The Dynamics of Interparental Conflict Surrounding Divorce and Custody in the Home and the Collaborative Movement between Mental Health Professionals and the Judicial System

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Abstract

There is widespread acceptance that children suffer greatly from ongoing conflict between their parents. When children of conflicted parents encounter destructive interparental conflict pre or post-divorce, they are at an increased risk of developing emotional problems. Externalized feelings may result in increased aggression and conduct behaviors; internalized feelings may contribute to anxiety and depressive symptoms. In an attempt to lessen the amount of repeat high conflict cases found within the courts, while striving to maintain the best interest of the child; the judicial system and the mental health field have collaborated together to develop and implement voluntary and mandated strategies and techniques. These programs help conflicting parents gain the tools to effectively co-parent children successfully and effectively practice constructive conflict resolution skills. The purpose of this paper is to explore the different levels of interparental conflict within the home pre and post-divorce and look at how destructive interparental conflict surrounding the issues of divorce and repeat litigations affects children emotional health and the different programs that the court system utilizes.

Keywords: interparental conflict, judicial system
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DYNAMICS OF INTERPARENTAL CONFLICT IN THE HOME AND JUDICIAL SYSTEM

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The Dynamics of Interparental Conflict in the Home and the Collaborative Movement between Mental Health Professionals and the Judicial System

In early research, there were little tangible differences among the types of conflicts that occur within families and specifically between parents. Spousal and interparental conflicts were simply categorized with divorce or with measures of marital dissatisfaction, hostile attitudes, and physical aggression (Johnston, 1994). Janet Johnston, PhD and director of research at the Center for the Family in Corte Madera, California, stated that failure to “distinguish among types of conflict has confounded the debate about the extent to which different kinds of divorce conflict are normal and functional, and the extent to which they signal pathology and are dysfunctional, especially for children” (1994, p. 45).

The extent of conflict is what differentiates the degree of argumentation within relationships and how the parties resolve their issues. There are loose categories of conflict levels under the description of high, moderate, or low for conflicting parents. Unfortunately, the literature has failed to offer a concrete definition within both the legal and mental health treatment spheres to precisely what must occur within high conflict relationships or to what level a relationship must breakdown to receive a definitive label of low, moderate, or high conflict.

Professional literature also does not offer a consensus as to precisely what occurs within high conflict relations nor what differentiates couples who engage in regular conflict from those who engage in high conflict. The correlation between parental conflict inside and outside the marriage is well documented, but the levels of conflict and how they affect children is not. The result is that the American judicial system and mental health field both lack a clear conceptual basis for intervening between and helping these conflicted parents (Anderson, Anderson, Palmer, Mutchler, & Baker, 2011). It is safe to assume that with the increasing volume of parents found
in family courts and the strategies and programs that are swiftly developing and evolving, that both the judicial system and the mental health fields are acutely aware that American society has a rapidly growing problem.

Citizens in the 21st century have experienced an increasing level of collaboration between the United States judicial system and mental health professionals within the family court system concerning families, divorce, conflict, and children. This partnership between the two vastly different arenas is partly due to the increased caseloads that family courts are experiencing and the shift in the family courts to consideration of joint custody between divorcing parents (Deutsch, 2008). This partnership is also attributed to the increasing number of dysfunctional relationships of divorcing parents with children. Currently, it is increasingly common for family courts to review cases of divorcing parents who experience a level of interparental conflict in which they are unable to control on their own. Alarmingly, family court takes up to 80 to 90 percent of the court’s time (Stacer & Stedmen, 2000).

**Conflict**

Conflict is more than just a disagreement. Conflict is a situation in which one or both parties perceive there to be a threat; that threat does not necessarily even have to be real. Since conflict involves perceived threats, it does not go away without some kind of resolution. Today, parental conflict can be measured by the frequency of disagreement between parents and the method of resolving conflict (Hanson, 1999).

Parents react to conflict between themselves based on their perceptions of the situation and not necessarily based on true facts. It is estimated that in the US, 8-12% of families remain highly conflicted two to three years post-separation (Kelly & Emery, 2003). Most people understand and aware that conflict will occur in a relationship and that over expressions of
hostility may have a negative impact not only the parents, but also the witnesses, typically the children. If the conflict is frequent and severe, the results can be traumatic for children (Lindgren, n.d.). Parents who subsequently divorce tend to exhibit more conflict than parents who remain together and it is a well-known and agreed upon assumption that high interparental conflict reduces child well-being (Hanson, 1999).

**Perceptions of Interparental Conflict**

Perceptions are based on life experiences, values, and beliefs. In the case of conflicting parents, one parent may feel like they do not have enough time with their children and file a motion to change custody within the courts. This may look to the second parent as a threat (i.e. “This person is trying to take away my children!”) so they resist. This resistance may be perceived by the first parent as an additional threat (i.e., “This person is trying to keep me from having a relationship with my kids!”) which accelerates the conflict even more. In reality, the actual conflict is over something as simple as one parent wanting an extra three hours to have a dinner date once a week with his or her child. In the height of high conflict, parents see what they want to see, which is not necessarily the whole picture.

In most cases parties who have funding available hire private attorneys, and when the hired attorney is not aggressive enough, they hire another one. These costs can exceed far more than what each parent can afford, further corrupting the family system. It is not unheard of for parents to have open family cases for years after their divorce is final, and it is quite common for parents to appear numerous times a year in front of judges (Cashmore & Parkinson, 2011).

If parents perceive conflict as dangerous, they go into most situations with already established negative feelings and anxiety over the perceived threat. With these negative and already established emotions, it is difficult to effectively deal with any problem, let alone a
problem that has many issues. One critical element issue in terms of conflict is the extent to which the issue is one domain--such as financial matters--or if it spills over and activates conflict in another domain, such as custody. Especially relevant is the extent to which interparental conflict hostility decreases the capacity for co-parental cooperation regarding the needs of the children (Johnston, 1994).

**Low Interparental Conflict**

There are families in which the divorced parents have moved beyond the issues that led up to the dissolution of their marriage and make a valiant attempt to co-parent. These parents have a high communication and a low discord level (Johnston, 1994). In these instances, the parents work together when it comes to the upbringing of their children and they continuously strive to exclude any issues from the past that might negatively affect their efforts in maintaining a relationship in which they can effectively co-parent their children.

This style of low-level conflict is generally issue focused. Parents work together for the benefit of the children to come up with solutions that are, in all purposes, in the best interest of their children. While the parents may have clear differences or preferences about issues such as school, religious upbringing, extracurricular activities, and so forth, they are often able to separate themselves psychologically from the divorce and the disagreements in order to come up with a solution that is mutually acceptable (Anderson et al., 2011).

To maintain this low level of conflict, each parent must exhibit a high level of self-awareness and objectivity about the children’s needs. They must also display positive characteristics such as compromise, empathy, and flexibility; they continuously strive for a working relationship with their ex-spouse (Anderson et al., 2011). They must be able to put the children first and any inconveniences that come with raising children in two homes last.
Moderate Interparental Conflict

While a lower level of conflict is issue focused, a moderate level of conflict between parents involves dysfunctions and difficulties within their patterns of relating. These patterns are often carried over from each of the parents’ family-of-origin experiences, notably how solutions were reached to conflicts within their families regardless of the situations. These parents typically will demonstrate lower levels of communication while still experiencing lower levels of discord, so while these parents may strive to remain purely issue focused, there tends to be greater levels of blaming and reactivity than those families with little discord (Anderson et al., 2011).

However, while the level of discord is higher than desired, it is still lower than those families considered high conflict. Parents that fall into the moderate category are still able to strive to work together for the benefit of their children. While the parents may not like one another, they still understand the dynamics of how their working relationship affects their children and are likely to overcome any disagreement amongst themselves before seeking the aid of the legal system. These parents typically have what is similar to a respectful business like relationship, where communication is maintained in regards to the children’s needs.

High Interparental Conflict

High-level conflict in parental discord produces a chronic-like quality with a high degree of emotional reactivity, blaming, and vilification between both parents. In these high conflict families, parents often exhibit a strong inability to take responsibility for their role in the conflict. These parents generally see the conflict as a game with the opportunity to “win.” This winning mentality becomes their primary motivation, allowing the simplest of decision opportunities to escalate into huge battles (Anderson et al., 2011). Therefore, something as simple as deciding
whether a child will take piano lessons on a Tuesday rather than a Wednesday; becomes an all-out war rather than a simple discussion about which day works best with the already established schedule.

The emotional facet to this level of conflict understandably consists of intense feelings of frustration and resentment along with irregular levels of anger that may quickly ignite yet slowly disintegrate. In this high emotional turmoil, each parent sees the conflict as coming from the other side, sometimes to the extent of which they believe that if the other partner changed or stopped a certain behavior, the conflict would disappear entirely.

During this time, the majority of parental interactions are characterized by blame, emotional volatility, and parents’ inability to take responsibility for their part in the conflict. This begins the vicious cycle in which disagreements are no longer really about any of the issues at hand, but rather about what the other parent is doing wrong and how the other parent can make himself or herself look like the “better parent” (Anderson et al., 2011).

In high-conflict families, there are volatile and hostile parents. Both of these types engage in interactions drowning in negativity, mutual defensiveness, blame, and destructive attributions. Hostile parents express an inability to listen to, or empathize with, one another. Parents who continue to construct negative, polarized, and distorted views of each other tend to remain highly distrustful of one another and are convinced that they are fighting to protect the children from the perceived negative effect of each other’s parenting (Johnston, 1994).

There are realistic concerns about the parenting capacity in individuals whose functioning and judgment are compromised by their own emotional distress and the continual criticism and undermining of their parenting by the ex-spouse. The dysfunctional family relationships that are a product of these interparental conflicts, especially disturbances in parent-child relationships,
can result in emotional and behavioral symptomatology in children that in turn fuels the interparental dispute (Johnston, 1994).

**Destructive Interparental Conflict**

Destructive parental conflict causes a great deal of stress on a child. This is especially true if the child feels like he or she is a parents’ confidant, or messenger, to the extent that the child is deliberately placed in the middle of the conflict. During times of high conflict, parents tend to forget that he or she has a child, and that the child is not their own personal therapist to confide in. When such occurrences happen, a child may display signs of stress and confusion. Since they love and have loyalty and allegiance to both parents, when they attempt to maintain a fair relationship a child might experience guilt and anxiety over the repercussions or consequences. The child may feel that if they choose sides it will result in the withdrawal of love and subsequent abandonment from the other parent.

**Boundary Diffusion**

Boundary dissolution, also termed boundary confusion, distortion, diffusion, or violation, refers to a failure to recognize the psychological distinctiveness of individuals or a confusion of their interpersonal roles (Buchanan, Maccoby, & Dornbusch, 1991). The concept of boundaries is important to psychodynamic explanations of childhood psychopathology. Boundary diffusion occurs when parents try to form alliances with a child against the other parent, or when the boundaries between the parent-parent and the parent-child subsystems become unclear. When this occurs, children are more likely to be drawn into parental negotiations, tensions, or active conflicts (Buchanan, et al., 1991).

There is a common acceptance between mental health professionals that the psychological boundaries in the family, particularly between children and their parents; is crucial
to healthy child development. Boundaries define appropriate family roles (i.e., by clarifying who is the parent and who is the child); determine developmental differences and ensure that parents meet their adult emotional needs during the pre or post marital relationship from someone other than the child (Buchanan, et al., 1991).

**Parentification**

Theorists have explained parentification as a distortion of boundaries among family subsystems, meaning; children take on the roles and responsibilities that are reserved for adults. Parentification occurs when a parent turns to a child for emotions such as reassurance, or assistance in adult matters such as budget planning. The child may be expected to take on physical roles of parents such as housework, grocery shopping and caring for younger siblings. These tasks are evoked onto the child at the expense of their own emotional developmental needs.

The child often fails to meet these expectations, which naturally enhances any pre-existing negative feelings that they are already experiencing from the conflict alone (Buchanan, et al., 1991). Parentified children may struggle with lingering resentment, explosive anger, and difficulty in forming trusting relationships with peers. This can affect children long term in the fact that they may have difficulty forming close, trusting romantic and spousal relationships as adults (Walter, 2011).

Parentified children may have an expectation placed on them that requires them to sacrifice normal developmental milestones. In some cases, a child of the opposite sex is chosen to meet the emotional and physical needs of the parent and assume the role of a "surrogate spouse." Most children want to please their parents and are willing to go out of their way to do so, but a parentified child will take on new responsibilities and may even feel thrilled that they
have been given these new responsibilities and go at them full throttle. However, the child will generally suffer from having his or her own emotional needs neglected because the expectations that have been put on them are too high and too inappropriate for them to maintain on an ongoing basis. There are two common types of parentification: physical and emotional.

**Physical parentification.** Physical parentification is a child who has the responsibility of looking after the physical needs of the parent and other siblings. Physical parentification is different from assigning household chores to children, which is a normal and healthy practice to promoting social interest and community involvement. For example, a child assigned to run to the corner store for milk is appropriate; however, sending the child to the grocery store to do the shopping, followed by cooking dinner and then cleaning up every day is inappropriate. Assigning chores becomes dysfunctional when it reaches a level where the real parent abandons their own responsibility and the daily household duties are beyond the developmental maturity of the child. It also becomes inappropriate if there is little or no time for the child to engage in normal childhood activities such as peer relationships and play (Walters, 2007).

**Emotional parentification.** Emotional Parentification is when a child is given the responsibility of looking after the emotional and psychological needs of the parent and any siblings. When this occurs, parents begin to confide in the child, using the child as a therapist or confidant. Explaining in detail what the other parent did wrong in a marriage or relationship such as an affair or domestic abuse, is generally an inappropriate topic for a parent to discuss with a school age child. Crying and expressing feelings of self-loathing and insecurities to a child is also inappropriate since the child is then placed into a forced therapist or confidante role. The child is not given the freedom to grieve the changes in the family themselves, as they are expected to sooth the parent.
Triangulation

Triangulation occurs frequently within high conflict families. This development occurs when tension of conflict builds to an intolerable level within a two-person relationship. To relieve anxiety the person most uncomfortable with the relationship brings a third party into the relations. In high conflict families, this third person is often a child.

High conflict parents have difficulty focusing on their children’s needs as distinct from their own and cannot protect their children from their own emotional distress and anger, or from their ongoing disputes with each other. Parents may attempt to gain control over each other by placing the child in the middle and attempting to sway his or her opinion of the other parent (Buchanan, et al., 1991).

Children may feel caught in the middle or even pressured to take sides regardless of their involvement in the interactions. Although their involvement in interparental conflict may be effective in deflecting attention from problems in the marriage or divorced relationship, it may intensify the impact of parental conflict on children’s functioning by making them the target of parental anger or disrupting their relationship with one or both parents (Fosco & Grych, 2009).

Parental Alienation

Parental alienation disorder (PAD) has been found in literature for decades; however, it has yet to be included in the Diagnostic and Statistical Manual of Mental Disorders (Bernet, 2008). Essentially in this occurrence, a child, usually one whose parents are engaged in a highly conflicted relationship, though it can occur in a divorce or separation, allies himself or herself strongly with the other parent (the preferred parent) and refuses a relationship with the other parent (the alienated parent) without apparent justification. The primary component to this disorder is the child’s resistance to have a relationship with the alienated parent (Bernet, 2008).
In 1985, this syndrome was introduced by Richard Gardner as a type of emotional abuse primarily found in the context of child custody disputes; its primary manifestation is the child’s movement of vilification against a parent, and has no justification (Bernet, 2008). It results in a combination of programming (brainwashing) parent’s proselytization and the child’s own contribution to the vilification of the alienated parent.

The U.S. Census Bureau estimates that approximately 10% of divorces involve high conflict disputes such as custody and approximately 25% of those children involved develop PAD, or about 200,000 children in the United States. For comparison purposes, this frequency occurs at the same extent as the prevalence of autism spectrum disorder (Bernet, 2008).

The controversy surrounding this disorder is whether the behavior of the child is justified by the previous relationship between the child and the now alienated parent, or if it is a manifestation of the preferred parent in lieu of the ongoing conflict. For example, does the alienated parent have a history of abuse or neglect, or does the alienated parent have a substance abuse problem? Alternatively, there are relational disorders that could be considered as well such as separation anxiety and conduct disorder, as they share similar characteristics (Bernet, 2008).

Child Adjustment to Destructive Intera parental Conflict

It is well established that children’s behavioral and emotional problems are connected to interparental conflict. A variety of studies have been conducted that various aspects of children’s development such as cognitive growth and socialization skills, along with internalizing psychological problems such as depression, anxiety and social withdrawal. Children may externalize stress through conduct related difficulties as well (Lee, Ng, Cheung, & Wayung, 2010). Two recent studies of children with parents involved in legal disputes have
found approximately double the number of children with poorer adjustment compared to community norms (Trinder, Kellet, & Swift, 2008).

Children typically feel intense loyalty to their parents, so when they realize that there is conflict they are left with feeling of internal dissonance, they feel stress when one parent is attacking the other (Lindgren, n.d.). When children repeatedly are exposed to high conflict between parents they often feel powerless and this powerlessness can manifest into rage. Intense emotions such as rage can consume a child, which negatively interrupts important child development tasks (Lindgren, n.d.).

The child may feel powerless because they cannot stop the conflict, they may feel the conflict is a result of his or her behaviors and they may spend a lot of time “walking on egg shells” and trying to make one parent or the other feel better. Children who carry rage from childhood into adulthood often repeat the mistakes of their parents (Rich, Molloy, Hart, Ginsberg & Mulvey, 2007). For example, in later life they may self-medicate with drugs or other self-damaging behaviors. For the child who internalized the conflict and tried to make a parent feel better, they may marry someone they need to take care of, like an alcoholic.

**Externalizing Behaviors**

It is reported that the inter-parental conflicts surrounding divorce have been associated with the development of conduct disorder. In addition to the effect of marital conflict on the child, conflict can also influence parenting patterns and behaviors (Gallagher, 2006). Marital conflict has been associated with inconsistent parenting, higher levels of punishment with a concurrent reduction in reasoning and rewards, as well as with parents taking a negative perception of their child’s adjustment. Parents may also exhibit signs of depression and
irritability; these changes may be too much for a child to handle and they may start to demonstrate their own negative symptoms.

Oppositional defiant disorder is a common behavior problem seen in children and teenagers. There are usually two periods when a child normally shows signs of oppositional behavior. The first occurs between 18 and 24 months of age, the second happens in the teenage years when a child is trying to establish his or her own identity. They may express their defiance by disobeying or talking back to their parents, teachers, or other adults.

With ODD, a child's oppositional behavior occurs more often than normal and lasts longer than six months; the child may be very stubborn, aggressive, or even hostile. The child may also regularly throw tantrums, purposely bother, or irritate his or her parents, teachers, and other adults (Gallagher, 2006).

The exact cause of oppositional defiance disorder is not known. There has been some research about brain functioning which suggests that perhaps there are defects in specific brain areas which influence behaviors and impulse control. However, research is now stating that increasingly large populations of children who are diagnosed with oppositional defiance disorder come from families where parents are stressed due to martial and financial issues (Gallagher, 2006).

Internalizing Behaviors

Depression and anxiety are also common psychological issues that children of divorce experience. Depression in children may present far differently than in an adult. Children who are suffering from depression may exhibit symptoms such as random displays of anger and aggression. A once outgoing child may take on a timid or even fearful appearance; they may appear shy and detached. Young children who are depressed may also have physical symptoms
that are unexplainable such as headaches, stomachaches, cramps, nausea, wetting the bed, asthma, tiredness, difficulties getting to sleep, and nightmares (Gallagher, 2006).

Anxiety in a child may come out in the form of panic disorder, posttraumatic stress disorder, obsessive-compulsive disorder, phobias and general anxiety. All of these disorders are coping mechanisms for the child to deal with whatever stressors they are experiencing and working through, such as interparental conflict (Gallagher, 2006). A child may start to feel depressed or anxious when they start to realize that their family atmosphere has drastically changed. They may feel rejected by the parent that left and they may feel as though they are now in a position where they have to choose sides. The stressors that come with divorce are too complicated for a child to understand and often thoughts are internalized and come out in anxious and depressive symptoms.

**Current Research**

There has been a large amount of research done on how divorce affects children; the common behavioral patterns that children of divorce tend to demonstrate. For example, in terms of education and learning, studies in the early 1980s showed that children in repeat divorces earned lower grades and their peers rated them as less pleasant to be around (Debord, 2000). Furthermore, children of divorced parents are roughly two times more likely to drop out of high school than their peers who benefit from living with parents who did not divorce. In addition, teenagers in single-parent families are three times more likely to need psychological help within a given year (Debord, 2000). More alarmingly, children who come from broken homes are almost twice as likely to attempt suicide as those who do not (Debord, 2000). Compared to children from homes disrupted by death, children from divorced homes have problems that are more psychological.
The study of children six years after a parental marriage breakup revealed that even after all that
time, these children tended to be lonely, unhappy, anxious, and insecure (Debord, 2000).
Children of divorce are at a greater risk to experience injury, asthma, headaches, and speech
defects than children whose parents have remained married. Moreover, children of divorce are
four times more likely to report problems with peers and friends than children whose parents
have kept their marriages intact. Children of divorce, particularly boys, tend to be more
aggressive toward others than children whose parents did not divorce (Bilotta, 2009).

**Ages Birth to 18 Months**

When people look at the outcomes of divorce for children, they tend to discard the effects
on infants. Birth to 18 months is a critical time for children in terms of development; this is the
age where they are building up their trust levels. Trust is one of the first things that an infant
learns, as they are dependent on their parents, this dependency helps the child form relationship
bonds, so they have a sense of physical comfort.

Children at this age are able to sense tension, but are not understand what it is or how to
deal with it. In an attempt to do so, the child may appear more nervous. For example, they may
demonstrate a higher level of stranger or separation anxiety. This age group may also
demonstrate emotional outbursts and temper tantrums more frequently. They may have uneasy
stomachs, irregular eating habits that can include a loss of appetite. Research even suggests that
the child may show developmental delays in learning (Children & Divorce, 2008).

**Ages 18 Months-3 Years**

Children at this age start to develop their own individual personalities. Closer toward the
three year mark, children begin to realize that they are separate from their parents. They tend to
move towards independence, such as dressing or feeding themselves. Children at this age need
predictability and a stable environment; they need an atmosphere where they can continue to grow into their own person.

Children at this age may deal with the stressors with an increased level of crying, they may become clingy and demand more attention than normal, and their sleep patterns might change. Similar to birth to 18 months, this group may also have appetite changes and uneasy stomachs. At this age children may discover anger but likely do not understand it. Parents may see this in forms of aggression and verbal tantrums (Children & Divorce, 2008).

**Ages 3-5 Years**

Children during this age range are explorers; they are free and independent, constant movement. They are learning new words every day, and they are beginning to think more complex and talk in paragraph form. The challenging thing about this age is they believe they are in total control of their environment; therefore, in general, parents have a difficult time helping this age range realize that they are not in charge of themselves or anyone else around them. Due to this thought process, consequently; when you add a divorce into the mix, the preschooler may feel as though they are responsible for it, that they did something to cause it.

Possible reactions to the divorce for this age group include uncertain feelings, especially about the future. They may also start to keep some of their angry feelings inside; they may come out at inappropriate times where the parent is surprised and confused as to what brought it out. Children may also have appetite and sleep changes; they may begin to experience nightmares and unpleasant thoughts or ideas while they are awake (Children & Divorce, 2008).

**Ages 6-11 Years**

Children at this age have an extremely difficult time adjusting. Typically, the child’s only wish is to see his or her parents back together; they may even go as far as to try to
accomplish it. They may fear the possibility of abandonment, especially if one of the parent’s has left the house. They may also fear the possibility of other rejections, such as friends, other family members, and pets.

Outside of believing and hoping that his or her parents will get back together, this age will also feel insecure about the future, since they are old enough to understand and notice financial struggles. A child at this age may play sick to stay home from school, or play sick to spend one-on-one time with the school nurse (Children & Divorce, 2008).

**Ages 11-18 Years**

This is the age where children start to become abstract thinkers. They also begin to develop and discover their own identities. They are aware of what is going on with their parents, but they are concentrating on building relationships with peers and becoming a more independent individual. Most of the time children in this age range will not accept divorce as an answer.

Parents may see the child demonstrate feelings of hatred and anger; this may also come in form of physical and verbal aggression. They may also pick a side and blame one parent over the other. Furthermore, they may take on the “victim” role and attempt to manipulate both parents (Children & Divorce, 2008).

In post divorce conflict, it is the parents themselves who are the source of the stress for the children. These stressors evokes negative affective states and self perceptions such as self blame (Miller, Kliwer, Partch, 2009).

**Constructive Interparental Conflict**

Marital conflict has been classified into two categories, constructive and destructive. McCoy, Cummings and Davies (2008) reported that when both the frequency and intensity of
parental arguments were studied, “how the disputes are handled, rather than the frequency is what matters most” (p. 273). These parents are able to resolve conflict by displaying qualities such as reasoning and compromise. They work together as a unit to effectively co-parent their children. When parents are able to demonstrate to their children various examples of constructive conflict they are reducing the probability of their children having aggressive tendencies and may even assist their children in developing his or her own problem solving, coping and conflict resolution abilities for later in life (McCoy, Cummings, & Davies, 2008).

Conflict Resolution

There are several strategies parents in conflict can use to help lessen the levels. Most notably, when parents are able to emotionally separate their negative feelings of the other parent they have a better chance at making conflict resolution the priority rather than “winning” the argument. Once parents are able to get past the past issues, they have an increased chance at coming up with acceptable solutions together more readily.

Active Listening

Parents in conflict must be able to listen to and acknowledge what is felt as well as what is said. When parents are able to do this, they connect better to the needs and emotions of the other parent. This promotes positive qualities such as empathy and understanding; they are able to understand where the other parent is coming from and why. When parents are able to remain calm during a discussion, there is a better chance that they will be able to accurately read and interpret verbal and nonverbal communication by the other parent.

Respectfulness

Parents do not have to agree on every topic, but what they must be is respectful of the other parent and his or her viewpoint. By avoiding disrespectful words and actions, problems are
resolved quicker. Respectfulness involves a parent refraining from calling the other parent names, speaking sarcastically, and belittling. Respectfulness involves the cooperation of both parents they need to be mindful of non-verbal language such as eye rolling, lack of eye contact and body stances. It is imperative that parents in conflict are respectful when speaking to each other when the children are present, as this shows the children positive communication skills when can be demonstrated later in life when they are trying to resolve their own conflict.

**In the Moment**

When conflict occurs, focusing on the present allows both parents the ability to see the reality of the current situation. Looking back on past hurts and resentments and taking opportunity to blame the other parent takes away the focus of the children and the goal in the moment. When making decisions about children, the reasons why they are divorced are not pertinent to the moment. By allowing those negative feelings to take over the moment, the solution to the problem at hand is lost and the focus is shifted to non-pertinent issues.

**Picking the Right Battles**

Constant conflict is both emotionally and physically draining for everyone involved. Therefore, it is important for parents to, in a sense, pick their battles. Parents in any level of conflict must consider each issue in the grand scheme of it all. For example, maybe Mom wants to pick up her son right after school at 4:30pm and Dad wants pick up to be at the bus stop at 5:00pm. Parents in that type of situation should consider if a thirty-minute difference is worth the battle. To solve a dilemma such as this, parents should consider what is best for the child and not what is most convenient for the parents.
Conflict Summary

Conflict exists in even the most functional of relationships, it is nearly impossible for any two or more parties to agree on all topics or choices that naturally occur within a relationship. The fact that conflict exists is not necessarily a negative thing as long as it is resolved effectively. Ongoing conflicts between parents about the divorce details related to the children after separation or divorce are costly for parents and time consuming for family courts.

Judicial System

Family courts are dealing with conflicting parents who are involved in the “process” of court, such as writing affidavits and filing motion upon motion for custody changes and child support modifications that they fail to realize how the effects of their behavior are influencing the children involved. In high conflict, it is understandable that parents may not see the end to the conflict and feel that solutions are nonexistent.

There are obviously many reasons why parents cannot collaborate together to effectively co-parent and why they continue to suffocate the court system with their unresolved conflict. Currently, the “best interest of the child” (BIOC) remains the only reason upon which contested child custody determinations are based. This standard provides the background which any attempts at law reform must be situated (Kruk, 2011). There is an enormous amount time and effort that is devoted to repeat high conflict families, and as the numbers continues to increase, courts are attempting to be more family friendly, recognizing the changes in American family systems in an attempt to handle these families of high conflict. By doing so, they have collaborated with various mental health professionals to help implement strategies and roles such as mediator, parent education, parenting expeditor, parenting consultant, and family therapists for focused issues (Sparta, 2008).
Mediation

Mediation allows parents; along with a qualified neutral or a mediator, to collaborate together in a confidential setting to help clearly define issues, generate options, order priorities and then negotiate and bargain differences and alternatives to come up with practical solutions to various issues regarding parenting time and other pertinent decisions related to the children.

When conflicting parents are sent to mediation, it is assumed that the mediator will be able to deflect emotional conflicts and help the parents become rational, focused, and goal orientated (Johnston, 1994). When parent are able to effectively problem solve together, the decisions that are made in mediation are more likely to be honored by the parents outside of the courtroom, and they tend to be more considerate of the child’s best interest (Campbell & Johnston, 1986). This ultimately lessens the conflict, which in turn lessens the stress that a child may feel due to the extreme conflict. However, it is important to remember that mediation assumes that each party is both willing and capable of listening to the other's position.

Mediation has evolved into a catch all for our legal system with the hope that parties can come to agreeable solutions on motions prior to being seen in a courtroom. Often, family courts will order parents into mediation prior to their hearing in hopes that some decisions can be made prior to being seen, lessening the time spend in front of a judge. Sometimes, divorce decrees require parents to try mediation before filing any motions with the court. However, if mediation is not applicable to the parents directly, and legal counsel represents them, family judges may order counsel to meet together before a hearing in an attempt to try to come to some kind of agreement (Campbell & Johnston, 1986).

With parents in high conflict, mediation allows them opportunity to share their side of the story and defend their thought processes without interruption by the other party; this is
especially beneficial with parties that feel inferior to the other parent. Feeling inferior towards the other parent orients that parent towards themselves rather than towards the community, or in this case the family, turning them inward rather than outward (Dinkmeyer & Sherman, 1989). Sometimes being heard is all the parent is looking for and once that has happened; they may be able to make decisions and be more agreeable to solutions that are truly in the best interest of their children instead of their own private logic.

Mediation is also thought to be a better solution rather than directives and orders being issued by family judges, because it does allow the parents to work together and make decisions between themselves instead of having a third party make those decisions for them. However, in cases of high conflict, a parent who is or has suffered abuse by the other party, or a child has suffered abuse; the custodial parent may simply opt out of mediation relying on the fact that the courts will likely award in his or her favor, obviously in those types of cases, mediation is not helpful.

**Parenting Courses**

There are many parenting courses that parents in high conflict can take, some of which are mandatory such as communication building, and parenting classes. Others are either suggestion from courts, attorneys, and therapists. The length and expectations of these types of classes vary; some can be scheduled on weekends for a half day, while others may be scheduled during evening hours for days at a time (Sparta, 2008).

Professionals who are conducting these courses are aware that communication is a key component in helping resolve the level of conflict between parents. In communication building courses, parents are taught that words have particular meaning, and they can generate powerful emotional feelings or expectations. Parents are taught to use “I” statements rather than “you”
statements as “you” statements allow the parent to express directly what each is thinking and feeling. Using these types of statements decreases possible attacks on each other, these trickles down to the children and presents them with a positive way to deal with conflict.

Some of the general classes that are court ordered include anger management, which helps individuals effectively deal with issues without resorting to abnormal levels of anger or violence in some cases. In cases where domestic violence is present there are also various violence and battery programs available for both the perpetrator and the victim. If the courts determine that one of the conflicting parents is a danger either emotionally or physically to the other parent, these classes may also be mandated. In addition, courts may order courses that work on effecting parenting skills, co-parenting skills and communication workshops, all designed to aid families in lessening levels of conflict and opening the lines of communication.

Parenting Professionals

Unfortunately, the number of high conflict cases continues to grow, presently taking up approximately eight to ninety percent of the court’s time and energy (Stacer & Stedmen, 2000). It is reported that approximately one-third to one-fourth of the couples who argue over child custody and child sharing issues end up in high conflict (Johnston, 1994). Our judicial system is now utilizing both Parenting Time Expeditors (PTE) and Parenting Consultants (PC) to help aid families in high conflict and lessen continuous litigations.

Once it has become ascertained that conflicting parents are unable to implement their own parenting plan and have exhausted primary tools such as parenting classes and medication processes, a PTE or PC is assigned to the case. A PTE is assigned without the parent’s agreement by the courts and a PC is assigned with the parents agreement, that individual is also agreed upon by the parents.
These positions were designed to serve multiple purposes; but their main goal is to ultimately keep parents out of the courtroom. These professionals usually consist of former attorneys, judges or mental health professionals, so they are able to assess and adapt communication and tools specifically to each case. They also typically have a better understanding of parents who have axis I or axis II diagnoses and can tailor goals specifically to those parents.

These positions also routinely assist parents who have difficulty communicating with one another. Some PC’s and PTE’s may require parents to communicate strictly in written form, which can include a communication book that comes and goes with children, email systems and any of the online communication programs such as Our Family Wizard, which allows parents to keep current on children schedules via online calendar. This online program is used between parties and saves every written notation made by either parent, should there be any dispute in the communication shared or not shared. Recently, it also added a tone reader tool, which alerts a parent before a message is sent that there is probability of a possible negative perception on the receiving end. While the positions are similar, they do have different levels of authority.

**Parenting Time Expeditor.** A P.T.E is a neutral person used in family law cases to mediate and, if necessary, make decisions regarding parenting time disputes, these decisions are legally binding. P.T.E.’s facilitate negotiations between the conflicting parents regarding all child related disputes they also have the authority to clarify current court orders. They provide the parents with educational tools to assist them in working towards making decisions together (Bacher, Fieldstone, & Jonasz, 2010).

A PTE’s scope of authority may not exceed the authority of the Courts. A PTE may enforce, interpret, and clarify parenting time orders and may address parenting time issues
related to schedules and access which are not specifically identified in the parenting time order. A P.T.E may develop a specific schedule in cases where orders are vague and only state “reasonable parenting time.”

The authority given to a P.T.E is done with the expectation and hopes that families who continue to remain in litigation change paths and recognize that utilizing the P.T.E is more cost effective and allows them the opportunity to try to make decisions together rather than having a family judge make his or her own decision for them. A PTE may be used once to resolve an issue or used on a regular basis to resolve future issues. However, it is important to note that PTE may not be called to witness against either of the parents in court. (Bacher, et al., 2010).

**Parenting consultants.** A parenting consultant is also a neutral party that is contracted, with the conflicting parents. They have their own contracts that parents must agree to and sign. That contract is turned into a court order which is signed by a judge. A parenting consultant is not something that is court ordered, meaning, and the parents must agree to have this individual work with them. Yet, once there is an agreed upon contract, the parents are legally obligated to follow and rules and guidelines put forth by the PC.

The parties according to a stipulation and court order; and according to the PC’s contract determine a parenting consultant’s scope of authority. Any decisions that are made by the PC are also considered legally binding. A PC may address and make decisions about any parenting time issue or other issues such as financial matters, if it is included in the court order and the PC contract. A PC may order that conflicting parties attend therapy, or classes such as anger management or parenting skills courses. They may also order the parents to obtain psychological evaluations and even seek therapeutic services. A PC may be asked to update the
Courts in written form or verbally, and they may be called upon as a witness in court (Bacher, et al., 2010).

**Custody Evaluations**

Sometimes when courts are unsure what the next step is for conflicting parents they will order a custody evaluation. A custody evaluation is an evaluation and analysis of the health, safety, welfare, and best interest of a child with regard to disputed custody and visitation issues. The primary consideration in a child custody evaluation is to assess the individual and family factors that affect the best psychological interests of the child.

The child’s interests and well-being are the primary concern and the focus of the evaluation is on parenting capacity, the psychological and developmental needs of the child, and the resulting fit. The role of the psychologist is that of a professional expert who strives to maintain an objective, impartial stance (Hausman, n.d.) The purpose of a custody evaluation is to gain insight as to what goes on when the children are with each parent and what types of obstacles may be in the way that might prevent a parent from parenting appropriately.

Custody evaluations are conducted by mental health professionals. They start with two or three interviews with each parent, and two or three interview with each child. They also observe parental interactions with each child in an office and typically in the home environment (Jaffe & Mandeleew, 2011). Custody evaluations consist of psychological testing, The Wechsler Adult Intelligence Scale—Third Edition (WAIS-III) is a comprehensive measure of intelligence composed of verbal and nonverbal tasks. Participants may also be administered the MMPI, MCMI-III and the Rorschach Inkblot Test to flag any objective or projective personality disorders, which may require further testing (Jaffe & Mandeleew, 2011).
To assess a child’s cognitive abilities, the Wechsler Intelligence Scale for Children-IV (WISC-IV) can be administered. Similar to the WAIS-III, this test is composed of a number of verbal and nonverbal tasks. A child might be administered an intelligence measure when it is suspected that he or she has a much lower intelligence than average (Jaffe & Mandeleew, 2011).

Once the testing process has been completed, the custody evaluator will compile a report for the courts that will outline any psychological disorders in the parents that may impact their parenting along with any disorders that may be found in a child. It will also help determine what type of plan that PTE and PC’s may implement to help parents in conflict.

Case Study

A case study was conducted on families of divorce. The divorcing families, with children then age 9-12, were randomly assigned to one of three preventive interventions for mothers and their children, conducted in the Phoenix area New Beginnings Program in 1992-1993. The purpose of this study was to determine that if social building and coping skills were done collectively as a family if the negative impact of divorce could be lessened (Wolchik, 2007).

The first control group was the Mother-Program, which focused on improving the mother-child relationship, discipline, increasing father’s access to the child, and reducing conflict between the parents. Each mother also had two structured individual sessions. The second group was a Mother plus child program for both mother and child. It was designed to improve coping, the mother-child relationship, and reduce negative thoughts. Based on social-cognitive theory, the children learned to label feelings, solve problems. The final group was a literature control group, where mothers and children were given three books to read independently.

“Prevalence of mental disorders rose to 23.5 percent among teens in families that did not receive active interventions, compared to only 11 percent in families who received the most
comprehensive intervention. The program also reduced acting out, drug and alcohol use and sexual promiscuity” (Wolchik, 2007, p. 1). The results of the control groups were astounding. When evaluated 6 months after the trial, children who had started out at highest risk of externalizing problems, such as aggression and hostility had positively benefited from the Mother Program and the Mother Plus Child Program. At the six-year follow-up, the Mother Program also led to significantly less alcohol, marijuana, and other drug use for those who were initially at higher risk (Wolchik, 2007).

However, teens who had only participated in the literature control group had twice as many sexual partners than the children in the other two groups. Furthermore, the odds of Literature Control condition teens having a mental disorder diagnosis were 4.50 times higher. It can safely be said that the groups that encouraged open communication and helped create positive problem solving skills and the groups that involved the family as a whole had a much higher success rate than just asking a mother and her child to read a book independently (Wolchik, 2007).

Judicial System Summary

There is a great deal of personal suffering when it comes to high conflict families (Sparta, 2008). While it is the goal that parents make decisions together, it is unfortunate that when they cannot, courts do. Judges and attorneys continue to want black and white, detailed court orders regarding parenting schedules, holiday schedules, and child support and other pertinent motions. Attorney’s and parents operate on the assumption that conflict will be resolved with a written court order while mental health professionals operate on the assumption that parents will learn coping skills to effectively co-parent through ongoing training, such as therapy and psychoeducation (Stacer & Stedmen, 2000). Mental health professionals also believe it to be an
ongoing process in which decisions should be made created on the dynamics of the family, changes, and interactions, which of course will never be accurately predicted.

**Therapeutic Processes for Families**

When all else fails, the court system relies heavily on therapy. This could be individual therapy, family therapy or a combination of both. There are several different family therapy processes available to families. Some are picked due various reasons such as location and clinic hours and some are picked due to their teachings based off different theorists such Adlerian.

**Integrative Family Therapy (IFT-DCCV)**

Conflicts of child custody and visitation are among the most pathogenic of situations for families. There is a great deal of discord during the decision making process, whether that be in the within the family or in the court system. The mental health profession along with the judicial system has both been slow in developing and implementing specific intervention strategies that fit the needs of families in high conflict. The integrative family therapy (IFT-DCCV) approach was designed to target disputes over child custody and visitation, it incorporates a wide range of strategies and techniques to aid in the improvement of parents making co-parenting decisions (Lebow & Rekart, 2006).

This process is an integrative approach to family therapy for high conflict parents. It is designed for families who do not respond to less intensive treatments such as divorce education, mediation, and short-term family therapy.

**Creating a contract.** The family therapist must first create a contact between the parents and this contract must outline the framework for the therapeutic process. Most importantly, the contract must address who will participate in the therapy sessions. It is assumed participants would include the parents and the children in a combination of sessions. For example; mom and
dad alone and then mom with just the children or dad with just the children or everyone together. Also included in sessions may be any significant others of the parents; and this is especially true if the significant others are contributors to the conflict.

The contract must clarify how often sessions will occur, when family therapy is court ordered a parent might opt to only do the minimum requirements set forth by the court. It can be safely assumed that parents in high conflict benefit more from consistent regularly scheduled sessions rather than erratic spaced out intervals. In addition, parents should be aware of the length of time involved in each session so they are able to make appropriate arrangements with their schedule and the children’s schedule. Lengths of sessions may vary anywhere from sixty minutes and longer.

Financial responsibility of the therapy services must also be clarified, as topics revolving financial issues are often one cause of conflict. With many insurances, court ordered family therapy is not covered, therefore parents are expected to pay out of pocket, and with ongoing litigations, this may pose as a strong deterrent from scheduling and participation by the parents. This issue is best left to the courts or attorneys to decide, to avoid further battle between the parents (Lebow & Rekart, 2006).

Finally, confidentiality needs to be understood by the parents. They need to be aware of who will access to the information and what can be done with it. IFT-DCCV therapy contract states that “confidentially will be maintained with respect to others outside the legal system as it would in other cases, but that a special relationship will be established with the court and attorneys included in the case.” The therapist may also provide the courts with updates such as parent or child participation and cooperation of involved parties (Lebow & Rekart, 2006).
Framework. Alliance building between the parties and the therapist is essential, as agreement with one parent may indicate to the other parent that there is an alliance that they are not included in. The therapist must achieve a multipartial alliance in which the therapist is looked upon as empathic, knowledgeable and fair (Lebow & Rekart, 2006). This is a difficult task when working with high conflict parents, as the therapist must be able to bring up issues and problems that require solutions.

The therapist must be able to provide direct and honest feedback about behaviors and help parents reframe thought processes and behaviors in order to create positive changes. It is proven that the relationship between a client and therapist is critical in the success of therapy. Therefore, it is crucial for a therapist to build a relationship with a client founded on trust and respect. The client has a higher chance of obtaining his or her desired goals when he or she is collaboratively working with a therapist that they trust. Building this relationship starts the moment the therapist and client meet, it includes the ability to relate to the client in a sense, meeting them on the same playing field.

The therapist must be able to assess the participants in order to effectively treat the family. From this assessment, a treatment plan for each goal is created, such as who will participate, when they will participate and in what combination. Choosing session formats is determined by which goals are being addressed. During this time, participants typically enter into the therapy process reluctantly and at the directives of the court in the precontemplative stage of change where there they have no intention to change any behaviors, because they are unaware of their own contributions to the conflict (Norcross, Krebs, & Prochaska, 2011).

Goal setting is essential in IFT-DCCV; the initial goal is to lessen conflict issues such as triangulation, parental alienation, parentification, visitation, and other day-to-day issues that the
parents are unable to problem solve alone. Once goals have been set, treatment strategies are designed and implemented by the family therapist. Treatment plans are designed to help assist parents in moving towards the contemplation stage of change, where they are aware that there is a problem and are willing to think about what they could possibly do to stop or lessen the problem, without having to actually commit to doing the work (Norcross et al., 2011).

**Solution-orientated focus.** IFT-DCCV calls for a solution-orientated focus centered on the possibility of building on the strengths of the parents that are already in existence, such as caring about the best interests of the children, or religious and educational beliefs. Since parents in high conflict tend to concentrate only on the problem and the behaviors of the other parent, this process is designed to help refocus the parents on the possible solutions and come to an understanding as to what they contribute to the conflict and what they can do different to change (Lebow & Rekart, 2006).

Orientating a parent to change is difficult, parents in high conflict will likely come into therapy as mentioned before, in Prochaska’s precontemplative stage of change, in which they fail to take any reasonability for the problem and continue to blame the other parent for the conflict.

In order for parents to start to move towards change, they must prepare for it. In Prochaska’s preparation stage, participants make small steps towards positive change. Once they have reached the action stage, they are actively made the commitment to work hard at modifying behaviors, and taking responsibility for their actions (Norcross et al., 2011).

**Psychoeducation.** Psychoeducation tools are used to assist parents in coming to an understanding and that most importantly; there are few conditions as likely to be traumatic for children as the maintenance of ongoing interparental conflict (Lebow & Rekart, 2006). During this time, parents are introduced to communication building skills, problem solving skills such as
active listening, boundary setting and parenting skills. Enhancing these areas will help parents understand symmetrical escalation in disputes and what measures can be used to avoid such escalation (Lebow & Rekart, 2006).

**Communication.** Communication comes in multiple forms, non-verbal, verbal and various styles of communication. It is critical that couples learn to communicate effectively. There are four levels of communication: assertive, aggressive, passive aggressive, and passive. Understanding the four basic types of communication will help parents learn how to react most effectively when confronted with the other parent. It will also help them recognize when they are using manipulative behavior to get your own needs met. Effective co-parenting communication requires a business like relationship in which parents avoid criticizing each other in front of the children (Dykeman, 1997).

Communication between conflicting parents is common source for stress and anxiety for both parents and children. Waiting for the next face-to-face confrontation or lengthy email promotes anxiety and it feeds adrenalin rush—thus fueling the conflict even more. In these situations, it is best to cut out the unnecessary communication as this immediately reduces the anxiety state that accompanies every interaction the parents have. Children could have cell phones that the other parent can call them on so that the opposite parent does not have to screen calls, if that is not an option; ring tones could be preset to ring a specific tone when the other parent calls so that the call is only taken by the child.

Controlling the necessary communication is also essential in reducing stress and conflict. One way is to require parents to do all communication in written form. Written form does not include lengthy emails that threaten or accuse, instead they should typically be in three or four
DYNAMICS OF INTERPARENTAL CONFLICT IN THE HOME AND JUDICIAL SYSTEM

sentences, memo style. That way, there is no way to read between the lines, and no way to misinterpret the information communicated. Examples may look like this:

John

*I took Sally to the doctor today, she has pink eye. She needs three doses of antibiotics per day for the next 10 days. Her last dose was at noon today, please keep refrigerated.*-Jane

Jane

*Tommy has a football game at the high school on Friday at 7pm; players need to arrive at 6:30pm for practice. All players are required to come in full protective gear.* –John

These memo style communications did not use “you” statements, which can be misinterpreted and often perceived as condescending and bossy. The above examples simply state the facts with no room for misinterpretation.

**Disengagement.** During this process, parents and children are taught different ways to respectfully disengage from conflict. They explore alternative ways to react and respond to negative behaviors. Parents may be asked to role play previous disputes and then discuss what was wrong with the situation and for the future, discuss what could be done differently. Children may role-play and learn key phrases such as “I’m uncomfortable with being in the middle of this” (Lebow & Rekart, 2006).

**Reattribution and narrative change.** Lebow (2006) believes that negative attribution plays an essential role in driving many of the interactions in these families, all based on distorted perceptions. IFT-DCCV draws from cognitive and narrative therapy techniques to help challenge these distortions. The therapist helps reframe by using narrative alternative
suggestions, for example, a child may be upset with mom, and dad may perceive this as a direct result of mom’s behaviors directed at the child. The therapist is able to suggest alternative reasons as to why the child is upset, perhaps it could be about conflict in general or maybe the child is just frustrated as to how they have live in two homes instead of one. This tactic is used multiple times in multiple scenarios to help parents and children realize that things are not always as they appear.

This strategy also aids parents in controlling anger as anger management skills are taught so that parents are able to control the personal indirect and direct manifestations of anger. Therapist’s help parents recognize that there are powerful negative feelings, such as loss, betrayal and sadness resulting from the divorce and that some of those feeling manifest into other feelings that directly impact the conflict.

**Foundation of Adlerian Family Therapy**

The overall goal of Adlerian psychotherapy is helping an individual develop from a partially functioning person into a more fully functioning one. An individual who is fully functioning means they are able to effectively problem solve in each area of his or her life with a greater sense of contribution and satisfaction. In order to be successful, an individual must identify and commit to doing the work necessary for positive change (Stein & Edwards, n.d.)

Adlerian family therapy is founded on the assumption that both conflicting parents and children become engulfed and entrapped into adverse communication exchanges, which are all motivated by each individual’s mistaken goals. Adlerian family therapy deals with the entire family at once and focuses on the psychological movement and interactions between the family members (Dinkmeyer & Sherman, 1989).
In high conflict families, parents are encouraged to remember that they are the leaders of the family and that the children will likely follow by example, therefore educating parents that it is critical they are aware of their own mistaken goals and are actively working towards making positive changes. The goal of the relationship is to develop mutual respect between the therapist and the family members and by doing so, the therapist presents as a positive role model. It is essential that the therapist help establish goals between the conflicting parents.

Adlerian therapy is suited for a brief approach to family therapy; brief therapy is defined as lasting 1 to 20 sessions (Dinkmeyer & Sherman, 1989). This approach is likely to be more agreeable for parents in conflict, especially those who are in the process of divorce or who are no longer married, as they are given an estimated timeline instead of assuming that they will be spending years in therapy with his or her ex-spouse.

**Family atmosphere.** Family atmosphere is the emotional tone and relationship among family members. This relationship may be autocratic and demanding, permissive, or democratic, in which individuals are treated as equals and respected as responsible and responsive members (Dinkmeyer & Dinkmeyer, 2007). When conducting Adlerian family therapy, the therapist must examine the communication and interactions of the conflicting parents, so that he or she has a complete understanding of their lifestyles.

**Life style.** Lifestyle is the characteristic pattern of behaviors; it is the purpose of an individual’s striving. Life style includes self-concept, views on the world and relationships, goal and the basic method for coping (Dinkmeyer & Dinkmeyer, 2007). Life styles derive from the individual’s family constellation, how the conflicting parents were raised, and most importantly, how they were taught to deal with conflict.
Purpose of behavior. Adler believes that children become active agents, defining and redefining the family constellation, while continuously striving for growth, significant and meaning (Dinkmeyer & Dinkmeyer, 2007). As family roles, relationships and circumstances change, children often tend to be depressed, anxious, angry, demanding and noncompliant (Stadelmann, Perren, Groeben, & Klitzing, 2010). An Adlerian therapist is prepared to look for the use of behavior; as neither parent (nor child) will change their behaviors if they feel they are serving a purpose.

Private logic. Private logic is an individuals’ own justification for behaviors, decisions, and life choices. An individual may make an inappropriate decision regarding the children and then rationalize the reasoning behind his or her decision. They may justify internally convincing themselves or they may justify to others vocally in an attempt to defend his or her decision. They may take a position for convenience, or they may tell others it was the only position available. Often times, once a justification is conceived, an individual loses the reasoning behind the initial justification and instead will believe it whole-heartedly.

Social interest. Adler believed that social interest was a key element for individuals to possess an active approach to confronting problems. Social interest is the foundation of Adlerian Psychology, as it is believed that an individual cannot have an optimal level of mental health and a functional personality without demonstrating social interest (Edwards, Gfroerer, Flowers, & Whitake, 2004). Social interest allows better coping mechanisms and personal adjustment, which ultimately reduces the level of stress one must endure when confronted with continuous conflict. If people have a well-developed level of social interest, they are likely to feel a deep belonging to the human race and, as a result, will be able to better empathize with others.
Adlerian Family Therapy Techniques

Adlerian therapy techniques concentrate on the functions of systemic investigation and education. The systematic investigation concentrates on the family constellation, the motivation behind undesirable interactions and the family processes throughout a regular day. The results help determine the mistaken goals that may be involved (Dinkmeyer & Sherman, 1989). In the problematic behaviors, this then can be reoriented into more productive and useful behaviors.

Establish ground rules for family communication. As already mentioned, communication is a key component in reducing parents in high conflict, the type of communication needs to be evaluated by the therapist, and then a course of action needs to be implemented. Some families may be able to communication face-to-face while others may have to rely strictly on electronic or written forms of communication. Above all, parents must remain respectful of each other in any communication and interactions that they may encounter.

Understanding beliefs and perceptions. Adler believed in order to understand an individual that we must look at life through their eyes. That the way an individual views the world will directly influence his or her behavior. A discouraged parent is less likely to try to make changes, it is imperative that conflicting parents are able to encourage each other in their areas of strength. A therapist may start out each session asking the parents to give one positive statement regarding the opposite parent. This may be a statement as simple as “John is a good driver, I do not worry about the children when he is behind the wheel.”

By looking at an individual’s perception of reality, the therapist can gain insight as to why the parent makes the choices they make. Family therapists working with high conflict parents must be able to understand the beliefs and perceptions of each parent. To establish
where they come from the therapist must take the time to examine each parents’ family of origin and their lifestyles.

Techniques such as lifestyle assessments, Socratic questioning and early recollections can help therapist gain information on current thought processes displayed by the parents and children. Once there is a basic understanding the therapist can help reframe thought processes with the parents and help them come up with different reactions to different interactions, role-playing can be used along with guided and eidetic imagery, which allows new perceptions and new emotions.

**Focus on the real issue.** By determining an individuals’ a belief system and understanding their way of perceiving things, a therapist is able to help the parents see what the real issue is. Sometimes in the climax of conflict, one misperception can turn into a power struggle between the parents and the real issue is quickly forgotten, instead there is a shift of focus to something that may not even pertain to the pressing issue.

Feelings of inferiority are also important, as they can become a source of strength and motivation, if one parent feels a significant level of inferiority in regards to the other parent, whatever the real issue being discussed is lost in his or her own personal strive towards a more equal playing ground. The parent that feels inferior may continue to demonstrate less than desirable behaviors, and may be more disagreeable and less likely to acknowledge that a change is needed, especially if they feel the other parent has the upper hand. They will work towards leveling the field before they work towards a positive change such as co-parenting or better communication.
**Stimulate social interest.** Individuals are not designed to remain alone; they need to be part of a community (family). By becoming part of a community (family), they become more than just themselves. When they are more focused on contributing to others they are able to simultaneously work on any feelings of inferiority. Adler believed that there are three universal list tasks that must be equal: social, intimacy and contribution. When these life tasks are not equal, an individual is not at his or her optimal mental health status.

At the cognitive level, the parent can acknowledge the necessary interdependence with others, recognizing that the welfare of any one member of the family ultimately depends on the welfare of everyone in the family. At the behavioral level, these thoughts and feelings can then be translated into actions aimed at self-development as well as cooperative and helpful movements directed toward others (Stein & Edwards, n.d.).

**Therapeutic Processes for Families Summary**

It is apparent by both the judicial system that they believe that high conflict families have a better chance successfully co-parenting when they understand what conflict does to families and most importantly to the children that are involved. They have collaborated with the mental health field and have entrusted mental health professionals to assist parents in learning the tools necessary to stop and rebuild their families, in which ever way they have changed.

**Conclusion & Learning**

At the time of a marriage or child conception, it is difficult for couples to fathom that further down the road that there may be conflict, and maybe a level of conflict that they are unable to fix on their own. They likely cannot even envision traveling the path that many families in high conflict end up traveling. For society’s future, there is very little doubt that high
conflict divorces and separations will continue to result in high conflict parents which will naturally continue to increase in numbers.

As this trend continues, our family courts drown in paperwork and time in an effort to make decisions for these families; decisions that parents in all purposes should be able to do together in the best interest of their children. While the courts and mental health professionals scramble to continue to design and implement programs and strategies to help families in conflict, these families, and most importantly, these children, continue to struggle.

We have learned that high interparental conflict does not reside on its own; if unattended, it festers and it grows, until one minor conflict turns into an all-out battle. If parents are unable to resolve the conflict alone, they must utilize the interventions implemented by either the judicial system, mental health profession or both to help resolve their conflict.

Each program designed does not guarantee success for families as it ultimately falls on the conflicting parents to make the lateral choice to collaboratively work together to make decisions in the best interest of their children. However, the resources, while limited, are available to these families. While it would be best to simply divorce and remain on friendly terms, enabling decisions to be made jointly, and this scenario is not always a reality. Thankfully, our judicial and mental health professionals are aware and continue to strive to implement and improve already established programs such as mediation, parenting courses, parenting professionals and various mental health clinicians.

In the mists of divorce and family changes, based on our current trend; our judicial system and mental health professionals question whether high conflict parents can come to mutual agreements based on trust and respect to each make the commitment to protect their children from excessive conflict and hardship. By doing so, providing them the nurturing and
freedom, they need to develop into healthy adults who are able to effectively problem solve on their own when conflict arises. Can these parents make the necessary changes to move towards a more effective way to co-parent and let go of the past to move towards a better future?

These questions are rhetorical, as it is clear that some families would be able to do so on their own or with limited judicial and mental health services, whereas other families would be so caught up in the conflict that without utilizing all the services provided, they would not stand a chance of stopping their negative behaviors. While our judicial system and mental health professional continue to collaborate on effective training tools, parents must be mindful of how their interactions with the other parent will be perceived by their children. Conflicting parents need not agree on everything, but they must agree to the best interest of their children if there is any hope for conflict resolution and positive problem solving. All our professionals can do is to continue to educate and grow to better aid families during their time of conflict.

This writer's divorce was final and friendly by the time she started my second class at Adler, and for the first two years, she and her first husband co-parented fairly well with a low to moderate level of conflict, they were always able to come up with solutions on their own. As a graduate student studying the mental health field, she found it ironic that two years post-divorce she was no longer able to communicate effectively with her first husband in regards to their joint children. This writer found it even more ironic that she was not able to stop the conflict before she ended up in a two and a half year court battle. This writer wondered what business she had counseling couples and individuals when she could not manage her own relationships.

Doing this research project and her time at Adler, she has been able to see her part in the conflict; she has learned tools and strategies that she had not been taught in her mandated parenting classes, or mediation, or by any of the parenting professionals that have been involved
in my case. Though she have been provided with an enormous amount of education, tools both voluntary through my education, and mandated by the courts, she knew that being given these tools does not make the conflict disappear. Just “knowing and understanding” what needs to be done does not equivalent to putting in the work to actually make that happen. She has experienced the positives and negatives of our judicial system and our mental health professionals who work with families in high conflict.

What this writer has found is that there are parenting professionals who have taken the extra steps to learn different ways in dealing with high conflict parents. There are also some who are so over loaded in case loads, that decisions are made based on parent convenience rather than in the best interest of the children. She has also found that there is a great need for family therapists that understand the dynamics of a conflicted family and are able to help families move forward rather than stay in the same stuck position. It takes a different set of skills to effectively treat a family versus sitting one-on-one with an individual.

This writer’s education and own personal experience have provided her with a strong foundation to start working with families in high conflict, because she knows “what happens next.” She knows what areas in life will be affected and what the consequences are to high conflict. Her goal is to help parents make sound decisions together that are in the best interest of their children and not make decisions based of levels of convenience or power struggles.

If conflicting parents could agree to use less evasive tools such as mediation and parenting professionals initially, perhaps the level of conflict can be lessened. This writer’s believes that parents would save themselves thousands of dollars in attorney and court fees. The countless hours of time and devotion set aside to ensure that the other parent is seen as the lesser parent can be spent in more productive ways; such as helping the children grieve the divorce
DYNAMICS OF INTERPARENTAL CONFLICT IN THE HOME AND JUDICIAL SYSTEM

process. To help them understand and accept their new family and their place in it, by enabling parents to incorporate tools and skills to effectively make the movement towards positive co-parenting.

Even the most well intended parent will contribute to conflict. They too can be caught in the moment and are caught up in the cycle that is filled with courtrooms, attorney, mediators, and other conflict resolution programs. Parents need not rely on judges, or parenting professionals to make decisions for them, the current judicial system is giving parents the resources necessary to learn different tools to succeed. Therefore, it is ultimately up to the parent to see what part of the conflict they contribute to and what kinds of behavior changes need to occur to lessen or resolve the conflict.

If they cannot do this on their own, they need to be willing to accept the help that is currently being given to them by our judicial and mental health professionals. Simply going through the motions is not going to remove the conflict, nor is it going to provide the example that is necessary for the children. What parents fail to realize in high conflict is that they hold the power to make decisions on their own.
References


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