MENTALIZATION-BASED THERAPY FOR PARENTAL CONFLICT - PARENTING TOGETHER; AN INTERVENTION FOR PARENTS IN ENTRENCHED POST-SEPARATION DISPUTES

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Abstract

High-conflict relationship dissolution has been shown to cause substantial emotional risk and psychological harm to children's developmental outcomes. Parents in chronic post separation conflict who repeatedly use the courts to address their disputes are by nature difficult to engage in therapeutic services. This paper describes a mentalization-based therapeutic intervention that has been developed in order to address some of the unique challenges that these parents and the professionals working with them are facing. Specifically, the intervention aims to reduce anger and hostile conflicts between parents and mitigate the damaging effects of inter-parental conflict on children. The implementation and evaluation of this intervention among parents in entrenched conflict over their children, in the context a random allocation pilot study, are briefly described. Key findings from the study are succinctly summarised, followed by potential implications concerning practice and policy for professionals working with this population of parents.

Key words: parental conflict, court, separation and divorce, mentalization-based therapy, children's development

Divorce constitutes a stressful life event for parents and children (Cummings & Davies, 2010)Despite the often very powerful feelings that separation and divorce engenders in parents, most people eventually recover and move on with their lives, agreeing financial and contact arrangements. However, it is estimated that 20-25% of divorced parents remain in conflicted co-parenting relationships (Kelly, 2006). More specifically, it is estimated that around 10% of divorcing parents access the family courts to resolve their difficulties, spending a great deal of time, energy, and resources in cycles of repeated litigation. Repeated disputes about the children can continue for many years after the parents have actually separated or divorced. These parents sometimes attend mediation in order to try to resolve their disputes, however, many of them find that the agreed arrangements quickly break down and they return to court.

This has become a great concern for practitioners, given that chronic conflicts involving court processes are known to cause serious emotional and behavioural problems in children (Harold, Elam, Lewis, Rice, & Thapar, 2012; Hetherington & Kelly, 2003; Kelly, 2002; Kuehnle & Drozd, 2012). Therefore, given the potential harmful and damaging consequences of divorce and separation on children,new and effective ways to support collaborative post separation relationships are urgently needed, paving the way for the current study, completed in *The Parenting Together Service,* at Tavistock Relationships (TR).

The Parenting Together Service began at TR in 2008 and was a pilot project funded by the UK Department for Children, Schools and Families (DCSF). The aim of this new service was to offer help to parents who were in conflict over their children, many of whom were manifesting emotional and behavioural difficulties. Parents who repeatedly return to court to settle contact and finances can create a situation where the majority of the child's life has been spent litigating. A specialist intervention model, adapting mentalization Based Therapy (MBT) (Bateman &Fonagy, 2006) and that engages ***both*** parents together, was

developed (Hertzmann & Abse, 2009) in collaboration with colleagues at the Anna Freud Centre/University College London. Due to both the success of the service and high degree of demand, a feasibility study, in which the intervention *Mentalization Based Therapy for Parental Conflict – Parenting Together (MBT-PT)* was further implemented and evaluated, was subsequently funded by the same department to investigate the most effective ways to intervene with this population of parents. This was a unique pilot research study, and to the best of our knowledge, the only random allocation study to date in the UK to begin investigation of the use of interventions with this chronically conflicted population

In this paper we discuss the intervention *Mentalization Based Therapy for Parental Conflict – Parenting Together (MBT-PT)* by: a) describing the theoretical and practical key elements of the intervention; b) giving a detailed account of its implementation with this population in the context of a pilot research study; c) providing a brief overview of the study and its results; and, d) discussing the practice and policy implications for professionals working with this population of parents as well as considering future directions for services and models of treatment.

The theoretical background of MBT-PT: Mentalization in conjunction with a psychoanalytic couple psychotherapy framework

Mentalization theory

With its basis in Attachment Theory (Bowlby, 1969) and developmental neuroscience, (Luyten, van Houdenhove, Lemma, Target, & Fonagy, 2012; Mayes, Swain, & Leckman, 2005) mentalization is described as an imaginative mental activity enabling us to perceive and interpret human behaviour in terms of intentional mental states. All humans make sense of their social worlds by imagining the mental states, i.e. beliefs, motives, emotions, desires and needs that underpin their own and other's behaviours and interactions.

The capacity for mentalizing is developed in childhood within the context of a secure attachment with a parent or carer. Fonagy, Gergely, Jurist, & Target (2004) propose that a caregiver's ordinary insightful understanding of a child's experience, coupled with being contingently mirrored by a parent, eventually develops our mentalizing ability to build a coherent picture of our own and others feelings, behaviour and intentions. Mentalization is essential for making sense of human interaction. Relevant to this population, parents in chronic conflict with their ex-partner in dysregulated or extreme states of mind are unable to accurately interpret the actions of themselves, their ex- partner or crucially, their child and this was in part the rationale behind choosing this mode of intervention for this population of parents.

Mentalization-Based Therapy (MBT) (Bateman & Fonagy, 2006) was originally developed for patients with borderline personality disorder (BPD) (Bateman, Fonagy, & Allen, 2009; Bateman & Fonagy, 2004; Fonagy & Luyten, 2009) who often experience overwhelming and intense emotional distress, particularly in relation to inter-personal aspects of their lives, which can lead them to engage in impulsive, self-destructive behaviours. This is frequently accompanied by mistrustful feelings in relation to others, and the conviction that people are motivated by bad intent. Whilst most of the parents in entrenched post-divorce conflict are not diagnosed with BPD, some of the key issues known to be challenging to BPD patients, such as regulation of affect in the context of attachment and separation distress, are also highly applicable to this population of parents. MBT has been successfully adapted for effective clinical use with a range of difficulties including depression (Allen, Bleiberg, & Haslam-Hopwood, 2003), self-harm (Robinson et al., 2014; Rossouw & Fonagy, 2012), in work with children and families (Asen & Fonagy, 2012; Fearon et al., 2006), and is currently being developed for use with high conflict couples (Nyberg & Hertzmann, 2014).

The rationale for choosing a mentalization-based model of intervention was because of the distinct focus on ones' own and others mental states. As previously mentioned, mentalization-based treatments specifically target the capacity to mentalize, i.e. to perceive and interpret human behavior in terms of intentional mental states. Malign misattributions of another's intentions and motivations are known to be unhelpful in the capacity to regulate emotional states.

The framework and theory of psychoanalytic couple psychotherapy

The psychoanalytic framework well established at the TR for almost 70 years has included a long-standing interest in the psychological processes of divorce and separation, with theoretical models and concepts now in wide use (Clulow & Vincent, 2003; Shmueli, 2005). Clulow and Vincent (1987) working within an attachment framework, detail the challenges that separation and mourning processes in divorce present individuals, speculating that the anger that many couples express during the process of separation are linked to attachment processes that have gone awry. In particular, the idea is based on that of the normal protest that infants make when separated from their attachment figure that in adulthood, can be expressed as angry and hostile behaviours between separating couples. Emery (2012) whose framework is based in attachment theory and neuroscience has also shown that an inability to accept that the partnership has ended can fuel disputes over contact arrangements, finances and residence.

Central to couple psychoanalytic theory is the idea of 'couple fit' where partner choice is seen as involving both conscious and unconscious aspects (Bannister et al., 1955). The strong bonds couples form are understood to be the result of the union of their unconscious phantasies and the repetition of patterns of relationships formed in early life. Each partner is the recipient of other's unconscious projections resulting in the potential for a mutual feeling of acceptance and being understood. This mutual acceptance of the other's

projections underpins the unconscious contract of attachment that the couple share and these processes of projection and introjection form what has become known as the couple's projective system (Ruszczynski, 1993). This unconscious system consists of shared internal phantasies and shared defenses which form unconscious aspects of their relationship and which play a powerful part in a couple's interactions, and once a couple have parted, can continue to fuel post-separation conflicts. Psychoanalytic couple theory treats relationship difficulties as shared even though one partner may "voice" a particular anxiety or concern or display particular behaviours. In situations where the couple's relationship is developmental, split off unwanted unconscious aspects of the personality which are projected into the other, can be managed and detoxified between partners, leading to emotional growth and integration. However, when couples are unable to process and manage unconscious conflicts between them, more destructive processes can arise, in which cycles of projection occur where partners attempt to push unwanted, unaccepted aspects of their own personality into each other, attributing behaviours and feelings to their partner, which may in reality also belong to themselves.

These ideas are highly relevant for separated parents in entrenched conflict whose disputes continue long years after their relationship has terminated. Indeed, our experience shows that these dynamics, projections and attacks can become even more vociferous as they struggle with separation processes and face the reality of their losses. Although parents in the study were physically separated, emotionally they remained highly preoccupied with one another, continuing their relationship through continued conflict and litigation. Indeed many parents even commented that their conflicts were no different from when they were together, just that the intensity had increased and the hostility became more entrenched. As a result, it made sense clinically to formulate our understanding of these conflicts within a psychoanalytic framework of couple dynamics, combining this with a mentalization-based

model which focuses on emotional regulation, attributions about behaviours and actions, curiosity, and the capacity to develop a flexible way of imagining mental states in self and others.

A description of the MBT-PT intervention

Building on the work of Bateman and Fonagy (2006) and the later adaptation of MBT to family therapy by Keaveny et al (2012) we designed a 6-12 session intervention using MBT principles for this population (Hertzmann & Abse, 2008). With parents being seen mostly together where safe to do so, two therapists worked conjointly because this was thought to be necessary to help contain and manage the high levels of expressed emotion. The intervention aims to foster the capacity of parents to stand outside their feelings and observe emotions in self and others, i.e. their ex-partner and child, and to be curious - as opposed to certain - about what is going on the mind of the other that causes them to behave in particular ways. In particular, the intervention aims to help parents regulate their emotions and maintain their capacity for mentalizing in the presence of their ex-partner when discussing matters to do with their child, which is a situation of high stress for these parents (Hertzmann & Abse, 2009).Integral to this was the regular assessment of the potential risk and current incidence of violence between the parents, as well as risk of violence to children, other adults and professionals. If it was thought that taking part in the treatment would increase such risks, or where there had been recent incidents of violence between the parents, stopping the treatment was considered and where necessary, other care pathways found. In our experience of working with these families we have frequently heard parents describing how children can become very involved in their parents disputes, or employ complex defensive strategies to distance themselves from the bitter disputes. The manualised intervention (Hertzmann & Abse, 2008) which aims to improve parent's capacities to attend to their children, does not involve children directly in the therapy as these parents' interactions can be highly disturbing

for children. In this way children are protected from their parents' disputes and in turn, parents have space to work things through and think together about their child.

MBT-PT- components of the intervention

MBT-PT shares much in common with MBT and MBT for families (MBT-F), employing some of the same interventions together with a similar therapeutic stance such as: stepwise interventions that start with affect focus before proceeding to other interventions; The MBT-F 4 stage loop (Keaveny et al., 2012); Slow motion, stop, rewind and explore (as soon as Mentalizing ceases); Mentalizing the moment; Simple and short interventions; Affect focus – continually monitoring the affect; Focus on the minds not the behaviours; Support and challenge; Mentalizing the transference; Highlight and focus on moments of Mentalizing as soon as they occur. In developing the intervention we integrated MBT for borderline personality disorder and its later adaption for families MBT-F, with TR's psychoanalytic methodology for the treatment of distressed couple relationships (Abse, 2013; Nyberg & Hertzmann, 2014) because there was a risk that without attending to the unconscious world of the former couple, the dynamics of their previous relationship could pose a continuing risk and damage efforts aimed at improving the co-parenting relationship.

"Keeping the child in the parents' mind"- specific components related to parenting:

Keeping the child alive in the parents' mind is central to MBT-PT, as parents can frequently be so preoccupied with their battles that the children disappear from their minds. The clinician's interventions actively encourage parents to imagine what is in their child's mind and how they may be experiencing their parent's conflicts. This more directive type of approach encourages parents to focus on their child's state of mind, put aside their disputes and restore more attentive parenting. On the other hand, the approach may also provoke strong feelings of guilt, loss and sadness in parents about the damage they may have inflicted by their conflict, all of which can trigger strong emotional reactions. Within the MBT-PT

model, clinicians closely observe and manage this phenomenon as it can lead to heightened affect, hostile cycles of interaction in which parents try to blame each other for their child's suffering, and at its worst, it can lead to a breakdown in the treatment. In general, however, it can be an important moment in the therapy when parents are helped to face the harm they may have unwittingly caused, even if in their minds, they were convinced they were trying to act in the child's best interests. In working with separated co-parents, we found it was crucial to recognise and treat the parents' relationship as a further key focus in the field of clinical activity alongside the child in mind. The therapist's aim may be to increase parental sensitivity to their child and simultaneously develop a more harmonious parenting alliance, but the adult relationship between the parents is also central to the work. Therapists focus on the interaction *between* the parents, rather than solely on individual difficulties though these are not overlooked either. Without this focus on the relationship and the therapist's capacity to formulate the *shared* aspects of their difficulties, therapists are in danger of taking sides and being pulled towards one parent rather than remaining neutral. We refer to this capacity to manage the powerful feelings in the room, to maintain a therapeutic evenhandedness and to manage the strong countertransference pulls as 'the couple state of mind' (Morgan, 2001). This is especially important because in our experience parents can often expect that the clinician and the organisation as a whole will share their view of the other parent as unreasonable, irresponsible, mad, unfit to parent, mentally ill and so on.

An important aspect of all mentalization-based treatments is the therapist's acknowledgement of perceived misunderstandings and mistakes. Since engagement in therapy is very challenging for these parents, the clinician's capacity to monitor responses to interventions and enquire about their effect is a key element in the model of intervention. Parents are often surprised when the clinician acknowledges misunderstandings and errors, as the adversarial states of mind parents are in tend not to lend themselves readily to such

acknowledgements. The clinician's stance of trying to understand misunderstandings, explore how they happened and acknowledge their part in their occurrence is particularly important for this population of parents. Modeling such a stance engenders therapeutic trust and gives parents an important experience of mistakes being acknowledged and minds changed without humiliation or retaliation.

Bridging mentalization and psychoanalytic couple theory in practice

In conclusion, whilst most psychological therapies can increase the capacity for mentalizing, in accordance with mentalization-based therapies, MBT-PT focuses explicitly on enhancing this mentalizing capacity. By integrating psychoanalytic couple theory and practice with MBT, we focus on improving mentalizing across three key domains – the capacity of the parents to mentalize on the child's mind and experience; the capacity of the parents to mentalize on their co-parenting relationship in the here and now; and the capacity to mentalize on the way that unresolved aspects of their previous relationship interferes with them coming together around the needs of their child. Simultaneously, clinicians attend to the unconscious dynamics of the former couple's relationship to help both parents deal with the loss engendered by this attachment disruption, laying the old relationship to rest in order to form a new co-parenting alliance.

Whilst there are some models of intervention that address the co-parenting relationship, there are none to our knowledge which specifically focus on the attributions and representations in the mind of the parents – the former couple – about each other, as a way to reduce inter-parental conflict. Johnston, Roseby, and Kuehnle (2009) and Lebow and Rekart (2007) have successfully developed therapeutic models which treat high conflict couples and include addressing the emotions between the parents (Lebow and Rekart, 2007, pp85), as well as including children in the therapy. The organizational setting for our model is a specialist psychoanalytic couples unit in the UK where direct work with children is not

undertaken. Therefore, our choice of model needed to both focus on working with the co-parents together, and also integrate within it aspects of psychoanalytic couple theory. Additionally, in our experience we have found it beneficial to work with the parents separately from the children, not involving them further in their parents' disputes. In this sense our model provides a unique opportunity to work with aspects of the former couple relationship between the parents, the spill-over of the unresolved disputes on to their children, and crucially focuses on enhancing parents' capacity to mentalize on their own, each other's and crucially the children's mental states.

'Parents in Conflict: Putting Children First' Research Study

Procedure

The Parents in Conflict – Putting Children First random allocation pilot (feasibility) study was conducted at Tavistock Relationships' central London centre. The study investigated the efficacy of therapeutic interventions with separated parents who were in entrenched conflict over matters to do with their children, and explored whether as a result of treatment they could collaborate better around the parenting of their child, therefore lessening the harmful effects of these conflicts on their children. Following a small-scale randomised control trial design, two types of intervention for high conflict separated parents were compared: (1) Mentalization-Based Therapy for Parental Conflict- 'Parenting Together' (MBT-PT) intervention model which offered parents 6 and up to 12 one-hour sessions with both parents together, where safe to do so; and (2) a Separated Parents Group (PG), a psycho-educational intervention for separated parents consisting of 2 two hour sessions which parents attended separately. PG is based on the group element of the Separated Parents Information Programme (SPIP), a nationally available intervention operating as part of the UK Family Justice System and treatment as usual for this population. In the PG Parents attend separately

in mixed gender groups which are delivered by trained mediators, over four hours (Trinder et al., 2011, Smith & Trinder, 2012). The manualised PG intervention includes four main elements covering practical arrangements, the experience of children, communication and the emotional impact of separation. Whilst there was a notable difference between the amount of sessions in each treatment condition, it was our intention to examine not only the efficacy of the interventions, but also to explore the parents' experience of the treatments in order to see which was most helpful and tolerable to them. Parents' experience of the therapy is also important because some parents prefer not to be in the same room as their ex-partner, or at least not for long. We hypothesized that they may therefore find a psycho-educational intervention such as the SPIP beneficial and less arousing for them, rather than a more intensive intervention such as MBT-PT.

The study was a mixed methods design and alongside quantitative self-report measures, a qualitative study using semi-structured interviews was simultaneously undertaken both to gain an understanding of parents' perceptions of the difficulties they are having with their co-parent, and to explore the parents' experience of the interventions received. Parents completed quantitative questionnaire measures at three time points, at enrolment (Time 1), six weeks after their first treatment session (Time 2), and finally, six months after first treatment session (Time 3)—an average of 90.7 days after the final session (*SD*=42.1; *Range:* 0-157 days). Qualitative interviews were administered at enrolment and at the end of treatment. The great majority of parents completed the time 2 and 3 assessments. The primary outcome was a reduction in parents' levels of manifest anger in relation to each other in the context of managing their child.

Participants

The study sample consisted of 15 pairs of co-parents (30 parents) recruited via a number of sources including professionals working in the UK family courts and child and

adolescent mental health services. Although this was a small sample of parents and as such, the study did not have the statistical power to provide a fair test of the superiority of one treatment over the other, we established that both forms of intervention were acceptable to most parents in this situation. Importantly, it was possible to operate a randomised allocation design with extensive, relevant quantitative and qualitative assessments of the kind that would make a larger-scale, formal randomised controlled trial feasible and productive. These encouraging findings indicate that not only is it possible to engage this population in a randomized study, but also that further research on interventions with this population of parents is both worthwhile and much needed.

Typical presenting problems and clinical features of parents

A thematic analysis of the semi-structured interviews administered at enrolment, as part of the qualitative investigation of the study conveyed a particular atmosphere of intense emotion including blame, anger, fear, and loss, and three superordinate themes were identified (For detailed description of findings see: Target, Hertzmann, Midgley, Casey, & Lassri, submitted):

1. Dealing with contact evokes extreme states of mind
2. When speaking of contact, the child is ‘everywhere and nowhere’
3. The hardest thing about contact is dealing with my ex-partner.

The parents approaching the study all reported struggling with a similar set of problems. They reported that their children were manifesting emotional and behavioural difficulties at home, and academic and behavioural challenges at school. Many families were involved with statutory services such as social services and the police, typically because of reported violence between the parents often witnessed by their children, and some parents had made allegations of child sexual abuse, neglect or violence towards their partner. These

had necessitated investigation by safeguarding professionals, which had often resulted in the prevention of contact or a change of residency for the child.

Parents in extreme states of mind tended to describe their ex-partner as dangerous and mentally unstable, often refusing or being very reluctant to be in the same room as them such was the degree of fear and hostility. It was striking that many parents felt hopeless about receiving help and suspicious about the Centre's staff, concerned that they would take sides with one of the parents against the other. Their unshakeable conviction that the behaviours of their ex-partner could only be understood as malevolent and hostile was persistent. Indeed some even felt that their situation would be simpler if their ex-partner would just leave them alone or disappear out of their lives. Despite being preoccupied, anxious, depressed and sometimes feeling life was not worth living, parents had rarely sought psychological help for their difficulties because they feared this could give their ex-partner ammunition in court to paint them as an unfit parent, thereby putting at risk contact and residency arrangements. In these highly adversarial states of mind, bringing large amounts of documented evidence about residency and custody battles to sessions as if they were still in court was a frequent occurrence.

When examining the child related content from the study's qualitative data (Target et al., submitted) as well as audio recordings of the sessions for treatment fidelity, parents' descriptions of their relationships with their children had several notable features. Many parents found it difficult to see their child as a separate person from themselves, with a different mind, thoughts and feelings. Indeed whilst parents talked about the children a lot, the children were *'everywhere and nowhere'* in the parent's mind. This means that although the child was everywhere – central to the parents' battles and also involved in them, at other times the child disappeared from the parents' minds as an actual person, and was then nowhere in the parents' minds. Parents responded to questions about the child with lengthy

descriptions of the difficulties with their ex-partner, or frequently parents would start to describe the child's experience but then veer off into describing their own feelings. In addition parents' descriptions of their child's experience was sometimes incongruent with the child's chronological age and they often spoke of a much younger child, perhaps closer to the age the child was when the relationship split up. When asked about their child's relationship with the other parent, parents would often describe it in exactly the same or very similar to their own experience of their ex-partner and it was often not clear whether they were describing their own or their child's feelings. The meaning they ascribed to behaviours, both their ex-partner's and their child's was generally coloured by issues relating to their separation and parents found it hard to think about situations without reference to the conflict with their ex-partner. Old wounds and rejections were engraved on their minds as if they were still happening in the here and now, despite sometimes having occurred many years previously.

The process of engagement

In order to help this population of parents engage in therapeutic work and participate in the study especially as the MBT-PT intervention aims to work with both parents together, it was important to understand the extent of the difficulties for parents in approaching therapeutic help. Feelings of fear, hostility, and anger could be so acute that parents often insisted on certain conditions before any joint therapy with their ex-partner could be undertaken, or they would initially agree to an appointment but then cancel. The Centre's administrative staff, who are very experienced and skilled in dealing with patients in high levels of distress, worked with senior clinical staff to find flexible but firm protocols that kept therapeutic matters separate from the courts and also worked within the boundaries of undertaking a robust research study. Careful liaison work was undertaken with parents themselves as well as with the other agencies involved in their care including Family Court

Judges. In some cases, Family Court Judges had informed parents that they were not allowed to return to court again unless they first both undertook specialist therapy for their continuing conflict. When parents did eventually both attend, the mere presence of the other could result in parents becoming highly fearful and angry. One set of parents remarked that they had not sat that close to each other for about a decade, as usually they only encountered the other in the distance at hand-over or in court. A service user participation group was particularly helpful in considering ways to engage parents and sustain them in therapeutic help which was acceptable to them, but which did not collude with the splitting and adversarial behaviours they had become so familiar with in the courts.

One of the clinical challenges in engaging with this population of parents was the extreme states of mind they were in and the consequent management of their heightened affective states. Whilst it was striking that in the presence of their ex-partner and in the discussion of the care of their children, parents would become emotionally dysregulated and unable to think rationally and coherently about their children and their ex-partner, in other areas of their lives many of the parents seemed to be functioning well. Parents tended to have considerable investment in maintaining an adversarial state of mind, with great energy spent on the 'facts and evidence' of their case, making engaging them in therapy challenging even for experienced clinicians. The process of helping parents establish a more curious and enquiring state of mind necessary for therapeutic work often took some time. Furthermore, it was noticeable that parents did not generally view themselves as in need of psychological help, though they often felt their ex-partner was in such need.

Results

Findings using both quantitative and qualitative data are described elsewhere (Hertzmann, Target, Hewison, Casey, Fearon, & Lassri, Manuscript submitted for

publication; Target, Hertzmann, Midgley, Casey, & Lassri, Manuscript submitted for publication) but for the purposes of this paper, can be summarized as follows:

There were statistically significant improvements in both treatment groups on the following measures:

1. Parents reported less expressed anger towards their ex-partner
2. Parents reported feeling less stressed and depressed
3. Parents reported improvements in their children's emotional and behavioural difficulties

This last outcome was seen especially in children's externalizing behaviours within the MBT-PT arm of the study where greater reductions were seen over time, than in the PG condition.

In addition, initial findings from semi-structured interviews undertaken post treatment indicated that parent's attitudes to their ex-partner changed in both treatment arms of the study. Parents reported that the interventions had helped them to move on and crucially, to work with their ex-partner to put their children first. In addition, the parents who had received MBT-PT gave descriptions of their ex-partners that became less polarized over time. It was also striking that these parents moved from blaming each other and only seeing their ex-partner as inherently bad, or deliberately making their lives difficult, to more nuanced attitudes. Following the MBT-PT intervention, parents seemed more able to entertain the idea that their ex-partner was also struggling with a complex array of feelings and motivations similar to their own. They were less certain in their descriptions of their ex-partner's character and intentions, with more capacity for a benign understanding of why their ex-partner might have behaved as they did.

The Model in Action – a clinical example

This clinical example is a composite account derived from several cases to preserve anonymity which illustrates aspects of the MBT-PT model of treatment.

For the last seven years, Marco and Liz had been in entrenched conflict over contact and residency of their ten year old son, Bruno, and their eight year old daughter, Sienna. They had been to court repeatedly and finally came for help when the family court judge barred them from returning to court until they had sought therapy. Both the children were struggling with emotional and behavioural difficulties and had been receiving therapy from child and adolescent mental health services. They were underperforming at school despite being having good ability and friendships were difficult.

Marco and Liz had not sat in the same room together apart from in court and they avoided contact by managing the handover of children via the school day. The first three sessions of the therapy were very difficult for them to tolerate. They were quickly emotionally dysregulated, angry and upset in the presence of the other. The therapists had to stop them frequently in order to simmer down their anger and restore their ability to think. Using "stop and rewind" to the moment when things became agitated, the therapist tried to explore what was in their minds. It became clear that each of them felt that the other was deliberately trying to paint them as an incompetent, unfit parent to the therapists and it was hard for them to think that the other had acted with anything other than ill intent. The therapists were able to help Marco and Liz notice that both of them were <u>assuming</u> that the other parent was intentionally trying to remind them of the harm they had done to their children and by creating a space for exploring each parents' real intention behind these actions, it was possible for Marco and Liz to better understand what had in fact been in the other's mind at that moment. For instance, this exploration led both of them in different ways to share that they were very upset by seeing each other again, and realising what had been lost, and how guilty they both felt about the damage caused by their disputes and court appearances. They were able to

share that they felt frightened and angry in the presence of the other and that they had felt they had needed to defend themselves against the attack they each imagined the other was about to make.

In session four, Liz was angry about an important letter from the school which apparently Marco had been handed when picking up the children but he had not passed it on to her. As a result, Liz had turned up at the school when it was Marco's next pick up time in order to confront him. They had a nasty row in the playground in front of other children and parents with the result that the Head Teacher now banned them from the school premises. The therapists explored what had happened and Marco insisted he had <u>not</u> *been given a letter but that he had found it in the bottom of Sienna's bag the following day. Marco and Liz began to embark on an argument which centred on who had parental responsibility, whom the children trusted most and that the children hated the days with the other parent and other bitter accusations. The therapists firmly stopped the row and said that they simply couldn't think if Liz and Marco were shouting at each other. In slow motion the therapists went through the events described in detail, exploring the possible intentions behind the other's actions, whilst all the time monitoring the parents' affect. It gradually emerged that one theory pointed to the idea that Sienna might have deliberately hidden the letter which it turned out had been an invitation to an important parents' meeting. The therapists were curious about why Sienna might have done this – had she just forgotten or what else might have been in her mind? Marco and Liz were eventually able to think about Sienna's possible intentions and Marco wondered whether she had done it in order to avoid her parents meeting. When the therapists enquired further, Marco described how at the last parents meeting there had been an ugly scene between them after which the police had been called. In fact Liz said that when she realised that there had been a letter, which she*

had not received, Sienna had, that night, wet the bed. The therapists wondered with the parents whether perhaps Sienna was so worried and upset by their conflicts, that she was going to some lengths to keep her parents apart to try to manage the conflicts between them? Thoughtful in response to this, Marco commented that this was a tremendous burden for a little girl and Liz wondered whether Bruno was also worried but didn't show it, tending instead to isolate himself in his bedroom. Marco, reflective now, added that perhaps that was Bruno's way of avoiding their conflict.

The therapists pointed out to Marco and Liz how by slowing things down and examining the intentions behind their actions, the assumptions made and the emotions which followed from these thoughts, they were able to regulate their angry and hostile feelings, put these to one side, and jointly think about their children. The therapists marked this interaction, praising the parents as moments of successful mentalizing like this in which they gave joint sensitive attention to their children had been rare for Liz and Marco. Some sessions later they began to consider the possibility of being able to resolve some of their disputes themselves outside of the therapy sessions.

By the end of the therapy, both parents reported that their children seemed to have responded to these shifts between them. They noticed how both children engaged better with their peers, improved their performance and concentration at school and thus overall allowed both parents to be less anxious about the children. Although far from easy, Marco and Liz made use of the 12 sessions they attended, had felt helped by the treatment and importantly, reported that their children were happier and less symptomatic as a result. They had come a long way from the parents who initially had refused to be in the room together. They decided not to return to court and felt better able to attempt to resolve their conflict together and agreed that if they could not, would seek further help to do so.

In addition to the mentalization-based interventions described above, the therapists used their dynamic understanding of couple's relating to make sense of the difficulties between Marco and Liz. They identified a shared unconscious preoccupation where both of them were fearful of being vulnerable to the other's control. This linked closely to childhood experiences of bullying fathers and this was also briefly, but powerfully explored in the sessions.

The effect on clinicians: the importance of the team and supervision

Working with separated co-parents locked in entrenched child-focused conflict can expose clinicians to the full force of parents' undigested feelings such as hurt, anger and fear. Clinicians can themselves come to experience similar feelings as parents unconsciously attempt to communicate to them what it is like to be 'in their shoes.' It is easy then to lose a 'couple state of mind' (Morgan, 2001) which is understood to be the clinician's capacity to not only be in the therapy, but also to be able to stand outside of the therapeutic relationship with each partner, and simultaneously engage in working with the relationship between the parents. Being able to manage the pressure to take sides and thereby replicate the unsuccessful court process with which the parents are so familiar requires clinicians to process their own feelings in order not to be drawn into these powerful dynamics. Additionally, in the face of angry interactions where children's needs are being overlooked, there is often a considerable pull or provocation for the clinician to become angry or punitive themselves. This can take the form of unhelpful or harsh interpretations, a lecturing quality to the interventions, or feeling at a loss as to how best to help the parents.

Clinicians delivering the intervention in the Parents in Conflict Study worked in pairs and crucially, were securely embedded in a team of clinicians meeting regularly for supervision so that there were many minds holding the clinical cases. The sessions were, at times, volatile and parents challenged each other and the clinicians in various ways. The

sheer force of feeling and the amount of often conflicting accounts brought by parents made the therapists grateful for the presence of another 'thinking mind' in the room. This does not mean that the co-therapists' relationship was always harmonious or easy. The relationship between co-working clinicians can mirror that of the parents and thus be informative of what it is 'really like' to be in their situation. Because of the challenges this work presents, regular clinical supervision, where the work, including the feelings stirred up by the therapy, can be freely presented and thoughtfully explored is vital. A thoughtful, collaborative culture within the clinical team can contribute to the emergence of a similarly thoughtful and collaborative co-parenting relationship that ultimately provides more emotional security for the children of the parents seen in this study.

Discussion

Parents in entrenched conflict are a considerable burden on the Family Justice Systems and their children are also known to be damaged by these on-going disputes. There is a paucity of therapeutic services available which aim to treat both parents together. Parents generally come to the attention of therapeutic services via their children's symptoms, or because there have been high levels of risk and safeguarding concerns including violence, which may lead to police and social services initiating a referral. Whilst commonly these parents do not seek therapeutic help, perhaps in part for fear of weakening their case in the court battles for child contact or residency, we have found through recent work that has developed out of the study, that many parents are not only willing, but also eager to access expert help. TR's recent partnership with the UK Children and Family Court Advisory and Support Services (CAFCASS), funded by the Department of Work and Pensions indicated a serious unmet need for therapeutic conciliation services, resulting in more referrals being made for help than could be offered within funding restrictions.

However, the adversarial state of mind required to present evidence in court is very different from the state of mind required for therapy where the focus is on openness to different points of view, possibly on understanding the other, and even eventually forgiveness. This means that finding ways to help parents establish a more 'help-seeking state of mind' must be the priority before any engagement in therapy can be expected. In this respect, the Family Justice System could, with reform, support this engagement.

The challenges of working with this population of parents are significant. The clinical presentation and the difficulties that this population of parents is struggling with cannot be underestimated.They are in extreme states of mind, with feelings of anger, hostility, loss and are under a great degree of stress with huge changes to family life, home, work, location, and loss of a relationship. A further challenge in working with parents in this situation and which is reported in detail elsewhere (Target et al., Manuscript submitted for publication) is that these parents can appear to be highly plausible and this may obscure not only the desperate and irrational states of mind they may be in, but also the extent to which the child is enlisted as a solution to intolerable feelings in the parents. This is a situation of high risk for everyone involved.

We have found that having both a strong therapeutic and theoretical model is crucial in helping clinicians to understand the parents' experiences as this can enable them to work with the intensity and texture of feelings, including the depth of grievance that is still very much alive.Specifically the structure of the MBT-PT treatment with its focus on mentalization, affective states and emotional dysregulation, the attributions and intentions of the other, the crucial focus on the child's mind and experiences, combined with attending to the unconscious world of the former couple relationship, provides a powerful therapeutic amalgam that can target specific areas therapeutically to effect change. It is of note that the findings of the quantitative data (Hertzmann et al., Manuscript submitted for publication)

indicate both parents and children manifest less angry behaviours, and feel less stressed and depressed following treatment. In mentalization theory, the reduction in adversarial and angry behaviours also reduces the level of stress and over time this is likely to provide parents with increased mental flexibility to be reflective about their ex-partner's intentions and crucially their child's experience, something which we found in the qualitative aspect of the study (Target et al., Manuscript submitted for publication).

The clinicians delivering the MBT-PT intervention in the study were all trained and experienced in delivering TR's psychoanalytic treatment of the couple relationship. The integration of mentalization-based interventions for this population with a well-established psychoanalytic methodology targeting the former couple relationship between the parents attends to the unconscious world that still operates between both ex-partners. By addressing these unconscious aspects which are still live, the parents stand a greater chance of putting a stop to their bitter disputes, the ways in which these spill over to the children, and helps them separate not just physically, but most import psychologically. Parents remain very connected to one another psychologically when repeatedly going to court, and for some parents giving up litigation means also to give up being in close proximity with their ex-partner, as well as losing the security of the court – an authority, overseeing their disputes. Indeed by the end of treatment, clinicians noticed that many parents did talk about this situation with greater flexibility, describing feeling more separate from their ex-partner including in some cases being able to discuss this with each other. Parents used more layered descriptions, with greater curiosity and less blame in relation to their ex-partner and their children. They were more able to entertain the idea that their ex-partner was also struggling with a complex array of feelings and motivations as they were themselves and were less certain, rigid and more benign in their descriptions of their ex-partner's character and intentions.

Limitations

The pilot study has shown that engaging these co-parents in a controlled study is possible, though challenging, and requires a large amount of administrative and clinical time to be spent building and maintaining relationships with parents who find giving up their positions in the conflict with each other challenging. Given the small numbers recruited, the study was ultimately under-powered and some marked trends in quantitative results were not statistically significant. Thus, in terms of future studies, the most important investigation would be a large, naturalistic effectiveness study of parents and including the children, therefore allowing much greater flexibility of intake and treatment to maximise scope for engagement of this population. As the current study included a sample of divorced parents in entrenched conflict, who also expressed willingness to work together for the purpose of this intervention, despite a general reluctance, further studies should consider examining the scope of this study in a wider population of parents— e.g. divorced parents in less chronic and intense conflict, and parents that are undergoing even more severe conflict, and are even less willing to work on their difficulties together. This would enable us to place the proposed intervention in a larger context while also examining the validity of the findings and their generalization to a much broader population of divorced parents.

Conclusions

This paper contributes to the literature on interventions with parents in entrenched conflict over their children, providing professionals with a vivid description of the particular nature of the predicaments parents are struggling with and how they can be worked with in MBT-PT model of therapeutic intervention. This is especially important since there is a paucity of effective interventions which can engage both parents together in therapeutic work and which addresses all of the following - their present conflicts, the deleterious effects on the child, and importantly, the continuing dynamics of their former couple relationship.

The therapeutic work described here with its specific theoretical concepts and model of intervention could be of use not only to clinicians working with parents and children in this situation, but also to a wider group of professionals such as social workers, family support workers, teachers, and lawyers who encounter these families in the course of their work. Such professionals will have witnessed the results of the desperate states of mind, and probably felt the pressures to take sides, rescue the child, or take some other action, but may not have had a way to look at the underlying threats and fears driving parents at this severe end of the spectrum to relentless battles over child contact, and occasionally to even more damaging action to end that torment. We hope that the findings in this paper may help inform both new and established models of treatment that can help parents exit the courts and highlight the importance of not only attending to the conscious content of the parents battles, but also the pernicious effects of the unconscious world of the former couple relationship which can continue to cause damage to children long after the couple relationship has ended.

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