CHILD-FOCUSED AND CHILD-INCLUSIVE DIVORCE MEDIATION: COMPARATIVE OUTCOMES FROM A PROSPECTIVE STUDY OF POSTSEPARATION ADJUSTMENT

Jennifer E. McIntosh, Yvonne D. Wells, Bruce M. Smyth, and Caroline M. Long

This study compared outcomes over 1 year for two groups of separated parents, who attended two different forms of brief therapeutic mediation for entrenched parenting disputes. The two interventions each targeted psychological resolution of parental conflict, enhanced parental reflective function, and associated reduction of distress for their children. The child-focused (CF) intervention actively supported parents to consider the needs of their children, but without any direct involvement of the children, while the child-inclusive (CI) intervention incorporated separate consultation by a specialist with the children in each family, and consideration of their concerns with parents in the mediation forum. Repeated measures at baseline, 3 months, and 1 year postintervention explored changes over time and across treatments in conflict management, subjective distress, and relationship quality for all family members. Enduring reduction in levels of conflict and improved management of disputes, as reported by parents and children, occurred for both treatment groups in the year after mediation. The CI intervention had several impacts not evident in the other treatment group, related to relationship improvements and psychological well-being. These effects were strongest for fathers and children. Agreements reached by the CI group were significantly more durable, and the parents in this group were half as likely to instigate new litigation over parenting matters in the year after mediation as were the CF parents. The article explores the potential of CI divorce mediation to not only safely include many children in family law matters related to them, but also to promote their developmental recovery from high-conflict separation, through enhanced emotional availability of their parents.

Keywords: children; divorce; mediation; family law; parenting; mental health

INTRODUCTION

FAMILY LAW JOINS DEVELOPMENTAL PSYCHOLOGY

A fundamental shift has occurred in Australian dispute resolution practices, away from negotiation models founded in neutrality, toward models that actively seek to facilitate the often unspoken developmental agendas of the children affected by the dispute. Instructed by the United Nations Convention on the Rights of the Child (CRC) and buoyed by evidence of the impacts of postseparation conflict on children, an ethical mandate has emerged for dispute resolution services to promote the psychological adjustment of separated families, in addition to facilitating the legal resolution of their parenting disputes (Moloney & McIntosh, 2004). Child-inclusive (CI) divorce mediation in particular evolved as a strategic enactment of United Nations principles around enabling children to present their wishes in family law proceedings about them.

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TARGETING RISK IN POSTSEPARATION ADJUSTMENT

The study was designed to explore differential effects of Child-Focused (CF) and CI mediation interventions upon quality of conflict resolution and associated postseparation adjustment. Each intervention addresses a series of risk and mitigating factors in pre- and postseparation parental conflict, including:

- the normative risks inherent in divorce itself (Amato, 2006; Sawyer et al., 2000);
- the compounding nature of interparental conflict surrounding the separation (Kelly, 2000; Kelly & Emery, 2003; Cummings & Davies, 2002; McIntosh, 2003a);
- parental capacity for attunement and emotional availability to the child (Buchanan, Maccoby, & Dornbusch, 1991, 1996; Katz & Gottman, 1997; Grych, Seid, & Fincham, 1992; Cheng, Dunn, O’Connor, & Golding, 2006);
- quality of the parental alliance (Abidin & Brunner, 1995; McIntosh & Long, 2006);
- having an emotionally available relationship with one and preferably two parents (Buchanan & Heiges, 2001);
- parental warmth, emotional “scaffolding,” and praise, with low levels of derogatory comments about the other parent (Emery, Kitzmann, Waldron, 1999; Katz & Gottman, 1997); and
- increased father involvement in children’s lives, whenever appropriate (Amato & Rezac, 1994; McIntosh & Long, 2006).

Central to the clinical work of the interventions are core constructs from the attachment field, specifically current research on parental reflective functioning and emotional availability (Slade, 2005). Children with emotionally overwhelmed parents, preoccupied by ongoing hostilities with their former partner, are compromised by their parents’ limited or distorted reflections on the children’s experiences and lowered capacity to assist dependent children to integrate change and stress in a healthy manner (McIntosh, 2006a; Wolchik, Wilcox, Tein, & Sandler, 2000). 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, while ameliorative effects for child well-being have been demonstrated through a restored emotional availability of the parent to the child (Buchanan, Maccoby, & Dornbusch, 1996; Katz & Gottman, 1997). Although a small qualitative study on CI mediation suggested trends for greater attunement in parents to their children’s experiences of their conflict (McIntosh, 2000), there has been no empirical evidence to distinguish or differentiate the impacts of various mediation processes on the parental state of mind. This research program sought to explore some of these questions.

The Treatment Models

Through integration of literature on divorce, developmental psychology, and attachment, two clinical models of mediation were built, together with an empirical platform for testing the assumptions and outcomes of each. Each aimed to build or reestablish capacity in parents for a clearer and more sensitive developmental focus, evidenced both in their mediated arrangements and in the nature of their postmediation parenting alliance.
CF mediation in this study was defined as a process in which the mediator was non-neutral with respect to advocating for the interests of the children. The mediator prioritized the making of developmentally sensitive parenting plans that incorporated key psychological dimensions of adjustment, together with the pragmatics and legalities of care arrangements. Interventions were educative and therapeutic, targeting each parent, but did not include any direct involvement of their children. The mediator relied on evoking a child focus in dialogue with the parents.\textsuperscript{4}

The second treatment model, CI intervention, shared the same aim as the above, to assist parents to reflect and agree upon avenues for providing a secure emotional base for their children after separation. Uniquely, it also included consultation with school-age children about their experiences of their parents’ separation and dispute, conducted by a trained specialist in a supportive, developmentally appropriate forum. This brief, single-session assessment was followed by a therapeutic dialogue between child specialist, parents, and mediator about the adjustment and developmental needs of each child and the implications of this for parenting plans.

Qualified social science professionals were selected to train specifically in the role of child consultant, while qualified mediation staff trained in the role of mediator. During the CI phase, external supervision of child consultants was given, in addition to internal supervision for mediators in both treatments. Treatment fidelity was monitored through supervision and individual case records.

METHOD

PARTICIPANTS

Two treatment groups were formed by separated couples who presented with parenting-related matters at Relationships Australia (R.A.) mediation services in Adelaide, Melbourne, and Canberra. A total of 181 families agreed to participate in the intervention and the study (average 80% recruitment rate for both treatments across all sites), with 111 CF and 70 CI cases. Consent was obtained for 174 children to be interviewed for the research, prior to mediation and at two follow-up points. All of the 112 children in the CI sample were seen at baseline as a required part of the mediation, and their data were given, by consent, to the research team. Sixty-four CF children were interviewed at baseline by the research team, using the same measures, but without feedback to parents.

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 mothers was 38.5 years, and 40.5 years for fathers. Children’s mean ages were 8.6 years in the CF group and 9.8 years in the CI group. The majority of parents were Australian born. Greater ethnic diversity was evident in the Melbourne sample, representative of that city, but no other significant differences were identified between sites. Sixty-one percent of children lived in the primary care of their mothers, and 26% were in substantially shared care (35% or more overnights with each parent) at intake. Full demographic details are available in the Children Beyond Dispute research report (McIntosh & Long, 2006).
DESIGN

A repeated measure, two-stage lagged design was implemented, with a multisite intervention framework to strengthen the study’s design and external validity. CF mediation was offered during the first 6 months of the project to all families who met the inclusion criteria (see below). Following that, the same mediators then trained in the new CI intervention and were joined for that treatment phase by 8 Child Consultants (2 male, 6 female). Following screening for inclusion at intake, the CI model was offered to all appropriate cases over the second 6-month cycle of the project. Both voluntary and court-mandated cases were included in the study, and mid to upper ranges of conflict severity were sought.

Inclusion criteria were the same for both groups:

- The case was appropriate for mediation: screening of current violence and other diversion criteria was carried out by intake workers.
- Married or de facto parents who had separated or were separating.
- Their dispute included child-related matters and may also have included property and asset negotiation.
- At least one child implicated in the parenting dispute was between 5 and 16 years of age.
- Parents spoke/read English at a seventh-grade level or above.
- Adequate ego maturity in each parent (demonstrated intent to better manage the dispute, ability to perceive their children as having needs of their own, and, with support, willingness to consider children’s views within the mediation).
- Children were likely to benefit from involvement and were not engaged in another therapeutic process around separation issues.

RESEARCH MEASURES AND RELIABILITY

The parent and child research surveys and interviews consisted of repeated measures and qualitative items, to assess the following outcomes:

- Postseparation parental alliance;
- Conflict management;
- Parent–child relationships;
- Nature of and management of living arrangements;
- Children’s well-being and adjustment;
- Children’s self representations of parental conflict; and
- Children’s perception of parental availability and alliance.

Table 1 outlines repeated measures and their reliability ratings within this study.

In addition to these scales, projective techniques were also used with children, including the Kvebaek Family Sculpture Technique (Cromwell, Fournier, & Kvebaek, 1980) and the Children’s Separation Story Stems (McIntosh, 2003b). These data are not reported here, but are the subject of a further study.

PARENT INTERVIEW

The parent survey was completed at baseline as a pencil-and-paper measure and was repeated as a structured personal interview (by telephone or face to face) at the two follow-up
periods. Parents also completed a nine-item Likert-style questionnaire assessing their satisfaction with mediation and its outcomes at each follow-up. Major changes that occurred in parents’ lives since mediation were monitored (e.g., repartnering, moving house) and parents’ recollection of mediation was explored at both follow-up points, including sustainability of progress and factors perceived to impact on subsequent parenting behavior.

### CHILDREN’S INTERVIEW

Children were seen in a structured one-to-one play-style interview at intake, with follow-up interviews at 3 and 12 months postmediation. Repeated measures were embedded in each interview, together with projective materials. Sibling groups were seen together, as well as having individual time to complete the formal measures. All children from both treatment groups experienced the same core interview at each data collection point. The baseline interview for CF children was conducted by a clinical researcher in the child’s home, and parents were not privy to the children’s material. Children’s interview transcripts from the CI mediation were given by consent to the research team. Follow-up interviews with all children in each treatment were conducted by the research team in the child’s residence, and parents were not privy to that material.

### INFORMATION FROM MEDIATORS AND CHILD CONSULTANTS

Mediators completed a questionnaire created for this study, recording number and type of mediation sessions, level of conflict prior to and after mediation, complexity of issues, progress made in mediation, the parenting plans arrived at, any unresolved issues, and satisfaction with the mediation provided. Data from Child Consultants included documentation

| Table 1 | Repeated Measures and Scale Reliability (Cronbach’s Alpha)\(^1\) |
|-----------------|------------------|-----------------|-----------------|-----------------|
| **Parent Measures** | **Source** | **# items** | **Mother** | **Father** |
| | | | \((N = 164)\) | \((N = 143)\) |
| Parental Alliance Measure | (Abidin & Brunner, 1995) | 20 | \(\alpha = .94\) | \(\alpha = .93\) |
| Parental Acrimony Scale | (Shaw & Emery, 1987) | 25 | \(\alpha = .82\) | \(\alpha = .86\) |
| Parent Conflict Scale | (McIntosh, 2003b) | 7 | \(\alpha = .81\) | \(\alpha = .80\) |
| Parent–Child Relationship Scale | (McIntosh, 2003b) | 6 | \(\alpha = .79\) | \(\alpha = .81\) |
| Strengths & Difficulties Questionnaire | (Goodman, 1997) | 20 | \(\alpha = .86\) | \(\alpha = .83\) |

<table>
<thead>
<tr>
<th><strong>Children’s measures</strong></th>
<th><strong>Source</strong></th>
<th><strong># items</strong></th>
<th><strong>Mother</strong></th>
<th><strong>Children</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>((N = 165))</td>
<td></td>
</tr>
<tr>
<td>Children’s Perception of Inter-parental Conflict</td>
<td>(Grych, Seid, &amp; Fincham, 1992)</td>
<td>9</td>
<td>(\alpha = .83)</td>
<td></td>
</tr>
<tr>
<td>Security in Inter-parental Sub-system</td>
<td>(Davies, Forman, Rasi, &amp; Stevens, 2002)</td>
<td>3</td>
<td>(\alpha = .56)</td>
<td></td>
</tr>
<tr>
<td>Caught in the Middle Scale</td>
<td>(Buchanan, Maccoby, &amp; Dornbusch, 1991)</td>
<td>7</td>
<td>(\alpha = .67)</td>
<td></td>
</tr>
<tr>
<td>Child-Mother Relationship Scale</td>
<td>(McIntosh, 2003b)</td>
<td>3</td>
<td>(\alpha = .80)</td>
<td></td>
</tr>
<tr>
<td>Child-Father Relationship Scale</td>
<td>(McIntosh, 2003b)</td>
<td>3</td>
<td>(\alpha = .84)</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) A reliability coefficient of 0.80 is strong for this sample size, on the 20+ item scales. Lower Cronbach scores for scales with fewer items were within an accepted range.
of core themes of each child interview, efficacy of feedback to parents, and any factors that enhanced or compromised the outcomes or the fidelity of the treatment.

LENGTH AND NATURE OF THE INTERVENTIONS

The CF treatment involved parents in individual intake sessions and then up to six joint mediation sessions. One or two mediators were present. Co-mediation was mixed gender, and the gender balance of mediators across sites was 45% male and 55% female. The average time spent with each parent in this intervention, including intake, was 5.1 hours. Beyond specialist facilitation of the sessions by the mediator(s) and use of generic education resources, no additional input, such as parent education groups, was given to this group.

In the CI intervention, parents attended individual intake sessions, followed by up to six joint mediation sessions on children’s issues. Average duration of this intervention with each parent, including intake and feedback of the children’s material to parents, was 6.2 hours, plus a separate hour per child with the Child Consultant. Mediation was conducted by a solo worker or by co-mediators. Throughout this intervention, parents worked with Children In Focus: Because It’s for the Kids (McIntosh, 2005), a cooperative parenting resource that includes written material to support CI mediation.

PLANNED ANALYSES

Directional hypotheses were investigated through repeated measures analyses, with planned comparisons between treatment groups over time. A range of other outcomes were investigated using post hoc comparisons between treatment groups and between parents, multiple regression modeling, and content analyses. Such outcomes included parental satisfaction with children’s living arrangements postmediation, litigation patterns post- mediation, durability of outcomes over time, and factors associated with progress.

RESULTS

The focus of this section is on outcomes 1 year postmediation. Statistical findings are given in summary form, with technical details available in the Children Beyond Dispute research report (McIntosh & Long, 2006).

RETENTION RATES

Given the dyadic focus of much of the study, families where data existed from only one member at intake were not pursued for follow-up. Fourteen cases were excluded from analyses following treatment fidelity checks (13 in the CF group and 1 in the CI group), on the grounds of incomplete data, incomplete treatment, or lack of adherence to the core features of the treatment model. Of the remaining cases, 1-year analyses were carried out on 56 cases in the CI intervention and 67 for the CF intervention (a retention rate of 75% for children and 83% for parents).

UNIVERSAL OUTCOMES

Regardless of the type of mediation parents participated in, 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 dynamic that had brought them to mediation. Mothers’ and fathers’ data showed similar patterning over the year, with a flattening out of conflict and overall increase in the percentage of disputes satisfactorily resolved between them. 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.

Of the overall sample, 21% of parents reported continuing high levels of conflict over the year, with less than a quarter of their disputes satisfactorily resolved. Cases of enduring conflict were associated with high levels of ongoing acrimony between parents and were independently predicted by low parental alliance, low satisfaction with children’s living arrangements, and reports of poor progress in mediation.

**UNIQUE OUTCOMES FOR EACH INTERVENTION**

General linear modeling was used to explore progress associated with time and intervention effects, as outlined separately for parent and child data in the tables below. No main effects were evident for the CF intervention at the 3- or 12-month follow-up. Several unique outcomes were evident in the CI group. As detailed in Table 2, significant outcomes from the CI treatment 1 year postintervention, included:

- For CI fathers: greater reduction in acrimony with their former spouse and greater improvement in their parental alliance;
- For CI children: more likely to report improved emotional availability of their fathers and greater feeling of closeness to him;
- For CI mothers and children: preservation of or improvement in the mother–child relationship, from both perspectives;
- For CI children and their parents: greater contentment with care and contact arrangements and less inclination to want to change these arrangements; and
- For CI families: greater stability of care and contact patterns over the year.

**Table 2**

Time and Treatment Interaction Effects: Parents’ Repeated Measures

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Time effect at 3 months</th>
<th>Time effect at 1 year</th>
<th>Treatment interaction effect at 3 months</th>
<th>Treatment interaction effect at 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental alliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>115</td>
<td>ns</td>
<td>ns</td>
<td>.07</td>
<td>ns</td>
</tr>
<tr>
<td>Father</td>
<td>111</td>
<td>ns</td>
<td>ns</td>
<td>.03</td>
<td>.02</td>
</tr>
<tr>
<td>Acrimony</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>114</td>
<td>.00</td>
<td>.00</td>
<td>.10</td>
<td>ns</td>
</tr>
<tr>
<td>Father</td>
<td>112</td>
<td>.00</td>
<td>.01</td>
<td>ns</td>
<td>.01</td>
</tr>
<tr>
<td>Satisfaction with living arrangements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>114</td>
<td>.02</td>
<td>.00</td>
<td>.00</td>
<td>ns</td>
</tr>
<tr>
<td>Father</td>
<td>109</td>
<td>.00</td>
<td>.00</td>
<td>.01</td>
<td>.05</td>
</tr>
<tr>
<td>Conflict with ex partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>112</td>
<td>.00</td>
<td>.00</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Father</td>
<td>106</td>
<td>.00</td>
<td>.00</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Parent–child relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>118</td>
<td>.07</td>
<td>ns</td>
<td>ns</td>
<td>.06</td>
</tr>
<tr>
<td>Father</td>
<td>113</td>
<td>.06</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
</tbody>
</table>

*2 Treatment effects refer to the Child-Inclusive intervention. No significant treatment interaction effects for the Child-Focused model were found.*
ACRIMONY AND ALLIANCE OVER THE YEAR POSTINTERVENTION

The CI intervention was associated with an initial improvement in alliance at the 3-month follow-up for mothers and fathers, followed by a drop off. While fathers in both groups reported a more positive alliance than mothers throughout the year, the trend was for a declining alliance over time for all parents, but most pronounced for fathers in the CF intervention (see Figure 1 below).

Table 3
Time and Treatment Interaction\(^3\) Effects: Children’s Repeated Measures

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Time effect at 3 months</th>
<th>Time effect at 1 year</th>
<th>Treatment interaction effect at 3 months</th>
<th>Treatment interaction effect at 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interparental conflict</td>
<td>140</td>
<td>ns</td>
<td>.01</td>
<td>ns</td>
<td>.03</td>
</tr>
<tr>
<td>Subjective distress</td>
<td>140</td>
<td>.00</td>
<td>.02</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Caught in the middle</td>
<td>131</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Closeness to Mother</td>
<td>129</td>
<td>.08</td>
<td>.03</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Emotional availability of Father</td>
<td>126</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>.07</td>
</tr>
<tr>
<td>Contentment with living arrangements</td>
<td>150</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

\(^3\) Treatment effects refer to the Child-Inclusive intervention. No significant treatment interaction effects for the Child-Focused model were found.

Figure 1. Father’s parental alliance.
The 3-month and 1-year Acrimony data showed continuing reduction in psychological grievance for CI fathers and mothers, while an upsurge in acrimony was evident for fathers in the CF group at the 1-year point (see Figure 2 below).

CHILDREN’S LIVING ARRANGEMENTS AND PARENT–CHILD CONTACT

Both mothers and fathers from the CI treatment reported significantly greater satisfaction with their children’s living and visiting arrangements 1 year after intervention. The patterns of improvement are of interest to note in the graphs below.

At the 1-year mark, the CI children were also significantly more content, and less inclined to want a different arrangement, whereas the children from the CF group showed increasing discontent with their living and contact arrangements.

The pattern of overnight contact remained stable over the year for the CI group, as shown in the next graph, but had fluctuated significantly for the CF group. Of interest, findings of higher satisfaction with living arrangements among all CI family members come in light of overall lower levels of overnight contact with fathers in the CI group. With the increase in overnight contact for the CF group immediately postmediation came a corresponding pattern of decline in satisfaction with the arrangement in all members of the family.

DURABILITY AND LITIGATION OUTCOMES

Over the year postintervention, the CF group had more often changed their arrangements, or litigated to bring about new parenting plans, than the CI group. Parenting agreements reached in the CI intervention were significantly more durable and workable, on parent and child report, with CI cases also reporting substantially lower rates of litigation over parenting disputes in the year that followed mediation than did the CF group. Looking only at cases with no prior court involvement (84% of cases), in the year following
mediation, CF parents were twice as likely to have instigated new legal action over parenting matters (36.4% CF: 17% CI).

DIFFERENTIAL OUTCOMES FOR CHILDREN

Having begun the year with a father relationship characterized by emotional distance and poor availability, CI children reported a more available relationship 1 year later and
greater feelings of closeness to their fathers than did the CF children. There was also a trend for CI children to report an increasingly available relationship with their mothers at the end of the year, perceiving them to be more understanding, interested in them, and able to help. The CF children as a group reported the opposite, with a substantial decline in perception of their mothers’ availability.

Content analyses were conducted on children’s narrative accounts (n = 94) to explore their appraisal of family outcomes. Two raters blind to treatment allocations scored the relevant narratives as “mostly positive,” “mixed,” or “mostly negative,” with 92% initial inter-rater 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 viewed their parents’ conflict as worsening over the year. There is thus a considerable degree of convergence between the qualitative and quantitative data.

**CHILDREN’S MENTAL HEALTH OUTCOMES**

Children’s mental health scores at 1 year (as measured by the Strengths and Difficulties Questionnaire; SDQ), were not significantly related to stage of divorce, nor to parents’ income levels. Total scores in the two treatment groups improved over the year; and did not differ significantly between groups. Exploration of subscales within the SDQ showed the two groups to be significantly differentiated on the Emotional Symptoms scale. CI children’s scores indicated lower anxiety and fewer fears, clinging behaviors, and depressive and somatic symptoms.

Of the total group of children, 53 (21%) remained in the clinical range on the SDQ (using resident parent ratings). This is significantly higher than the norm, which in Australia is 14%, but lower than levels identified in recent family court samples. The data were explored through multiple regression analyses to determine the combination of factors that

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*Figure 5. Nonresident fathers’ overnight contact with their children.*

* 3 = 1–3 nights per month; 4 = 2–3 nights fortnightly; 5 = 2 + nights weekly
best explained children’s clinical ratings. Children were more likely to be clinically distressed if their fathers were poorly educated, there was high parental conflict, overnight care was substantially shared, and the mother was emotionally unavailable (by the children’s report). In addition, there was a trend for children to be clinically distressed if there was high acrimony between parents (.06) and if the child in question was a boy (.07) or under 10 years old (.08).

Analysis of the narrative data from these cases supported a link between fathers’ low formal education levels and low levels of ego maturity and insight. Of interest is the extent to which poor availability of the mother was reported by this group of younger children who spent substantial time away from their mothers. Of further note, both fathers and children in shared care arrangements reported best outcomes when shared residence cooccurred with low acrimony and adequate cooperation with the child’s mother.

### FACTORS ASSOCIATED WITH PROGRESS

Multiple regression analyses determined factors that best accounted for parents’ overall ratings of progress 3 months postmediation, using a nine-item progress scale as the dependent variable, with the parent repeated measures (see Table 1) plus factor scores derived from factor analytic studies of the Acrimony Scale (see McIntosh & Long, 2006 for details).

In summary, participation in the CI intervention was the best predictor of overall progress for both mothers and fathers. Mothers reported best progress when their own sense of hostility was lower to begin with, good progress was made around the management of visiting, and their perception of fathers’ parenting improved.12 There were trends for mothers who reported best progress to be older and to be in a higher income bracket. Fathers reported best progress when hostilities reduced over time, alliance increased, and overnight contact with the children was more frequent.13 There was a trend for progress to be associated with the fathers’ perception that their children’s well-being had improved over the year.

CF parents reported less progress the longer the separation had been, and entering mediation within 1 year of separation was important to securing better outcomes for that group. However, progress in the CI mediation was not associated with elapsed time since separation. While fathers reported consistent progress, regardless of the time since the separation, mothers reported increased progress, the longer the separation had been.

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**Table 4**

Coefficients for Predictors of Poor Emotional Outcomes for Children in Both Treatment Groups.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized coefficients</th>
<th>Standardized coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Standard Error</td>
</tr>
<tr>
<td>Interparental conflict at 1 year</td>
<td>1.812</td>
<td>.833</td>
</tr>
<tr>
<td>Substantial overnight shared care</td>
<td>2.386</td>
<td>1.208</td>
</tr>
<tr>
<td>Low formal education: father</td>
<td>1.025</td>
<td>.431</td>
</tr>
<tr>
<td>Poorly available relationship with mother at 1 year</td>
<td>−1.511</td>
<td>.676</td>
</tr>
</tbody>
</table>

Dependent Variable: Strengths and Difficulties Scale clinical scores—resident parents’ ratings
Cases where poor levels of progress were reported by both parents and the mediator (18% of CI cases, and 34% of CF cases) were characterized by younger mothers in a low income bracket, a pattern of escalating conflict and declining alliance between parents, the presence of cohabiting new partners and premature ending of the mediation (mediator report). Both treatments had less success with parents who presented to mediation with mental health issues that had not been detected at intake (pro-dromal phases) or untreated mental illness.

SUMMARY OF QUALITATIVE FINDINGS

In addition to the repeated measures data outlined above, qualitative data were also collected from parents and children over the year and are summarized here. Content analyses, informed by an empirical phenomenological method, were conducted by two researchers, to identify common mechanisms of progress in each group, in response to the question: “One year later, what part of the mediation stays with you and appears to have helped the most with the management of the dispute?” As the table above illustrates, over half of the CF parents could not identify anything specific that helped resolution of their dispute. Despite the deliberate emphasis given in that intervention to children’s postseparation needs, only 8% remembered that as having been important to their progress. Fathers who participated in the CF intervention remained the least satisfied parents and reported the most “unfair” outcomes. In contrast, CI fathers’ narratives were characterized by ongoing reports of being supported and heard and of the mediation “feeling fair.”

 Constituents of progress were clearer in the narrative material of the CI parents, with the majority nominating feedback from their children as giving greatest assistance to the resolution of their dispute. Some of the psychological mechanisms by which the intervention became a shaping and formative experience are evident in the following quotations:

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

| Table 5  
<table>
<thead>
<tr>
<th>Content Analyses Categories: What most helped your progress?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Focused Parents (n = 75)</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>Uncertain</td>
</tr>
<tr>
<td>Felt supported</td>
</tr>
<tr>
<td>Being able to talk</td>
</tr>
<tr>
<td>Neutral third party</td>
</tr>
<tr>
<td>Focusing on kids</td>
</tr>
</tbody>
</table>

Cases where poor levels of progress were reported by both parents and the mediator (18% of CI cases, and 34% of CF cases) were characterized by younger mothers in a low income bracket, a pattern of escalating conflict and declining alliance between parents, the presence of cohabiting new partners and premature ending of the mediation (mediator report). Both treatments had less success with parents who presented to mediation with mental health issues that had not been detected at intake (pro-dromal phases) or untreated mental illness.
“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).

“I was pretty comfortable. [It’s] important they speak to someone with the knowledge. It’s a good opportunity if some underlying issue is not apparent to us, which is what happened in my case. The kids made it clear” (CI Father).

Through reduction of the core themes from parent interviews, three change mechanisms were suggested from the qualitative data with respect to the CI intervention:

1. *A wake-up call.* The immediacy and intimacy of the feedback they heard from and about their own children frequently moved parents emotionally. The scope for creating a shared perception of the children’s needs was evident, as was the wake-up call to these parents to alter behaviors around and attitudes toward their previous partner. Although both interventions actively focused parents on their children’s needs in the postseparation re-structure, discussion was necessarily generic in the CF intervention, given the children’s direct input was not obtained for mediation purposes. In this light, parental assumptions about the child’s feelings and wishes had greater license to continue untested through the CF intervention and resulted in arrangements tailored to what parents “believed” their children needed.

2. *A level playing field for fathers.* The fairness of the CI intervention was notable for fathers, who perceived the intervention as removing the mother from the psychological role of gatekeeper of the truth about their children. In negotiations around their children’s needs, CI fathers predominantly experienced a level playing field. The CI fathers described the feedback session about their children as valued and transformative, and they appeared able to listen to views even when these views did not support their own argument, when they came from their children, and were conveyed empathically by an independent specialist, rather than delivered by their ex-partner.

3. *Developmentally correct arrangements.* Through a sharpened focus on each of their children’s emotional and stage-specific needs in the CI treatment, parents’ agreements tended to favor stability of residence and improved attachment relationships. Fathers in the CF 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 CI intervention tended to agree to maintenance of overnight contact rates, rather than fighting 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 CF group and that they reported closer relationships with their children. The findings suggest that the CI intervention assisted parents to create developmentally sensitive 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 REPORTS OF THE INTERVENTION**

Data from 60 children in the CI group were analyzed to explore children’s experience of being consulted in the course of their parents’ mediation. Material was generally
provided by children 7–14 years of age, whose narrative material was rich enough for explication of themes.

Although confined to a single session, the vast majority of children (86%) found their assessment interview with the Child Consultant helpful:

- “He [child consultant] helped a lot, it helped get the sadness away from me.”
- “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.”
- “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, but 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 less stressed the times she takes us over to Dad’s place. I’m spending a bit more time with Dad.”

Six percent (4 children) said their involvement was not needed, but was “okay” and eight percent (five children; all older teenagers) said it was not helpful. These teenagers from three sibling groups reported that the interview was not particularly useful to them; there was no congruence between their reports and the progress reports of their parents. Twelve months postintervention, no detrimental outcomes of child participation were reported by parents or children in any case in this sample.

**MEDIATOR OUTCOMES**

Mediator data on each case showed strong congruence between parents and mediators’ perceptions of progress. Truncating a four-point mediator rating of progress scale into a dichotomous variable (no/poor progress and reasonable/good progress), in line with a truncated parent progress variable, 100% agreement was found 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 significant.14 Twenty-three percent of CF cases were rated by the mediator as having made little or no overall progress with the resolution of the presenting dispute, where this outcome was recorded for 8% of CI cases.

**INDICATORS FOR CHILD INCLUSIVE MEDIATION**

Finally, the data were explored for information that may help to guide the decision whether or not to apply the CI intervention. The question was asked, did all families require this intervention, or did some do just as well with the CF intervention? Taking parents’ own progress ratings, progress scores were graphed against the major repeated measures. The resulting patterns indicated that:

- The families who benefited most from the CI intervention were those who reported a poor parental alliance at intake; and
- Past histories of intimate partner violence did not predict poor progress and did not contraindicate membership of either treatment group. (Cases classified as being at high risk for current violence were not accepted into mediation in the first place.)
DISCUSSION

DIFFERENTIAL OUTCOMES

The 1-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 advantages of the CI intervention for mothers appear to have dissipated over the year, namely in mothers’ reports of alliance and acrimony levels. For men and children, however, the CI group continued to show unique treatment outcomes concerned with the quality of relationship between fathers and children and fathers’ recovery of confidence in the co-parental relationship.

While the CI intervention resulted in several favorable outcomes that were not evident for the CF intervention, families who benefited most from the additional, tailored features of the CI approach were those with a poor parental alliance at the outset of mediation. The CI intervention offered a significant level of repair to the parental relationship and improved attachment relationships, produced developmentally sensitive living arrangements that tended to favor stability of residence, and resulted in greater contentment with living arrangements among both parents and children.

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 the presence of personality disturbance and early, undiagnosed or poorly treated psychiatric symptoms at intake. Findings overall support inclusion criteria for both interventions that are capacity based, that is, based on the ability of a parent to usefully participate in mediation and to consider alternate information, rather than adhering to criteria based on the presence or absence of specific issues.

A COMMENT ON SUBSTANTIALLY SHARED CARE FINDINGS

The data also afforded the opportunity to explore contributors to poor mental health outcomes for children. Those children whose emotional well-being was poorest at the end of the year (n = 53) were most likely to be under 10 years old and living in substantively shared overnight care, with the combined stressors of highly conflicted parents and poor maternal availability. The subject of overnight care is currently topical in Australia, given the recent Family Law Amendment (Shared Parental Responsibility) Act, 2006,15 that requires all dispute resolution practitioners and judicial staff to consider with all parents the possibility of substantially shared care. Such legislation was written partly in response to political lobby groups (Chisholm, 2007), but also in sympathy with the rights of children to retain relationships with both parents. Regardless of the socio-legal context of the legislative changes, of concern is the fact that such amendments took place in the absence of evidence about the developmental merits of substantially shared care itself and an empirical rather than an ideological framework within which to consider the child’s best interests. While there is much further work to be done, the data of this study suggest a fairly uncontroversial beginning to such a framework: In the current study, parents and children in shared care arrangements reported best outcomes when accompanied by low acrimony and adequate cooperation between parents and when children were over 10 years old (similar to the profile identified by: Smyth, Qu, Weston 2004). In this current sample of disputing
parents, shared care was not in the psychological interests of young children who substantially divided their care between parents who were either emotionally immature or poorly available and who remained in high conflict with each other.

The association found in young children between spending substantial and repeated time away from their mothers and their perceptions of her being poorly available to them is worthy of further exploration. The same link was not found with fathers. These findings echo those of Solomon and George (1999) with infants in shared overnight care, who were more likely to form disorganized attachments to their mothers (previously their primary caretakers), while attachment quality to their fathers was not affected by the presence or absence of regular overnight care. The data suggest the importance of systematic longitudinal research into developmental and relationship outcomes for children who experience various combinations of overnight care. Future studies are required to distinguish the impacts of a history of poor maternal availability from those of frequent transitions away from the mother in the context of newly established shared care. In the interim, caution seems wise in recommending shared care to those families who fall within the risk categories identified here.

STUDY STRENGTHS AND LIMITATIONS

The study aimed to hold as many factors as possible constant between the two treatment groups; for example, entry criteria, mediator effects, and any impact of the child interview itself. Core socio-demographic features of the sample, such as age at divorce and ethnicity, were consistent with figures for the general population of people who divorce and did not vary significantly between the treatment groups, assisting the generalizability of findings. Use of a repeated measure, multisite lagged design coupled with a strong qualitative interview design with both parents and children provided depth and breadth to the resulting data.

A possible limitation of the study was the more restricted capacity of the research team to monitor the application of the CF intervention than the CI treatment. CF work was supervised internally at each site, while the CI intervention phase required the development of new skills and was externally supervised by two specialists. Any difficulties in treatment implementation were routinely picked up through this external monitoring, which may have improved the quality of the interventions delivered in the CI phase.

Finally, the results of this study encourage further research. A further wave of data collection is currently underway, following families 3 years after mediation to explore the longer-term durability of outcome differences between treatments and to more generally track the adjustment pathways of parents and children. As with any beginning empirical inquiry, the core findings require replication before substantial policy or practice directions are shaped by them. On a final cautionary note, the findings reported here pertain only to the specific models developed for and utilized in this study. There are other forms of dispute resolution that also identify themselves as CI mediation, and the findings of this report cannot be generalized to models beyond those studied here.

CONCLUSION

While both CF and CI dispute resolution interventions led to reduction in parental conflict, findings of this study suggest an enduring level of relationship repair unique to the CI approach. The data point to the potential of the CI intervention to target the crucial
public health issue of children’s emotional well-being postseparation, through consequent improvement in parental relationships and responsiveness. Findings also underscore the importance of considering the developmental context around overnight care and contact arrangements, reinforcing shared care, negotiated in a context of interparental conflict as an arrangement best suited to older children and best determined by the capacity of parents to exercise maturity, cooperate, embrace the developmental needs of their children, and provide each child with emotionally available parenting in a climate of managed conflict.

In all, this research provides evidence to support the further development and application of the CI model of therapeutically oriented mediation. The method offered children a safe, specialist avenue for their views and needs to be considered and indeed to impact significantly upon the way in which their parents were able to resolve their parenting disputes. Beyond meeting of the child rights, their inclusion in this form of divorce mediation was associated with a significant level of repair to the parental relationship and to improved emotional availability of parents to children and produced developmentally sensitive agreements with which parents and children remained more content over a 1-year period postmediation.

NOTES

1. Jennifer McIntosh (BA.Hons., M. Clin. Child Psych., Ph.D.) is a clinical child psychologist and researcher. She holds adjunct positions of associate professor at La Trobe University and senior lecturer at the University of Melbourne. She is the director of Family Transitions, a Melbourne-based clinic for the study and treatment of family-related attachment trauma.

Yvonne Wells (Ph.D), Head of Lincoln Centre for Research on Ageing at La Trobe University, is the Statistical Consultant to this project. She has postgraduate qualifications in clinical psychology, lectures in the Faculty of Health Sciences at La Trobe and in the School of Psychology, and is a fellow of the Australian Association of Gerontology.

Bruce M. Smyth (Ph.D), Senior Fellow, Australian Demographic and Social Research Institute, Australian National University, advised on the research design, database administration, and preliminary data analyses.

Caroline M. Long (B.A., Dip. Ed. Psych., M. Psych. (Clin.)) is the research coordinator at Family Transitions. She is a clinical psychologist with extensive experience in diverse research settings. She works in the research division of Family Transitions.

2. The early procedure and research around the CI intervention (McIntosh, 2000) was inspired by Joan Kelly. The clinical intervention has grown significantly over a decade of application and research, enriched by input from Janet Johnston and the research of Carol George, Judith Solomon, Charles Zeanah, Arietta Slade, and the lead author. We are grateful for these contributions.

3. These interventions are detailed in McIntosh (2007).

4. This clinical process is illustrated in McIntosh and Moloney (2006).

5. Scale adapted with permission from Smyth, Qu, and Weston (2004).

6. Logistic regression results, $p$ (Beta) = .000.

7. Multiple regression results, $p$ (Beta) = .000, $p$ = .03, and $p$ = .05, respectively.

8. $p < .01$.


10. Australian norms are currently being determined for this scale. Zubrick (personal communication) indicates that they lie between the UK norm of 18% and the U.S. norm of 13%. Also see Sawyer et al. (2000).

11. Family Court data on the SDQ is reported in McIntosh (2006b) and McIntosh and Long (2007).


13. $F(4, 78) = 15.04, p = .000$.

14. Chi-square, $(n = 96)$, $df = 1$, exact one-sided $p = .001$.

15. Amendments to the Family Law Act took effect July 1, 2006, imposing an obligation on the court to “consider whether the child spending equal time with each of the parents . . . .” or otherwise “whether the child spending substantial and significant time with each of the parents would be in the best interests of the child . . . .” (Family
Law Act of 1975 § 65(D)(A)(1)(a) & § 65(D)(A)(2)(a)). Corresponding obligations to inform parents that they could consider such arrangements were also placed on legal practitioners, family counsellors, family dispute resolution practitioners, and family consultants (Family Law Act of 1975 § 63(D)(A)).

16. The recently established Longitudinal Study of Australian Children holds much promise here.


REFERENCES


