9 Severe parental mental health issues and family violence: Implications for intervention criteria

From the above analyses, review of cases revealed an important insight into the cases that had made least progress. Of the six Child Inclusive cases identified, three involved subsequent severe mental health breakdown in the year that followed intervention. In each case, the non-

affected parent identified prodromal or active symptoms in the other parent, which they believed blocked or hindered the mediation outcomes. In one further case, severe personality issues for one parent were evident to the clinician reviewing the interview data. The remaining two cases were each hallmarked by severe and entrenched conflict, which resulted in police involvement for one family, and relocation for another in an attempt to stem the damage. Overlapping with these two cases also appeared to be strong personality issues for one parent.

The cases are marked then by a level of conflict or a level of personality and mental health disturbance that severely impacted one parent's capacity to participate fully, and in particular to absorb any useful feedback from the child's session. Of interest, all of the non-affected parents from these "no progress" cases thought the children's interview had been of value to them, although it had not altered or led to a resolution of the main conflict.

Current stability of mental health was specified in the inclusion criteria for participation in this research (refer Chapter 2) as it is for mediation generally. In considering the best criteria for inclusion into Child Inclusive work, parents' mental state needs to be evaluated closely by the mediator, with regard for the perception of the former partner as well as assessment of the identified parent.

In contrast, issues around conflict and violence point to a different set of considerations. As described in the data of the previous chapter, the Child Inclusive approach had more success with severe conflict cases than did the Child Focused intervention. A history of violence, as reported by mother or father, did not predict poor outcomes in either intervention. Of the non-successful outcomes in the Child Focused group, dominant themes were evenly spread across parental mental health issues and deeply entrenched conflict.

The data in this study do not support a view that cases should be excluded from child-centred interventions on the basis of their conflict levels per se, or the presence of violence in the relationship history. This study lends support to the idea that exclusion criteria for both interventions need to be *capacity* based, around the ability of a parent to usefully participate and take on board ego-dystonic information, rather than around the simple presence or absence of *issues*.

6.2 Children's Perspectives

6.2.1 Children's experiences of the interventions

Children's narratives at the three month follow up were explored for their overall sense of progress in parents' conflict resolution. Suitable data was obtained for sixty CI children and forty eight CF children. Material was predominantly taken from children aged 7 to 14.

Overall, where roughly two thirds (61%) of Child Inclusive children reported positive outcomes for their family since their parents' mediation at the three and twelve month follows up, only one third (37%) of Child Focused children felt that way. Equally, 41% of Child Focused children reported mainly negative outcomes for the family since mediation, where 17% of Child Inclusive children felt the outcomes were predominantly poor.

Children in the Child Inclusive group were also asked to discuss what it had been like for them to attend the child consultation. Sixty (60) children's interviews were analysed with this in mind, three months post mediation. The broad distributions emerging from their responses were as follows:

- Eighty-six percent said it was good/great/helpful.
- Six percent said it was not needed, but was okay.
- Eight percent said it was not helpful.

I found it good/great, and helpful (86%)

- *"He (child consultant) helped a lot, it helped get the sadness away from me."*
- *"He was a nice person, and it was good to talk to someone about all this stuff."*
- *"Made me feel better about not being with both of them, and it was good to get things out. It was easier than talking to Mum and Dad. It was helpful to let all the stuff out."*
- *"It helped to have someone listen to what I said, for it to be confidential, but also he would pass on to the parents what I wanted them to know."*
- *"Before it, I was cold and I felt sick and a bit scared. I felt like vomiting even. It was just my nerves. Afterwards I felt really good, like much better."*

- *“It was unusual, I’ve never been counselled before, but it was all right. I think it was reasonably productive too.”*
- *“Good, it was fun, and it made me feel better.”*
- *“I was allowed to speak and say what I want without my Dad knowing. I could speak about problems.”*
- *“We could talk about what was troubling us. We told her that we hate it when Mum and Dad fight around us, and she told them.”*
- *“After, Dad started getting nicer and Mum and Dad did not fight as much. Dad still doesn’t like coming here, he just drops us off and says ‘See you girls’.”*
- *“Each parent has backed off and calmed down a bit. Mum is markedly less distressed the times she takes us over to Dad’s place. I’m spending a bit more time with Dad.”*

I thought it was okay, but it wasn’t needed (6%)

- *“It was okay, but not particularly helpful. I don’t think anything would help really.”*
- *“Didn’t do much for me. I had a counsellor in Sydney and I have one now too.”*

It wasn’t helpful (8%)

- *“It was a bit childish.”*
- *“I felt as if the person was asking me which parent I preferred, and I couldn’t say it that way.”*
- *“I found it boring, it didn’t really change the way I thought, but I was happy to miss school.”*

Exploring the cases of the six children who found the interview unhelpful, we found they fell into three sibling groups. In each of these families, the outcomes of mediation had been very good, the feedback highly valued by the parents, and there was no congruence between the teenagers’ reports of unhelpful sessions with the outcomes reported by parents.

6.2.2 CI Case 125

Thirteen and 14 year old children found the interview “boring” and not very helpful. Both parents, one year post intervention, rated their progress very highly, and pointed to the children’s feedback as having been pivotal to that.

Their father said: *“The kids having a say was great, with learning they felt responsible for stopping us separating - it wasn't obvious to me until that was discussed in the feedback. It led to them blaming themselves and we were able to help them out of that position. If you don't include the children they feel more powerless than they already do. I'm amazed by the depth of their thought and feeling and to not give them the chance to speak would be disrespectful.”*

Their mother said: *“It reinforced the need to place the children's needs very highly”.*

Due to the requirements of research, the interview had a fixed format and used projective materials suitable for five year olds. It appears these reports by teenagers of unhelpful sessions may reflect a sense of frustration with the interview content, which under normal clinical conditions would be more flexible.

6.2.3 Exploring any harm from Child Inclusive interviews

Twelve months post intervention, no agreed detrimental outcomes of child participation were reported by parents and children in any case in this Child Inclusive sample. While some teenagers found the format dull, and two parents wondered if it had “stirred the pot”, there was no case in this sample where parent and child felt mutually negative about the consultation. No children identified the consultation as having created a problem for them or for either parent. The vast majority of children found the interview, although confined to a single session, helpful.

Analyses of the children’s data continue beyond this report, including extensive analyses of their responses to the Separation Story Stems.

6.3 Mediator outcomes

Mediators participating in this study (n = 18) were asked to record the outcomes of all cases along several dimensions, upon case closure (within one month of the final mediation

session). There is congruence between parents' and mediators' perceptions of progress. First, the progress of the Child Inclusive cases as rated by mediators was significantly higher than for their Child Focused cases¹⁸.

Twenty three percent of Child Focused cases were rated as having made little or no progress, where this outcome was recorded for 8% of Child Inclusive cases. The middle range was similar for the two groups, but no Child Focused case was regarded as "largely resolved". Twelve percent of Child Inclusive cases were rated this way.

Table 24. Frequencies for progress scores: Mediators delivering Child Focused and Child Inclusive mediation

	Child Focused		Child Inclusive	
	n	%	n	%
No progress	4	10.3 %	0	0 %
Little progress	5	12.8 %	4	7.7 %
Fair progress	12	30.8 %	22	42.3 %
Good progress	18	46.2 %	20	38.5 %
Largely resolved	0	0 %	6	11.5 %
Total	39	100.0 %	52	100.0 %

Secondly, across both treatment groups, the mediators predicted with great accuracy cases where parents reported having made no or little progress, twelve months post intervention. Truncating a five point scale into a dichotomous "*Progress or no progress*" variable, there was a perfect 1:1 correspondence between mediator ratings of progress and mother's ratings. Fathers tended to be more optimistic than mediators about progress made, but the correspondence of their views was still significant¹⁹.

Beyond the evaluation data collected on each case, focus groups at the end of the CI treatment delivery phase gave an opportunity to further explore the experience of delivering each of the interventions. Sixteen mediators and eight child consultants across the three sites discussed their views on the realities of delivering these two interventions.

¹⁸ ($t = -2.164$, $p = .033$, 2 tailed).

¹⁹ $p = .001$

All teams felt that the Child Focused intervention had given them an opportunity to garner together their best parent education and support interventions. One site reported a higher positive expectation of the Child Inclusive model from the outset, while the other two sites were either suspending judgment or were more evenly placed in their expectations.

Some practitioners (n = 7) reported beginning the Child Inclusive training and treatment phase with scepticism, and even some degree of resentment at the degree to which the model needed to be adhered to for research purposes. However, by the end of the intervention phase, all had to varying degrees been personally and professionally swayed toward a desire for greater application of the Child Inclusive model. This movement came through the anecdotal or intuitive evidence that each team accumulated about efficacy, and not through the formal research findings, which were not available at the time of the focus group.

On average, members of the focus group thought that the Child Inclusive approach would be appropriate for 73% of cases presenting for dispute resolution of parenting matters (with a range between 60% - 99%). There was a strong desire for their organisation to continue to offer Child Inclusive practices (mean = 9.5/10), notwithstanding the additional demands made upon them in this role. Comments such as the following were typical:

“It took us a good six months to find our stride with Child Inclusive mediation...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”.

“I am one of the sceptics who did not like having to convert to new ways. I thought it was another fad at one level, to see children in mediation. Well consider me a convert. I have seen some very powerful changes take place through it (CI). I have a lot to learn yet, but am now willing to keep at it.”

The most helpful aids to practice were rated as the two day core intensive training that was conducted prior to the program, and fortnightly external clinical supervision of the Child Consultants, both of which were key components of the research design.

The 2005-2006 Annual Report from RA National, provided its own synopsis of the enthusiasm that gathered around the Child Inclusive intervention, as follows:

“Participating practitioners and managers developed skills very quickly, and staff who participated in training, supervision and debriefing were spurred on by the positive results for children that were evident very early in the project. Although the CIP (Child Inclusive

Practice) processes took more time than other services, Relationships Australia participants found that experienced practitioners could deliver a positive outcome for children with only a few hours more than the time it took using the Child Focused model. Participating in the project helped to strengthen and broaden the focus on children by Relationships Australia staff and clients.”

With this sense of consistent optimism about the CI intervention comes the question of whether the treatment effects seen in this study are the result of just that. The Hawthorne effect is a well-studied research conundrum, and is usually defined as the tendency under conditions of observation for worker productivity to steadily increase. The theory extends to the idea that subjects of research tend to act differently when they know they are being studied, especially if they think they have been singled out for a special experimental treatment.

While the role of enthusiasm and passion for one's work must at some level reflect on the quality of the service one provides, there are a number of factors in this study that counter the suggestion that these findings are attributable to a Hawthorne effect.

First, from the outset, there was no prior evidence that one treatment would be substantively better than another. Parents were invited to participate in both treatments with equal levels of encouragement, and the take up rates reflect no bias in proportions or types of parents accepting the Child Inclusive intervention. Parents were not aware of an alternative treatment, and were simply selected into a treatment according to the research phase they happened to enter.

Second, it could be fairly said that the professionals delivering the service were not uniformly enthusiastic on the idea of Child Inclusive work at the outset, as indicated above.

From the perspective of the children's outcomes, it is highly unlikely that any of the children had any notion of differential treatments, and further to this, all children in both groups received the same interview at the outset; only one group's views were reported back to parents.

The depth and rigour of this repeated measures design and data collection across a span of modalities has allowed for a process of triangulation, considering the subject of progress and

outcomes from multiple perspectives. The extent to which the data concur across quantitative and qualitative modalities is striking.

Finally it must be said that at the end of six months of the Child Inclusive treatment, practitioners uniformly felt that they were just “hitting their stride”. The work as prescribed by this model was complex, and the learning curve was steep. It serves to illustrate for any other organisation considering adopting this approach, the extent to which ongoing, specialised training and support are needed to establish even basic skills.

Chapter Seven: Case Studies



Chapter 7 - Case Studies

This chapter sets out four cases from the study, illustrating progress and lack of progress made through both the Child Inclusive and the Child Focused interventions and incorporated input from family members, mediators and child consultants. Identifying features of the cases have been altered to protect confidentiality.

7.1 Progress in the face of complexity: a Child Inclusive case

A number of cases in the Child Inclusive sample made good progress over the year. The following case was selected for a study because of its complexity. It was not a perfect story, but a real struggle to move forward, for the children's sake. It conveys some of the power of the intervention to re-prioritise parents' agendas in a dispute resolution process, and for this message to remain in "the mind's eye" of the parent.

The family:

Mela, 37, and Jon, 41, with Robert, 12, Lucas, 11, Amanda, 9 and Harriet, 5

This was a complex case, marked by unresolved grief and very poor communication between parents. Mela's family had immigrated to Australia when she was young, from a non-English speaking country. The parents had been married for twelve years, before Jon initiated the separation, leaving the family home for another relationship, when his youngest daughter was three. Their first arrangements were negotiated by lawyers, resulting in a 30/70 split of time. The legal process appeared to have lent further antagonism to the parental relationship. Jon noted

"...we got absolutely nowhere. We went backwards. All they want to do is pit you against each other so you go to court. They always profess they want to avoid court but all they do makes it happen."

After two years of feeling unsuccessful in his efforts to spend more time with his children, including attempts at legal and court avenues to resolve the dispute, Jon approached Relationships Australia. His presenting argument was for a 50/50 care arrangement. Jon ran his own successful business and Mela was full time at home, with no independent income. Mela did not want to alter the arrangements, believing it would, amongst other things, have financial implications for her, and was not in her youngest child's interests.

The dynamic was marked by high conflict at intake. Mela wanted to improve communication with Jon, and felt optimistic that they would achieve this. She wanted to communicate more about the children's needs and wanted more acknowledgement of her contribution to the family. She was highly anxious, emotional and her thought often lacked coherence. Jon rated their ability to resolve disagreements very low and had a bleaker perspective on his relationship with his ex-wife. He felt she was "...*stuck, bitter, and hadn't gotten over it*". His style overall was derogatory, frequently demeaning his wife through the intake session. Neither presented with a focus on the children's needs. Both were bitterly pre-occupied with the idea that the other party was trying to maximise their financial gain through increased overnight contact. The parents agreed to the idea of the child consultation process, with Jon feeling that they had tried everything else and perhaps this would be the answer, and Mela supportive of giving the children a chance to talk: "*They must be as mixed up as we are*".

They went on to have three sessions of voluntary Child Inclusive mediation, including the feedback session, and returned some weeks later for a further two sessions to resolve financial matters. Their mediator rated the couple's level of conflict as high. He described their progress in mediation as significant, and was satisfied with the overall service provided.

In the Child Consultation, all four children spent time together and individually with the specialist. The eldest child, Robert, was wary and guarded, saying he would not answer some questions because he did not want to take sides. His material indicated his mother's strong emotional reliance upon him, and an equal pull to be like his father. He appeared most troubled of the children, with poor means of communicating his distress, tending to demean those who tried to help him.

The other children drew diagrams showing a fairly equal experience of closeness with both parents, apart from the youngest, who showed a stronger attachment orientation to her mother. Her stories conveyed the extent to which she remained occupied with her parents' tensions. Projective stories had a focus on "...*Mum and Dad never working things out*" and on arrangements being "*all mixed up*". Lucas thought he was "...*getting over*" his parents' separation, but remembered that before they separated "...*I was happy because I did not understand they were unhappy*." Amanda felt caught between her parents, wanting to see both more, and also clearly feeling burdened by her mother's grief: "*She cries a lot, even at my school sometimes, and I'm not sure that she will stop*". The children felt the focus of the conflict was about money, and about them: "*Mummy is scared that Dad just won't give us*

enough to live on, and they always seem to fight about me, like sort of who gets to have us more". Each was clear they wanted to see more of their father overnight.

In the feedback, the core themes discussed with parents by the child consultant (together and separately), were around the parents' efforts to do the best for their children, but losing sight of some core priorities under the load of their ongoing acrimony. In turn, links were drawn to the ongoing emotional burden that the children felt, and the loyalty tensions, which consumed much of the developmental energy. Importantly, Mela and Jon discussed with the child consultant the children's sense of being caught in the middle of their parents' arguments. The children's need and desire to preserve a relationship with their father was then addressed. The parents were cautioned not to think that one arrangement would suit all of the children equally, particularly given the youngest child's stage of higher attachment need for her mother.

Both Jon and Mela appeared to receive the feedback well. Mela cried a good deal throughout, but seemed to shift within the space of the session: *"I know I have to move on"*. She acknowledged a need for support to move forward with her own grief process, and a referral was arranged. Jon gave the impression that he gained some insight into his children's emotional world, and softened in his stance about 50/50, seeing that until they could put in place an effective communication process, the children would be subject to further tensions, with more transitions between the homes. An agreement was reached that the older children would have an additional overnight stay each week with their father, and that the youngest would work toward this.

Three months after mediation, a notable change in Jon's data was a drop in his feelings of acrimony toward Mela, an increase in his regard for her as a parent, and a willingness to cooperate with her. Both parents however said the decisions reached in mediation were not fully in place, and each wanted to blame the other. Mela said Jon would not commit to a regular arrangement, and that impromptu extra nights were not good for the children. Jon reported that Mela *"...just changed her mind after the mediation"*. The old pattern of claiming the children's time as a financial gain had not completely died down, and each suspected that this was the underlying game being played by the other. However, both said they had progressed with managing their conflict and had been able to come to their own arrangements after the mediation, in line with what the children wanted. There even appeared to be some flexibility in what they had negotiated.

Through the Child Consultation, Mela said she realised the children needed more time with their father, and that the children had been carrying her sadness. She trusted the information: *"It was good because it was from them, not from him, not just him saying I should get over it."* Both said the process increased their focus on the children.

Mela said:

"(Mediation helped me realise that) Jon needs to be more involved in their lives. I was able to see the children have a real need to be with their father (but) I don't think 50% works. Having the mediator made it easier to face him...I need a buffer to really hear him. He's more articulate and business-wise. I thought he'd have the upper hand. Just being able to have that third and fourth person there – it's been easier to face him. I find it difficult...when he says something, he might be giving a suggestion, that I have to do it. He supports me financially and the threat of him not supporting me is very real.... As far as the kids are concerned, I'm happy for him to have them more but there has to be more recognition of me and financial support. It was right, putting the focus back on to them (the children). Their pictures will always stay in my mind's eye. Trying to look at whatever we decide for the children's sake was really good. It's too easy to get caught up on the money side."

Mela was satisfied with the living arrangements they had arrived at. At this stage, she was now ready for the children to see their father more because *"...it's a lot of work for me, and I am absolutely exhausted"*. She observed *"Jon tends to be ambivalent about regular commitments"*.

Jon said:

"She already knows what the best thing to do is, but she doesn't want to because of the money situation. Even so I think she heard something in that session with the child consultant, because she always before point blank refused to budge, but one day she came out and said 'I don't want to fight about the money any more. All that's really important is the kids'... Mediation is a non confrontational system where agreements are easier to reach, yet harder to enforce, but you get to hear these other things from the kids, which help a bit."

At the three month follow up, the eldest child was still feeling somewhat caught, and seemed uncomfortable with the topic of his parents, tending to avoid giving too much information about his perspective. He said the child interview for him had felt "too young" and again

spoke of his feeling of not wanting to take sides in his parents' argument. The youngest child said talking to the child consultant "...*was good and fun.*" All the children agreed that they liked the increase in contact with their father and most preferred more still. Amanda reported a much greater sense of closeness to her father. Robert was happy that his parents "...*seem to be getting along together.*" The three eldest drew their parents standing together with the four children. The youngest drew her father at a distance.

Twelve months after mediation, the children lived with their father five days a fortnight, from Wednesday through to Monday morning. Both parents were very satisfied with this arrangement, and both reported low acrimony and low conflict. All children reported less conflict between their parents and no longer reported any sense of being caught in the middle between them. All four drew their parents roughly equidistant from themselves. They all reported with relief that if their parents had any conflict, they managed to keep it hidden. The children's pictures all showed their parents standing together with the children and smiling. At this time, three of the children were very satisfied with the contact arrangements. Amanda said she would prefer week about. The children's emotional symptomatology scores had dropped from near clinical levels at the beginning of the year to the normal range. Even Robert appeared happier.

The parents reported sound relationships with their children. Jon and Mela had organised to live proximally to each other to facilitate other casual visits. Robert, Lucas, Amanda and Harriet have a high level of contact with both parents, with some flexibility around each child's needs and schedules.

A year after intervention, Mela was continuing to express some frustration regarding her communication with Jon, saying he "...*often doesn't acknowledge my efforts*". She said the children continued to see their father more and that part of the mediation had worked out very well; her satisfaction rating with the current arrangements was high. Although she was not completely happy with the financial outcomes, nonetheless there were "...*enormous benefits that we were able to come to an agreement.*" She expressed her understanding that it had been in the interests of preserving their relationship, for the children's sake, to make an agreement. She looked back after a year on the children's involvement in the mediation as a positive experience of a specialist coming alongside her, to gently help her think through some very complex issues about the impact of her own grief and anger on her children: "*I felt good. They were being cared for.*" She saw the child consultant and mediator's involvement as "invaluable" because of their impartiality, and the care they took with everyone's feelings.

Jon's memory of the Child Inclusive mediation remained very positive. He said he had since made compromises, in order to preserve a more peaceful climate for the children.

"It removed the conflict...it confirmed the children's needs, and there was nothing left to fight about. That was satisfying. We knew we had to focus on what was possible, and the mediator helped us to do that. Mediation helped Mela to come to grips with reality. It was really helpful, compared with the lawyers filling her with utter rubbish. Before, I felt incredibly antagonistic toward my ex-wife, because of her unreal expectations. We were always polarised by everything we tried, but in this mediation, we got somewhere."

7.2 Progress through education: a Child Focused case

The family: Cathie, 41, Andrew, 45, and Cassie, 8

Cathie was a professional, working mother. Cassie was an only child, who lived with her mother. She was not quite two when her parents last lived together. Cathie had initiated the separation after ten years of marriage and seventeen years with Andrew. He was unsatisfied with seeing his daughter several times a week, preferring shared care. Cathie viewed the level of conflict between them as very high compared with Andrew's estimation. Both agreed they rarely resolved disagreements between them, the parental alliance was poor and acrimony was relatively high. Cathie commented

"He wants what is best for him, and continually schemes at what he can do to get at me. I am subject to verbal abuse whenever he feels like it. If something is not going right in his life, he focuses on me and blames me. He has not accepted me leaving the marriage."

Cathie and Andrew's mediation, which they attended voluntarily, occurred six years after separation and consisted of two long sessions after individual intakes. The couple created a parenting plan to accommodate Andrew's interstate work. The mediator described the level of conflict between these parents as moderately high, decreasing to low by the end of the mediation. She was fairly satisfied with the mediation offered, seeing the level of progress as significant.

Cassie was a little girl with high standards. In her intake interview (for the research only) she was very concerned about getting things right. She tended to denigrate herself, for example saying *"I am a moron"* when she misspelt a word or *"I know this is silly"* when expressing her loneliness in the wish for a sibling or a pet, or to change her access with her father. She

was very aware of the conflict between her parents; when asked about her parents arguing, she replied

“Definitely. Mostly it’s on the phone.....They do (say mean things to each other) and they swear. I don’t really like them to be swearing. I don’t like to hear them swearing at each other....She says ‘Your father is a pig’ or ‘Your father is an idiot’.”

She felt sad and scared when they fought and her perception was that she was the focus of their arguments “...because they always argue about who’s having who so I’m always in the middle of it”. Nonetheless it was clear she felt close to both of her parents; saying that the closeness she had with her father was “...the same as my Mum”. Her *Story Stems* told of conflict and wishful hopes that her parents would reunite despite the many years of separation.

At the three month follow up, Andrew was seeing his daughter three days one week and one the following week, which he felt ‘OK’ about. Cathie was very satisfied with the arrangement, which mirrored an agreement decided in court years before. Andrew’s opinion of court was scathing and his grief open:

“You don’t want to write it down! Let’s just say very destructive for a start. Generally the woman has the financial benefit of keeping the child. More ways to ruin the guy’s life...There’s a lot more to it than what’s left in the bank account. A child’s life is not considered so well.... I do still grieve for Cassie’s normal upbringing which unfortunately she hasn’t had. I’ve just had to accept that’s the case.”

Andrew felt the generic focus on their child, and education about conflict in mediation had made an impact:

“Now we have a bit more in mind about a bit of a less selfish point of view on issues and a better focus on Cassie, rather than one (parent) hurting the other. I guess I’ve been feeling more appreciative of Cathie, knowing she’s had a better perspective on the situation. It’s woken her up a little bit. That’s the wall I’ve been banging my head against. It (mediation) also gave me a better understanding of her point of view, ...and a better perspective on my own position – I’ve had to let go of the notion I had of myself. Realising I’m not as much in control as I’d like. I got good value out of the mediation. I think we raised the issues we wanted to and we addressed them.”

Both parents recorded a substantial improvement in their resolution of disagreements, moving from 20% to 60-70% of disagreements resolved. Overall Andrew thought they had made good progress since mediation, his feelings of acrimony had noticeably decreased, as had Cathie's, despite their parental alliance remaining poor. Cathie's experience of mediation had not been as positive, however she acknowledged it had clarified some matters. She remained concerned about Andrew's wish for increased access but said things were "*...okay with my former partner as he has a new partner. Generally this takes the heat off me and he can be more co-operative. I think it's great. Our parenting is different. He's more laid back*" although Cathie noted there remained difficulties in communication.

She noted her daughter was giving Andrew "*...a bit of a hard time*" which she attributed to a reaction to the new woman in Andrew's life. Cathie said her daughter had commented to her about the decrease in conflict between her parents "*'Oh Mum, you're not even fighting any more'*". She noted that it had been very difficult to relinquish her daughter to Andrew's care at first, but now she was used to it and even enjoyed having time to herself. Cassie was happy with the contact arrangements although she said her preference was to see her father slightly less. She continued to express her feelings of closeness to both parents. Her projective stories had moved away from wishful thinking to resignation and acceptance.

A year after mediation, Cathie had applied for a divorce and was in a new relationship. Andrew was single. Cathie remained positive about her experience of mediation saying "*The lady (the mediator) didn't muck around*" and they achieved what they went there for. She said "*Things have sort of settled down a lot. It's been a long time.*" This couple continued to describe ongoing verbal conflict, but retained their improvement in resolving disagreements and low acrimony.

Andrew referred to greater flexibility in the contact he had with Cassie: "*I see her quite frequently outside the official times*" but he remained unsatisfied with the arrangements. "*I'll never be totally satisfied. I don't think her mother likes to be very fair.*" Mum remained fairly satisfied. Cassie was not altogether satisfied, saying she would prefer to spend time with both parents every week, with Monday – Wednesday at her mother's and the remainder at her father's. She continued to express closeness to both her parents. Cassie continued to notice verbal conflict between her parents and to express feelings of divided loyalties.

Andrew expressed the opinion that men were disadvantaged in Family Law:

"I'd never want anything to do with Court again. I think it's a system built for a nightmare. Mediation gave me a better understanding of the effects of arguing and hostilities on Cassie. Can't say I understand all of it but I understand enough...I got some realisations about things in general myself. I appreciated my ex-partner having some realisations too. I appreciated someone getting through to her."

This family made good use of Child Focused mediation to manage changes to the parenting agreement. The father in particular described benefit from the focus on their daughter, while he remained dissatisfied at the limitations of his access to her. Their daughter, who had not been consulted as part of the mediation, also remained somewhat discontent with the living arrangements, but was relieved at the reduced conflict between her parents.

7.3 No lasting gains: Mental health issues in a Child Inclusive case

The family: Josefina, 35 and Miguel, 37, and their daughters, Bianca, 8 and Aurelia, 3

Miguel and Josefina had emigrated to Australia a decade earlier from non-English-speaking countries. After a seven year relationship, Miguel had initiated a separation from Josefina, when she was pregnant with their youngest child. Four years after separation this couple attended voluntary mediation. Josefina was on a low income and had experienced an acute mental health episode, resulting in the children being removed from her care several months prior. She was eager to resume the majority of care, whereas Miguel remained concerned about Josefina's parenting. The mediator noted that Josefina felt vulnerable and disempowered as a result of her mental illness.

At intake, both parents described low conflict, but poor resolution of disagreements between them. The parental alliance was better from Josefina's perspective and feelings of acrimony were modest from both.

Josefina and Miguel attended three sessions of mediation over property and child-related issues. The mediator described their conflict and the level of complexity of their issues as high, but was fairly satisfied with the mediation offered to them. She believed they had made some progress. The family had originally attended Court and had postponed their next appearance to attempt mediation. In the sessions they agreed to joint decision-making for long-term decisions relating to their children, such as education and, had otherwise agreed to adopt a parallel parenting framework. They had partially agreed to shared parenting, but were

unable to decide the number of nights the children would spend with each parent and as a result, all of their agreed decisions were unstable.

The child consultant saw the older child and was very satisfied that the interview had captured Bianca's needs from the mediation. While she was generally satisfied with the response to feedback, the Consultant was concerned about the degree to which Josefina had understood and accepted it. Bianca spoke of feeling sad and was clearly aware of conflict between her parents, agreeing they remained angry with each other and their arguments caused her to feel sad, scared and angry. She felt severely caught between her parents. Her attachment and allegiance in general was strongly directed toward her mother. Bianca completed the following story about contact arrangements between parents:

Goanna lived with her Dad most of the time and sometimes stayed with Mum, who was closer to school. One day, Mum came to pick her up.

What happened then? *"Dad said 'Hello darling'"*.

Then Mum: *"Came and took her away and said she will never see you again"*.

Then Dad: *"No, I am going to have her"*.

And Goanna: *"I want to live with both of you."*

How did Goanna feel? *"Sad."*

How did the story end? *"They were still apart."*

In the feedback, the child consultant observed that the separation had been particularly traumatic and complex for the parents, and as a result they had lost some capacity to protect their children from their conflict. She acknowledged Miguel's ongoing efforts to care for his daughters in the face of great difficulties. Likely effects of the conflict on the youngest child were thought about. She spoke gently of Bianca's strong wish to have increased contact with her mother, and the dilemmas of that given the instability of mother's mental health. The consultant/mediator team attempted to help the parents think through safe ways to increase the amount of time that mother could care for the girls. They arrived at partial agreements, but then did not return to mediation.

At three months post mediation there had been substantial changes. This couple had returned to Court and Miguel had been granted residency. He had chosen to relinquish the children to Josefina on the condition that she moved to live with her parents, who would provide her with additional support. He acknowledged that as a result of this agreement, Josefina had been willing to agree to generous access for him. The children came to him during the school holidays.

Josefina said that the mediation

“...didn’t really solve anything, but I have a good memory of it. I think my ex-husband felt uncomfortable, but I felt comfortable. He felt like he was being attacked a couple of times. He wasn’t, he just wasn’t listening. He got upset the last time because I summonsed him with some papers. I got scared and got a lawyer. He didn’t think there was any point in staying, so he just walked out.”

Regarding the child consultation:

“...in Bianca’s terms I think it was good. Bianca was happy about it. I’d been wanting to get her to see a counsellor. I actually wanted to do this. There was a lot of issues that she has. There’s a few things she’s embarrassed about.” Josefina was very happy that her children were primarily in her care (60/40). *“I suppose the children miss him now and again but he comes here quite often.”*

Miguel said:

“I went to mediation (at RA) because it was the only way to sit my ex-wife down and deal with the issues and the biggest issue was the effect the whole thing was having on them (the children)... But, we never had any conclusion from mediation. It was a stalemate. It was only when we went to Court (that it was sorted out). Everything was amicable since then. In Court I got residency of the children and it was up to her then to sit down and mediate with me.”

He had not felt supported as a parent by the mediation, but thought the contact with the child consultant had been good for his daughter. He felt neutral about the current residency arrangements, which he had decided. *“I detest the fact that my children are so far.”* Miguel believed that they as parents were now better at resolving disagreements and both parents noted a substantial reduction in conflict between them at this point. Bianca spoke of substantial conflict between her parents when they separated, but her experience was that this had now subsided. Her interview showed she felt close to both parents and to her sister and she was happy with the arrangements her parents had made. Miguel commented that Bianca tended to protect her mother, for example by not speaking to her of having a good time with Miguel’s new partner.

At the twelve month follow up, arrangements had changed suddenly with Josefina's admission to hospital, following sudden deterioration in her mental health. Miguel was granted residency by the Court.

At the time of the final interview, Josefina had recovered and was making plans to relocate in order to be close to her children, who were living with their father and his new wife. The new arrangement, engineered by Miguel, was that the children would live with her three days of the week and four with him. He was concerned about Josefina's ability to make decisions and present a firm and consistent mind to their children. As a consequence, he intended to remain the primary carer.

"I will make all the decisions. On paper it's me that makes the decisions. She shifts her lines constantly. She doesn't want to, but she doesn't know how not to. There are too many things to worry about; it makes her unwell. So I've taken that burden away from her. As soon as it gets too hard, I'll take it away from her. I won't relinquish the children any further. Last time I thought when Josefina would get the kids she would get better, because she was living with her parents. It didn't work."

Josefina's summation of the new arrangements was:

"I feel like my life has changed so much. I feel like I'm a part time mother." She was very unsatisfied "...but there's nothing I can do."

At the final research interview, Bianca was confused and grieving;

"...when Mum went to hospital, it was a misunderstanding. Mum had a mix up with her medication, that's all. I'm sure who I want to be with, my Mum. All of the time; and visit my Dad. My Dad doesn't want me to talk to her about stuff because he thinks I'm going to give her a breakdown."

Her picture of her family did not include her father or his family and all her stories ended with her "running off" with her mother or going to live with her.

Josefina's recollection of mediation was that it did not work because

"We were being difficult. We both wanted more days. It was nothing to do with mediation. With the RA mediators it was good. With mediation in Court, it was bad. I felt very intimidated. He was talking to the guy (the lawyer) like they were best friends." She

did not wish for the mediation to have done anything different but said rather poignantly that if she could have changed anything... *"I would have gone to Court and fought for my rights because I lost what was mine. I know more about it now and now I can't go back."*

Miguel believed that the mediators misjudged Josefina's capacity to mediate at the time

"I was a little bit more fluent in conversation. Josefina couldn't express herself; the message was not getting across. They (the mediators) assumed Josefina needed more time to talk. This is when I started to go backwards in the mediation. I did tell them she was unwell." He also expressed disappointment at the lack of a male mediator.

This case highlights the sad and far reaching realities of mental health disturbance adding to the already substantial load of a high conflict separation. It is difficult to see any real gain in this case for the child in question, and it would appear that neither parent was able to make use of the feedback at that time. As discussed in Chapter 6, the outcomes for both treatments in this study were worst with this combination of factors, and point to a need for additional screening of prodromal mental health symptoms in clients, with appropriate early intense and integrated interventions.

7.4 Conflict too high and too deep: poor progress in a Child Focused case

The family: Sally, 31, Maurice, 43 and Kylie, 5

The separation for this couple was initiated by Sally, three years prior to the mediation. Kylie lived primarily with her mother and saw her father five days a fortnight. Maurice was quite satisfied about this, Sally was neither satisfied nor unsatisfied. The level of conflict between this couple was high. Sally felt threatened by Maurice, and had little direct contact with him, describing their parenting as 'parallel'. Both parents reported poor resolution of disagreements.

This couple had three Child Focused mediation sessions. The mediator described a moderate level of conflict with high complexity of issues facing the family. She said some progress had been made and she was satisfied with the mediation given. There had been no agreement about managing Kylie's belongings and there were:

"...ongoing difficulties in communicating about their daughter and a lack of trust makes any hiccup a drama. The basic schedule was working okay and was adhered to."

In her first research interview before intervention, Kylie expressed awareness of conflict between her parents, which she said made her feel sad, scared and angry, and caught. She thought the intensity of the conflict was high, and poorly resolved. Her parents both rated her psychological well-being as extremely poor at intake.

At the second follow up, Sally reported being unsatisfied with the contact arrangements and she said she was unsure if mediation had resulted in any positive changes. She did recall that she had been given some ideas about *“How to convey things to Kylie where I was having major difficulty with the situation at hand”*. She indicated that mediation had not succeeded in focussing on her daughter’s needs at its core and there had subsequently been no progress.

“Mediation focussed on finding outcomes that Maurice could agree to. We didn’t manage much.... He refuses to deal with Kylie’s issues, using them instead as a way to show how argumentative I am. Mediation is so neutral that Maurice still behaves in his indignant, victimized fashion. I need help to let Kylie have a low conflict situation between her parents, so we can all get on with life.”

Maurice agreed there had been no progress. He said the mediation made his *“...ex-partner not so pushy”* and he would have like some ideas on *“...ways to reduce bitterness.”* He said he felt he could be a better parent.

Unfortunately at the three month follow up, Kylie remained well aware of the discord between her parents. She tried to let things go in one ear and out the other, but she said sometimes it gave her a headache. Her preference was to *“...see both parents all the time.”*

By the final one year follow up, this couple had been to Court. Sally noted

“We went from mediation to Court. The higher the level of authority, the higher his respect for it. In Court with a psych report, he was prepared to go along with what was suggested.”

Sally remained unsatisfied with their daughter’s contact arrangements, which were every second weekend and every Wednesday. She said she would have agreed to more contact in mediation. Sally had since remarried and was pregnant and she noted the abuse had escalated when she re-partnered. She reported high ongoing conflict with her ex-husband. She said sadly

"It's hard to ask Kylie how she feels without drawing her into it. I get worried about Kylie. What happens as she gets older?... My former partner usually only initiates communication with me to tell me what he thinks of me, which is always highly negative...I am stumped about how to get resolution with my former partner so that he moves on from me and we can both enjoy our lives with our child...I can't predict his reactions to anything."

She referred to several incidents where Kylie witnessed serious verbal abuse from Maurice towards Sally or was not collected from school because he changed his mind about holiday arrangements. Sally expressed a high degree of concern over Kylie's exposure to this and over Maurice's parenting when she was not present.

Maurice's comment was that the *"...other parent seems to have got angrier"* and that he had wanted the mediation *"...to be about Kylie, not her."* It was clear he had not felt supported in the mediation and his primary memory of the mediation was the anger he had felt. *"I felt bullied by the mediator and the ex-wife... In the family break up industry, women get what they want. What she wants is what she gets."* He tried counselling after mediation but did not find it satisfactory.

Kylie's drawings in this last session showed a major division down the page, with she and her father, drawn in black Texta, smiling on one side of the page and a rather malevolent looking house behind them. On the other side of the page she and Sally were drawn arm in arm, in red and black Texta with a yellow and red house behind them. She represented herself as equidistant from both parents. When asked to complete stories about conflict, she did not finish, explaining *"I want to stop now because I'm out of breath and I haven't got any more."* She was clear in her own mind about the contact arrangements and said she saw her father *"Lots"*. She noted she routinely called her non-present parent when she was at the other's house. The bear cards she now chose to represent herself in relation to her parents' separation were telling (a small, crying bear and a puzzled looking bear, scratching his head). She described the bears as *"upset"* and *"...thinking, always thinking what they were doing"*. Clearly the ongoing conflict in this family was having an impact on their child, who wanted a relationship with both her parents.

Both parents believed there was ultimately no progress from mediation. Sally said that Maurice could not compromise and she did not believe that there was any consequent benefit to her daughter. She would have preferred more pressure to make decisions regarding their

daughter (rather than getting distracted by emotional issues) and mediation had not succeeded in focussing Maurice's thinking on their child's wellbeing. Sally's opinion was that there should have been a stronger therapeutic component to the mediation. Maurice agreed that the mediation did not seem to be about Kylie and there should have been more support to both parents.

This case, marked by deeply entrenched and ongoing conflict with low alliance, is typical of those cases that failed to progress through the Child Focused model. It would be of interest for this family to then experience a Child Inclusive intervention, to ascertain whether that may create a different influence on their desire and capacity to control the expression of the conflict.

Chapter Eight:

Discussion and Conclusions



Chapter 8 - Summary and Discussion of Findings

8.1 Study synopsis

This study grew conceptually around research evidence about the nature of family relationships and parental behaviours that are associated with better outcomes for children who are living in a climate of conflicted family separation. Targeting core areas of conflict management, parental alliance and emotional availability and awareness of children's needs within separation, two interventions were developed to explore differential pathways of impact on these dynamics.

The study compared outcomes for two groups of separated parents who engaged either in a Child Focused intervention, or in a Child Inclusive intervention, at three Relationships Australia services (Canberra, Melbourne and Adelaide). Relationships Australia is a national organisation, that provides extensive relationship services throughout metropolitan and regional centres. 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, participated directly in the research. No significant differences were found between the two treatment groups on demographic variables. A good retention rate over the year of 75% occurred for children, and 83% for parents.

The interventions are fully described in Chapter 1. Both were specialist forms of child-centred mediation, with similar intent and focus. The essence of their difference lay in two factors: whether children were consulted directly for the purpose of informing the mediation, and what nature of parent education materials were used.

The Child Inclusive intervention involved a brief 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. It was hypothesized that considering with an independent expert the core experiences of their own children may help to access parents' sensibilities and awareness more powerfully than simply speaking with them about children in general. That is, the parental reflective functioning of parents could be better activated through immediate encounters with their own children's experiences. The child consultation was conducted by specially selected and trained professionals, and supported by regular supervision with a child psychotherapist. The role required an in-depth understanding of developmental and attachment theory, experience in the use of projective and standardised assessment techniques, and therapeutic skills for the

highly sensitive and powerful task of discussing the children's material with their parents. The CI intervention was also supported by a tailored education booklet, "*Because it's for the kids: Building a secure base for parenting after separation*" (McIntosh, 2005). The average duration of this intervention with parents, including intake and feedback of the children's material to parents was 6.2 hours, plus a separate 1.5 hours with children.

Child Focused intervention was also a specialist form of mediation practice (see Moloney and McIntosh, 2004). It prioritised consideration of the psychological and relational elements of parents' separation, and their implications for parenting arrangements that would best support the developmental needs of the children. Children in the Child Focused intervention were given the same interview as the CI group at intake, but for research purposes only. Their views and experiences were not discussed with parents. The mediation proceeded along clear child-centred lines with standard parent education materials. The average length of time spent with both parents in this intervention, including intake, was 5.1 hours.

Extensive data were collected from both parents and children wherever possible at the point of intake to the services, prior to mediation commencing. The families were followed up for a year, with repeated measures data collected in a personal interview three and twelve months after the conclusion of mediation.

At baseline, the picture of discord and discontent within all families was stark. Both parents reported high to very high current acrimony with their 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 represented in the sample were rated by both parents as being in the clinically disturbed range of psychological symptoms at the time of intake. Entry into the mediation service was a point of high risk for both groups of families.

8.2 Outcomes common to both interventions

8.2.1 Conflict Reduction

As hypothesised, regardless of the model of mediation parents participated in, a significant and enduring reduction in levels of conflict occurred after mediation, with the majority of parents reporting significant de-escalation of conflict levels. Seventy-nine percent (79%) of mothers and fathers reported a flattening out of their conflict and overall increase in the percentage of disputes satisfactorily resolved between them.

Taking all parents together, 21% reported ongoing high levels of conflict one year after mediation, with less than a quarter of their disputes satisfactorily resolved. Not surprisingly, these cases of high conflict were best accounted for by the level of psychological acrimony remaining between parents. High conflict at the end of the year was also independently predicted by low parental alliance, low satisfaction with the children's living arrangements and associated with mediator and parent reports of poor progress in mediation.

The majority of parents (in 82% of CI cases and 66% of CF cases) reported improved management or resolution of the initial disputes that had brought them to mediation. Of those cases where parents agreed they did not experience any progress (18% of CI cases, and 34% of CF cases), predictive characteristics were: younger and lower income parents (particularly mothers) who had dropped out of mediation early, with partial or no agreements in place, who went on to experience escalating conflict and declining alliance over the year. Poor progress was predicted by the mediator at the time of intervention. Very high levels of general conflict at intake were associated with reports of poorer progress in both interventions, although the CI intervention had a significantly greater positive impact on parents who reported medium to high levels of conflict at intake. 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.

8.3 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 point. In contrast, the Child Inclusive treatment showed a number of effects not evident in the other intervention group. These effects were strongest for fathers and for children.

In contrast to the hypotheses about conflict variables, acrimony felt by fathers for their former spouses was more significantly reduced over the year in the Child Inclusive group. It was thought that both interventions may have similar leverage with respect to dealing with spousal conflict and acrimony (which they did with mothers), but the data indicate that the Child Focused intervention had less impact in this area for fathers.

With respect to relationship variables, the hypotheses that the CI intervention would have a deeper, more reparative impact were supported by the data. Fathers in the CI intervention reported more improved alliances with the children's other parent one year post intervention. In contrast, CF fathers reported a steady drop in regard for the other parent over the year. Mothers' data was similar in both groups at the one year mark, although the CI mothers reported an initial surge in recovery around their regard for the father after the CI intervention.

In the vital area of relationship recovery, data show preservation or improvement of the mother-child relationship, from the perspectives of both mother and child in the CI intervention, where patterns of decline were characteristic of the CF treatment group. Children's perceptions of their father's availability and their closeness to him were significantly better one year after mediation for the CI children.

At the one year mark, the Child Inclusive children were also substantially more content, and less inclined to want to change their care and contact arrangements, whereas the children from the Child Focused group showed a marked desire for change to their current arrangement. The CI fathers too were substantially more satisfied with the care arrangements of their children at the one year mark, despite having overall lower levels of overnight contact in that group. The pattern of overnight contact had remained stable over the year for the Child Inclusive group, but had increased and fluctuated for the Child Focused group.

With the increase in overnight contact with fathers for the Child Focused group immediately after mediation came a corresponding decline in satisfaction with the arrangement from all members of the family. As contact cycled back to its initial pre-mediation levels over the year, a corresponding increase in satisfaction by CF parents is evident, although not for their children. It would appear that something about the mediated arrangement did not work well for the Child Focused group, with one factor to consider being the additional stress of change to the status quo that many seemed to have endured. During the gap between the follow up interviews, the CF group had more often changed their arrangements, and litigated to bring about new parenting plans.

8.3.1 Greater durability and lower litigation through Child Inclusive intervention

Aside from being more satisfied with living and visiting arrangements, agreements reached in the CI intervention were significantly more durable and workable over a year, as rated by

mothers and fathers. Further, the CI families had a substantially lower rate of litigation over parenting disputes in the year that followed mediation than did the CF group. Child Focused parents were twice as likely to instigate legal action over parenting matters after mediation, with 38% of CF cases instigating new litigation proceedings after mediation, contrasted with 17% of the CI cases.

8.3.2 Better outcomes for Child Inclusive children

Sixty-one percent of CI children reported positive outcomes for the family since their parents' mediation. Substantially fewer (37%) of CF children reported this. Of concern, 41% of CF children across ages reported negative outcomes, viewing their parents' conflict situation to be worse than it was prior to mediation.

8.4 Why this difference in outcomes?

8.4.1 Hearing from my children

Clearly the question arises as to why the Child Inclusive approach should produce these differential outcomes. Here, the qualitative data become important to our understanding. Where most Child Focused parents could not identify anything specific that helped to progress the resolution of their dispute, Child Inclusive parents had a much clearer impression about what had helped. The majority spoke about the direct feedback from their children as having been of greatest assistance to the resolution of their dispute. Most obviously, a unique change mechanism was apparent for the CI parents, through the immediacy and intimacy of material created by the child consultation process. Parents were frequently moved in a lasting way by the feedback they heard.

8.4.2 A powerful reminder about the meaning of being a parent

Through narrative analyses, it was evident that the "wake up call" to CI parents, to alter their behaviours around their children and 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 were necessarily generic in the CF 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. Resulting arrangements in the CF group could be tailored at best to what parents “believed” their children needed.

While for parents who experience low conflict and manageable levels of emotional distress, it is reasonable to assume they can and will make accurate and well considered decisions on behalf of their children, the situation of parents in high conflict is fundamentally different. As Johnston and Roseby (1997) have so well articulated, the potential for a parent’s pain and grief to be unknowingly and powerfully played out in post-separation arrangements is high, dramatically colouring perceptions and influencing a fight for agreements that function to meet the egocentric needs of a wounded parent for solace or revenge of some kind.

Narrative accounts of parents and children, mediators and child consultants suggest that the Child Inclusive intervention functioned to gently, but powerfully, challenge assumptions that parents carried into mediation, and to re-align parental dynamics. Child Inclusive parents often reported hearing “corrective” feedback from their own children, frequently about the role that the other parent played in the emotional lives of their children. These parents far more often referred to “being reminded” that they *were* the parents, and that their behaviours and attitudes were having a damaging effect on their children.

The nature of the emotional tight-rope the children often walked was brought into the room with credibility through the independent specialist, and with immediacy via the children’s own drawings and words. Parents were routinely encouraged to function in a way that was “bigger, stronger, wiser and kind” (Bowlby, 1980), which frequently meant being able to incorporate a developmental perspective to the negotiations, and to allow the presence of alternate realities to their own. This in turn appears to have filtered through to relationships with children, with the CI children reporting significantly better parental availability over the year than the CF group.

8.4.3 Child Inclusive mediation: a level field for fathers

Finally there appeared to be an important effect for fathers of the perceived “fairness” of the CI intervention. There was little difference between mothers’ and fathers’ accounts of the mediation process in the Child Inclusive group around its fairness and equity and the nature of the support they were given. These parents described a uniformity in how the treatment was perceived and received by each. In sharp contrast, there was a notable difference in the Child

Focused treatment group, with mothers and fathers reporting a very different experience of the mediation on a number of accounts. Significantly, the Child Focused fathers reported that they were less supported, that their feelings were less understood by the mediator and that the outcomes were less fair for them.

The narrative data suggest that the Child Inclusive intervention often functioned to remove the mother from the psychological role of “gatekeeper” of the information about the children. As such, this may have created the experience of a more level playing field for fathers in the negotiations around children’s needs than was experienced by fathers in the other treatment group. The Child Inclusive fathers 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.

8.5 Children’s mental health outcomes

8.5.1 Risk reduction

On residential parents’ reports, 33% of children presented with high levels of psychological distress and disturbance. These SDQ scores in both treatment groups reduced markedly over the year, and at the year’s end did not differ significantly between interventions. The risk reduction impact of both interventions was notable, although 21% of children remained in the clinical range, in contrast to about 15% in the general population. In the specific area of emotional symptoms, both groups improved in the first three months, but the CI children’s scores improved significantly more than the CF children in the latter half of the year. CI parents reported lower anxiety, clinging behaviours, fewer depressive and somatic symptoms and fewer fears in their children, in association with more available relationships with their parents.

8.5.2 Poor mental health of children linked to shared care in a high conflict family

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. This finding is particularly striking – at a time in Australia when many political influences are urging greater shared care, these findings come as an alert, to ensure that any shared care arrangements are informed foremost by the child's developmental needs, and are not made upon assumptions about parents' rights.

It was evident that fathers and children benefited from shared residence arrangements most when they occurred in an environment of low acrimony and cooperation with the child's other parent. Older children (over 10 years) in shared care who were not caught in high conflict dynamics did not show evidence of poor mental health outcomes. The data point to the importance of the developmental and relationship context around shared care. In keeping with other findings in this study, the data suggest that shared care is a decision best determined by the capacity of parents to exercise maturity, to cooperate and to embrace the developmental needs of their children, and to provide the child with emotionally available parenting.

8.6 Severe parental mental health issues and family violence: Implications for screening

Cases of poor progress in the CI intervention were similar to those in the CF interventions. Two factors characterised these matters: extreme conflict over the year, and/or personality and mental health disturbance of one parent. The study deliberately included cases of high conflict, to observe any differential impacts of the two interventions. Current instability of parental mental health had been specified in the exclusion criteria for participation in this research, as it is for mediation generally, but the cases that filtered through this screen were all in the early stages of symptom development, and likely to have been more difficult to assess.

Of interest, the affected parent in each of these mental health matters reported poor outcomes, in line with their compromised capacity to participate in a reflective way. However, the non affected CI parent in each case saw value in the children's interview for him/herself and for their child, despite the intervention failing to resolve the main conflict. In contrast, the non affected CF parents reported universally poor outcomes.

Issues around conflict and violence point to a different set of considerations. Extreme conflict retarded or prevented progress in both groups, and clearly was of a nature that required more intensive input. The Child Inclusive approach had better impact with moderate and high

conflict cases than did the Child Focused intervention. It is noteworthy that a history of violence, as reported by the mother, did not predict poor outcomes in either intervention.

Findings support a careful screening of the higher conflict spectrum, aiming to divert parents in extreme conflict into tailored, longer term therapeutic interventions with the family. These findings however do not support a view that cases should be excluded from child-centred interventions solely on the basis of a history of violence in the parental relationship. The data suggest a strong need for close screening of personality and prodromal mental health symptoms at intake. Findings overall support exclusion criteria for both interventions that are *capacity* based, around the ability of a parent to usefully participate and accommodate alternate and at times ego-dystonic information, rather than adhering to criteria based on the presence or absence of specific *issues*.

8.7 Implications for targeting the Child Inclusive intervention

Both treatments had less success with long term high conflict cases, and cases marked by serious mental health issues. The reality is that longer, therapeutically oriented services are inevitably needed to make inroads into this nature of conflict. Some may require Judicial management (Johnston, 2006) in order to ensure that the parent does not leave treatment early, a risk clearly identified in the present study.

Of note, the CI 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 CF intervention. In the latter group, those who presented with poor parental alliances tended to also report poor progress at the year's end. Parents presenting with undamaged or adequate alliances reported similar levels of progress across the two groups. For children, reports of progress and improved relationships with fathers were evident across a range of ages and presentations, with positive impacts of the CI intervention for children widespread, and not as readily categorised.

The implications of these findings may help to target interventions earlier and more accurately for each family. This model of Child Inclusive intervention would appear to be the treatment of choice for creating more durable and workable parenting agreements for parents reporting a poor parental alliance at intake. However, this study has also called attention to outcomes other than progress in dispute resolution, to include general well-being and relationship factors. From this perspective, the Child Inclusive intervention was significantly

more effective for a wide variety of parents and their children, associated with better emotional health outcomes for children and improvement of parent-child relationships.

8.8 Study strengths and limitations

The findings of this research are reported and interpreted with recognition of the study's limitations. The study aimed to hold as many factors constant as possible, within the realities of studying a highly conflicted population outside of laboratory conditions.

The demographic of the group closely resembled that of the general population of interest, and did not vary significantly between the treatment groups, assisting the generalisability of findings. Use of a repeated measures design coupled with a strong qualitative interview design with parents and children provided depth and breadth to the resulting data.

The same criteria for entry to each treatment were used for recruitment of each group, and parents in both groups had to give informed and mutual consent to each intervention. Therapist effects were held constant, by using the same mediation teams for both interventions. The individual impact of the child interview and the parent interview was the same for both groups, with study participants receiving the same interview three times over the year. While in two sites the researcher conducting the interviews changed through the course of the project, this affected both treatment groups equally.

A perceived limitation was the more restricted capacity of the research team to monitor the application of the Child Focused intervention than for the Child Inclusive treatment. Child Focused work was supervised internally at each Relationships Australia site, on the understanding that this treatment did not require additional specialist skills by the teams, and could be readily handled within their existing expertise. The Child Inclusive intervention phase required the development of new skills and was externally supervised by two specialists, around the child interview and feedback. Any difficulties in treatment implementation were routinely picked up through this external monitoring, which may have aided the quality of the interventions delivered in the Child Inclusive phase.

Finally, the findings reported here pertain only to the specific models developed for and utilised in this study. There are now several forms of dispute resolution in Australia that also identify themselves as Child Inclusive mediation. The findings of this report cannot be generalised to models beyond those studied here.

Notwithstanding these limitations, the study in all was well designed and executed, and it is with confidence that the findings are presented here for consideration of their wider implications for practice and policy in the Family Law arena.

8.9 Conclusions

While both the Child Focused and Child Inclusive interventions led to reduction in parental conflict, findings of this study suggest a level of relationship repair unique to the Child Inclusive approach, twelve months post intervention. Significant changes in the quality of dyadic relationships were evident across the year, between ex-partners, and between each parent and their child. From the children's perspective, the Child Inclusive intervention was particularly successful in re-establishing closer relationships with their fathers, and more emotionally available care from their mothers. From this orientation, 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 flow on effect of improved parental relationships.

A future for Child Inclusive avenues through dispute resolution would appear to lie in the replication and refinement of this specialist form of practice. The work of this model was delivered by specially trained, experienced and supervised child consultants, within a practice model deeply grounded in attachment and developmental theory and associated therapeutic frameworks. As stated above, the findings of this study cannot be generalised to other models of Child Inclusive mediation, nor can it be assumed that other approaches to the work will generate similar outcomes. A regrettable outcome of this very complex study would be an over-zealous or simplistic response to the findings of this study, with a naïve notion that "seeing kids" is the best thing to do in all cases. Careful guidelines and policy around training and practice competency will be necessary to safeguard against this.

This having been said, the study reported here has provided a firm evidence base to support the further development of Child Inclusive, therapeutically oriented mediation. The method offered separated families a significant level of repair to the parental relationship, 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.

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Appendices

Appendix 1. Information and consent forms: Child Focused Treatment

Children in Focus: a study of outcomes for parents and children in Family Law Mediation

The Principal Researcher

Dr. Jennifer McIntosh (Family Transitions, Pty Ltd)

What do we want to find out?

This study explores whether mediation helps parents with parenting after separation. We particularly want to know what difference mediation makes to their children. Dr McIntosh and staff from La Trobe University with the assistance of Relationships Australia are studying these questions in a 12 month study, funded by the Australian Government Attorney-General's Department.

It is the first study of its kind in the world. What makes it special is our effort to really hear what children have to say about family separation and what helps them at this time.

Making a difference

We hope that our findings will make a real difference for families in the future, particularly children, who are going through separation disputes. We hope you can be part of that.

If you decide to participate in the research, here is what we would like you to do:

1. Parents:

- Complete a short questionnaire prior to your first mediation session. The questionnaire asks you about your contact arrangements, parenting issues, the relationship between you as parents, and your children's current strengths and difficulties. This will take about 30 minutes.
- Take part in two telephone interviews with our researcher at 3 and 12 months after mediation is completed. These interviews will take about 30 minutes, and can be done at a time most convenient to you. The interviews follow the same questionnaire described above.
- Make available to the study the information you provide on the Relationships Australia intake form, and the agreements you reached in mediation.

2. Children

Our study is about children's needs and views, and we also ask your permission for your children to take part in this study. What we ask of children is:

- To take part in three research interviews: the first at the time of your mediation, and then 3 and 12 months after the mediation finishes.
- The children's interview takes about half an hour each time. Siblings are seen together.
- The children's interviewer is a friendly, experienced researcher. This person talks and draws with the children about their family since separation and what advice they would give to other families when they separate. Children feel very supported and often come away with new ideas for managing difficult feelings.
- These interviews can take place at Relationships Australia or at your home, at a time that suits you and the children.

While we hope that the whole family can be part of the study, you may choose to take part in the research, but not include your children. This would mean that you complete the questionnaire and the interviews but your children are not interviewed.

Total Privacy

Your information and that of your family is completely confidential. No names are recorded on questionnaires. Records, reports and publications arising out of the study will not identify participants in any way. No one other than the research team will be given access to the data. Raw data will be shredded five years from the publication of the research report.

There are no disadvantages or negative consequences for not participating in or for withdrawing from this project. Your involvement in mediation or any other services will not be affected in any way if you decide to participate or not to participate in this project. You have the right to withdraw from active participation in this project at any time. Further, you may also request that your data not be used for analysis in this project.

There are no identified risks to your children or yourself from involvement in this research. If you experience any difficulties or have any concerns about answering any of the questions, it is important that you discuss this with us.

If there are any questions at any time, our Research Officer, Caroline Long and Principal Researcher, Dr Jennifer McIntosh are happy to speak with you. If you wish to obtain feedback about the results of this study, please call the project office to register your interest, providing your name, address and telephone number. Our project office telephone at La Trobe University is (03) 9479 3738.

If you have any complaints or queries that the Researchers have not been able to answer to your satisfaction, you may contact the Ethics Liaison Officer, Human Ethics Committee, La Trobe University, Victoria, 3086, (ph: 03 9479 1443, e-mail: humanethics@latrobe.edu.au).

Your help at this time means a great deal to us.

Thank you!

Dr. Jenn McIntosh



***Children in Focus: A Study Of Outcomes for Parents and Children
in Family Law Mediation***

AGREEMENT TO PARTICIPATE

I..... have read and understood the information above, and any questions I have asked have been answered to my satisfaction. In summary, this means that I:

- Agree to be interviewed in the project, and for my children to be interviewed (as indicated below).
- Agree for information I provided at intake to Relationships Australia, and the agreements reached in mediation to be made available to the study.
- Understand that there are no risks to my children or myself from involvement in this research, but if we experience any difficulties related to the study, we will discuss this with the researcher.
- Realise I have the right to withdraw from active involvement at any time and to request that data from my participation are not used in the research project, provided that I inform the service within four weeks of completion of my participation in the project.
- Understand that participation is voluntary and there are no disadvantages or penalties for not participating or for deciding to pull out early from the study. My decision will not affect my access to care or my relationship with mediators.
- Agree that the research data provided by me and/or my children or with my permission during the project may be included in reports, presented at conferences and published in journals, on condition that neither our names nor any other identifying information is used.

Our participation: Please tick one of the below

- ☐ I agree to take part in the study as described, and for my children to participate if they wish to.
- ☐ I agree to take part in this study, but do not give consent for my children to participate.
- ☐ I do not agree to take part in this study, but give consent for my children to participate if they wish to.

And tick if you agree

- ☐ I agree that materials arising out of involvement in this study may be used for future teaching or research purposes, on condition that our names and identifying information are not used.
- ☐ I agree that the research team may contact me after the study, to see if I would participate in further follow up, if funding becomes available.

NAME (block letters):.....

SIGNATURE:.....**DATE:**.....



Appendix 2. Information and consent forms: Child Inclusive Treatment

***Children in Focus: a study of outcomes for parents and children
in Family Law Mediation***

The Principal Researcher

Dr. Jennifer McIntosh (Family Transitions, Pty Ltd)

What do we want to find out?

This study explores whether mediation helps parents with parenting after separation. We also want to know what difference mediation can make for their children.

In this study we are researching a specialist program, in which child consultation is part of the mediation process. We want to know whether there are improvements for families using this program, that are different from parents using other forms of mediation.

Dr. McIntosh and staff from La Trobe University with the assistance of Relationships Australia are studying these questions in a 12 month study, funded by the Australian Government Attorney-General's Department.

Making a difference for everyone

This is the first study of its kind in the world. What makes it special is our effort to hear what children have to say about family separation and what helps them at this time. We hope that our findings will make a real difference for families in the future, particularly children, who are going through separation disputes. We hope you can be part of that.

Your mediator has recommended you to the *Children In Focus* program, and will explain in full what that form of mediation involves. In summary, the Children in Focus program is a form of mediation which aims to:

- give children (ages 5-18) a private and supportive place to talk about their experience of the family separation;
- bring the voice of the children safely and clearly into the parents' negotiation

In comparison to standard mediation services the Children in Focus program involves an additional 2-3 child related sessions; one to consult with the children, one to provide feedback to their parents, and a possible further session to follow-up with the children. There is no cost to you of the children's sessions.



The Child Inclusive Mediation program is only available through this research program. If you do not wish to be part of the research program, you will still have access to the standard high quality mediation services offered by Relationships Australia.

If you decide to participate in the program, all we need is one and a half hours of your family's time, over the next 12 months to help with our research, as follows:

1. Parents

- Take part in two telephone interviews with our researcher at 3 and 12 months after mediation is completed. These interviews will take about 30 minutes, and can be done at a time most convenient to you. The interviews follow the same intake questionnaire that you completed at Relationships Australia - nothing new; we simply want to explore what may have changed for you over time.
- Make some of the information you and your children provide to Relationships Australia available to the study. This is the information you provided on the Relationships Australia intake form, and your children's intake data from their consultation at Relationships Australia. Signing this form means that you agree to Relationships Australia providing this information to the researchers.

2. Children

Our study is about children's needs and views, and we also need your permission for your children to take part in this study. What we ask of children is:

- To talk with our researcher two times: 3 and 12 months after the mediation finishes. The children's interview takes about half an hour each time and siblings are seen together.
- The research interview will not be new to the children: it is the same children's interview used by Relationships Australia during your mediation. They talk and draw about their family since separation and what advice they would give to other families in the same situation.
- Our researchers are very friendly and experienced. Children feel very supported and often enjoy this time.
- These interviews can take place at Relationships Australia or at your home, at a time that suits you and the children.
- The researcher will call both parents prior to the follow-up interviews to ensure they are still happy for their children to help out with the study.



Total Privacy

Your information and that of your children is completely confidential. No names are recorded on questionnaires. Records, reports and publications arising out of the study will not identify participants in any way. No one other than the research team will be given access to the research data. Raw data will be shredded five years from the publication of the research report.

There are no disadvantages or negative consequences for not participating in or for withdrawing from this project. Your involvement in mediation or any other services will not be affected in any way by your decision. You have the right to withdraw from active participation in this project at any time. Further, you may also request that your data not be used for analysis in this project.

There are no identified risks to your children or yourself from involvement in this research. If you experience any emotional discomfort or have any concerns about answering any of the questions, it is important that you discuss this with your counsellor and/or mediator.

If you wish to obtain feedback about the results of this study, please call the project office to register your interest, providing your name, address and telephone number. Our project office telephone at La Trobe University is (03) 9479 3738.

Any questions regarding this project may be directed to our Research Officer, Caroline Long and Dr Jennifer McIntosh at La Trobe University on the telephone number (03) 9479 3738; e-mail: c.long@latrobe.edu.au). If you have any complaints or queries that the Researchers have not been able to answer to your satisfaction, you may contact the Ethics Liaison Officer, Human Ethics Committee, La Trobe University, Victoria, 3086, (ph: 03 9479 1443, e-mail: humanethics@latrobe.edu.au).

Your help at this time means a great deal to us.

Thank you!

Dr Jenn McIntosh



***Children in Focus: a study of outcomes for parents and children
in Family Law Mediation***

AGREEMENT TO PARTICIPATE

I..... have read and understood the information above, and any questions I have asked have been answered to my satisfaction. In summary, this means that I:

- Agree to be interviewed in the project, and for my children to be involved (as indicated below).
- Agree for information I provided at intake to Relationships Australia to be made available to the study.
- Understand that there are no risks to my children or myself from involvement in this research. If I experience any emotional discomfort from answering any of the questions I will discuss this with my counsellor and/or mediator.
- Realise I have the right to withdraw from active involvement at any time and to request that data from my participation are not used in the research project, provided that I inform the service within four weeks of completion of my participation in the project.
- Understand that participation is voluntary and there are no disadvantages or penalties for not participating or for deciding to pull out early from the study. My decision will not affect my access to care or my relationship with mediators.
- Agree that the research data provided by me and/or my children or with my permission during the project may be included in reports, presented at conferences and published in journals, on condition that neither our names nor any other identifying information is used.

Our participation: Please tick one of the below

- ☐ I agree to help in the study as described and for my children to participate if they wish to.
- ☐ I agree to help in this study, but do not give consent for my children to participate in the follow up research.
- ☐ I do not wish to take part in this study, but give consent for my children to participate if they and their other parent wish to.

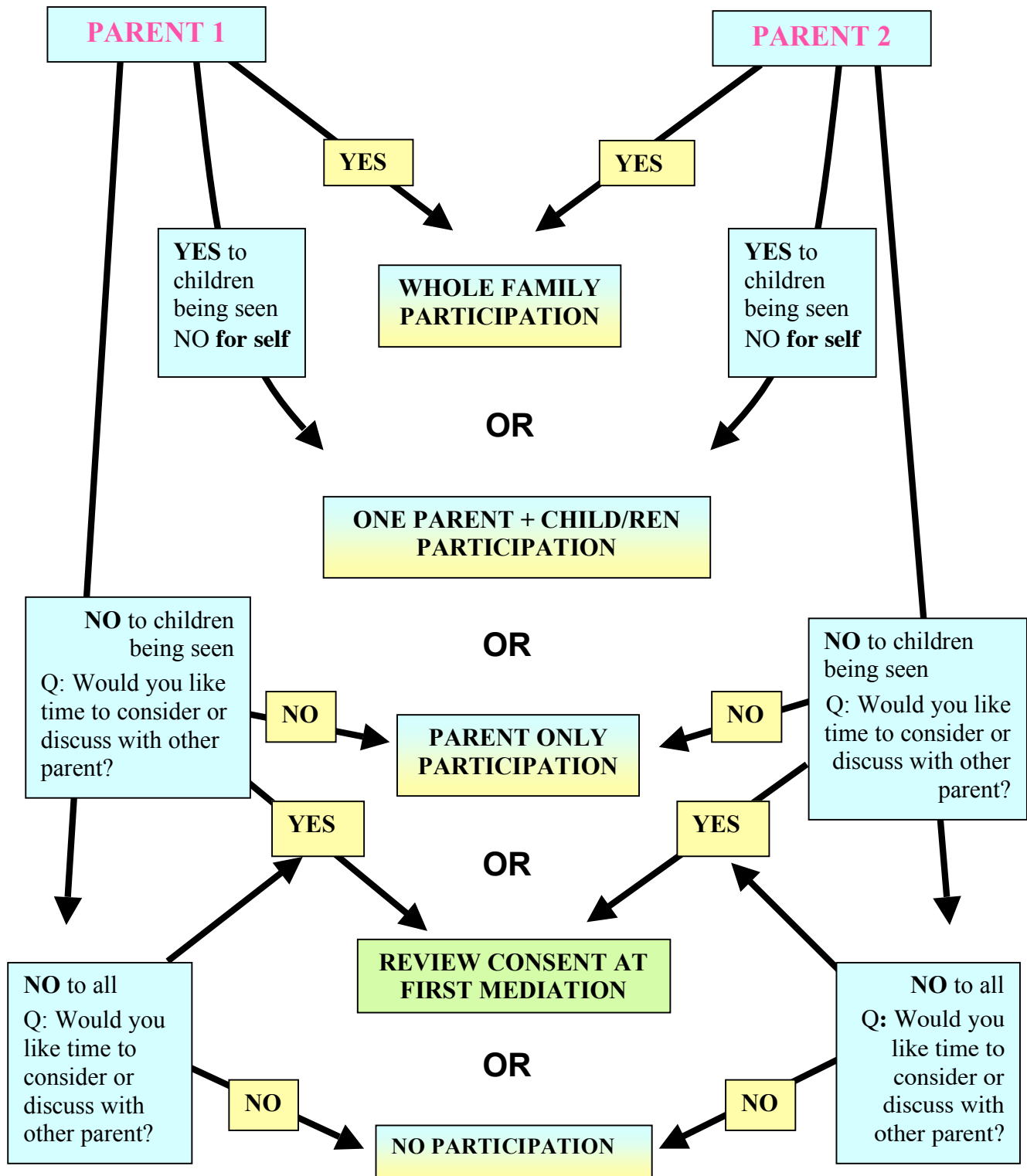
And tick if you agree

- ☐ I agree that materials arising out of involvement in this study may be used for future teaching or research purposes, on condition that our names and identifying information are not used.
- ☐ I agree that the research team may contact me after the study, to see if I would participate in further follow up, if funding becomes available.

NAME (block letters):.....

SIGNATURE:.....**DATE:**.....

Appendix 3. Engagement pathway



Appendix 4. Means and standard deviations of parent measures

			Child Focused			Child Inclusive		
			Baseline	3 mth	12 mth	Baseline	3 mth	12 mth
Alliance	Mother	Mean	2.88	2.83	2.84	2.82	2.98	2.90
		S.D.	0.68	0.75	0.86	0.71	0.69	0.72
		N	91	67	64	66	58	58
	Father	Mean	3.20	3.16	3.09	3.05	3.22	3.12
		S.D.	0.69	0.70	0.71	0.74	0.77	0.68
		N	83	61	55	68	50	58
Acrimony	Mother	Mean	2.14	2.06	1.99	2.27	2.00	2.00
		S.D.	0.35	0.43	0.47	0.45	0.38	0.44
		N	95	63	63	70	52	58
	Father	Mean	2.02	1.91	1.94	2.08	1.96	1.84
		S.D.	0.40	0.47	0.50	0.44	0.51	0.41
		N	83	62	54	67	52	58
Conflict (current)	Mother	Mean	2.56	2.16	1.99	2.50	2.05	1.85
		S.D.	0.75	0.71	0.66	0.75	0.68	0.61
		N	95	67	64	70	52	58
	Father	Mean	2.30	1.92	1.80	2.32	1.95	1.79
		S.D.	0.70	0.65	0.71	0.71	0.77	0.70
		N	83	62	56	68	51	58
Satisfaction with living/visiting	Mother	Mean	2.94	2.64	3.56	2.86	3.65	3.79
		S.D.	1.31	1.31	1.26	1.50	1.25	1.29
		N	88	66	64	69	55	53
	Father	Mean	2.99	2.66	3.25	2.85	3.17	3.75
		S.D.	1.335	1.292	1.104	1.438	1.526	1.198
		N	79	62	58	66	54	59
Parent-child relationship scale	Mother	Mean	4.55	4.47	4.44	4.59	4.56	4.52
		S.D.	0.41	0.40	0.55	0.38	0.37	0.33
		N	95	67	64	70	55	58
	Father	Mean	4.34	4.37	4.27	4.37	4.33	4.36
		S.D.	0.47	0.46	0.54	0.44	0.72	0.43
		N	83	62	56	68	52	58
SDQ ratings	Mother	Mean	10.89	9.26	8.47	9.97	8.06	6.45
		S.D.	6.63	5.95	5.87	7.96	6.55	4.71
		N	174	134	130	125	99	109
	Father	Mean	9.70	9.98	8.94	9.58	8.20	8.11
		S.D.	6.46	6.12	6.45	6.10	5.67	5.41
		N	150	120	104	118	96	110
SDQ Emotional Symptoms subscale	Mother	Mean	3.00	2.59	2.23	2.70	2.31	1.29
		S.D.	2.52	2.41	2.12	2.45	2.35	1.62
		N	179	108	104	139	74	77
	Father	Mean	2.46	2.72	2.23	2.78	2.02	1.91
		S.D.	2.17	2.25	2.43	2.16	2.30	2.18
		N	133	97	87	97	68	80

		Child Focused			Child Inclusive		
		Baseline	3 mth	12 mth	Baseline	3 mth	12 mth
Mother is primary resident parent	% N	65% 95	-	67% 60	63% 68	-	69% 58
Care is shared	% N	25% 95	-	28% 60	28% 68	-	22% 58
% litigated after mediation = yes	% N	46% 29			26% 17		

Appendix 5. Means and standard deviations of child measures

			Child Focused			Child Inclusive		
			Baseline	3 mth	12 mth	Baseline	3 mth	12 mth
Family sculpture: Emotional Distance	from Mother	Mean	3.75	3.17	4.06	6.31	5.64	4.89
		S.D.	2.37	1.77	3.29	5.12	5.59	3.18
		N	62	68	52	119	76	84
	from Father	Mean	4.73	5.15	5.67	8.18	6.28	5.51
		S.D.	3.83	4.63	6.04	6.56	5.11	3.36
		N	62	68	62	119	76	84
Caught in the middle		Mean	2.18	2.55	2.19	2.33	2.40	2.37
		S.D.	0.74	1.02	0.63	0.66	0.72	0.68
		N	74	76	73	119	71	87
Child's perception of parental conflict		Mean	1.95	1.88	2.34	2.25	2.03	1.88
		S.D.	0.46	0.55	3.73	0.47	0.54	0.48
		N	72	76	75	121	76	83
Emotional Availability (CPR)	Mother's	Mean	4.33	4.13	4.18	4.07	4.19	4.25
		S.D.	0.65	0.89	0.87	0.92	0.85	0.81
		N	75	68	77	120	71	101
	Father's	Mean	4.21	4.11	3.99	3.84	4.01	4.06
		S.D.	0.84	0.99	1.09	0.97	0.73	0.86
		N	76	67	77	120	71	101