

Running head: MENTALIZATION-BASED THERAPY FOR PARENTS IN  
ENTRENCHED CONFLICT

**Mentalization-Based Therapy for Parents in Entrenched Conflict: A Random  
Allocation Feasibility Study**

**First Author and author for correspondence:**

**Leezah Hertzmann, M.A.**

Senior Couple and Individual Psychoanalytic Psychotherapist,  
Head of Parenting Together Programmes

Tavistock Relationships

70 Warren Street

London W1T 5PB

[Leezah.Hertzmann@gmail.com](mailto:Leezah.Hertzmann@gmail.com);

**Other others in order of authorship:**

**Mary Target PhD**

Professor of Psychoanalysis

Psychoanalysis Unit

Research Department of Clinical, Educational and Health Psychology

University College London

Gower Street

London WC1E 6BT

**David Hewison D.Cpl.Psych.Psych**

Head of Research

Tavistock Relationships

70 Warren Street

London W1T 5PB

**Polly Casey PhD**

Research and Data Manager

Tavistock Relationships

70 Warren Street

London W1T 5PB

**Pasco Fearon PhD**

Professor of Chair in Developmental Psychopathology

Research Department of Clinical, Educational and Health Psychology

University College London

Gower Street

London WC1E 6BT

**Dana Lassri PhD**

Dana Lassri PhD

Research Associate, Haruv Institute Postdoctoral Research Fellow

Psychoanalysis Unit

Research Department of Clinical, Educational and Health Psychology

University College London

Gower Street

London WC1E 6BT

Running head: MENTALIZATION-BASED THERAPY, PARENTS IN ENTRENCHED  
CONFLICT

**Mentalization-Based Therapy for Parents in Entrenched Conflict: A Random  
Allocation Feasibility Study**

### **Abstract**

**Objectives:** To explore the effectiveness of a mentalization-based therapeutic intervention specifically developed for parents in entrenched conflict over their children. To the best of our knowledge, this is the first randomized controlled intervention study in the United Kingdom to work with both parents post-separation, and the first to focus on mentalization in this situation. **Method:** Using a mixed-methods study design, 30 parents were randomly allocated to either mentalization-based therapy for parental conflict—Parenting Together, or the Parents’ Group, a psycho-educational intervention for separated parents based on elements of the Separated Parents Information Program—part of the U.K. Family Justice System and approximating to treatment as usual. Given the challenges of recruiting parents in these difficult circumstances, the sample size was small and permitted only the detection of large differences between conditions. The data, involving repeated measures of related individuals, was explored statistically, using Hierarchical Linear Modeling, and qualitatively. **Results:** Significant findings were reported on the main predicted outcomes, with clinically important trends on other measures. Qualitative findings further contributed to the understanding of parents’ subjective experience, pre- and post-treatment. **Conclusions:** Findings indicate that a larger scale randomized controlled trial would be worthwhile. These encouraging findings shed light on the dynamics maintaining these high-conflict situations known to be damaging to children. We established that both forms of intervention were acceptable to most parents, and we were able to operate a random allocation design with extensive quantitative and qualitative assessments of the kind that would make a larger-scale trial feasible and productive.

**Keywords:** mentalization, divorce and separation, parental conflict, children’s outcomes, family courts, contact.

Divorce is one of the most stressful life events for parents and children (Davies & Cummings, 1994; Hetherington, Cox, & Cox, 1985; Hetherington & Stanley-Hagan, 1999). Studies have repeatedly demonstrated that children of all ages are adversely affected by conflict between parents, specifically when the conflict is frequent, intense, poorly resolved, and child-focused (Cummings & Davies, 2010; Harold & Leve, 2012; Hetherington, Bridges, & Insabella, 1998). Similarly, interparental conflict is strongly associated with child maladjustment (Rivett et al., 2006; Shelton & Harold, 2008a, 2008b).

One of the major consequences of divorce for children is the loss of one parent from the household, more commonly the father. Continuing contact with both parents following divorce is strongly endorsed for children in both public policy and case law when it is safe, but can be very difficult to sustain. Thus, many parents in entrenched post-separation conflict who attend mediation find that arrangements agreed to about their child are not adhered to because of their ongoing conflicts. Consequently, parents return to the Family Courts, which may intensify their conflicts and cause further damage to their children. Although co-parenting relationships between ex-partners range from amiable cooperation to continual and intense conflict (King & Heard, 1999; Markham & Coleman, 2012) it has been estimated that about 20–25% of divorced parents will remain in conflicted co-parenting relationships (Kelly, 2007). Such relationships are typically characterized by frequent arguments, an inability to think about their co-parenting role as distinct from their troubled relationship with their former partner, along with angry behaviors and the use of children as arguing tools (Hetherington & Kelly, 2002; Maccoby & Mnookin, 1992). These parents are similarly likely to be overrepresented in the 10% of the separated parent population who resort to court action to resolve disputes over contact (Blackwell & Dawe, 2003). Subsequently, these legal proceedings may become protracted and adversarial, in turn negatively affecting the post-divorce relationship (Baum, 2003). In such situations, it is difficult for parents to maintain a

parenting alliance (Abidin & Brunner, 1995) in which they actively put their own conflicts aside to focus on the needs of their children (Oppenheim & Koren-Karie, 2014), avoid exposing their children to conflict and discourage allegiances with only one parent (Amato & Afifi, 2006; Emery, 2011; Hetherington & Stanley-Hagan, 1999), communicate positively with each other about child rearing (Graham, 2003), and are flexible in arranging contact (Kelly, 2007).

The current paper describes a random allocation feasibility study evaluating two interventions that aim to help parents work together more cooperatively around their children. As far as we are aware, this is the first randomized controlled intervention study in the United Kingdom to work with both parents post-separation, and to evaluate the intervention from the perspective of each parent.

### **Specific background**

Therapeutic and statutory services find that working with these parents to promote the best interests of their children is challenging (Hertzmann & Abse, 2009b), as many of these parents do not generally see themselves as needing psychological therapy, and thus prefer to concentrate their energies on winning their case in the family courts. Specific to this study, a mentalization-based therapy (MBT) model (see next paragraph) has been developed for use with such parents (Hertzmann & Abse, 2009a, 2009b).

MBT (Bateman & Fonagy, 2006) was originally developed for patients with borderline personality disorder (BPD) (Bateman & Fonagy, 2004, 2009, 2015; Fonagy & Luyten, 2009) who experience overwhelming and intense emotional distress, which can lead them to engage in impulsive, self-destructive behaviors. This is often accompanied by distrustful feelings in relation to others and the conviction that people are motivated by bad intent. Accordingly, poor mentalizing—that is, the capacity to understand one's own and others' mental states—is a common denominator in BPD and mood disorders (Bateman &

Fonagy, 2015). MBT has already been successfully adapted for effective clinical use with a range of difficulties, including depression (Allen, Bleiberg, & Haslam-Hopwood, 2003), self-harm (Rossouw & Fonagy, 2012), and eating disorders (Robinson et al., 2014), as well as in work with children and families (Asen & Fonagy, 2012; Fearon et al., 2006).

Whilst most of the parents in entrenched post-divorce conflict are not suffering from BPD or clinically diagnosed mood disorders, some of the key issues known to be challenging in these situations, such as regulation of affect, attachment, and separation distress, might also be highly applicable to this population of parents. Given that mentalizing is a significant element of affect regulation and self-identity, as well as a pivotal aspect of social functioning and interpersonal relationships (Bateman & Fonagy, 2015), we hypothesized that incorporating MBT into an intervention for parents in entrenched conflict might prove highly beneficial. In line with this assumption, MBT has not only been developed for parents in post-separation conflict (MBT for parental conflict—Parenting Together; MBT-PT) but is also currently being developed for use with high-conflict couples who are not separated (Nyberg & Hertzmann, 2014).

Specifically, we hypothesized that MBT would be suitable for this population as their entrenched conflicts and accompanying emotional dysregulation can significantly compromise their ability both to foster a positive co-parenting alliance with their ex-partner and to keep their child's needs in mind—that is, essentially, to think about mental states in self and others. The mechanisms of change in MBT as described by Fonagy and Bateman (2006) involve relationships between the neural systems underpinning attachment and the ability to mentalize. Given that this population of parents have undergone an attachment rupture with their ex-partner and their child, the capacity to retain mentalizing (or reflective functioning) and accurately depict mental states in others, which is crucial to be able to parent effectively, falters in the context of these ruptured attachment relationships

### **The current study**

In order to examine which intervention would contribute most effectively to diminishing parents' levels of expressed anger and increase their capacities to focus on their child's experience, the present study compared an adaptation of MBT for this population, MBT-PT, with a psycho-educational group intervention for parents, the Parents' Group (PG).

The strengths of the MBT-PT intervention are hypothesized to be: (a) a specific focus on reducing emotional dysregulation, especially expressed anger. This in turn is hypothesized to enhance parents' reflective capacities, particularly in relation to mental states in self and others (i.e., mentalizing); and (b) the joint work, with both parents in the sessions rather than separately, is thought to allow the opportunity of working more directly on the difficulties they are experiencing together over their child.

The PG intervention is based on the Separated Parents Information Program (SPIP), a nationally available parent psycho-education program, which was chosen given its role as "treatment as usual" for this population. PG is aimed at encouraging parents to focus on their children's needs and perspectives in relation to the effect that separation or divorce might have on them. The strengths of the PG intervention are hypothesized to be: (a) it is an established part of the U.K. Family Justice System, and separated parents have reported this program to be helpful (Trinder et al., 2011); and (b) parents are not required to be in the room together for the intervention, something that many separated parents do not wish to do.

This study is a mixed-methods, naturalistic randomized controlled trial (RCT), incorporating qualitatively analyzed interviews with participating parents (Midgley, Ansaldo & Target, 2014). Including parents' subjective experience provides the opportunity of understanding how they themselves perceive their difficulties and their treatment. This may add further meaning and context, including possible insight into moderators and mediators, when deciphering the impact of therapeutic interventions in complex clinical settings.

## **Interventions**

### **Mentalization-Based Therapy for Parental Conflict—Parents Together (MBT-PT).**

The MBT-PT model of intervention is a practical, brief, manualized MBT (Bateman & Fonagy, 2004, 2009; Fonagy & Luyten, 2009) adapted for use with interparental conflict (Hertzmann & Abse, 2008; Nyberg & Hertzmann, 2014), thus integrating MBT for BPD and its later adaption for families (MBT-F) with the Tavistock Centre for Couple Relationships (TCCR)'s psychoanalytic methodology for the treatment of distressed couple relationships. The intervention is delivered over six to 12 weekly 1-hour sessions by two co-therapists. Parents are initially offered six sessions with up to six further sessions as clinically indicated, with the average number of sessions being eight. Parents attend sessions together unless otherwise indicated clinically. The primary focus of MBT-PT is on making sense of the feelings experienced by each parent, particularly highlighting the ways in which malign assumptions about the other parent's intentions can lead to increased anger, miscommunication, and misunderstandings. Crucially, clinicians pay close attention to the imagined perspective of the child, and how they may have attempted to communicate their experiences to their parents.

### **The Parents' Group (PG).**

Parents attend PG sessions separately in mixed-gender groups. Sessions are delivered by trained mediators (one facilitator for each group), over one 4-hour session or in two 2-hour sessions, in line with how the intervention is ordinarily delivered (Smith & Trinder, 2012; Trinder et al., 2011). The manualized PG intervention has four main elements, covering practical arrangements, the experience of children, communication, and the emotional impact of separation.



### **Training and supervision.**

All the therapists were trained and competent in the intervention they were delivering. MBT-PT therapists, who all work in the clinical service at the center providing MBT-PT, had undertaken TCCR's manualized training in MBT-PT (Hertzmann & Abse, 2008) and fortnightly group supervision was provided. The PG Leader was an experienced SPIP provider trained in the PG manual and supervision was based on the standard model. Therapists delivering both interventions were monitored for adherence. The MBT-PT intervention was monitored using a version of the MBT-F adherence scale (Gilan, 2011) adjusted to the current study. All intervention sessions were audio recorded and a sample of both treatments was selected at random and subjected to the adherence scale to monitor for treatment fidelity. All sessions selected were found to be delivering the model according to the treatment manual for each intervention.

### **Intended outcomes**

The primary intended outcome was to reduce parents' levels of manifest anger toward each other, in relation to managing their child. Secondary outcomes of interest included: (a) increasing parents' capacity to perceive and understand the experience of their children and their co-parent; (b) decreased levels of overall perceived stress and depression; (c) improvements in the quality of parenting alliance and the hostility of attributions toward the co-parent; and (d) improvements in children's symptomatology and perceived impact of parental conflict as reported by parents. In addition, using semi-structured interviews, we sought to describe both parents' subjective experiences of these areas, pre- and post-intervention.

## **Method**

## Sample

The 15 pairs of co-parents (30 parents) in this study were recruited via a number of sources including the Children and Family Court Advisory and Support Service (CAFCASS), lawyers, mediators, family court judges, and child and adolescent mental health services (CAMHS) contact centers; some parents also self-referred. Participants were separated parents who were in chronic, entrenched, and intense conflict over their children, often resulting in extensive legal proceedings, with parents having spent an average of almost 4 years repeatedly returning to the family courts to address their disputes. Their conflict had thus previously been addressed legally rather than therapeutically. Parents were assessed by a clinician for the presence of sustained, poorly resolved, child-focused, and intense conflict, but, in addition, for some expression of willingness to work on their difficulties together with the co-parent. Exclusion criteria included: (a) signs of increased risk to children should co-parents participate in the study; (b) immediate threat of violence; (c) poorly controlled diagnosed bipolar disorder; (d) severe psychosis; (e) active substance dependence; and (f) pairs in which one parent had had no contact with the children in over a year. Where parents had more than one child, they were asked to agree on which child presented the most difficulties and relate the measures to that child. The children were five girls and 10 boys, with a mean age of 8.7 years ( $SD = 3.3$ ). The sample included 14 pairs of heterosexual co-parents and a separated lesbian couple. The demographic profile of the parents was typical of the much larger group of referrals coming to TCCR's services for divorced/separated parents. On average, co-parents had been separated or divorced for 4.7 years ( $SD = 1.9$ ), and only 6.7% (2/30) had subsequently remarried—which may reflect the extent of continued entrenched conflict in which they were still engaged with their ex-partner. In 85.7% (12/14) of heterosexual sets of co-parents, children resided with their mothers; in one case the father was the primary carer, and in the other case the parents had a shared residence arrangement.

Of the non-resident parents, 78.6% had regular contact their child. Two-thirds of the parents were employed. More than half of the parents (56.7%) were currently receiving help or advice elsewhere, and 66% of parents reported having sought assistance for their family difficulties in the past. Demographic characteristics did not differ significantly between those randomly assigned to MBT-PT and PG in terms of children's ages (independent samples  $t$ -test;  $t_{(28)} = 1.57, ns; M = 9.56, SD = 2.92$  for MBT-PT group;  $M = 7.71, SD = 3.54$ , for PG); number of children ( $t_{(28)} = -0.36, ns; M = 1.75, SD = 0.68$  for MBT-PT group;  $M = 1.86, SD = 0.95$ , for PG); length of separation ( $t_{(28)} = 0.05, ns; M = 4.75, SD = 2.05$ , for MBT-PT group;  $M = 4.71, SD = 1.73$ , for PG), and employment status ( $\chi^2_{(3)} = 3.47, ns$ ).

### **Procedure**

With informed consent obtained, participants completed quantitative measures and two semi-structured qualitative interviews (approximately 2.5 hours in total per participant). The first qualitative interview (Midgley et al., 2013a) explored parents' perceptions of their difficulties and their expectations of therapy, including views on both treatments and any preference, prior to randomization. We decided that it was important to ask about preference in order to deal with any potential disappointment regarding treatment allocation, bearing in mind our prior clinical experience of this population of parents' difficulties with emotional regulation, and also to manage potential dropout. It could also have been an important predictor of outcome and/or attrition. After completing the intervention, parents were asked to reflect on their treatment experience (Midgley et al., 2013b) as well as their current perception of their difficulties. The second interview, the Parent Development Interview (PDI; Aber, Slade, Berger, Bresgi, & Kaplan, 1985, Slade et al., 1994), was designed to assess the parent's capacity to represent and think about the selected child, including the child's emotional experience, themselves as parents, and their relationship with that child. Sets of co-parents were then randomly allocated, using minimization criteria to balance

possible moderators of manifest anger between the two arms. These criteria were: (a) “time in the system”, that is, whether parents had been known to social services, CAMHS or legal services for more than 6 months; (b) parental mental health difficulties, as shown by scores less or greater than 10 on the Clinical Outcomes in Routine Evaluation questionnaire (Evans et al., 2000); and (c) the age of the selected child agreed to be of most concern being up to and including 11 years, as children in this age category have been shown to respond differently to interparental conflict than older children (Davies et al., 2002b; Grych, Harold, & Mile, 2003; Shelton & Harold, 2008a, 2008b).

Parents completed quantitative questionnaire measures at three time points, the first being at enrollment (Time 1). Following this, parents were assigned to one of the interventions, and a first treatment session took place 2 weeks following enrollment. The second measurement was conducted 6 weeks after their first treatment session (Time 2), that is, 8 weeks following enrollment. The third measurement was conducted 6 months after the 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 enrollment and at the end of treatment. The great majority of parents completed the Time 2 and 3 assessments. Figure 1 shows the CONSORT diagram for the study.

## Measures

### **Quantitative.**

#### *Primary outcome.*

*Expressed anger.* The State-Trait Anger Expression Inventory-2 (STAXI; Spielberger, 1991, 1996) encompasses two subscales, Anger Expression and Control, which combine to give an Anger Expression Index. Participants rate 32 items on how often they react in certain ways when they feel angry toward their co-parent. A four-point scale ranging from 1 (*Almost never*) to 4 (*Almost always*) is used. High scores indicate intense angry feelings, which may

be suppressed (controlled) or expressed. The Cronbach's alpha for the Anger Expression Index in this sample was excellent, .89 and .91 for mothers and fathers, respectively.

***Secondary outcomes.***

*Parents' capacity to perceive and understand the experience of their children and their co-parent, and mentalize on their difficulties in doing so.* The Parental Reflective Function Questionnaire (PRFQ-1; Luyten et al., 2009) is a 39-item self-report assessment of parental mentalizing, comprising three subscales: certainty about the child's thoughts or feelings (CMS), interest or curiosity about them (IC), and the use of prementalizing modes (PM), which involve distorted perceptions of the child's intentions (e.g., "My child cries around strangers to embarrass me"). In the first two subscales a medium score is optimal, reflecting moderate interest and confidence about the child's mental states without an intense and potentially intrusive concern. The third subscale, prementalizing modes, is skewed in the normal population to the lower end, as most parents do not show malevolent distortions. The subscales in this sample have good internal consistency (Cronbach's alpha = .82, .75, and .70 for CMS, IC, and PM, respectively).

The Parent Development Interview (PDI; Aber et al., 1985) produces both qualitative and quantitative data about parents' perception of their relationship with their child. The PDIs were coded for reflective functioning, as manualized by Slade et al. (1994); a qualitative thematic analysis is reported in detail elsewhere (Target, Hertzmann, Midgley, Casey, & Lassri, 2016).

*Perceived parental stress and depression.* The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) is a widely used measure of life stresses, with adequate internal and test-retest reliability, that is predictive of health related outcomes and depressive symptomology. In this sample Cronbach's alphas = .83 and .90, respectively.

The Patient Health Questionnaire (PHQ-9) is a nationally used measure of depression severity in adults, with strong evidence of criterion, construct, and external validity (Kroenke et al., 2001). In this sample Cronbach's  $\alpha = .85$  for both mothers and fathers.

*Parenting alliance and hostility of attributions toward the co-parent.* The Parenting Alliance Measure (PAM; Abidin & Konold, 1999), with 20 items, has been found to have good content and concurrent validity (Abidin & Konold, 1999). In this sample Cronbach's  $\alpha = .91$  and  $.90$  for mothers and fathers, respectively.

The Relationship Attribution Measure (RAM; Fincham & Bradbury, 1992) is a commonly used brief measure of different types of attribution for negative partner behavior (e.g., "Your co-parent criticizes something you say"), applicable for use among co-parents who are no longer in a relationship (Fincham & Bradbury, 1992). Scores are generated for two dimensions—Causality and Responsibility. The RAM has good reliability and validity (Fincham & Bradbury, 1992). In this sample, Cronbach's alphas for the Causality dimension =  $.62$  and  $.88$  for mothers and fathers, respectively, and for the Responsibility dimension =  $.92$  and  $.88$  for mothers and fathers, respectively.

*Children's symptomatology and perceived impact of parental conflict, as reported by parents.* The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) is a widely used assessment of the child's psychological and behavioral functioning, with good internal consistency, test-retest reliability, inter-rater reliability, and concurrent validity (Goodman, 1994, 1997, 2001). The Internalizing and Externalizing subscales used here have shown good convergent and discriminant validity (Stone, Otten, Engels, Vermulst, & Janssens, 2010). In this sample Cronbach's alphas for internalizing and externalizing subscales =  $.79$  and  $.86$  for mothers, respectively, and  $.70$  and  $.81$  for fathers, respectively.

The Security in the Marital Subsystem-Parent Report (SIMS-PR; Davies, Forman, Rasi, & Stevens, 2002a) is a measure of children's emotional security and reactions to

parental conflict. It includes four subscales: Behavior Dysregulation, Emotional Reactivity, Overt Involvement, and Overt Avoidance. In this sample, Cronbach's alphas ranged from .73–.97 for mothers and .76–.91 for fathers.

### **Recruitment and retention**

As shown in Figure 1, although 170 parents were assessed for eligibility, the great majority did not meet the inclusion criteria. This was mostly due to their unwillingness to work with their co-parent on their difficulties and be in the same room together (discussed in more detail later).

### **Analytic strategy**

#### **Quantitative.**

The difficulty in recruitment meant that the sample of 30 parents fell short of the originally intended larger sample. Consequently, the study had enough power to detect only a large difference between conditions. The data were explored statistically to test for significant differences in the main intended outcomes and, where appropriate, to consider trends that might be of clinical importance or suggest directions for future study.

#### *Data analysis.*

Data were analyzed using Hierarchical Linear Modeling (HLM; Raudenbush & Bryk, 2002), also called multilevel modeling (Snijders & Bosker, 1999) which allows researchers to study the trajectory of individual change over time. HLM<sup>1</sup> is appropriate to couples data because of the reasonable expectation that ex-partner's responses may correlate positively or negatively on the indices of interest (e.g., expressed anger toward one another, co-parenting relationship, children's wellbeing). HLM operates by first plotting the trajectory of change

---

<sup>1</sup> HLM analyses were conducted using Stata 13 (StataCorp, 2013), using the Full Information Maximum Likelihood Estimation method.

over time for individuals, then estimating the model of change that fits these data. We used a three-level, linear model with time point, individuals, and the parental unit as the three levels. The intercept for each individual's data indicates their initial score on a given measure, with the slope indicating the rate of change over time. Effect sizes were calculated following the recommendations of Feingold (2009). Model parameters are presented in Table 1. Mean scores of parents by group and time point are presented in Table 2.

### **Qualitative.**

We aimed to identify and understand more about the impact of the therapeutic interventions over time, as reflected in the parents' interviews. Given that the scope of the current paper was to assess changes in the study's predefined outcomes over time, we used the qualitative material to shed further light on those outcomes, leaving broader discussion regarding pre- and post-intervention themes to be presented elsewhere (Target et al., 2016).

Both pre- and post-intervention interviews were audio recorded and transcribed verbatim. The two semi-structured interviews—the Parent Development Interview (PDI; Slade et al., 2012) and the Expectations/Experience of Therapy Interview – Parents in Conflict Version (Midgley et al., 2013, 2013b)—were combined into a body of narrative material. We then undertook thematic analysis of the Time 1 interviews in accordance with Braun and Clarke's (2006) guidelines, including the six phases of conducting thematic analysis: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and collating themes into a report. We followed the established guidelines on conducting qualitative research to help establish the credibility and trustworthiness of the analysis (e.g., Elliott, Fischer, & Rennie, 1999; Yardley, 2000). Namely, to gain familiarity with the data and generate the preliminary coding, four of the authors (LH, PC, MT, NM; Target et al., 2016) listened to the interviews and read the transcriptions several times and generated an initial long list of codes. Subsequently, the list



was reviewed by the authors in order to identify several potential themes considered relevant and worthy of further exploration. The next phase involved reviewing the emergent themes that had been identified, and going back to the original data to ensure that the themes were indeed coherent, consistent, and reflected the source data adequately. All the interviews were re-read with these questions in mind, and text relevant to the themes was highlighted. Each of the highlighted pieces of text was then checked for relevance to the particular theme and to establish if there was enough data to support each theme. The themes were also reviewed to reduce overlap. In the final phase of the analysis, each of the themes was further defined and refined, through a process of going back to collated data extracts and organizing them into a coherent account, which was then written up in narrative form.

First, pre-intervention interviews were analyzed, with the aim of examining parents' subjective experiences in areas involving their perception of the child and of their relationship with the other parent. This thematic analysis demonstrated meaningful themes that emerged from the data; a detailed description of the themes is presented separately (Target et al., 2016). Second, for the Time 3 interviews, an overview phenomenological analysis (Hefferon & Gil-Rodriguez, 2011) was completed, as previously described for Time 1 interviews, by one of the authors (DL) with supervision by two of the authors (LH, MT). Themes found in post-intervention interviews were then compared with those that emerged in the pre-intervention interviews, by all authors, with attention to the experience of both parents' understanding of treatment, and contact arrangements post-separation. As with results from pre-intervention interviews, a detailed description of the analytic procedure and discussion regarding additional themes from the post-intervention interviews is presented more fully elsewhere (Target et al., 2016).

## **Results**

## Quantitative results

### Outcomes.

#### *Primary outcome: Expressed anger.*

The slope of the trajectory showing reductions in STAXI Anger Expression Index scores across baseline, 2 months, and 6 months was significant ( $B = -2.94$ ,  $SE = 1.06$ ,  $z = -2.77$ ,  $p < .01$ ). There was no significant main effect of intervention, nor a significant intervention x time interaction effect. On examination of subscale scores, the overall reduction in STAXI Anger Expression Index was accounted for by improvements in the expression of anger more than by the control of angry feelings. The slope of the trajectory of Anger Expression-Out scores over time was significant ( $B = -.86$ ,  $SE = .28$ ,  $z = -3.11$ ,  $p < .01$ ). Again, both main effect of intervention and intervention x time interaction effect were nonsignificant.

#### *Secondary outcome 1: Parents' capacity to perceive and understand the experience of their children and their co-parent.*

No significant differences were found between the two intervention groups in the capacity for reflective functioning at both baseline and final time points. No significant effects (i.e., main effect of time or intervention, or intervention x time interaction effect) were found on parents' reflective functioning, in either the PRFQ (all three subscales) or the PDI interview.

#### *Secondary outcome 2: Parenting stress and depression.*

Reduction of stress scores (PSS) across time was significant ( $B = -1.21$ ,  $SE = .53$ ,  $z = -2.28$ ,  $p < .05$ ). However, there was no significant main effect of type of intervention, nor a significant interaction effect: parents reported reduced levels of stress over time but not differentially by intervention condition. Depression assessed by the PHQ-9 showed a highly significant reduction over time ( $B = -.98$ ,  $SE = .30$ ,  $z = -3.25$ ,  $p < .001$ ). Similarly, however,

neither a significant main effect of intervention, nor an interaction effect, was found.

***Secondary outcome 3: Quality of parenting alliance and hostility of attributions toward the co-parent.***

There was no significant main effect of time or intervention on the strength of the parenting alliance (PAM) or on the parents' causal or responsibility attributions (RAM). There was similarly no effect of intervention on the slope (interaction effect) for either measure.

***Secondary outcome 4: Children's symptomatology and perceived impact of parental conflict as reported by parents.***

Child age and gender were controlled for in the analyses of child outcome measures. The slope of the trajectory of children's overall emotional and behavioral problems, as reflected in SDQ total scores across time, was highly significant in the direction of improvement ( $B = -1.97$ ,  $SE = .61$ ,  $z = -3.24$ ,  $p < .001$ ). There was no main effect of intervention condition, nor any interaction between intervention and time. There was no main effect of time or intervention on internalizing scores, nor a significant effect of intervention on the slope. With regard to externalizing scores, however, the change across time was highly significant ( $B = -1.48$ ,  $SE = .32$ ,  $z = -4.59$ ,  $p < .001$ ). While there was no main effect of intervention, the effect of intervention on the slope was significant ( $B = 1.33$ ,  $SE = .64$ ,  $z = -2.07$ ,  $p < .05$ ,  $d = -.92$ ), with a greater reduction in SDQ externalizing scores over time reported by parents in the MBT-PT intervention than in the PG intervention. Importantly, however, despite randomization, SDQ externalizing scores of children in the MBT-PT arm were 3.37 points higher (worse) at baseline than those in the PG arm ( $B = 3.37$ ,  $SE = 1.41$ ,  $z = 2.39$ ,  $p < .05$ ,  $d = 1.17$ ).

Parents' reports of their children's reactions to conflict were measured using the four subscales comprising the SIMS-PR. There was no main effect of time on parents' reports of

the extent of their children's attempts at involvement in their conflict or children's behavioral dysregulation, nor was there a differential effect of intervention on the trajectories of change on these two subscales. However, there were intervention effects for the remaining two subscales: (a) *Overt Avoidance*: This subscale showed a trend toward reduction over time ( $B = -.70, SE = .38, z = -1.85, p = .07$ ), but there was no main effect of intervention. Nevertheless, a significant interaction was found, ( $B = -1.55, SE = .76, z = 2.04, p < .05, d = 1.35$ ), indicating that parents in the PG intervention reported a greater reduction than did MBT-PT parents in their children's avoidance in response to parents' disputes; (b) *Overt Emotional Reactivity*: There was no significant main effect of time on parents' reports of children's emotional reactions to parental conflict. There was, however, a significant main effect of intervention ( $B = 8.45, SE = 3.21, z = 2.64, p < .01, d = 1.63$ ). Parents in the PG arm reported lower scores in comparison to MBT-PT parents 6 months after enrolling in the study, as well as a significant effect of intervention on the slope ( $B = 2.88, SE = 1.40, z = 2.06, p < .05, d = 1.11$ ), indicating that only parents in the PG intervention reported a reduction in this subscale in comparison to baseline.

### **Qualitative findings**

#### **Findings from 22 pairs of Time 1 interviews.**

Baseline interviews with parents conveyed an atmosphere of intense emotion, including blame, anger, fear, and loss. Three superordinate themes emerged from the systematic thematic analysis. Although not all the features identified were present in all of the interviews, these themes were the most prevalent across the group as a whole.

#### ***Dealing with contact evokes extreme states of mind.***

Many of the parents in this study found the subjective experience of engaging in post-separation contact arrangements to be particularly stressful. This theme comprised two subordinate themes: *A matter of life and death* and *Winning and losing*.

***When speaking of contact, the child is “everywhere and nowhere.”***

Most parents described that, despite their child being at the center of their disagreements, and thus “everywhere” in terms of the parents’ attention and amount of time invested in attempting to organize satisfying contact arrangements (including recurring court battles), parents’ intense preoccupation with their ex-partner and the enduring conflict adversely impacted on their capacity to simultaneously hold the child’s experiences and appropriate developmental needs in mind. The child was therefore at times unintentionally “nowhere” in the parents’ minds, as they found it difficult to perceive the child as a separate individual with feelings and experiences distinct from their own. This theme comprised two subordinate themes: *Preoccupation* and *Child made to manage conflict*.

***The hardest thing about contact is dealing with my ex-partner.***

In most of the interviews, parents described the necessity of maintaining regular and ongoing contact with their ex-partner as a very challenging experience. This theme comprised three subordinate themes: *Sense of threat*, *Contact dependent on the climate between parents*, and *Difficulty in ordinary parenting*.

**Findings from 23 Time 3 interviews.**

***Comparison between pre- and post-intervention themes.***

When compared with the pre-intervention interviews, it was apparent that very similar concerns and emotions were presented by the parents in both treatment groups during the post-intervention interviews, including blame, fear, loss, and control. This finding is consistent with the theme *Dealing with contact evokes extreme states of mind*.

Similarly, most parents exhibited a significant degree of preoccupation with their ex-partner, in a way that impacted on their ability to think about what is going on in their child’s mind. This preoccupation was generally expressed in lengthy, detailed accounts of their conflicts with their ex-partner, accompanied by strong feelings of resentment,

incomprehension, and/or lack of acceptance that the relationship had ended. This was true especially for the parent pairs where one of them was hoping to reconcile, or at least to receive some meaningful explanation from their ex-partner about the end of the relationship. Similarly, parents who were currently very preoccupied with recurring court battles (especially regarding contact arrangements, residency, and financial issues) described less improvement in the ability to “be a parent together” and tended to view the other parent in a very negative way, with descriptions of the other parent characterized by high levels of expressed emotion and concrete, black-and-white thinking. Overall, where parents were extremely preoccupied, either because of a wish for reconciliation or because of ongoing court battles, they reported lack of satisfaction with both intervention arms.

Despite this lack of satisfaction, many parents, in both intervention arms, specifically reported improvement in their ability to focus on their children and understand their needs, and that this had positively influenced the emotional state of the child as well as their own emotional state. However, while reporting the intervention as being very helpful and positive (e.g., being able to focus and understand their child better, the child showing improvement, generally feeling better and less stressed with/about the other parent), when asked about their current experience of being “parents together” they generally reported a lack of improvement in co-parenting, and continued to describe the ways in which they were not being “parents together.” These descriptions were present in both intervention arms, regardless of the parents’ satisfaction/lack of satisfaction with the experience of treatment as a whole. This, again, was consistent with the findings from the pre-intervention interviews demonstrated in one of the central themes—*The hardest thing about contact is dealing with my ex-partner.*

When compared with the pre-intervention interviews, it seems that in the post-intervention interviews there was a difference in the theme *When speaking of contact, the child is “everywhere and nowhere.”* In the post-intervention interviews, parents exhibited

greatly improved motivation and ability to keep their child in mind, including reporting an increased awareness of the potential negative impact of their intense conflict with the other parent on their child's well-being. It would appear that being part of the program (including the interviews and either of the interventions) enabled parents reflect on their own behaviors and, most importantly, to consider and hold in mind their child's well-being on a more consistent basis. In other words, it seems that the parents' explicit motivation to mentalize (i.e., to adopt a curious, mentalizing stance and to think about mental states in self and others) was enhanced specifically in terms of their child.

*Attitude toward the treatment—the subjective experience and meaning parents make of receiving treatment.*

Most parents reported that their participation in the study was a positive experience regardless of whether it had a direct influence on the relationship with the other parent. Many of the parents (especially in the PG arm) reported that the experience of participating in the study helped them to move on with their own life.

All parents reported both a preference toward receiving the MBT-PT intervention, and disappointment if they were randomly allocated to the PG, with the exception of one father who expressed a preference for the PG intervention. Many parents hoped that by being allocated to MBT-PT they would have the opportunity to be together with the other parent in the sessions and that the presence of the therapists would help them address what they felt were their very significant communication problems (or even lack of communication) with the other parent.

However, those who received the PG intervention mostly described the intervention as having been conducted well and highly professionally. They saw it as helpful in terms of focusing on the child, understanding his/her point of view, and that the practical examples and implications for the child's well-being were especially useful. Overall, parents said that

they now understood the importance of being able to accept their disagreements with the other parent and focus more on the child's needs. Many of them reported, nevertheless, that although they had already known that their arguments must have a strong adverse impact on the child, they had been unable to keep this in mind sufficiently. Therefore, although all the information given (e.g., explanations about the child's own perspective and how he/she might understand/translate the situation, the direct potential influence of their behaviors on the child, and so on), and the practical advice offered helped parents to be aware and concerned about their child, it did not help them to entirely shift their attention toward the child and away from the conflicts with the other parent. Several parents reported having had a good understanding of the child prior to the intervention, and not finding PG particularly helpful. However, while in several cases it seems that the parent was indeed very sensitive and conscious about their child (exhibiting high empathy and reflectivity), in others it seems that this was not necessarily the case and, in fact, the parent was either dismissive or expressed some degree of resistance toward the intervention.

An interesting trend was shown among many parents: the more they spoke of the other parent in a devaluing way, with a split between themselves as the "good" parent and the other parent as "bad," the more they reported being emotionally detached from the co-parent. They described being less stressed, feeling greater acceptance of the situation, and also being therefore able to focus on their child. It seems that for many parents (especially mothers) the whole procedure (interviews, sessions, time passed, focusing on the child, etc.) helped them to feel better about their decision to end the relationship, to "move on with their life" and "leave the past behind." This was especially true in cases where previous abuse was described (i.e., parents describing how the treatment actually enabled them to see how badly they were treated during the relationship). It seems that in the PG intervention, the participants' tendency to think in these ways meant that good-bad splits, devaluation, and a



lack of complexity toward their ex-partner remained and even increased over time. For some parents it seemed to have even helped them to focus more on their own personal experience, choices, and reassure themselves about their decision to move on. It might be the case that with the PG intervention as opposed to MBT-PT, not being in the same room with the other parent, and therefore not having to engage in a discussion with their ex-partner, be reflective, and listen to the other parent's experience, as well as not having their views challenged by the therapists, might have enabled them to continue with their limited, negative perspectives toward the other parent unabated. In this regard, some parents even said that after having the first interview at intake together, they encountered a great deal of resentment and blame from the other parent. After some years of not seeing their ex-partner, they found that this "re-stimulated" old negative feelings and, for these parents particularly, they were retrospectively pleased at not having to engage in the joint MBT-PT sessions. It also seems that the more negative their view of the other parent, the more they described their life as now more balanced and calm, and they were also sure that the relationship break-up was a good thing. This was especially the case for parents who viewed their ex-partner as highly pathological or very abusive, and these parents reported that the treatment had enabled them to see how destructive the situation had been during the relationship. This way of thinking about their ex-partner seemed to reduce their stress and enable them to focus on the child's needs. Some parents described their child's behavior as having improved as a consequence.

As for participating in the MBT-PT intervention, parents reported that the therapists were very professional, highly motivated, and very considerate. As previously mentioned, while most parents described improvement in terms of their ability to shift their attention toward the child, most of them did not feel there had been a significant change in the quality of the relationship with the other parent.

Despite their initial preference for MBT-PT, being with the other parent in the

sessions was described by many parents as a very difficult experience as it brought up a lot of tension and stress, especially where parents had encountered each other only in court and had not related to each other for many months/years prior to the intervention. However, many parents reported that the therapists' containing and even-handed approach had enabled them to feel more calm, safe, and engaged in the sessions. In some cases, despite a clear improvement described by both parents in their ability to focus on the child, they felt there was not a significant improvement in terms of their overall ability to communicate better with the other parent and/or their ability to perceive the other parent as a whole. These parents tended to blame this failure on the other parent rather than considering their own contribution or blaming the therapeutic approach.

***Post-intervention reflections regarding the parents' experiences of current contact arrangements post-separation.***

Many parents in their post-intervention interviews reported a great deal of preoccupation and intense emotions toward their ex-partner, including feeling that it was still difficult to "parent together." This was regardless of the intervention they had received and their satisfaction with it.

Many parents reported that they had initially hoped for and/or anticipated resolving old conflicts, and consequently had expected the sessions to be more focused on them, their emotional pain, and difficult experiences as a couple. They described their disappointment that the main focus was on the child, regardless of their appreciation of the positive changes they attributed to the treatment. However, several parents described that it was very helpful that the focus in the sessions was less on the past and more on the "here and now" and finding solutions for the future. They felt that this had improved their ability to both accept and cope with their difficult situation, enabling a better understanding of the other parent's point of view. They also described how they tended to avoid confrontations and exhibited

more ability to view the other parent in a positive light. At the same time, they described themselves as being less preoccupied and more detached from the other parent and thereby more focused on the child.

Several parents described that owing to the MBT-PT sessions, and therefore having the opportunity to hear about the other parent's experiences and view of the child, they could now see the other parent as a good, caring parent, regardless of their personal disputes, resentment, or negative perspective of their ex-partner. It seems that in these cases there was a more layered, complex, and possibly understanding view of the other parent. So, while these parents still held a somewhat negative view of their ex-partner as a partner, they were able to see and describe him/her as a positive, benevolent, and good parent.

### **Discussion**

This paper reports on the outcome of a small mixed-methods random-allocation feasibility study evaluating therapeutic interventions for parents in entrenched conflict over their children, involving a wide range of quantitative outcomes repeatedly measured. It also reports a qualitative investigation aimed at identifying subtle modifications over time that are not always possible to detect via quantitative measures, thus throwing additional light on the findings. Divorced or separated parents were randomly assigned to one of two interventions, MBT-PT and PG, the latter approximating to treatment as usual.

In terms of the primary outcome, that is, reduction in parents' levels of manifest anger in relation to their co-parent in the context of managing their child, it is encouraging that, even in these highly acrimonious relationships, parents in both interventions reported significantly less *expression* of anger toward each other over the period of the study. Given that results showed improvement across parents in both intervention conditions, it is possible that the results reflect spontaneous improvement in the 6 months following referral. An additional explanation in this context might be related to the parents' social desirability bias,

namely, reporting improved behavior (i.e., suppression of angry outbursts), which was monitored in the study, even though they may have continued to feel justified in feeling angry.

The alternative interpretation is that both intervention conditions were effective in helping parents to reduce the expression of anger toward each other. The fact that many of the outcome measures did not show improvement over time (despite being monitored) supports this latter interpretation, that is, that those variables that did improve across time in both intervention conditions were showing therapeutic change. In the case of expression of anger, this is supported by the fact that parents reported no reduction in the level of angry feelings, but only in the amount of outward expression given to those feelings. Whereas intense anger toward the ex-partner might be still felt, there was an improved ability to regulate affect and to avoid acting on it (even to mentalize their own state of mind). Clinically, this would be seen as encouraging and boding well for therapeutic engagement and greater cooperation between parents.

Our qualitative analysis may shed further light on the reported reduction in anger expression. The subjective experience of contact arrangements often remained extremely difficult, evoking intense emotions and high levels of preoccupation with the other parent. Indeed, the theme *Dealing with contact evokes extreme states of mind* was found in both pre- and post-intervention interviews. Nevertheless, despite still having strong emotions, particularly anger, parents in both intervention groups described greater feelings of acceptance, some degree of detachment from the ex-partner, and a need to move on, all of which had enabled parents to be less involved and emotionally invested in the relationship with the other parent. This may therefore have influenced their ability to be less explicitly expressive about them or resist the pull to enact the levels of anger and resentment they felt, as depicted in the quantitative findings.

Nevertheless, the nonsignificant intervention effect (or intervention x time interaction) is consistent with previous psychotherapy research outcomes, exemplifying relatively small, if any, differences between interventions. This widely exhibited phenomenon has been named the “Dodo-bird” verdict—that is, the finding that all bona fide interventions are roughly as effective as one another, no matter how widely their stated method or underlying theory might differ or even contradict each other (e.g., Budd & Hughes, 2009; Mansell, 2011). Given the small sample size, nonsignificant changes in this study may well also reflect a lack of statistical power.

With regard to the secondary outcomes of the study, only partial support for the study hypotheses was demonstrated. This feasibility study showed contradictory evidence regarding changes in parents’ capacity to perceive and understand the experience of their children and their co-parent and mentalize on their difficulties. Thus, whilst no evidence of change in parents’ capacity to mentalize was found in the quantitative results using the scores for overall mentalizing or the particular types of mentalizing identified in the PRFQ, regardless of the intervention employed, qualitative findings indicated some improvement in parents’ mentalizing. The lack of significant changes on the self-report questionnaires was surprising, given that both interventions encouraged parents to think about the relationship between states of mind and behavior; however, this might again reflect a lack of statistical power. The qualitative analysis suggested nuanced shifts; that is, in the post-intervention interviews, many parents in both interventions reported a much greater motivation to, and awareness of the need to, keep their child in mind and, crucially, to consider the potential negative effects of their entrenched conflict on their child’s well-being (i.e., changes in the theme *When speaking of contact, the child is “everywhere and nowhere”*). This supports parents’ explicit reports of improvements in their ability to focus on their children and understand their needs in ways that positively influenced the emotional state of both the child and themselves.

Consistently, certain improvements were shown in both the parents' mental states and their perceptions of the children's reactions. It is possible that the impact of these brief interventions in entrenched conflictual relationships is first measurable in behavior, rather than in increased explicit reflection on mental states of self and other. Once the level of stress is reduced, perhaps one can become more able to describe a more thoughtful state of mind. However, the capacity to take different perspectives and to allow in other possibilities, especially in relation to the child's experience, was more evident from discussion in the semi-structured interviews. In mentalization theory, the change in adversarial behavior would reduce the level of stress and depression, as we observed in the study outcomes, and over an extended time this is likely to give the parent more mental flexibility to be reflective about their ex-partner and their child's experience. Hence, it is possible that this enhanced awareness and motivation, as described by the parents, to be attuned to and mentalize the child's state of mind may bring about more explicit mentalization in due course. Therefore, we may have picked up only the first part of this overall process of change; further larger scale and longer term studies are needed to establish whether this is the case. One can speculate that the lower levels of expressed anger between the parents reduced the levels of stress and depression to a similar degree in each intervention condition. This is consistent with the clinical experience that parents receiving the MBT-PT intervention become more hopeful about their situation and better able to effect some positive changes. In the qualitative findings, parents described themselves as being less preoccupied and more detached from the other parent, suggesting that, owing to the sessions being focused less on past conflicts and more on ways to resolve current difficulties, they felt more capable of both accepting and coping with their difficult situation. This, presumably, assisted them in experiencing less stress and depression and created room for them to focus more realistically on their child's experience, even if they had not begun to take a more flexible and forgiving stance toward

their ex-partner.

As with the mentalizing scores, the parental alliance and attribution of blame did not show significant change. It may be, similarly, that there are phases of change in response to brief interventions, and that complex constructions such as parenting alliance and understanding of blame and responsibility take more time to change substantially than does becoming more restrained in behavior. The experience of the study's clinicians and the reading and analysis of the qualitative interviews have indicated that although parents felt that it was still difficult to be parents together, they demonstrated an improved capacity not to enact the levels of anger and resentment they felt. Specifically, parents reported that despite not being able to resolve old conflicts, the focus of the sessions on the "here and now" and findings solutions for the future had contributed to their ability to both accept and cope with their difficult situation, enabling a better understanding of the other parent's point of view, and even assisting them in avoiding confrontations and thus exhibiting more ability to view the other parent in a positive light. However, these clinically and qualitatively observable changes were not evident in the quantitative measures. This is in itself worthy of note as most of the parents entering the study had been heavily invested in compiling legal evidence for the courts against their ex-partner and maintaining an adversarial state of mind. We hypothesize that it likely takes time for parents to relinquish this adversarial approach in writing, even when feeling more hopeful.

Concerning parental attributions, it is possible that being together in the same room may initially make things worse for parents, as shown by the results on the RAM. However, over time, it seemed to the clinicians that in the therapy sessions, parents did change in ways that were observable. For this to be demonstrated empirically, a larger sample of families would be necessary, as well as a longer and more flexible approach to treatment that allows for parents to prepare for being in the same room as their ex-partner, something which

parents can find difficult or traumatic. (This change has now been implemented routinely in the clinical service for this population of parents.)

Improvements were found in children's reported symptomatology and the impact on them of parental conflict. Parents were asked to focus on just one child; findings indicated benefits from taking part in either intervention, but these benefits differed slightly according to the intervention. Parents from the PG arm reported that their children were getting less involved in parents' arguments and were less emotionally reactive than previously, and that this did not appear to be because of deliberate avoidance. This finding fits with the fact that the PG intervention explicitly directs parents to avoid exposing their child to, or involving them in, conflict. On the other hand, parents in the MBT-PT arm reported a greater reduction in their children's externalizing behaviors (conduct and hyperactivity problems) than parents in the PG, although parents in both arms reported some reduction. Although the children in the MBT-PT group happened (despite random allocation) to have higher levels of externalizing behaviors at baseline, children in both groups showed a reduction in mean scores, indicating that the smaller reduction in scores in the PG children was not simply due to a floor effect. This would seem to indicate that perhaps children exhibiting externalizing behaviors can be better helped through work with their parents together, which, if validated in further studies, could be encouraging. This finding supports clinicians' experience that joint work allows the parents together to find an agreed approach to managing their child's more aggressive and uncontrolled behaviors, as well as to try to make sense of what their child's behaviors might be communicating. This is also consistent with the parents' subjective experience that their growing awareness of the need to focus on their child's needs (changes in the *When speaking of contact, the child is "everywhere and nowhere"* theme) positively influenced their behavior and emotional state.

Recruitment of the hoped-for number of cases was especially difficult due to parents'



reluctance to meet their ex-partner and agree to random allocation to treatment, even though parents thought this would be helpful in principle. In the clinical service for these parents, we routinely engage each parent individually first, but because of funding and time constraints, we had to make this adjustment to our usual practice. However, it is very clear that parents need time and individual engagement in order to feel safe enough to sit in a room and undertake therapeutic work with their ex-partner, and this did indeed make recruitment to the study much more problematic.

Additionally, perhaps because they had been so heavily assessed and scrutinized in the court system, parents were unwilling to complete such an intensive assessment schedule. This difficulty contributed to our reluctant decision, supported by the service user advisors to the study, not to attempt to interview children or others in the children's lives, such as a teacher. Such data gathering would have added considerably to the interest of our findings about the children's emotional development and behavior, but was very likely to reduce parents' willingness to participate. Ideally a future, full RCT would be able to engage parents enough to allow children to be assessed more independently and possibly directly.

Despite these limitations, the results demonstrate that it is possible to recruit to and retain in a highly structured research study a problematic clinical population of parents in severe and enduring conflict with their co-parent over matters to do with their children. Once parents were engaged, they tended to persevere with the interventions offered, and even this small sample size showed improvements in angry and aggressive behaviors in both parents and children. As illustrated in Fig 1, there was a small amount of attrition at follow-up, but not during the intervention period. Whilst there is a need for a larger scale study that can test for changes that did not reach statistical significance within this feasibility sample, it would also be necessary to look at longer term change in order to examine more thoroughly that what we are hypothesizing may indeed be the beginning of a longer term change process.

Present results suggest that there are encouraging changes in behavior among parents and their children, attesting to the potential and importance of further investigation.

### **Limitations of study and areas for further work**

To the best of our knowledge, this study is the first in the United Kingdom to attempt a feasibility study with an RCT design of a new intervention on this population—separated parents in enduring conflict over matters involving their children. It is also the first to use MBT with parents in this situation. Given the pragmatic and naturalistic nature of the study, comparing a new intervention with treatment as usual, there were a number of notable differences between the two treatment conditions in terms of the number of sessions, number of facilitators, and the presence or absence of the other parent in the session(s). This may have resulted in a loss of scientific purity and potentially confounding effects that were not controlled for in the current study. Nevertheless, it was our intention not only to examine the efficacy of the interventions and compare between them, but also to explore the parents' experience of the treatments in order to see which was more helpful and tolerable to them, as well as to explore whether the MBT-PT intervention may serve as a worthwhile alternative to the treatment that approximates to treatment as usual offered to these parents.

The study shows that engaging these co-parents in a rigorously controlled study is possible, although challenging, and requires investment of a large amount of administrative and clinical time in building and maintaining relationships with parents who are wary of giving up their positions in the conflict with each other. The small numbers recruited meant that the study was ultimately underpowered and some quantitative results were not significant. Further work on the analyses of qualitative data from this study (Target et al., 2016), together with a paper in parallel describing the MBT-PT intervention in detail (Hertzmann et al., 2016), are described elsewhere.

In terms of future studies, the most important investigation would be a large,

naturalistic effectiveness study of parents and their children, which would allow much greater flexibility of intake and treatment to maximize the scope for engagement of this population. It is crucial that preparatory engagement with both parents is undertaken that allows flexible work with parents individually, thereby engaging them with the clinic, the idea of working jointly on their difficulties, and giving them time to accommodate to sitting in the same room together in order to undertake therapeutic work. Working jointly with their co-parent was something that many parents who otherwise fitted the inclusion criteria for the study were unwilling to do. It is now routine practice in the services the center offers to parents in this situation that parents are given time to adjust to working together on their difficulties. It would also give time for them to build trust and allow their children to be interviewed or observed by others as part of examining therapeutic outcomes. As the current study included a sample of divorced parents in entrenched conflict, who also expressed some eventual willingness to work together, albeit reluctantly, further studies should consider examining the scope of this study in a wider population of parents—for example, divorced parents in less chronic and intense conflict, and parents who are undergoing more severe conflict and are even less willing to work on their difficulties together. This would enable both testing of the validity of the findings discussed herein, and examining the generalization of our findings to a much broader population of divorced parents.

The large number of measures used in the service and in the study created some additional burden on participants, and a future study would allow this burden to be reduced, with a shift in the balance of qualitative versus quantitative measures in the direction of assessments that allow parents to talk in their own terms about their situation. However, the encouraging findings described here shed light on the dynamics maintaining these high-conflict interparental situations known to be damaging to children. Both forms of intervention were acceptable to most parents, and we were able to operate a random allocation design with

extensive quantitative and qualitative assessments of the kind that would make a larger scale RCT feasible and productive.

An interim step involving a large, flexible naturalistic study would pave the way to this larger scale randomized outcome trial in the future.

### References

- Aber, J. L., Slade, A., Berger, B., Bresgi, I., & Kaplan, M. (1985). *The Parent Development Interview*. New York, NY: Barnard College, Columbia University.
- Abidin, R. R., & Brunner, J. F. (1995). Development of a parenting alliance inventory. *Journal of Clinical Child Psychology, 24*, 31–40.
- Abidin, R. R., & Konold, T. R. (1999). *Parenting Alliance Measure*. Odessa, FL: Psychological Assessment Resources, Inc.
- Allen, J. G., Bleiberg, E., & Haslam-Hopwood, T. (2003). *Understanding mentalizing. Mentalizing as a compass for treatment*. Houston, TX: The Menninger Clinic..
- Amato, P. R., & Afifi, T. D. (2006). Feeling caught between parents: Adult children's relations with parents and subjective wellbeing. *Journal of Marriage and Family, 68*, 222–235.
- Asen, E., & Fonagy, P. (2012). Mentalization-based therapeutic interventions for families. *Journal of Family Therapy, 34*, 347–370.
- Bateman, A., & Fonagy, P. (2004). *Psychotherapy of borderline personality disorder: Mentalization-based treatment*. Oxford, UK: Oxford University Press.
- Bateman, A., & Fonagy, P. (2006). *Mentalization-based treatment for borderline personality disorder: A practical guide*. Oxford, UK: Oxford University Press.
- Bateman, A., & Fonagy, P. (2009). Randomized controlled trial of outpatient mentalization-based treatment versus structured clinical management for borderline personality disorder. *American Journal of Psychiatry, 166*, 1355–1364.
- Bateman, A., & Fonagy, P. (2015). Borderline personality disorder and mood disorders: Mentalizing as a framework for integrated treatment. *Journal of Clinical Psychology, 71*, 792–804.
- Baum, N. (2003). Divorce process variables and the co-parental relationship and parental role

- fulfillment of divorced parents. *Family Process*, 42, 117–131.
- Blackwell, A., & Dawe, F. (2003). *Non-resident parent contact*. London, UK: Office for National Statistics.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.
- Budd, R., & Hughes, I. (2009). The dodo bird verdict—controversial, inevitable and important: A commentary on 30 years of meta-analyses. *Clinical Psychology and Psychotherapy*, 16, 510–522.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A Global Measure of Perceived Stress. *Journal of Health and Social Behavior*, 24, 385–396.
- Cummings, E. M., & Davies, P. T. (2010). *Marital conflict and children. An emotional security perspective*. New York, NY: Guilford Press.
- Davies, P., Forman, E., Rasi, J., & Stevens, K. (2002a). Assessing children’s emotional security in the interparental relationship: The Security in the Interparental Subsystem Scales. *Child Development*, 73, 544–562.
- Davies, P. T., & Cummings, E. M. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116, 387–411.
- Davies, P. T., Harold, G. T., Goeke-Morey, M. C., Cummings, E. M., Shelton, K., Rasi, J. A., & Jenkins, J. M. (2002b). Child emotional security and interparental conflict. *Monographs of the Society for Research in Child Development*, 67, 1–127.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology* 38, 215–229.
- Emery, R. E. (2011). *Renegotiating family relationships: Divorce, child custody, and mediation*. New York, NY: Guilford Press.

- Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J., & McGrath, G. (2000). Clinical Outcomes in Routine Evaluation: The CORE Outcome Measure (CORE-OM). *Journal of Mental Health, 9*, 247–255.
- Fearon, P., Target, M., Sargent, J., Williams, L. L., McGregor, J., Bleiberg, E., & Fonagy, P. (2006). Short-term mentalization and relational therapy (SMART): An integrative family therapy for children and adolescents. In J. G. Allen & P. Fonagy (Eds.), *Handbook of mentalization-based treatment* (pp. 201–222). Chichester, UK: John Wiley & Sons.
- Feingold, A. (2009). Effect sizes for growth-modelling analyses for controlled clinical trials in the same metric as classical analysis. *Psychological Methods, 14*, 43–53.
- Fincham, F. D., & Bradbury, T. (1992). Assessing attributions in marriage: The Relationship Attribution Measure. *Journal of Personality and Social Psychology, 62*, 457–468.
- Fonagy, P., & Bateman, A. W. (2006). Mechanisms of change in mentalization-based treatment of BPD. *Journal of Clinical Psychology, 62*, 411–430.
- Fonagy, P., & Luyten, P. (2009). A developmental, mentalization-based approach to the understanding and treatment of borderline personality disorder. *Development and Psychopathology, 21*, 1355–1381.
- Gilan, O. (2011). *Measuring therapist adherence in mentalization-based treatment for families: Measure development and initial assessment of its reliability and validity*. Unpublished MSc dissertation, The Anna Freud Centre/UCL, London, UK.
- Goodman, R. (1994). A modified version of the Rutter parent questionnaire including extra items on children's strengths: A research note. *Journal of Child Psychology and Psychiatry, 35*, 1483–1494.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry, 38*, 581–586.

- Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1337–1345.
- Graham, E. E. (2003). Dialectic contradictions in postmarital relationships. *Journal of Family Communication*, 3, 193–214.
- Grych, J. H., Harold, G. T., & Mile, C. J. (2003). A prospective investigation of appraisals as mediators of the link between interparental conflict and child adjustment, *Child Development*, 74, 1176–1193.
- Harold, G. T., & Leve, L. D. (2012). Parents as partners: How the parental relationship affects children's psychological development. In A. Balfour, M. Morgan, & C. Vincent (Eds.), *How couple relationships shape our world. Clinical practice, research and policy perspectives* (pp. 25–55). London, UK: Karnac Books.
- Hefferon, K., & Gil-Rodriguez, E. (2011). Interpretative phenomenological analysis. *Psychologist*, 24, 756–759.
- Hertzmann, L., & Abse, S. (2008). *Mentalization-based therapy for parenting together: A treatment manual for parents in conflict*. Unpublished manuscript. London, UK: Tavistock Centre for Couple Relationships.
- Hertzmann, L., & Abse, S. (2009a). Parenting Together – from conflict to collaboration. *Parenting UK Bulletin*, December.
- Hertzmann, L., & Abse, S. (2009b). Parenting Together – from conflict to collaboration. *The Review Resolution Journal*, 144.
- Hertzmann, L., Target, M., Abse, S., Glausius, K., Nyberg, V., & Lassri, D. (2016). *Mentalization based therapy for parental conflict – Parenting Together (MBT-PT): Development of a therapeutic intervention for parents in entrenched conflict over their children*. Unpublished manuscript.



- Hetherington, E. M., Bridges, M., & Insabella, G. M. (1998). What matters? What does not? Five perspectives on the association between marital transitions and children's adjustment. *American Psychologist, 53*, 167–184.
- Hetherington, E. M., Cox, M., & Cox, R. (1985). Long-term effects of divorce and remarriage on the adjustment of children. *Journal of the American Academy of Child and Adolescent Psychiatry, 24*, 518–530.
- Hetherington, E. M., & Kelly, J. B. (2002). *For better or worse*. New York, NY: Newton.
- Hetherington, E. M., & Stanley-Hagan, M. (1999). The adjustment of children with divorced parents: A risk and resiliency perspective. *Journal of Child Psychology and Psychiatry, 40*, 129–140.
- Kelly, J. B. (2007). Children's living arrangements following separation and divorce: Insights from empirical and clinical research. *Family Process, 46*, 35–52.
- King, V., & Heard, H. E. (1999). Nonresident father visitation, parental conflict, and mother's satisfaction: What's best for child well-being? *Journal of Marriage and the Family, 61*, 385–396.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606–613.
- Luyten, P., Mayes, L. C., Sadler, L., Fonagy, P., Nicholls, S., Crowley, M., . . . Slade, A, (2009). *The Parental Reflective Functioning Questionnaire-1 (PRFQ-1)*. Leuven, Belgium: University of Leuven.
- Maccoby, E., & Mnookin, R. (1992). *Dividing the child*. Cambridge, MA: Harvard University Press.
- Mansell, W. (2011). Core processes of psychopathology and recovery: “Does the Dodo bird effect have wings?”. *Clinical Psychology Review, 31*, 189–192.
- Markham, M. S., & Coleman, M. (2012). The good, the bad, and the ugly: Divorced mothers'

- experiences with coparenting. *Family Relations*, *61*, 586–600.
- Midgley, N., Ansaldo, F., & Target, M. (2014). *The meaningful assessment of therapy outcomes: Incorporating a qualitative study into a randomized controlled trial evaluating the treatment of adolescent depression*. Unpublished manuscript.
- Midgley, N., Hertzmann, L., Ansaldo, F., Parkinson, S., Holmes, J., Stapley, E., & Target, M. (2013a). *Expectations of therapy interview (Parents in Conflict Version)*. Unpublished manuscript. London, UK: The Anna Freud Centre.
- Midgley, N., Hertzmann, L., Ansaldo, F., Parkinson, S., Holmes, J., Stapley, E., & Target, M. (2013b). *Experiences of therapy interview (Parents in Conflict Version)*. Unpublished manuscript. London, UK: The Anna Freud Centre.
- Nyberg, V., & Hertzmann, L. (2014). Developing a mentalization-based treatment (MBT) for therapeutic intervention with couples (MBT-CT). *Couple and Family Psychoanalysis*, *4*, 116–135.
- Oppenheim, D., & Koren-Karie, N. (2014). Parental insightfulness and child-parent emotion dialogues: Their importance for children's development. In Mikulincer, M. & Shaver, P. R. (Eds.). *Mechanisms of social connection: From brain to group* (pp. 205-220). Washington, DC: American Psychological Association.
- Raudenbush, S. W., & Bryk, A. S. (2002). *Hierarchical linear models: Applications and data analysis methods*. Thousand Oaks, CA: Sage.
- Rivett, M., Howarth, E., & Harold, G. T. (2006). “Watching from the stairs”: Towards an evidence-based practice in work with child witnesses of domestic violence. *Clinical Child Psychology and Psychiatry*, *11*, 103–125.
- Robinson, P., Barrett, B., Bateman, A., Hakeem, A., Hellier, J., Lemonsky, F., . . . Fonagy, P. (2014). Study Protocol for a randomized controlled trial of mentalization based therapy against specialist supportive clinical management in patients with both eating

- disorders and symptoms of borderline personality disorder. *BMC Psychiatry*, *14*, 51.
- Rossouw, T. L., & Fonagy, P. (2012). Mentalization-based treatment for self-harm in adolescents: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, *51*, 1304–1313.
- Shelton, K. H., & Harold, G. T. (2008a). Interparental conflict, negative parenting, and children's adjustment: bridging links between parents' depression and children's psychological distress. *Journal of Family Psychology*, *22*, 712–724.
- Shelton, K. H., & Harold, G. T. (2008b). Pathways between interparental conflict and adolescent psychological adjustment: Bridging links through children's cognitive appraisals and coping strategies. *Journal of Early Adolescence*, *28*, 555–582.
- Slade, A., Aber, J., Fiorello, J., DeSear, P., Meyer, J., & Cohen, L. (1994). *The Parent Development Interview Coding System*. New York, NY: City University of New York.
- Smith, L., & Trinder, L. (2012). Mind the gap: Parent education programmes and the family justice system. *Child and Family Law Quarterly*, *24*, 428–451.
- Snijders, T. A. B., & Bosker, R. J. (1999). *Multilevel analysis: An introduction to basic and advanced multilevel modeling*. London, UK: Sage.
- Spielberger, C. D. (1991). *State-Trait Anger Expression Inventory Professional Manual*. Odessa, FL: Psychological Assessment Resources, Inc.
- Spielberger, C. D. (1996). *State-Trait Anger Expression Inventory. STAXI Professional Manual*. Odessa, FL: Psychological Assessment Resources, Inc.
- StataCorp. (2013). *Stata statistical software: Release 13*. College Station, TX: StataCorp LP.
- Stone, L. L., Otten, R., Engels, R., Vermulst, A., & Janssens, J. (2010). Psychometric properties of the parent and teacher versions of the Strengths and Difficulties Questionnaire. *Clinical Child and Family Psychology Review*, *13*, 254–274.

Target, M., Hertzmann, L., Midgley, N. Casey, P., & Lassri, D. (2016). *The experience of parenting post-separation in high-conflict families: A qualitative study*. Unpublished manuscript.

Trinder, L., Bryson, C., Coleman, L., Houlston, C., Purdon, S., Reibstein, J., & Smith, L. (2011). *Building Bridges? An evaluation of the costs and effectiveness of the Separated Parents Intervention Programme (PIP)*. Research Report DFE-RR140. London, UK: Department for Education.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*, 215–228.

## Running head: MENTALIZATION-BASED THERAPY, PARENTS IN ENTRENCHED CONFLICT

Table 1. Estimated model parameters for all measures, comparing parents in the Parents' Group (PG) and mentalization-based therapy–Parenting Together (MBT-PT) interventions over time (baseline, 2 months after first treatment session, and 6 months after baseline)

	Intercept			Slope			Interaction					
	B	SE B	z	B	SE B	z	B	SE B	z	p		
<b>State-Trait Anger Expression Inventory</b>												
Anger Expression Index	-1.61	4.00	-.40	.69	-2.94	1.06	-2.77	.01	.98	2.12	.46	.65
Anger expression-out	.17	1.01	.17	.87	-.86	.28	-3.11	.00	.80	.55	1.46	.14
Anger expression-in	-.08	1.30	-.06	.95	-.77	.38	-2.03	.04	.26	.76	.34	.73
Anger control-out	.20	1.59	.12	.81	.67	.47	1.41	.16	-.23	.95	-.24	.81
Anger control-in	1.82	1.89	.97	.33	.60	.48	1.26	.21	.43	.95	.45	.65
Parenting Alliance Measure	3.87	7.63	.51	.61	.14	1.20	.12	.90	2.80	2.40	1.17	.24
<b>Relationship Attribution Measure</b>												
Causal attributions	.19	3.52	-.05	.96	-.11	.78	-.14	.89	-1.47	1.56	-.95	.34
Responsibility attributions	1.12	4.34	.167	.80	.02	.63	.03	.98	2.09	1.25	1.67	.10
Perceived Stress Scale	-1.49	2.24	-.66	.51	-1.21	.53	-2.28	.02	.46	1.07	.43	.67
<b>Parental Reflective Functioning Questionnaire</b>												
Certainty about mental states	-.21	.44	-.47	.64	-.04	.09	-.49	.62	.17	.18	.92	.36
Interest/curiosity about mental states	.09	.23	.38	.71	-.01	.06	-.11	.92	-.05	.12	-.42	.67
Prementalizing modes	.29	.38	.77	.44	-.10	.08	-1.22	.22	.15	.16	.97	.33
<b>Parent Development Interview</b>												
Reflective functioning	-.17	.50	-.34	.74	-	-	-	-	-	-	-	-
<b>Strengths and Difficulties Questionnaire</b>												
Total	3.00	2.89	1.04	.30	-1.97	.61	-3.24	.00	-.97	1.22	-.80	.42
Internalizing	2.14	2.00	1.07	.28	-.47	.35	-1.33	.19	.28	.70	.39	.70
Externalizing	.70	1.23	.57	.57	-1.48	.32	-4.59	.00	-1.33	.64	-2.07	.04
<b>Security in the Marital Subsystem</b>												
Overt involvement	3.85	2.04	1.88	.06	-.00	.67	0.01	.99	1.42	1.34	1.05	.29

Running head: MENTALIZATION-BASED THERAPY, PARENTS IN ENTRENCHED CONFLICT

Overt avoidance	2.49	1.76	1.42	.16	-.70	.38	-1.85	.07	1.55	.76	2.04	.04
Overt emotional reactivity	8.45	3.20	2.64	.01	-1.10	.70	-1.58	.11	2.88	1.40	2.06	.04
Behavioral dysregulation	-.04	2.84	-.01	.99	-.32	.58	-.55	.58	-.09	1.16	-.08	.94
<b>Patient Health Questionnaire</b>	.45	1.88	.24	.81	-.98	.30	-3.25	.00	.40	.61	.65	.51

## Running head: MENTALIZATION-BASED THERAPY, PARENTS IN ENTRENCHED CONFLICT

Table 2. Means and standard deviations for all measures, comparing parents in the Parents' Group (PG) and mentalization-based therapy–Parenting Together (MBT-PT) interventions over time (baseline, 2 months after first treatment session, and 6 months after baseline)

	Baseline		2 months after first session		6 months after baseline							
	MBT-PT (n = 16)	PG (n = 14)	MBT-PT (n = 14)	PG (n = 11)	MBT-PT (n = 15)	PG (n = 12)						
	M	SD	M	SD	M	SD						
<b>State-Trait Anger Expression Inventory</b>												
Anger Expression Index	31.50	11.41	36.21	11.21	32.36	11.41	31.55	7.31	25.67	11.01	29.42	9.11
Anger expression-out	12.94	2.69	14.71	3.60	12.86	3.01	12.73	2.41	11.93	2.52	12.17	2.21
Anger expression-in	16.85	4.36	17.64	3.46	16.57	3.81	15.27	2.24	15.40	4.00	15.33	2.46
Anger control-out	23.94	4.93	22.86	3.84	22.64	4.80	22.91	3.78	25.33	4.81	24.17	3.16
Anger control-in	22.36	4.87	21.29	4.79	22.43	5.71	21.55	4.44	24.33	4.82	21.92	5.98
<b>Parenting Alliance Measure</b>	52.19	12.45	52.86	14.07	52.02	12.44	52.91	17.32	54.33	17.45	50.33	18.32
<b>Relationship Attribution Measure</b>												
Causal attributions	57.06	7.95	54.00	5.95	55.36	8.09	55.00	7.14	55.87	9.71	55.33	7.98
Responsibility attributions	46.81	11.58	48.86	8.30	47.21	11.64	48.18	13.39	50.27	11.80	47.08	10.57
<b>Perceived Stress Scale</b>	17.13	6.04	20.00	7.02	18.21	6.08	17.36	5.30	14.67	5.09	16.67	6.36
<b>Parental Reflective Functioning Questionnaire</b>												
Certainty about mental states	3.90	1.18	4.41	1.11	3.92	1.38	4.38	1.25	4.02	1.14	4.06	1.28
Interest/curiosity about mental states	6.04	.69	5.96	.86	6.12	.63	5.70	.94	6.01	.64	6.01	.56
Pre-mentalizing modes	2.26	.88	2.10	1.05	1.98	.69	2.15	1.27	2.19	1.07	1.81	.92
<b>Parent Development Interview</b>												
Reflective functioning	3.92	1.08	3.60	1.17	-	-	-	-	3.09	1.30	3.25	1.29
<b>Strengths and Difficulties Questionnaire</b>												
Total	19.06	8.16	14.21	8.63	17.29	6.04	10.82	5.49	13.53	7.43	11.25	5.91

Running head: MENTALIZATION-BASED THERAPY, PARENTS IN ENTRENCHED CONFLICT

Internalizing	8.75	5.30	7.00	4.49	8.93	4.25	6.27	3.23	7.73	5.50	5.83	2.86
Externalizing	10.31	3.38	7.21	4.58	8.36	2.47	4.55	3.27	5.80	2.78	5.42	3.65
<b>Security in the Marital Subsystem</b>												
Overt involvement	24.25	6.59	23.71	5.50	24.86	5.35	20.82	3.40	25.73	5.97	22.64	4.30
Overt avoidance	9.94	3.17	10.86	5.48	10.79	3.12	8.45	4.37	10.00	3.00	8.36	4.74
Overt emotional reactivity	29.56	8.29	27.36	7.97	30.50	5.29	22.27	10.27	30.07	8.18	23.56	8.74
Behavioral dysregulation	12.38	6.96	12.50	7.51	13.43	6.52	11.00	7.55	11.07	6.18	11.27	6.31
<b>Patient Health Questionnaire</b>	5.94	3.84	6.57	6.45	6.64	5.75	5.18	5.15	4.20	4.44	3.64	4.78



Running head: MENTALIZATION-BASED THERAPY, PARENTS IN ENTRENCHED CONFLICT

Figure 1

CONSORT Flow Chart for the Study

