

---

*Giving Children Hope: A Treatment Model for  
High-Conflict Separation Families*  
*Giving Children Hope (Donner de l'espoir aux enfants) :*  
Un modèle thérapeutique pour les familles en instance de  
séparation avec conflits graves

---

Steve Rauh

*Manitoba Centre for Families in Transition, Inc.*

Paige Irwin

Nicole Vath

*Athabasca University*

---

ABSTRACT

This article describes *Giving Children Hope*, a group treatment program for high-conflict separating families. It begins with a definition of high-conflict divorce, some of the research regarding its impact on children, and its prevalence. The article then describes the development of the program in Winnipeg, Manitoba, and the program structure. Several case examples and a summary of the program evaluation are provided. The article concludes with a discussion of the program's effectiveness and limitations.

RÉSUMÉ

Cet article décrit une thérapie de groupe qui vise à donner de l'espoir aux enfants, à l'intention des familles en voie de séparation avec conflits graves. Au début on définit le divorce avec conflits graves, indiquant sa prévalence et la recherche sur l'impact sur les enfants. On discute ensuite l'élaboration du programme à Winnipeg, Manitoba, et sa structure. Plusieurs études de cas et un résumé de l'évaluation du programme s'ensuivent. En conclusion, l'article discute l'efficacité et les limites du programme.

*I have been to court, I have been to family conciliation, I have been to Child and Family Services, I have been to the school counsellor, I have been to the police, and now I have been sent to you. Nobody is doing anything for my daughter. She is being destroyed by her father and nobody will help me! What can you do for me?*

This mother's words represent the sentiments and experiences of many angry, frightened, and despondent parents. These parents struggle with the ongoing angry dissolution of their relationship, and their resulting inability to feel safe and to see their children thrive. *Giving Children Hope* (GCH), a program for high-conflict separating families, was developed to help these families and their children. In this article, we describe high-conflict divorce, its prevalence, and effects; describe the development and delivery of GCH; provide case examples; and present evaluation data.

## HIGH-CONFLICT DIVORCE

*Definition and Prevalence*

Parental separation<sup>1</sup> presents challenges to most families; however, in about 10% to 20% of separating couples (Carter, 2011; Gilmour, 2015), the conflict remains so contentious that it merits special attention. These *high-conflict divorces* are differentiated from other divorces by especially antagonistic interaction between ex-partners, poor communication, and an inability to negotiate solutions to their differences (Carter, 2011; Johnston, 1994; Lebow & Newcomb Rekart, 2007; Mitcham-Smith & Henry, 2007). These parents have difficulty focusing on their children's needs as separate from their own, and are unable to protect their children from their own emotional distress and anger. They exhibit high rates of litigation, a great deal of anger and distress, verbal abuse, and aggression (Johnston & Roseby, 1997). Parents who attend GCH have often experienced childhood trauma such as physical abuse, sexual abuse, abandonment, parental substance abuse, and domestic violence. Parents entering the program display problems such as affective disorders, substance use disorders, and domestic violence.

Justice Canada's report, *High-Conflict Separation and Divorce: Options for Consideration* (Gilmour, 2015) stated:

Virtually everyone involved in family law agrees that the conflict between many of these couples is so intractable that there is never likely to be a legal remedy for their problems. These are couples who perpetuate their conflict regardless of developments in the lives of their children, their own remarriage, and prohibitive legal expenses. (p. 2)

Nevertheless, these parents litigate repeatedly, consuming family assets better spent on supporting children. Moreover, they turn to publicly and privately funded mental health care providers to alleviate their distress; however, because these families' conflicts seem intractable, and because practitioners may shy away from these families due to the ethical complexity and litigiousness of these cases (Amundson & Lux, 2016; Chang, 2016), counsellors' and psychotherapists' assistance may not be helpful.

Moreover, despite a small reduction in divorces, the frequency of protracted litigation does not seem to be decreasing in Canadian jurisdictions. From 2006 to 2011, reporting jurisdictions (i.e., Nova Scotia, Ontario, British Columbia, Yukon, Northwest Territories, Alberta, and Nunavut) noted a 2% reduction per year in new divorce applications. But litigation rates have increased in these jurisdictions due to the number of high-conflict cases that are being carried year to year, creating a 1% annual increase in cases still before the courts (Kelly, 2013). High-conflict divorce matters consume court time, taxing already stretched resources (Henry, Fieldstone, & Bohac, 2009; Neff & Cooper, 2004).

*Effects on Children*

Children from divorced families generally have a higher proportion of adjustment difficulties than their counterparts from intact families (Amato, 2010).

High-conflict divorce is especially detrimental for children (Carter, 2011; Johnston, 1994; Kelly, 2002; Lebow & Newcomb Rekart, 2007; Mitcham-Smith & Henry, 2007; Strohschein, 2012). Children of high-conflict parents experience a higher proportion of alcohol and drug use, school difficulties, behavioural problems, earlier sexual activity (Carter, 2011), and “erratic and disruptive behaviour” (Zahn, 2007, p. 458).

Several authors have noted that the transition of divorce can trigger childhood challenges such as depression, emotional and behavioural difficulties, poorer relationships with parents, lower quality of life, and stressful experiences, such as feeling obligated to choose one parent over another. Problems may continue into adulthood, including lower academic achievement, poor psychological well-being, and difficulty maintaining their own intimate relationships (Amato, 2010; Bacon & McKenzie, 2004; Carter, 2011; Deutsch, 2008; Strohschein, 2012).

### *Summary*

High-conflict divorce is an economic burden on families and legal and health care systems, puts children at elevated risk of multiple negative outcomes, and increases the number of cases before the court. These cases seem to be resistant to conflict resolution, or even management. In the next section, we describe Giving Children Hope, a local response to these problems.

#### DEVELOPING *GIVING CHILDREN HOPE*

In the mid 1990s, the impacts of high-conflict separation on children and on social, health, and legal services concerned a number of Manitoba’s mediators, lawyers, and mental health professionals. In 1996, a representative group in Winnipeg formed the Divorce Service Providers Committee (DSPC) to consider the need for additional services for separating families. The members shared the view that high-conflict separating families, and in particular their children, were not well served by existing services. They initiated a 10-week group program for parents in high-conflict divorces that focused on parenting for the children’s benefit in the postdivorce family. The DSPC hoped to involve both separated parents in the group, which was designed to include former couples who were unable to reach a settlement in mediation but felt safe enough in the same group. It was instructive that, in this initial group, only one parent in each of the eligible families was willing to attend. The DSPC concluded that another format was needed to engage these families.

The DSPC then learned of *For Kids’ Sake Program: The Family Court Clinic Separated Families in Conflict: Group Treatment Program* (McDonough, Radovanovic, Stein, Sagar, & Hood, 1995). By recommending an intensive treatment component for children, the manual appeared to address the service gap that concerned the DSPC. This led to the establishment of the GCH program in Winnipeg in 1998. *For Kids’ Sake* provided a theoretical rationale and group materials for the delivery of a group treatment for parents of high-conflict separation, which we supplemented to develop GCH.

## PROGRAM DESCRIPTION

GCH was initiated as a two-year pilot project with support from the Federal Department of Justice and the Sill Foundation of Manitoba. GCH is currently being offered by the newly formed Manitoba Centre for Families in Transition in Winnipeg, Manitoba. A family treatment program with group and individual components, it is divided into two parallel parts. The adult component focuses on decreasing conflict and improving parenting. The children's component helps children cope with the impacts of their parents' conflict.

Adult treatment is based primarily on divorce impasse theory advanced by Dr. Janet Johnston (Johnston & Campbell, 1988). Johnston and Campbell (1988) noted that most separating parents pass through stages in which the separation issues become resolved and the parents disengage psychologically, re-establish new lives, and develop a cooperative (or at least noncontentious) postseparation parenting structure. However, high-conflict parents become stuck in the early acute phase of the separation and are unable to resolve their differences. This inability to move through the stages of divorce is seen as an impasse that occurs on various levels:

Typically a divorce-transition impasse is a complex phenomenon, with elements that hold the dispute in place occurring at three levels: the *internal* level of individual psychological dynamics, the *interactional* level of couple and family dynamics, and the *external* level of the dynamics of the wider social system. (Johnston & Roseby, 1997, p. 6)

The primary goal of the treatment is to help the parents become unstuck from what has become an entrenched "mutually reinforcing pattern of entanglement" (Johnston & Roseby, 1997, p. 6).

A secondary goal of the program is to improve the attachment relationships between the children and one or both parents. Secure attachment relationships have proven to be essential for the developmental well-being of children, especially when either or both parents are unable to move beyond the separation impasse.

The children's groups address what Johnston and Roseby (1997) have identified as the four core concerns of children when they live within high-conflict separation families:

1. What is true and what is false?
2. How can I keep myself and my parents safe?
3. Who is responsible for the conflict?
4. Am I like the good parent or the bad parent?

Johnston and Roseby (1997) asserted that children who are preoccupied with these concerns tend to shut down their emotional development and adopt rigid ways of coping that interfere with their transition to adulthood.

In addition, by including the children in the program, the counsellors can provide the parents with critical information about the children's destabilizing or troubling ongoing experiences of the separation. It is essential that this be done in

ways that do not compromise the children's confidentiality or safety. Most of the time, learning about their children's struggles was impactful on parents, motivating them to shift their focus away from their anger and distrust of their former partner, and toward the well-being of their children.

### *Overcoming Client Resistance*

Many of the families referred to GCH have experienced failures in their previous attempts to resolve their differences. These failures accentuate their belief that change is not possible. Moreover, high-conflict separation generates a family culture in which fear and mistrust predominate. On the other hand, children need a family foundation of trust and nurturing, and parents need the same to work productively in their coparenting roles. Typically, parents referred to GCH do not trust each other or the systems from which they sought help, and often do not trust their own children (even though they love their children and want them to receive help). Accompanying their diminished capacity to trust is often hopelessness as a consequence of repeated losses. Their mistrust and hopelessness, combined with their belief that their former partners are most often the cause of their problems, make them highly skeptical that a therapeutic program could be helpful to increase cooperation between the parents.

As one might expect, the children from these families often mirror their parents' diminished capacity to trust. Johnston and Roseby (1997) point out that children who are preoccupied with the four core concerns identified above are often "hypervigilant and distrusting of others, and they do not expect the world to be a cooperative or protective place" (p. 55).

Given this client profile, it is essential that a nonjudgemental, empathic, and facilitative therapeutic approach be taken with each family from the outset. Winnicott's (1986) reference to a therapeutic "holding environment" (p. 107) captures this approach:

Professional [services come] in here, as an attempt to give professionally the help which would be provided nonprofessionally by parents and by families and by social units.... [A] great deal that a mother does with an infant could be called "holding." Not only is actual holding very important.... The family continues this holding, and society holds the family. (p. 107)

GCH clients, both adults and children, have experienced the loss of the emotional safety in family and society that is the core of Winnicott's (1986) holding environment. GCH works to offer a setting that both provides such a holding environment and assists the parents to create the same for their families.

Accordingly, our first step to overcoming resistance has been to include the children in the program. By including a children's group in GCH, the parents became more willing to risk their own participation because of their desire to see their children getting help. The second step in overcoming resistance was to carefully develop and implement an intake process meant to initiate trust. The intake phase of the program seeks to establish a therapeutic alliance with the parents, as well

as gather essential information. It requires concerted teamwork and consultation among the counsellors, and a considerable amount of patience and perseverance. Each family spends a minimum of 10 hours in intake.

*Program Structure*

The program consists of two parallel groups, held over 10 to 12 weeks. We typically see 12 to 16 families. There is a separate program for children. Parents initially participate in a group that does not include their former partners. (The parents participate in a combined group with their former partners later in the program.) Families who need additional treatment continue in individual and joint sessions as needed (see Figure 1).

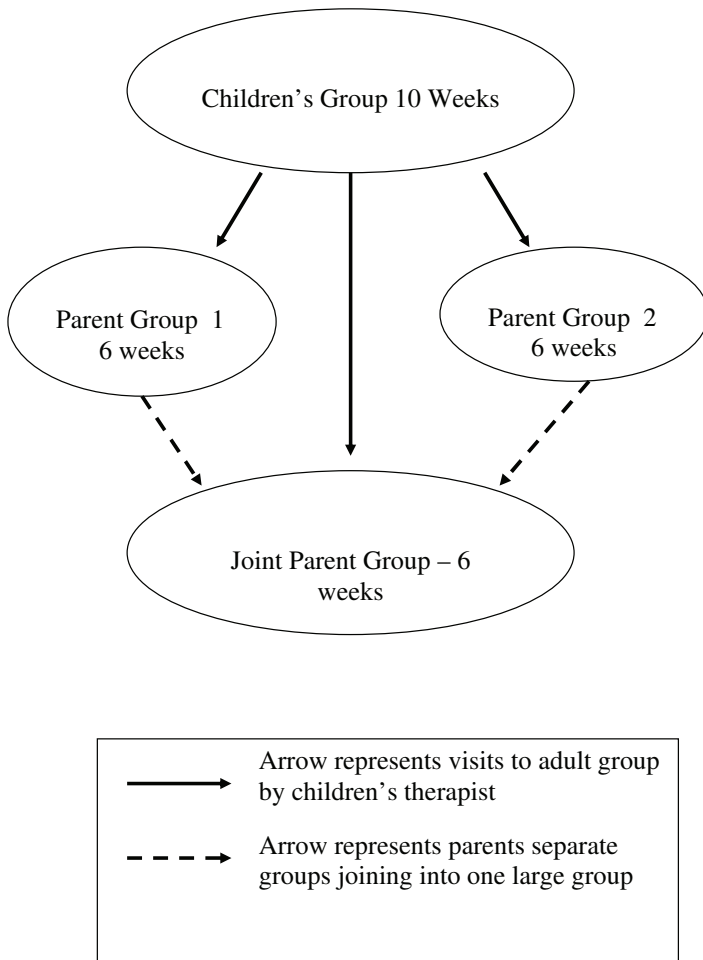


Figure 1. *Giving Children Hope* group structure.

The children's group meets for 10 weeks, starting 1 to 2 weeks before the parents' groups. Currently, we operate a group for children from age 5 to age 12. Previously, we also operated a group for youth ages 13 to 16. However, the majority of families entering the program have children in the younger age group, and running two children's groups taxed the program's scarce resources. The children's group format is adapted from *High-Conflict, Violent, and Separating Families: A Group Treatment Manual for School-Age Children* (Roseby & Johnston, 1997). Roseby and Johnston (1997) provided a detailed agenda for 10 group sessions "designed to help the children to surface and revise their internal scripts and the rules and expectations that support [the scripts]" (p. 2). Roseby and Johnston suggested that children's scripts, rules, and expectations have been formed by their experience of "their primary relationships as frighteningly unpredictable and double-binding" (p. 1) over a prolonged period of time.

The parent groups are divided into two parts, based on the divorce impasse model (Johnston & Campbell, 1988) and its application, *impasse-directed mediation* (Campbell & Johnston, 1986). Part 1 consists of 6 weeks of group work without the former partner. Part 2 consists of 6 weeks of therapeutic mediation with both former partners in the same group. We have augmented the divorce impasse model with a general consideration of attachment issues that are critical to child development (Siegel & Bryson, 2012), and literature on the effects of trauma, particularly as they contribute to the parents' divorce impasse (Levine, 1997; Scaer, 2005).

### *Program Phases*

GCH proceeds through five phases of work, which outline interventions used in its application of impasse-directed mediation (Campbell & Johnston, 1986). Impasse-directed mediation differs from most mediation approaches, which are generally conceived of as issue-focused. Issue-focused mediation has traditionally been oriented toward outcome, and it is distinct from therapy. In impasse-directed mediation, the division between therapy and mediation is less distinct. The primary goal is not to simply achieve an agreement on parenting time, but to help the family achieve a transition that provides for emotional well-being and dependable relationships.

*Assessing and engaging the parents.* Each parent separately participates in a 90-minute intake interview. The parent meets the program staff, asks questions about the program, and determines if she or he thinks the program will benefit the family. Concurrently, the program staff can ascertain whether the family will benefit from the program. An important component of this is assessing safety and other program suitability issues (Johnston, Roseby, & Kuehnle, 2009). During the intake interview, staff empathize with the client about loss and pain accompanying the separation, engage with the client patiently as the client tells his or her story, and gently challenges the client to consider what she or he might change. If the parent and the staff agree that participating in the program could be productive, the parent is invited to meet separately with the children's therapist.



*Assessing and engaging the children.* The children's therapist meets with the parents separately to provide a second opportunity to assess the program's suitability for the children, and for the therapist to ascertain the parenting and separation issues that the parent and children's therapist deem important. We have developed an interview process and preintake questionnaire drawing from Johnston and colleagues for this initial meeting about the children (Johnston et al., 2009).

After these interviews, if parents still wish to participate in the program, the staff describe how they will explain the program to their children, and invite the parents to an intake interview with their children. The staff assess the child(ren) in terms of the four core concerns and their capacity to gain from group participation, evaluate the child/parent relationship from an attachment perspective, and work to make an initial connection with the children.

*Children's group.* The group phase of GCH begins with the children's group 1 to 2 weeks before starting the parents' group. Starting with the children's group serves several purposes. It gives the team an opportunity to further assess the children and the impact of the separation. It also helps sustain the parents' motivation to attend because they see their children receiving help. From 1998 to 2005 the children's group attendance averaged over 90%, while the adult group attendance varied between 50% and 90%. This suggests that parents were strongly motivated to access help for their children, and that the response to the group was positive for a high proportion of children.

However, the first group session is often quite difficult for the children due to the considerable anxiety from their experiences in their separated family and with previous systems. It is also difficult for the parents, who worry that their children will resist the group or who project their own resistance onto the children. At this stage, the group format is particularly geared to developing safety and common ground, and we have observed that most children leave the first session feeling positive. This helps reduce their parents' anxiety about their children's and their own participation.

The children's groups are directed by two therapists and often include a volunteer intern to assist with the group program and activities. Each group of children (typically between 10 and 14 children) is different, and the speed at which they move through the sequence of activities and therapeutic goals outlined by Roseby and Johnston (1997) changes from group to group. The therapists for the parents attend the second session of the children's group. This helps the children, who are curious about who is working with their parents, and is important in assessing the work with the parents because it provides information to the parents' therapists about the children and separated family dynamics.

Because the children's group runs for 10 sessions, it overlaps the parents' transition from separate to joint work. This transition is often accompanied by considerable anxiety by all the family members and is an opportunity for the program therapists to help guide the children and the adults through the transition in a positive way.



*Separate parents' groups.* The fourth phase of the program begins with the initiation of two separate parent groups on two separate evenings of the week. The parents in Group 1 all have children in the children's group, and their former partners are in Group 2. This group structure provides a setting for a great deal of sharing as parents, former spouses, and clients of numerous legal and mental health services.

The separate parents' groups cover many topics in 6 weeks. The first session is devoted to bonding and to giving each parent a chance to share their story of their relationship, separation, concerns for their children, and the strengths they see in their children. The therapists guide the conversation using a modified genogram, which is recorded on a flip chart. In the first session, therapists establish ground rules, the most important of which is to refrain from denigrating their former partner. The therapists emphasize that the group offers clients an opportunity to hear the experiences of others facing similar difficulties, and they encourage the participants to support and challenge one another.

The next session consists of a psychoeducational unit on the impact of separation on children. This prepares parents for the visit of the children's therapist to the parent group. During this visit, the children's therapist shares a general sense of what he or she has learned about each child's strengths and positive qualities, and makes a statement about how the children are adjusting. Usually the children give the therapists permission to bring a list of single-word descriptors of their emotional reaction to the parental conflict, without identifying the source. This visit, usually in Session 3, is much anticipated by the parents; for many parents it becomes a turning point, facilitated by understanding the profound impact of their behaviour on their children.

The rest of the separated parents' sessions are devoted to learning about the divorce impasse model (Johnston & Campbell, 1988). The group then considers parents' triggers, how the triggers fuel their conflicts, and alternative responses. Each parent is asked to consider the positives in their former partner to prepare for the mediation phase of the program.

As the separate parent groups move toward the mediation phase, participant anxiety increases considerably, requiring support, encouragement, and understanding on the part of the therapists. Some clients require individual sessions outside of the group to help them with their increased anxiety.

*Joint parent groups and mediation phase.* The group mediation sessions are designed to manage the parents' anxieties and make the joint work productive and informative for each parent. The first joint session is devoted to another visit from the children's therapists. During this visit, the parents view a compelling video of separated parents making changes after learning about the impact of their conflict on their children. Then the GCH children's therapist discusses each child with his or her parents, while maintaining the child's confidentiality. The therapist usually ends with a group-composed letter from the children, indicating their need to be loved and their distress at being constantly fought over. At the conclusion of this session, two former couples are asked to volunteer to engage in mediation at the next group session.

The focus of the mediation is to ask each separated couple for a proposed first step that each could take to improve the postdivorce environment for their children. The “mediating parents” sit at the head tables arranged in a U shape, and the parents from each of their original groups sit on their side of the U. The role of the nonmediating parents is to support, provide insight to, or challenge the mediating couple. The mediation itself is managed by the therapists. The therapists use a solution-focused approach that incorporates scaling questions (de Jong & Berg, 2012). Therapists ask each parent to numerically rate their coparenting relationship, or a specific aspect of it, and asked what will be different when the rating is one increment higher. This establishes a goal for reduced conflict that is a manageable first step. Each former couple has two mediation sessions in front of the group. After the first session, they are presented with a written summary of the session and asked to develop a plan for improving the children’s environment for Session 2. Some former couples generated a simple first step such as being friendly during transitions, while others developed complex agreements with lists of 10 or more items. The therapists encourage these moves as positive and offer to continue working with the former couples in joint sessions outside of the group after the conclusion of the joint sessions.

*Individual and joint work.* The program ends with meetings between the children’s therapist and the individual families. The configuration of these meetings depends upon what the therapists believe will be helpful and safe. That might mean a family meeting, a meeting with each parent separately with the child, or a meeting with the parent alone, and could address a variety of goals, based on the progress the family has made up to this point, in whatever format (individual, parent, or family meetings) they require. Many families continue to engage with GHC after the conclusion of the groups, some intermittently as required, for years. This has been especially helpful to families during periods of transition, such as when the children enter adolescence.

#### CASE EXAMPLES

The following composite case examples illustrate the benefits of impasse-directed mediation in the context of GCH. Their identities have been altered to protect their confidentiality.

##### *Robert and Kathy’s Children: Lisa, Sarah, and Derek*

Robert and Kathy have two girls, Lisa (age 10) and Sarah (age 4), and one boy, Derek (age 8). They have been divorced for 3 years. Both have new partners who have become involved in the postdivorce conflicts. Within a year of the separation, the parents were litigating their parenting and financial issues. The litigation included several lengthy assessments, resulting in a shared custody arrangement and a court decision on support payments. After two and a half years of litigation and three years of separation, the children were moving back and forth from home to home several times a week. Their parents were not speaking with each other.

They were mistrustful of each other's intentions regarding the children, critical of each other's parenting styles, and wondering when they would have to return to court. In addition, the stepparents' involvement in the conflict exacerbated an already extremely tense situation.

Lisa and Derek, who were old enough to participate in the children's group, showed considerable signs of stress caused by these conditions. Lisa was very polite and "grown up," but was unable to be spontaneous or show age-appropriate feelings. Derek was very quiet, compliant, and at times withdrawn. Lisa and Derek found the group helpful. Hearing the stories of the other children, they began to express their own feelings and reassess their belief that they caused their parents' conflicts. Through the group activities, each expressed the fear, sadness, and strain they felt about their parents' conflicts. Lisa and Derek also clearly stated their love for both parents.

Robert's initial reason for entering the program was to seek help for his children. He believed they were suffering because of Kathy's parenting style and because they were afraid of her new partner. He did not think the program would change the postseparation parenting relationship. Kathy believed that Robert was overreactive to her new partner, which distressed the children. Both parents believed they had to battle each other for parenting time, and resented each other for having to engage in lengthy and costly court battles.

During the separate parent groups, each parent learned of the depth of distress that their children were keeping inside behind their polite and compliant exteriors. Each parent expressed heightened awareness and concern regarding the effect of their conflict on their children. During the mediation session, the parents worked out a complex parenting agreement in which transitions would include friendly conversations, disagreements would be discussed using special listening techniques, and controversial topics (such as finances) would be discussed with the assistance of a third party.

After 10 adult group sessions, Robert and Kathy had begun to talk about their mutual concerns for the children. As Kathy commented: "We haven't talked for 3 years, and now we are meeting in mediation. The kids are noticing me come home calm, and it is making a difference for them." She illustrated her point by telling the following story about Lisa.

I used to put Lisa to bed and then sneak up 45 minutes later to peek in and see how she was doing. She would always be lying there with her eyes wide open staring at the ceiling. Since Robert and I started talking in the group (and the kids knew we were), and now that we are talking outside as well, they know things have changed. Now when I sneak in to see how Lisa is doing she is fast asleep with a contented look on her face.

*Alan and Carol's Children: Bob and Karen*

Alan and Carol lived in a common-law union for 10 years. They have two children, Bob (age 6) and Karen (age 3), and had been separated 2 years. Alan was remarried and had several stepchildren. Carol believed that Alan had "no clue" how

to raise the children, and she assumed he sought more parenting time so he would pay less child support if he demonstrated he cared for the children at least 40% of the time. Alan believed that Carol wanted to punish him by denying him time with his children, about whom he cared a great deal. Six months after their separation, a domestic violence incident occurred during a transition of care.<sup>2</sup> Carol sought a restraining order, which was still in place when the family entered GCH. They were not speaking with each other, preferring to communicate by letter only—creating a “paper trail” in case of further litigation.

When he entered the children’s group, Bob exhibited an extremely narrow range of feelings. He indicated that he was always “happy” about everything, and would not discuss his experience of the tensions between his parents. One had the sense that he was saying, “If I am not happy, my parents might abandon me like they did each other.” When the children’s groups addressed some of the sad or frightening experiences that accompany high-conflict divorce, Bob initially became “goofy” and inattentive.

Both Alan and Carol entered the program concerned about the children, but they believed that their former partner, not their conflict, caused their children’s distress. The parents’ group helped them each understand how reducing the conflict could help their children.

However, Alan and Carol’s separation impasse also needed to be addressed. Their common-law relationship had always been tentative, but when Alan left, Carol was very upset and angry. Alan felt this was unfair because he believed that he and Carol contributed equally to the tentativeness of the relationship; he felt Carol was using the children to selfishly punish him. Each felt deeply hurt by the other, and these feelings seemed to trigger the incident during the visitation exchange.

The joint parent group meetings helped them each reframe the separation non-blamefully. Each could then feel their loss without the attendant anger, and they could see that they were both important to the children. This helped them transition away from the impasse of a failed spousal relationship to a positive, ongoing, joint parental role that could benefit their children, and allow both parents to move on with their lives.

By the conclusion of the program, Carol had asked the court to vacate the restraining order. Carol and Alan began to communicate regularly by phone and in person. They had also negotiated a way to make the children’s transition of care to be a positive, not a negative, experience. They agreed to exchange friendly comments and important information about the children at each other’s doors. In that way Bob and Karen would not have to walk 20 metres from one parent’s vehicle to the other’s home by themselves, thus reducing that tense and sad space that reminded the children of their parents’ animosity toward each other.

Both Alan and Carol reported changes in Bob’s behaviour. Alan noted that Bob had become more curious and open in talking to him, especially about his mother. Carol noticed that Bob seemed more relaxed and willing to share a greater range of feelings. They also indicated that Karen, who was too young to participate in the group, seemed more relaxed and playful. In both cases, the parents shifted their

focus away from their conflicts toward the needs of their children. This shift helped relieve the children's anxieties and provided them with opportunities for more normal development.

#### PROGRAM EVALUATION

Frankel and Frankel (2006) interviewed 20 adult participants, 9 of their children, 3 adult relatives, and associated professionals. They found that parents' expectations of GCH were met in terms of benefits to their children, their former partner, and themselves; they reported high levels of client satisfaction. Parents reported less stress, decreased anger, and fewer behavioural problems in their children, and improved communication and decreased conflict with their former partners regarding their children. Parents reported better understanding of the effects of conflict on children, and that their children appeared to be less "caught" in conflict between their parents.

Children reported that the groups provided social support, a safe medium to have fun at a difficult time, and a place to deal with negative feelings and beliefs. They reported significant improvements in such dysfunctional beliefs as feeling responsible for the separation or divorce, feeling responsible for resolving parental conflicts, or taking too much responsibility for their parents' safety and happiness. Further, children reported their parents had less conflict, they were exposed less to the conflict that did exist, they were used less by their parents as a go-between, and they noticed their parents parented more cooperatively. They also felt their relationships with at least one parent had improved, and that their parents both understood and treated them better. Finally, children enthusiastically endorsed GCH for other children.

Extended family members confirmed that the program provided a safe place for children to express their emotions. They noted some improvement in child behaviour problems and in parents' consistency.

Parents completed parts of the Family Centre of Winnipeg's outcome measures client questionnaire, addressing adult functioning, child or youth well-being, conflict resolution in former partner relationships, and consumer satisfaction feedback in both pre- and postquestionnaires. Frankel and Frankel (2006) found a statistically significant reduction in parents' ratings of symptoms of children's distress, and improvement in children's family and school relations. They also found statistically significant improvement in ratings of the intensity of conflict with their former partners.

#### *Limitations*

Because the evaluation was primarily qualitative, it is not generalizable. The quantitative evaluation was done without a control group. It might have been useful to compare the dependent measures with less intensive services, such as parent education or parent coaching, or a no-treatment control group. Nevertheless, the reported changes and client satisfaction experienced by GCH clients are encouraging.

GCH is not applicable to some high-conflict separating families. Families in which there is ongoing domestic violence (see Johnston & Campbell, 1993) or severe parental alienation present emotional or physical risk for joint work between the parents and present considerable risk to their children. These families require a different treatment approach.

Program staffing is another limitation. The program requires well-trained staff in a number of areas: children's therapy, group work, family systems, individual therapy, and mediation. GCH requires a great deal of consultation and planning among the therapists, careful attention to confidentiality between family members, and experience working with clients who have personality disorders or have experienced trauma. In addition, the lead therapists require experience in the fields of domestic violence and sexual abuse, especially when making difficult assessments during the intake phase. These skills are essential for a therapist to maintain safety during the program while facilitating the family work to help the participants achieve positive changes.

#### CONCLUSION

Despite these limitations, GCH has yielded some promising outcomes. The evaluation was very encouraging to the staff. Despite these results, stable funding has not been forthcoming, and GCH has continued to operate on a minimal budget. Meanwhile, large sums of private and government money are spent on legal and social services that maintain the adversarial nature of the divorce and do little to mitigate the risk to children of high-conflict parents. As Johnston et al. (2009) noted:

Despite the fact that the “best interests of the child” are claimed to be the primary concern by all parties, children in high-conflict divorce are made virtually invisible—kept out of focus and unseen—by the parents, by the courts, and by their own defensive processes. (p. ix)

Many of the children of high-conflict separating families and their parents can be helped. GCH provides one possible way to do so.

#### Notes

1. In this article, we use the terms “separation” and “divorce” interchangeably. However, divorce refers to the process of dissolving a legal marriage, whereas separation refers to the decision that parents make to end their spousal relationship. From a mental health perspective, it is separation that will potentially impact the development of their children.
2. For a discussion of differential clinical diagnosis of interparental violence in disputed-custody separations, see Johnston and Campbell (1993).

#### References

- Amato, P. R. (2010). Research on divorce: Continuing trends and new developments. *Journal of Marriage and Family*, 72(3), 650–666. <http://dx.doi.org/10.1111/j.1741-3737.2010.00723.x>

- Amundson, J. K., & Lux, G. (2016). Risk management in high conflict divorce/parenting referrals: It's how you walk through the fire. *Canadian Journal of Counselling and Psychotherapy*, 50(Suppl.), 10–22.
- Bacon, B. L., & McKenzie, B. (2004). Parent education after separation/divorce. *Family Court Review*, 42(1), 85–98. <http://dx.doi.org/10.1111/j.174-1617.2004.tb00635.x>
- Campbell, L. E. G., & Johnston, J. R. (1986). Impasse-directed mediation with high conflict families in custody disputes. *Behavioral Sciences & the Law*, 4(2), 217–241. <http://dx.doi.org/10.1002/bsl.2370040209>
- Carter, S. (2011). *Family restructuring therapy: Interventions with high conflict separations and divorces*. Scottsdale, AZ: High Conflict Institute Press.
- Chang, J. (2016). Post-divorce counselling and dispute resolution: Services, ethics, and competencies. *Canadian Journal of Counselling and Psychotherapy*, 50(Suppl.), 23–42.
- de Jong, P., & Berg, I. K. (2012). *Interviewing for solutions* (4th ed.). Boston, MA: Cengage Learning.
- Deutsch, R. M. (2008). Divorce in the 21st century: Multidisciplinary family interventions. *Journal of Psychiatry & Law*, 36(1), 41–66.
- Frankel, H., & Frankel, S. (2006). *Giving Children Hope: An evaluation of the outcomes and environment of comprehensive program for families experiencing high conflict separation or divorce*. Winnipeg, MB: Faculty of Social Work, University of Manitoba.
- Gilmour, G. A. (2015). *High-conflict separation and divorce: Options for consideration*. Ottawa, ON: Justice Canada. Retrieved from [http://www.justice.gc.ca/eng/rp-pr/fl-lf/divorce/2004\\_1/index.html#toc](http://www.justice.gc.ca/eng/rp-pr/fl-lf/divorce/2004_1/index.html#toc)
- Henry, W. J., Fieldstone, L., & Bohac, K. (2009). Parenting coordination and court relitigation: A case study. *Family Court Review*, 47(4), 682–697. <http://dx.doi.org/10.1111/j.1744-1617.2009.01281.x>
- Johnston, J. R. (1994). High-conflict divorce. *The Future of Children*, 4(1), 165–182. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/7922278>
- Johnston, J., & Campbell, L. (1988). *Impasses of divorce*. New York, NY: Free Press.
- Johnston, J., & Campbell, L. (1993). Clinical typology of interparental violence in disputed-custody divorces. *American Journal of Orthopsychiatry*, 63(2), 190–199. <http://dx.doi.org/10.1037/h0079425>
- Johnston, J., & Roseby, V. (1997). *In the name of the child*. New York, NY: Free Press.
- Johnston, J., Roseby, V., & Kuehnle, K. (2009). *In the name of the child* (2nd ed.). New York, NY: Springer.
- Kelly, J. B. (2002). Psychological and legal interventions for parents and children in custody and access disputes: Current research and practice. *Virginia Journal of Social Policy & the Law*, 10(1), 129–163.
- Kelly, M. B. (2013). *Divorce cases in civil court, 2010/2011*. Retrieved from <http://statcan.gc.ca/pub/85-002-x/2012001/article/11634-eng.htm>
- Lebow, J., & Newcomb Rekart, K. (2007). Integrative family therapy for high-conflict divorce with disputes over child custody and visitation. *Family Process*, 46(1), 79–91. <http://dx.doi.org/10.1111/j.1545-5300.2006.00193>
- Levine, P. (1997). *Waking the tiger: Healing trauma*. Berkeley, CA: North Atlantic Books.
- McDonough, H., Radovanovic, H., Stein, L., Sagar, A., & Hood, E. (1995). *For Kids' Sake: A treatment program for high conflict separated families*. Ottawa, ON: Justice Canada Violence Initiative.
- Mitcham-Smith, M., & Henry, W. J. (2007). High-conflict divorce solutions: Parenting coordination as an innovative co-parenting intervention. *Family Journal*, 15(4), 368–373. <http://dx.doi.org/10.1177/1066480707303751>
- Neff, R., & Cooper, K. (2004). Parental conflict resolution. *Family Court Review*, 42, 99–114. <http://dx.doi.org/10.1111/j.174-1617.2004.tb00636.x>
- Roseby, V., & Johnston, J. (1997). *High-conflict, violent, and separating families*, New York, NY: Free Press.



- Scaer, R. (2005). *The trauma spectrum: Hidden wounds and human resiliency*, New York, NY: W. W. Norton.
- Siegel, D., & Bryson, T. (2012). *The whole brain child*. New York, NY: Bantam Press.
- Strohschein, L. (2012). Parental divorce and child mental health: Accounting for predisruption differences. *Journal of Divorce & Remarriage*, 53(6), 489–502. <http://dx.doi.org/10.1080/10502556.2012.682903>
- Winnicott, D. W. (1986). *Home is where we start from*. New York, NY: W. W. Norton.
- Zahn, M. A. (2007). The causes of girls' delinquency and their program implications. *Family Court Review*, 45(3), 456–465. <http://dx.doi.org/10.1111/j.1744-1617.2007.00161.x>

### *About the Authors*

Steve Rauh, MSW, is executive director of the Manitoba Centre for Families in Transition, Winnipeg. He co-initiated the Giving Children Hope program in 1998, and has served as its coordinator. His primary interest is the impact of divorce on child development.

Paige Irwin completed her master's of counselling degree with the Graduate Centre for Applied Psychology at Athabasca University in 2015 and currently works as a registered provisional psychologist at a nonprofit agency in Edmonton.

Nicole Vath is currently completing her master's of counselling degree at the Graduate Centre for Applied Psychology at Athabasca University.

Address correspondence to Steve Rauh. E-mail: [manitobafamiliesintransition@gmail.com](mailto:manitobafamiliesintransition@gmail.com)