

## A Case Management Protocol for High-conflict Families: Children’s Participation

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### Outline

1. Background: Quebec’s legal system and the relevance of the protocol
2. Description of the psycholegal protocol (pilot project 2014–2017)
3. Research questions and methodology
4. Sample description
5. Results
  - a) Interventions addressing children’s specific needs and difficulties
  - b) Changes in parents’ interpersonal dynamics
  - c) Interprofessional communication challenges
  - d) Merits of the PCR protocol
6. Discussion and conclusion

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### Background: Quebec’s Family Court System

**Art 33.** Every decision concerning a child shall be taken in light of the child’s interests and the respect of his rights. Consideration is given, in addition to the moral, intellectual, emotional and physical needs of the child, to the child’s age, health, personality and family environment, and to the other aspects of his situation.

- The “maximum contact provision” is generally applied in child-custody decisions
- Leaders in ADR (free mediation services since 1997, mandatory information program, settlement conferences)
- No unified family court. Two separate jurisdictions:
  - Court of Quebec/youth division (if the child’s security and/or development is compromised)
  - Superior Court/family division (separation and divorce)

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### The Need for a Psycho-legal Case Management Protocol in Quebec

- High-conflict families: 6–10% of cases take up 90% of the court’s time
- Disrupted parental contact (severe loyalty conflicts and/or parental alienation): “Too soon, it’s too late.”
- Security or development not compromised = No psychosocial tools
- The only tool available: Traditional psychosocial expertise
  - Delays
  - Only a family “snapshot” with no intervention
  - Therapy cannot be imposed
- Lawyers generally play a traditional role: The “transmission belt”
- The rules and procedures are the same for both civil and commercial cases
- Ineffectiveness of ADR methods: Lack of interprofessional collaboration

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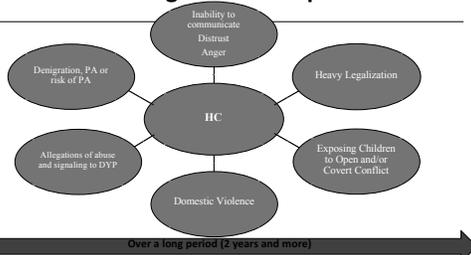
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### Need and Relevancy of a Psycholegal Protocol: Families in a High-conflict Separation




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### Need and Relevancy of a Psycholegal Protocol: The Limitations of Current Services and Interventions

- ADR methods often fail or are underused by high-conflict families, and include no interprofessional collaboration.
- Psychoeducational and psycholegal interventions that have been developed present one or more of these limitations: legal aspect removed from the intervention, the families with the worst conflicts are not specifically targeted, the family dynamics is not revisited in any depth and the children have little or no involvement in the intervention.
- Few specialized public or community services and no intervention based on real psycholegal partnership.

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**Parenting Conflict Resolution (PCR)  
Psycholegal Case Management Protocol:  
Three Key Elements**

1. An adapted legal intervention
  - a) One judge per family (better control of the judicial process for judges)
  - b) An adapted, rapid, and easily accessible legal process for families
  - c) The parties and their lawyers commit to working collaboratively (a change in mindsets and codes of conduct)
2. Two psychosocial tools
  - a) A co-parenting workshop: *Faire équipe pour les enfants (FÉE)* / Teaming up for our kids (9 hours)
  - b) A family intervention program adapted to the family's specific needs (45 hours)
3. Fluid and transparent communication between professionals
  - a) Acting in the children's best interest
  - b) Reducing litigation costs

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**Research Questions**

1. What interventions addressed the specific needs and difficulties of these children?
2. What were the changes in the parents' interpersonal dynamics and in the parent-child relationship?
3. How do legal and psychosocial professionals perceive the challenges of interprofessional communication?
4. How do the actors (parents, lawyers, judges, family relationship counsellors) perceive the added-value and merits of the PCR protocol compared to Quebec's traditional litigation process?

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**A Mixed-method Research Design**

Respondents	Time 1: 1-5 months after the preliminary hearing	Time 2: 9-21 months after the preliminary hearing
Parents (n=16) 	<ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Psychometric instruments</li> <li>• Semi-structured interview</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Psychometric instruments</li> <li>• Semi-structured interview</li> </ul>
Lawyers (n=15) 	<ul style="list-style-type: none"> <li>• Questionnaire</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Focus group</li> </ul>
Judges (n=4) 	<ul style="list-style-type: none"> <li>• Questionnaire</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Semi-structured interview</li> </ul>
FRCS (n=3) 	<ul style="list-style-type: none"> <li>• Questionnaire</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Focus group</li> </ul>

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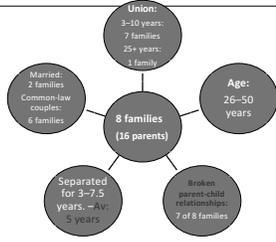
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### Description of Participating Families: The Parents



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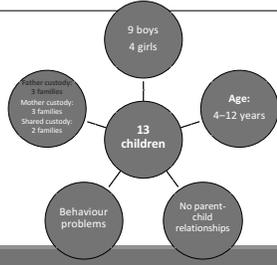
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### Description of Participating Families: The Children



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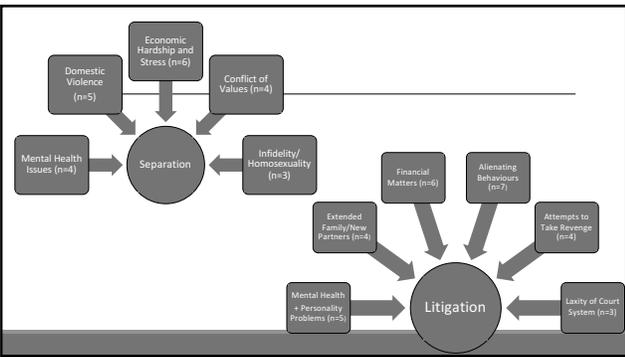
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### Interventions Involving Children

Number of meetings with each family member

	<i>M</i>	<i>SD</i>	<i>Mdn</i>	Spread
Fathers*	11.43	6.75	9.00	3-21
Mothers*	12.57	7.52	11.00	4-28
Children	12.14	6.99	11.00	2-21

\*Rejected parent: 4 mothers and 3 fathers

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### Interventions Addressing Children's Specific Needs and Difficulties

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### Intervention Strategies

1. Reinforce the parent-child bond
2. Address some of the child's specific difficulties
3. Improve parental competency
4. Improve the coparenting relationship
5. Systemic intervention with all family members and the interprofessional system

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### Strategy 1: Reinforce the parent-child bond

- Experience gradual desensitisation via meetings between rejected parent and child under the psychologist's supervision and coaching
- Psychological and educational support to both parents regarding the child's needs. Family counselor attends the custody transition from one parent to the other in his or her office.
- Intervention with the child to reduce negative comments regarding the parents and the conflict; explore with the child what led to the estrangement or rejection of one of the parents. Work at reducing splitting and black-and-white vision of parents.
- Work with the child and rejected parent to identify, acknowledge and express regrets and for the parent to apologize when appropriate; Bring the necessary corrective measures and changes.

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### Strategy 1: Reinforce the parent-child bond (con't)

- "X is back from time with his mother and tells his father about the crises and difficult times he experienced. He does not talk about any happy times. The father tries to guide his son to respect the mother, but is concerned when he sees that she is not applying the agreed-upon interventions. The child sees his father's worry and becomes more distrusting of his mother. (...)
- To break this cycle in which everyone suffers and to help the child regain trust in his mother, the psychologist offers to attend the custody transitions. X will be able to talk with the parent with whom he is ending his stay and with the psychologist about the pleasant and difficult times. He will then do the same with the parent with whom he is starting his stay." (Summary, August 21)

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### Strategy 2: Address some of the child's specific problems and needs

- Individual therapy (individual sessions with the child to explore feelings, confusion, splitting views of parents, beliefs, allegations, and disruptive and disturbing behaviors, etc.
- Provide support, insight, tools, stress and crisis management strategies, and communication skills and tools.
- Referral to specialist for complementary assessment of specific problems (TDAH, symptoms of anxiety and depression: neuropsychological assessment, indication for medication, psychotherapy, BCT).

"Another thing that was helpful in that case was a psychological assessment of the child. This had a major impact on improving the child's well-being; the assessment, the report and then the application of its recommendations." (FRC Focus group)

"The assessment of the child, which led to a diagnosis and medication was a turning point" (Questionnaire FRC, T2)

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### Strategy 3: Improve parental competency

- Psycho-education: developmental needs of the child, negative impact and risk for the child rejecting one parent, loyalty conflicts, discipline issues, damaging effect of parental conflict and alignment, etc.
- Coaching and support of the parent-child relationship: crisis management, appropriate and timely parental practices, empathy and insight into the child's experience and feelings towards each parent and on the parental contribution to this, etc.

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### Strategy 4: Improve the coparenting relationship

- Informed consent + coparenting rules chart signed by parents  
\*So, I told them that the goal of the intervention was to improve their communication (to practice talking calmly and listening to each other) and to change the image each holds of the other. I explained that we had 40 hours of intervention to bring about changes in their family relations and improve their two boys' well-being. Deciding on X's sports activity was a good starting point. I then laid out the ground rules: "You listen when the other person is speaking, you try to understand his/her position, you don't prepare your answer while the other person is talking." (FRC's progress notes)
- Individual meetings with parents: reframe communication, nuance and neutralize tone and content (focus on children's needs), correct misunderstandings or misinterpretations of the other parent's intentions, meaning and messages
- Ongoing support to facilitate proper communication between parents; Monitoring of letters, emails, SMS, phone messages, etc.; Brief weekly reports on the child staying with the parent + school information

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### Strategy 5: Systemic intervention with the family and interprofessional system

- Communication and intervention with third parties:**
- Step-parents, grandparents, extended family's involvement in the therapy-coaching intervention
  - Communication with other mental-health professionals involved with the child or a parent to assure their understanding of the larger picture in this family.
- Ongoing and fluid communication with all actors to provide updates on the process:**
- Interdisciplinary conferences calls
  - Interim process reports by the family counselor to parents, lawyers, and judge before interim hearings

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### Strategy 5: Systemic intervention with the family and interprofessional system

**Active support by judges and lawyers of the children and their parents:**

- o Encouragement and explanations of the court order and the expectations laid out in the protocol by the judges and the lawyers
- o Periodic meetings between the judge and the child to reinforce the judge's commitment and to follow-up on the application of the steps developed for reconnecting with the rejected parent and the means proposed to do so

**Follow-up and, where needed, modification of the order by the judge for the custody and access terms; custody reversal.**

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### Strategy 5: Systemic intervention with the family and interprofessional system

"A lot of open-mindedness, interest, and support. A role that was very complementary to mine and if there were problems, I could call them (the lawyers) and ask them to intervene with the clients. There was a difference after in the connection I had with them (...)." (FRC focus group)

"(...) a helpful element for pursuing the work when we're in a dead end. It's extremely helpful when a legal solution pops up and provides a framework for things to come. If there hadn't been this in my first case I'm not sure I could have gone further with it. In the end, the judge's decision is a determining factor. It's a courageous decision to make a change in custody when really we're looking at a case of entrenched alienation (...)." (FRC focus group)

"In one of my cases, (what was really helpful) was educating the lawyers about their clients' issues. I pushed the envelope, in a way I normally wouldn't have, by explaining more in the case of a mother who was more passive, victimizing herself, changing her story. I had to go out on a limb and say to the lawyer: Be careful because what she's telling you isn't necessarily what's going on in my office. I had to get the facts straight about that and it had an impact on his own way of guiding her." (FRC focus group)

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### Changes in Parents' Interpersonal Dynamics

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Changes in Relational Dynamics between Parents	
Time 1	Significant changes at Time 2
Very poor parental cooperation	Improvement, according to <u>mothers</u>
High levels of hostility in front of children	Improvement, according to <u>fathers</u>
High levels of negative communication	Improvement, according to <u>fathers</u>
High mistrust of the other parent	∅
Psychological distress below clinical threshold	∅
Fathers reported more alienating behaviours by the other parent than mothers	Improvement, according to <u>both parents</u>

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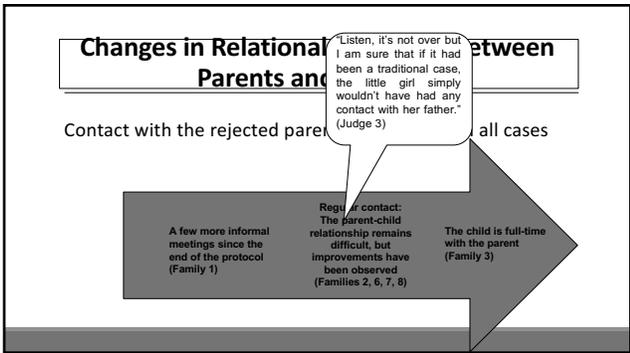
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## Interprofessional Communication Challenges

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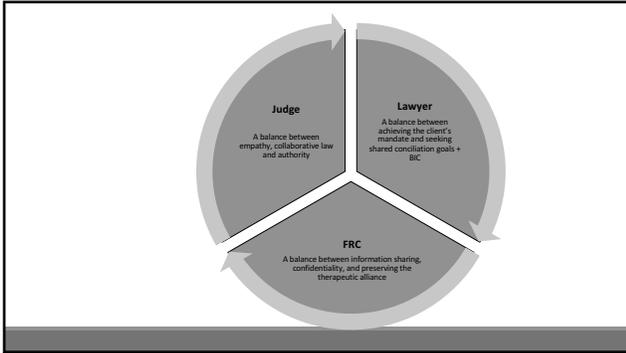
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### The Main Issue: The Role of the FRC

		would have liked FRCs to
Lawyers		<ul style="list-style-type: none"> <li>have greater latitude in terms of confidentiality. Should talk more clearly about clients' resistance and problems</li> </ul>
Judges		<ul style="list-style-type: none"> <li>have the better defined role of family counselor. Reports cannot be used as evidence. Risk appeals of judge's decision</li> </ul>
Parents		<ul style="list-style-type: none"> <li>make specific recommendations to the judge. Give him in-depth assessment of their situation. Make sure he has all relevant facts.</li> </ul>

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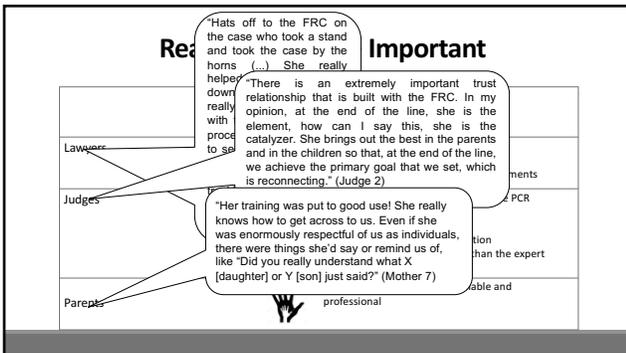
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**Merits of the PCR Protocol**

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Respondents	Perceptions
Parents 	<ul style="list-style-type: none"> <li>• Strengths and benefits</li> <li>• Overly long process; not always well adapted</li> <li>• Loss of time, money, and rights</li> </ul>
Lawyers 	<ul style="list-style-type: none"> <li>• Not more rapid or effective than traditional management</li> <li>• FRC=beneficial</li> </ul>
Judges and FRCs  	<ul style="list-style-type: none"> <li>• A significant innovation that greatly facilitated their work. The way forward with high-conflict couples</li> </ul>
All    	<ul style="list-style-type: none"> <li>• Advantage of having a single Judge who was in charge of the case. A key element</li> </ul>

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**First Steps toward a New Paradigm**

"Where I think we succeeded is in opening up the possibility of doing things differently (...) It wasn't Disneyesque, but there is hope for other ways of doing things, broadening the possibilities and having new models. Also, to give families new options, because people are often desperate. They say 'What are we going to do if mediation doesn't work? We are stuck. There's nothing left. Everything is going to hell.'" (Isabelle, FRC)

"By very actively taking part from the get-go in developing this kind of approach, we really have the impression that we're building something and that we are contributing in our own way. Building and trailblazing a solution that is maybe promising for the future: that's how I see things." (Judge 1)

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### Conclusion

A project that brings hope: A recommended management model for families at-risk for highly conflictual separation

**Take-away lessons:**

- It is important to clearly explain and define the roles of all participants in the process, including their complementarity, their obligations, and their operating rules.
- It is essential to carefully select cases that are suitable for this type of intervention (respect inclusion and exclusion criteria).
- This protocol should be improved as time goes by:
  - Training in interdisciplinary cohesive work is essential
  - Needs in specialized training for all professionals
  - Ongoing cases discussion and supervision for the FCR by highly experienced mental health professionals

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### Future Avenues to Consider

- Establish a permanent team of interdisciplinary specialists to provide the combined and adapted psycho-legal services required to meet the needs of individual families
- Unified family court
- Adapt the PCR protocol to child welfare services
- Develop research designs to enable more accurate long-term cost-benefit assessments of this intervention model compared to traditional management modes
- Need to gather more information about children's experience in the protocol

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**Thank you!**

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