

**Empowering Resilience: A Trauma-Informed Approach to High-Conflict Divorce in  
Children**

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### **Abstract**

This capstone explores the use of trauma-informed care to build resiliency in children who have experienced high-conflict divorce. The research explores the traumatic experience of high-conflict divorce in children and how this childhood trauma can have life-long effects. The literature review highlights how trauma-informed care and resilience can influence the effects of trauma on children. The literature review outcomes illustrate the implications of using trauma-informed care to help foster a higher level of resilience through building coping mechanisms and providing safe places for children. Recommendations for counselling practice and next steps for research are discussed. Trauma-informed care with children experiencing high-conflict divorce aligns with the Canadian Psychological Association's (2017) Code of Ethics for Psychologists and the College of Alberta Psychologists' (2023) Standards of Practice.

*Keywords:* children, high-conflict divorce, interparental conflict, multigenerational trauma, resilience, trauma-informed care

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## **Empowering Resilience: A Trauma-Informed Approach to High-Conflict Divorce in Children**

Divorce is the official court procedure required for the dissolution of a marriage, exclusively available to married couples (Government of Canada, 2022). In some cases, divorce manifests high-conflict divorce (HCD) which is characterized by long-lasting disputes between married or previously married individuals which is full of blame, criticism, anger, possible domestic violence, financial struggles, child neglect, trauma and a lack of empathy or understanding of the conflict's effect on others in the home (Johnston, 1994). The Substance Abuse and Mental Health Services Administration (SAMSHA) (2014) in the United States is an organization that created the seminal work to introduce trauma-informed care (TIC). This organization identified trauma as an event, series of events, or circumstances experienced by a person as physically or emotionally harmful that have long-lasting adverse effects on the person's functioning and well-being (emotional, physical, or spiritual). By adopting this definition of trauma for this capstone, a child's experience of high-conflict divorce can be regarded as a traumatic experience (Crnković & Miljević-Ridički 2020; Forkey et al., 2021; Ghafoori et al., 2019).

When children experience trauma in their young lives, they run the risk of having their emotional, physical, and social development affected (Forkey et al., 2021). This capstone will look at achieving increased resiliency through a trauma-informed approach, modelling a respectful and emotionally safe space for all children to share their experiences and build empathy for individual journeys. The self-positioning statement will investigate the author's personal bias and life experiences connected to high-conflict divorce. The literature review will explore past and current research studies surrounding the topics of high-conflict divorce, trauma-

informed care, and resiliency in children. The counselling implications section will look to create inference from the current research to show how HCD, TIC, and resiliency in children can be entangled in current counselling practices. These implications will then inform possible recommendations for counselling practice and future research. The direction of this capstone's exploration will follow the research question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?*

### **Definition of Terms**

The following key term definitions are essential to address the research question and will be referenced throughout this capstone.

#### ***Adverse Childhood Experiences (ACE)***

Stressful or traumatic events, including child abuse and neglect, occur within the primary caregiving relationship and often breach the parent-child relationship, which is fundamental to nurturing healthy development (Forkey et al., 2021).

#### ***Child***

Unless otherwise stated, this paper will use the Albertan definition: Any person under 18 years of age (Government of Alberta, 2017).

#### ***Divorce***

The official court procedure required for the dissolution of a marriage, exclusively available to married couples (Government of Canada, 2022).

#### ***High-Conflict Divorce (HCD)***

Characterized by long-lasting disputes full of blame, criticism, anger, possible domestic violence, financial struggles, child neglect, trauma and a lack of empathy or understanding of the conflict's effect on others in the home (Johnston, 1994).

***Interparental Conflict***

Defined as an interaction between parental figures consisting of aggression, overt hostility, and a lack of trust (Johnston, 1994).

***Multigenerational Trauma***

The transmission of traumatic experiences, emotional pain, and psychological distress from one generation to the next within a family or community; also known as intergenerational trauma (SAMHSA, 2014).

***Parental Alienation***

A situation in which one parent engages in a series of behaviours or actions that intentionally undermine, damage, or disrupt the child's relationship with the other parent (Miralles et al., 2021).

***Parents***

Parents, by definition, are individuals who give birth or raise a child (Cambridge Dictionary, 2023) and can encompass biological, foster, or adoptive parents.

***Post-Traumatic Stress Symptoms (PTSS)***

Indications of traumatic impact that increases the chances of developing PTSD (Lange et al., 2021).

***Resilience or Resiliency***

The ability of a developmental system to effectively respond and adapt to disturbances that jeopardize its viability, operation, or progress (Crnković & Miljević-Ridički, 2020).

***Toxic Stress***

The prolonged activation of stress response systems in the absence of protective relationships (Forkey et al., 2021).

***Trauma***

An event, series of events, or circumstances experienced by a person as physically or emotionally harmful that have long-lasting adverse effects on the person's functioning and well-being (emotional, physical, or spiritual) (SAMHSA, 2014).

***Trauma-Informed Care (TIC)***

A framework for recognizing the widespread effects of trauma on individuals, families and communities (SAMHSA, 2014).

***Two-Generational Trauma-Informed Care***

When used in counselling and healthcare, the two-generational approach refers to a style of care that meets the social, behavioural, mental, and physical needs inclusive of individual children and parents, while viewing the family as a holistic unit (Kottenstette et al., 2020).

**Self-Positioning Statement**

In my own life, relationships have been a critical component in forming my identity. Born as the youngest child of six and the third son of my parents, my core family shaped and influenced most of my childhood relationships. Friend relationships became very important during my schooling years, including a partnership that has continued with my now wife for over fifteen years. I was a caring and passionate teacher who nurtured my learners for over ten years across the globe on three continents. However, I am now a new counsellor looking to create a safe and welcoming environment where therapeutic relationships can grow. These relationships have formed me, having influenced, created bias, and produced beliefs and values.

I form my perspective on this capstone project as a person who is a white, heterosexual, highly educated, middle-class male who has had privilege throughout his life. As I author this Master of Counselling capstone project, my interest in high-conflict divorce was formed by

working as a teacher for over ten years and noticing how my students were affected by their parents' divorces. As an intern counsellor, I have worked with children whose parents are divorcing and feel angry and forgotten in the midst of the divorce. My experiences have led me to use Narrative Therapy as my foundational therapeutic style with these youth so that they can tell their story and process what they are experiencing in a safe place.

My belief in and experience of the importance of relationships has drawn me to investigate the following research question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?* I believe that counsellors can better support children experiencing high-conflict divorce through a family systems lens in which each family member has been able to share their own experience of relationships within the family before and after separation. It is my biased belief that counsellors can use this information to help children by educating parents about how to encourage and improve current and future mental health by meeting their own and their children's emotional needs.

I recognize my privilege as I have not experienced divorce or high-conflict divorce firsthand; therefore, I can look at and draw conclusions from the research without direct personal experiences impacting my interpretation. However, I have experienced the secondhand effects through family members, friends, colleagues and former students and have witnessed the adverse effects the divorce process can have. Through these experiences, I have developed the belief that the most significant opportunity for change and protection from trauma in a family undergoing divorce lies with the parents. I feel it is incumbent on counsellors to better understand the divorce process in the hopes of helping parents and children traverse this process with stronger mental health outcomes through the development of tools that defend against high levels of toxic stress and trauma.

As I research literature on this capstone topic, my most significant value is the importance of upholding the dignity and respect of each person. While I believe conflict occurs within every relationship, I also feel healthy conflict focuses on the critical issues and not on attacking the other party. I tend towards a family systems lens as I believe positive and robust family relationships create a healthy growing environment for children. It is my belief that healthy family dynamics are possible regardless of family makeup and structure. A family's energy is well used when focused on growing and improving relationships because if people feel supported and safe within their core relationships, they can successfully face obstacles and traumas in their lifetime.

Part of the reason I am grounded in a family systems approach is my previous experiences in working with students. My teaching experiences taught me that many factors go into positive family dynamics, so what works for one family may or may not work for another. However, I also observed that students who felt supported and cared for in their family structures were better prepared to face any challenging issues or obstacles. In my experience, the more parents were willing to work to change behaviours and provide encouragement, the more positive the mental health outcomes were for their children.

My experiences as a teacher in various classrooms in several different communities have led me to develop specific biases around children's mental health. For example, I would readily identify divorce between parents as one of the leading causes of trauma in children's lives. I observed former students whose family was undergoing a separation would be more likely to be caught daydreaming, be involved in increased altercations with other students, engage in escalated levels of negative self-talk, demonstrate more anxious behaviours, and distance themselves from their regular school-based support network. This bias will affect my

interpretation of the research by thinking I already know the influence of divorce on children. I will mitigate this bias by researching different topics and allowing the research to guide my findings, not my personal feelings. My beliefs will impact how I process the research materials because I will look for research confirming my biases. I will acknowledge my bias and focus on research that does not only confirm my beliefs but challenges them as well.

One of my personal biases is that I do not believe it is best practice for couples to stay together to maintain a traditional family structure (two-parent households) for their children. It is my belief that children may experience just as much or even more harm in a high-conflict, two-parent household as in a high-conflict divorce. I do not believe this factor will be an issue in my research as I will primarily focus on couples who have or are currently going through the process of separation, not couples who plan to remain together. An additional personal bias I have is my belief that no matter the state of the relationship between the parents, they will remain connected through their child(ren) for the rest of their lives. Family dynamics may change, but the family connection remains. I believe the parents need to change and not allow their personal feelings toward their former partner to affect their ability to be the best parent to their child(ren). This outlook means that ultimately my work will focus not only on children but will have to involve parents who are open to working on changing their relationship dynamics with their former partner. To avoid enabling this bias to influence my paper, I will use peer-reviewed articles to investigate the outcomes of putting personal feelings over the responsibilities of being a parent.

As someone who places a high value on forming healthy relationships in my own life, I know I will also face some difficulties in working with those who have created unhealthy and abusive home situations. However, I also know as a counselor I will encounter many people whose choices I disagree with, but who still deserve to be helped. Counsellors are ethically

bound to put the client's welfare first. As stated above, I believe that it is almost always in a child's best interest to maintain a relationship with both parents (as long as it is safe to do so). Therefore, in the case of relationships where abuse has been present, I believe it should be the counsellor's primary responsibility to help guide parental understanding and practice of behaviours that promote positive and robust family relationships. Focusing on supporting future healthy dynamics rather than past actions and dynamics will allow me to work ethically with these individuals and families. Personally, I believe it is crucial always to create an environment where the clients can feel safe and secure, and this can be achieved through proper confidentiality agreement and being my genuine self in all sessions.

I believe counsellors can be essential social supports for vulnerable populations when it comes to buffering against and/or supporting through experiences known to cause long-term effects on the development of mental health, such as for children experiencing trauma. It is my opinion that counsellors can have the most significant impact on the resiliency of children involved in high-conflict divorces through the recognition of the potential for trauma in high-conflict divorce situations, the use of trauma-informed care in counselling these children, and working more innovatively with and better-educating parents regarding the dangers of trauma on the developing minds of the children involved in these situations. I believe the human nature of most parents educated about this topic will lead to an increased desire and will to change their own behaviours to best serve their child(ren)'s healthy development.

### **Literature Review**

Within the literature review, the methodology section will explore the search strategy, inclusion, and exclusion criteria used to collect research studies used in the robust literature review. The literature review is organized into seven sections using a child focused lens,

beginning with exploring the three individual topics of trauma-informed care, effects of high-conflict divorce, and resiliency. The next three sections investigate the research that blends two topics together: navigating high-conflict divorce with trauma-informed care, building resilience through trauma-informed care, and resilience amid high-conflict divorce. The final section of the literature review will explore research studies that look to interweave all three topics. The blending of the three topics can allow the literature review to thoroughly explore the question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?*

### **Methodology**

In this section the process of gathering research on the topics of trauma-informed care, effects of high-conflict divorce, and resiliency will be explained. An in-depth review of search strategy, inclusion, and exclusion criteria will be completed and justified. Finally, a review of the accepted articles and papers will be provided to inform the literature review.

### ***Search Strategy***

The following searches were completed on EBSCO: Academic Search Complete. A combined search including the terms “children or adolescents or youth or child or teenager,” and “high conflict divorce,” and “trauma-informed care or trauma-informed practice or trauma or trauma-informed approach,” and “resiliency or resilience or resilient” returned zero results. A combined search including the terms “children or adolescents or youth or child or teenager,” and “high conflict divorce,” and “trauma-informed care or trauma-informed practice or trauma or trauma-informed approach” returned zero results. A combined search including the terms “children or adolescents or youth or child or teenager” and “trauma-informed care or trauma-informed practice or trauma or trauma-informed approach” and “resiliency or resilience or

resilient” returned zero results. A combined search including the terms “children or adolescents or youth or child or teenager,” and “high conflict divorce,” and “resiliency or resilience or resilient” returned zero results. A combined search including the terms “children or adolescents or youth or child or teenager” and “high conflict divorce” returned seven results. A combined search including the terms “children or adolescents or youth or child or teenager” and “trauma-informed care or trauma-informed practice or trauma or trauma-informed approach” returned one result. A combined search including the terms “children or adolescents or youth or child or teenager” and “resiliency or resilience or resilient” returned two results. Due to the limited search results, the search scope was increased to include individual searches for specific terms, including “trauma,” “child/adolescent/youth,” “trauma-informed care/approach,” “divorce/separation,” and “resilience.”

Search for individual terms generated 2,008 results. These results were diverse in content, and inclusion and exclusion criteria were established to filter out the relevant results.

### ***Inclusion and exclusion criteria***

To ensure that the results obtained were (a) peer-reviewed, and (b) published journals which studied through a counselling lens, the following parameters were in place during the search: a) high conflict divorce, b) trauma, and/or c) resiliency. Exclusion criteria included studies focused on adult populations, books, literature reviews, legal case studies and studies from an educational perspective. Only articles available in English were included in this review.

### **Results**

Relevant search results were grouped into research headings as follows: trauma-informed care (25 articles), psycho-education/child development/toxic stress (24 articles), high conflict separation (18 articles), ACES (13 articles), and resilience (3 articles).

Trauma-informed care has been shown to have broad implications for use across therapeutic modalities. The lack of research results highlights the need for increased study to validate the use of this evolving practice, especially when children are involved. The following literature review explores both seminal and current research that has informed counselling practices.

## **Trauma-informed Care in Children**

### ***Creation of Trauma***

The Trauma-Informed Care approach was informed by two significant American studies supported by the United States Government. The first study, known as The ACE Study (Felitti et al., 1998), was conducted by the Centre for Disease Control and Prevention (CDC-P). The second influential study, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014, highlighted the effects of early life trauma on individuals. It is important to understand how trauma is created as well as its effects on individuals, in order to understand this capstone's research question. By exploring and critically analyzing these two seminal research studies, a foundation of understanding is created to address the research question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?*

### ***The ACE Study***

This seminal study explored the health of adults later in life following early childhood experiences. Published as *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death* (1998), the study conducted by Felitti et al. established a measurement system for Adverse Childhood Experiences (ACEs) in which these experiences are scored out of ten to determine the likelihood of an exposed child developing adult

psychopathology. The landmark results had a profound impact on our understanding of how early life trauma can affect adult health outcomes as it is cited over 20,000 times (Google Scholar, 2023). The study was based on a large sample size (9,508 adults) and focused on the experiences of neglect, the loss of a loved one, family mental illness, substance use, the physical violence of another, and multiple types of abuse in childhood. The researchers examined the long-term psychological outcomes of ACEs by sending a questionnaire to the general population and scoring response outcomes based on affirmative responses to a ten-question questionnaire. Correlation was noted between respondents with greater than four affirmative responses and increased risk for decreased self-esteem, increased risk of suicidal ideation, higher rates of hospital stays, and impaired social functioning. The researchers identified connections between these ACEs and a 4 to 12 times greater chance of experiencing alcoholism, drug abuse, suicidal attempts, and depression, a 2 to 4 times increase in smoking and poor perception of personal health, a higher number of sexual partners, and increased risk of sexually transmitted disease (Felitti et al., 1998). It is essential to note that this study relied on self-reported data based on the individual's own recall; this type of data has a tendency to be underreported or unreported due to the sensitive nature of the questions. Even with this limitation, the study correlated higher ACEs scores with increased likelihood of negative outcomes since early adversity has lasting impacts. Felitti et al. (1998) played a pivotal role in raising the awareness about long lasting impacts of childhood trauma on adult health. This understanding led to further research into how to best mitigate these impacts, including the development of trauma-informed systems such as the recommendations provided within the SAMHSA guide (2014) which will be explored next.

### *Concept of Trauma and Guidance for a Trauma-Informed Approach*

Following the definition of Adverse Childhood Experiences in the ACEs Study (Felitti et al., 1998), the SAMHSA report (2014) provided the definition of trauma as an event, series of events, or circumstances experienced by a person as physically or emotionally harmful that have long-lasting adverse effects on the person's functioning and emotional, physical, or spiritual well-being. This report's publication and recommendations contributed to what is regarded and accepted as trauma-informed within the fields of counselling and social work as shown through citations by Ghafoori et al. (2019), Mitchell et al. (2021), Raja et al. (2021), and Wathen et al. (2023). It significantly addressed trauma through multiple social lenses and offered suggestions for the implementation of a unified framework to help educate providers and their clients on the impact of trauma. This report created strategies and systems of trauma-informed care that allowed different stakeholders to protect and guard against the long-term effects of trauma on their communities (SAMHSA, 2014). It has become an essential and foundational text for the use of trauma-informed care worldwide.

There are two limitations of the SAMHSA report. It was based upon research conducted entirely in the United States and both the research and the report itself were authored by a single government departmental organization. The authors may have had a vested interest in the outcome of the report as the very department they worked for operated on the underlying belief that substance abuse and mental health are connected. This bias could have impacted the research results. However, since its publication, a plethora of trauma-informed approaches have been studied internationally, and the SAMHSA report continues to be foundational to trauma research today as shown through citations by Ghafoori et al. (2019), Mitchell et al. (2021), Raja et al. (2021), and Wathen et al. (2023). In Canada, counsellors are called by the Canadian Code

for Ethics principle II.9 (2017) to keep themselves educated on relevant information to benefit their practice and protect their clients from harm. Research has continued to show that trauma has long-lasting and wide-ranging adverse effects within individual lifetimes, communities, and the worldwide population; therefore, Canadian counsellors would benefit from learning and understanding the SAMHSA report, as well as more recent trauma research in the field, to ensure relevancy and accuracy of data to inform practice.

### **Trauma in Children in Modern Research**

More recently, Crnković and Miljević-Riđički (2020) researched the correlation between resilience, trauma, and depression in children. The researchers worked with the Polyclinic for Child and Youth Protection, a specialized centre for traumatized children in the city of Zagreb, Croatia. The 103 children included in the study were affected by parental divorce, grieving, learning disabilities, behavioural difficulties or other. The study sought to determine if resilience impacted outcomes for children who experienced psychological trauma and/or depression which directly correlates to this capstone research. Of those children, 49 were boys and 54 were girls, with an average age of 12.38 years. This research represented the largest number of children attending the centre because of parental divorce (30 children). Crnković and Miljević-Riđički were interested in whether higher levels of resilience would be associated with fewer negative emotional consequences, such as lower levels of depression and trauma. The quantitative portion of this study collected data through three questionnaires completed by the children: The Trauma Symptom Checklist for Children (TSCC), The Beck Youth Inventory – Second Edition (BYI-II), and The Child and Youth Resilience Measure (CYRM-28). A fourth qualitative assessment was completed through an interview process which evaluated psychotraumatization. A panel of experts then classified the children as traumatized or not, based on a yes or no criteria post

interview (Crnković & Miljević-Riđički, 2020). A focus was given to potential abuse, caregivers' capacity to meet the child's needs, and the occurrence of psychological disorders. To address this capstone's research question, the collection of trauma data within the research study conducted by Crnković and Miljević-Riđički (2020) through the TSCC and psychotraumatization assessments is further explored.

The Trauma Symptom Checklist for Children (TSCC), created by Briere in 2011, is a questionnaire used to assess how trauma affects children (age 8-16) and is a helpful tool for therapists and counsellors (Crnković & Miljević-Riđički, 2020). It asked children questions about their feelings and experiences related to trauma, the answers to which helped professionals understand the child's emotional well-being and decide on the right help and treatment (Crnković & Miljević-Riđički, 2020). While the study by Crnković and Miljević-Riđički took place in Croatia, the TSCC is a recommended assessment by the Government of Canada since the types of questions the assessment asks are not culturally dependent (Canada.ca, 2011). While the TSCC is a useful assessment tool, it is essential to remember it provides self-reported information from the child or adolescent. Interpretation should be done in conjunction with clinical judgement, interviews, and additional assessments as needed (Crnković & Miljević-Riđički, 2020).

Crnković and Miljević-Riđički (2020) used *Psychotraumatization* to provide additional assessment. The authors defined psychotraumatization as the classification of whether or not the client was traumatized. In this study, decisions regarding whether participants had experienced psychological trauma were made by a multidisciplinary team of experts from psychiatry, pediatrics, psychology, social work, and social pedagogy. The team then categorized the participants as either having experienced psychotrauma or not, based on the collective

professional judgement of the team members and the collection of yes or no data from participant interviews. This assessment highlighted how experiences of trauma can be identified through an experienced multidisciplinary psychological team through definitional criteria and self-reports. This assessment also highlighted the importance of counsellor inclusion in a multidisciplinary team, as well as the important role counsellors have in assessing and identifying trauma in children. The psychotraumatization approach was used to assess trauma and not for the evaluation of the core test results; however, Crnković and Miljević-Ridički (2020) believed the team's expertise was considered more reliable, especially for sensitive topics like abuse and neglect. This assessment was limited by the acknowledgment that children may provide socially appropriate answers due to fear of legal consequences or parental influence.

While it is important to be able to diagnose/recognize trauma in children and its effects, it is only one step towards being able to provide effective care focused on alleviating the effects of the trauma as the child grows into adulthood.

### **Using Trauma-informed Care with Children in Modern Research**

Trauma-informed care is defined as a framework of recognition of the widespread effects of trauma on individuals, families and communities (SAMHSA, 2014). By using the underlying concept of trauma-informed care, counsellors are able to provide support and enrichment for the treatment of trauma (Lucio & Nelson, 2016). The National Center for Trauma-Informed Care (NCTIC) is a SAMHSA-funded, American organization designed to assist health and human services in integrating trauma-informed care and interventions in their outcomes in an efficient way. At this time, there is no Canadian equivalent organization, and thus, the concept of trauma-informed care and its subsequent definition will be adopted for this capstone. It is essential to note that the NCTIC does not advocate for any particular therapeutic

treatment in children and adolescents; instead, it encourages the idea of implementation of a trauma-informed approach which is flexible enough to be adapted for use in various settings and organizations (Lucio & Nelson, 2016). In order to illustrate how trauma-informed care can be effectively implemented within different therapeutic styles, two crucial research studies will be further explored and examined in this capstone.

First, Ghafoori et al. (2019) investigated the most utilized trauma-informed care interventions with youth (aged 4-17) who had experienced trauma and factors that influenced the completion of therapeutic sessions. In their research study, Ghafoori and her team of American based researchers investigated TF-CBT (trauma-focused cognitive-behavioural therapy), child-centered therapy (CCT), and trauma-informed narrative therapy as the interventions of choice that the therapists used in counselling sessions with children enrolled in the Long Beach Trauma Recovery Center. These three counselling modalities allowed the clinician to utilize a trauma-informed lens during treatment by creating safe spaces, meeting the client where they were, and intentional practice to avoid retraumatization of clients in care (Ghafoori et al., 2019). In the study, data was collected over a three-year period with parental consent. Trauma-informed narrative therapy results were excluded from the final result as not enough participants (~4) completed their sessions. Ghafoori et al. (2019) reported that TF-CBT was one of the most widely used and researched forms of trauma-informed care and was considered an empirically supported treatment of trauma within children and adolescents. TF-CBT consisted of an action-based approach to change behaviours and allow the client to be in control of their trauma responses (Ghafoori et al., 2019). The researchers also noted that youth who had experienced trauma had a high chance of finding value in using the latest, best practices of trauma-informed care. Therefore, it was considered crucial to provide training to community-based clinicians in

trauma-informed approaches to adequately serve the needs of vulnerable populations (Ghafoori et al., 2019).

The Ghafoori et al. (2019) study included 128 youths who were selected through their use of a free community mental health clinic for support after being a victim of violence or crime. The inclusion of a free mental health clinic allowed for the inclusion of all socio-economic backgrounds instead of just those who have the privilege to afford mental health care. The youth were required to complete a questionnaire and could not be suffering from a brain injury or displaying current symptoms of psychosis. Of the 128 youths who were contacted for the service, 69% attended and completed the first session and 43% completed their full treatment plan. The factors that were found to have the most significant influence on completion were connected to the use of TF-CBT and the possible advantages resulting from elements of exposure and cognitive processing within the therapeutic style (Ghafoori et al., 2019). These results can help counsellors learn and implement strategies which help keep youth experiencing trauma in therapy and, ultimately, provide the youth with the support that has been shown to help reduce long-term traumatic effects.

Second, Mitchell et al. (2020) conducted an in-depth examination of the principles of trauma-informed care and their use in early intervention psychosis services. This study involved collecting and refining expert opinions over multiple rounds to reach a consensus about the beliefs of the counselling profession. This study produced comprehensive and detailed guidelines for the implementation of trauma-informed care for people who experience psychosis from childhood trauma (Mitchell et al., 2020). The participants were divided into three stages for a Delphi study. To begin, 57 early intervention psychosis experts, including researchers, service providers, and people with recent personal past experience with psychosis, created statements

about what they felt were crucial aspects of trauma-informed care to reach an agreement about critical principles. The largest group of contributors were clinical psychologists who averaged over 10 years of experience in the field of psychotherapy, so their involvement in the study allowed for a better understanding of the importance of using trauma-informed care in early interventions (Mitchell et al., 2020).

Analysis of the first round of data led to a collection of 185 statements that were turned into an online questionnaire sent to a second panel of experts. In phase two, the experts were asked to choose the seven principles they felt best represented trauma-informed care and its use with early intervention psychosis. In this phase, the original 185 statements were reduced to 24. In phase three, 39 panel experts had to choose nine statements from the 24, which led to the consensus and endorsement of 16 critical statements to represent the crucial aspects of trauma-informed care (shown in Table 1, Appendix A) (Mitchell et al., 2020).

Table 1 shows a high percentage of these experts agreed with the core principles put forth by SAMHSA (2014), such as “providing safety, increasing choice and empowerment and reducing re-traumatization” (p. 1372). These results show an endorsement by experts of the importance of counsellors working with clients who have experienced trauma using a trauma-informed approach to empower their clientele in feeling comfortable enough to disclose trauma (Mitchell et al., 2020). This empowerment may assist counsellors in facilitating the identification of suitable trauma-informed treatments, as the above research has shown that trauma-informed care can improve treatment retention for children who have experienced trauma (Mitchell et al., 2020).

In review, the work of Felitti et al. (1998) showed counsellors how dangerous early adverse experiences can be, the knowledge of which informed the recommendation of SAMHSA

(2014) regarding the use of trauma-informed care with everyone who has experienced trauma. Despite the relatively older age of these two research studies, they show the ethical imperative for counsellors to recognize the vulnerabilities of young individuals who have experienced trauma. Ghafoori et al. (2019) spoke to the importance of the use of trauma-informed care in empowering the counsellor to create a safe and supportive environment, fostering trust and collaboration. By addressing trauma in a sensitive and informed manner, therapists can help children regain a sense of control which helps promote their overall well-being and recovery.

### **High Conflict Divorce Effects on Children**

Janet R. Johnston is a seminal researcher and author whose work sought to establish criteria for identifying high-conflict divorce. Johnston (1994) described high-conflict divorce as a situation in which former partners or spouses exhibit elevated levels of verbal or physical aggression, animosity, and a profound sense of mistrust. Additionally, she hypothesized that this phenomenon possesses multiple dimensions, encompassing domains of disagreement, tactics employed in issue resolution, and the emotional animosity experienced and expressed by the parties involved. Her research-based review established a typology by defining HCD in terms of characteristic features as discussed in *High Conflict Divorce* (1994), cited over 500 times, and her later book, *In The Name of the Child* (2009). Johnson's research and analysis were built upon the limitations of the research available at the time (small qualitative case study-based research and/or quantitative research involving larger numbers where participant families were identified by the judicial system), a critical weakness. Although her research is old, it is worth considering as her definitive work has been cited by many subsequent studies (O'Hara et al., 2019a; Polak & Saini, 2018; Shumaker & Kelsey, 2020; van der Wal et al., 2018).

While Johnson failed to successfully arrive at a strict method for defining HCD from other divorces, it was discovered this was due to the complex diversity of elements that influence the way divorce is experienced (Johnston, 1994). However, characteristic markers of HCD were identified through her work which continues to influence researchers today (O'Hara et al., 2019a; Polak & Saini, 2018; Shumaker & Kelsey, 2020; van der Wal et al., 2018). The markers used to identify HCD are long-lasting and repeated litigation, extreme anger and distrust, communication difficulties often resulting in physical and verbal aggression, and disagreements over child-rearing strategies (Johnson, 1994). In the absence of a true definition, counsellors may look at the markers laid out by Johnston as a guide. This early identification will allow counsellors to provide support to individuals impacted by HCD to lessen the potential maladaptive effects, including increased risk of maladaptive mental and emotional development in children (Mitchell et al., 2020).

This early identification and intervention could have an impact on a potentially large number of children, as Johnson et al.'s 2009 text reported that 20-33% of all divorces had HCD markers. The awareness of the risks faced by children experiencing HCD led to increased social policy and the creation of both prevention and intervention programs in support of these families and children (Forkey et al. 2021). The identification of HCD markers allowed both for increased awareness of the importance of the impacts on individuals by counsellors and the need for the development of research to gain a greater understanding of HCD outcomes (O'Hara et al. 2019b).

While Johnson's research was based in the United States, it allows the use of the data as a general reference point, which allows Canadians to use the data to anticipate similar results. In Canada, the number of recorded divorces was 42,933 in 2020 (Government of Canada, 2022). Of

these divorces, almost 40% had children under 18 involved (Government of Canada, 2022), meaning approximately 20,000 Canadian families experienced divorce in 2020. With statistics showing that the average Canadian family consists of roughly one child (Government of Canada, 2022), approximately 20,000 Canadian children experience divorce in a single year. Using these numbers and Johnson et al.'s (2009) calculation of 20-33% of divorces having high-conflict markers, the result is that roughly 4,000-6,600 Canadian children likely experience aspects of high-conflict divorce per year.

In Alberta, a judge is the sole assessor as to whether a family is experiencing a high-conflict divorce scenario (Alberta.ca, 2023). Regardless of the label of high-conflict or not, the children could still be at higher risk of mental maladaptive development (Johnston, 2009), and it is crucial that Canadian counsellors and other systems of support are prepared to address the needs of this population. Further research could further support Johnson's (1994) groundbreaking research and contribute to the knowledge of how to best support children experiencing a high-conflict divorce scenario.

While the exploration of research thus far indicates increased risk factors and negative mental health outcomes for children experiencing high-conflict divorce, there is also research to suggest that some children have protection factors that provide a natural resilience to trauma. In their research in 2018, van der Wal et al. investigated the way that some children seem to rebound quite successfully and are labeled resilient when experiencing high-conflict divorce-specific trauma. In their study of 142 children (ages 6-18) with parents involved in high-conflict divorces, van der Wal et al. (2018) observed overall high levels of both initial traumas and post-divorce adjustment. A strength of this research was the in-depth examination of the diverse factors that can influence children's adjustment and traumatic impact during and after high-

conflict divorce, such as perceived parental conflict, time since divorce, self-esteem, and the child's perceived control. This research highlighted how multifaceted traumatic influences can be in high-conflict divorce (van der Wal et al., 2018). By not simply focusing on the conflict itself, but also factors such as the quality of the parent and child relationship, co-parenting dynamics, and the child's gender and age, this study provided a deeper understanding of the complex intricacies of high-conflict divorce (van der Wal et al., 2018). This understanding is vital for counsellors to develop if working with children who are experiencing and have experienced HCD.

Van der Wal et al. (2018) discovered that while most children exhibited relatively high scores on the KIDSCREEN index, a self-reported health-related quality of life instrument, which measured post-divorce adjustment ( $M=52.26$ ) compared to national Dutch data ( $M= 53.90$ ), children who had experienced high-conflict divorce still continually experienced traumatic impacts from the divorce, as reported through the Children's Revised Impact of Event Scale (CRIES-13). The CRIES-13 was found to have a high reliability with its Cronbach's alpha scoring 87% (Van der Wal et al., 2018). Within the sample provided, 45.8% of the children scored above 30 (defined as the clinical range), implying that nearly half the children in the study reported experiencing post-traumatic stress symptoms related to divorce (van der Wal et al., 2018). This demonstrates a clear link between trauma in children and high-conflict divorce, further supporting the importance of addressing this capstone's research question.

However, van der Wal et al. (2018) also observed that on an individual level, children who self-reported higher traumatic impacts also reported lower levels of post-divorce adjustment at the six-year follow-up. This study suggests that more research needs to be done on the natural resilience of children (van der Wal et al., 2018). The researchers concluded that some children

may simply demonstrate more resiliency and that future research should examine whether or not some children are more susceptible to trauma and/or resilience over time (van der Wal et al., 2018). This also would suggest there may be opportunities to assist children in increasing their own resiliency with the right support.

A second more recent study that explored the effects of high-conflict divorce on children was *Parental Conflicts and Posttraumatic Stress of Children in High-Conflict Divorce Families* (2021), released by Lange et al. This American quantitative study investigated the relationship between parental conflicts and children's post-traumatic stress symptoms. In the study 107 children in the 6-18 age range from 68 different families completed the CRIES-13 and a Conflict Child-Reported Survey over a four-month period. All participants were referred by a judge or child protective services that identified the well-being of the children was impacted by parental conflict and were only able to participate if legal consent was granted by both parents. Challenges of the study included basing valuation results on self-reports rather than direct observation of behaviours, the short time period, and the need to switch the analytical approach due to poor model fit (Lange et al. 2021). Strengths included a large age range of sample size, control for gender and age, and inclusion of 85% of fathers in the study. Lange et al. (2021) reported a positive association between parental conflict in families experiencing high-conflict divorce and posttraumatic stress symptoms in the children involved.

This study's results support that children who experience parental conflict as a result of HCD have an increased incidence of posttraumatic stress symptoms. Over time, posttraumatic stress symptoms can evolve into posttraumatic stress disorder (PTSD), a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events, or set of circumstances. Therefore, this study connects high-conflict divorce with trauma and post-

traumatic stress symptoms directly (Lange et al., 2021). This robust association was evident through analytical approaches, hierarchical linear regression and correlation. Lange et al. (2021) recommended that the introduction of a trauma narrative intervention could assist the child in processing their trauma and the experiences they were having due to the high-conflict divorce. The researchers also recommended that professionals should be attentive to the connection between how parents interact and how the conflicts are viewed by the children. While decreasing the contact between families in order to decrease conflict may seem logical, the findings of the study revealed that limited contact elevated the levels of conflict within the family. This research is valuable for counsellors as it provides an understanding of the challenges children face in high-conflict divorce while also providing important insights for the counselling field and lines of future research into causality and intervention strategies.

From the foundational writings of Johnston to the modern research that has supported and challenged her claims, there have been continued calls for an increased awareness and intentional action regarding high-conflict divorce and its effects on children. Research shows that divorce affects many children and witnessing conflict within a divorce can cause lifelong trauma (Lange et al., 2021), prompting the need for increased interventions and better supports for children experiencing high-conflict divorce. As research in the field of high-conflict divorce evolves, children's well-being should be of paramount importance for counsellors in Canada and beyond.

### **Resiliency in Children**

Resiliency, defined as the ability of a developmental system to effectively respond and adapt to disturbances that jeopardize its viability, operation, or progress (Crnković & Miljević-Riđički, 2020), is often paired with trauma when discussing its development in children. Crnković and Miljević-Riđički (2020) and van der Wal et al. (2018) have spoken about the

connection between residency and trauma in their research; yet, to fully understand resiliency's connection to other topics, resiliency must be thoroughly researched and critically analyzed. In this section, the research will be presented regarding what resiliency is in children and how it can influence their development.

In the study *Resilience in Swedish Adolescents—Does Resilience Moderate the Relationship Between Trauma Experience and Trauma Symptoms?* by Nilsson et al. in 2022, the researchers explored the relationship between resiliency and traumatic experiences in how trauma symptoms are positively or negatively influenced. This research focused on Swedish adolescents (aged 15-17) who were recruited from five cities located near Linköping University. The students completed the Adolescent Resilience Questionnaire (ARQ), a self-reporting assessment, to investigate situations within the past six months in which the adolescent was able to be resilient. The questionnaire involved multiple areas of the adolescent's life, such as internal beliefs, family influence, friend support, school, and community networks. The ARQ was translated into Swedish for the study and was found to have valid and reliable measurements with Cronbach's  $\alpha = .95$ , showing a high correlation for the total scale. The experiment also had the students complete the Linköping Youth Life Experience Scale (LYLES) and the Trauma Symptom Checklist for Children (TSCC), the results and relevance of which will be discussed in later sections of this capstone. The tests took place within the adolescents' schools with consent from the school board, parents, and adolescents. The scores gathered through the ARQ showed that all factors related to resiliency (individual beliefs, family, friends, school, and community factors) exhibited a negative correlation with trauma symptoms. This research showed that the presence of supportive elements plays a significant role in mitigating stress and the emergence of trauma symptoms (Nilsson, 2022). If counsellors can help support adolescents in developing

these factors of resiliency, the negative outcomes of trauma within these adolescent lives could be reduced.

Nilsson's (2022) study focused on adolescents who had experienced trauma at a singular point in time. Prior to this research, Motsan et al. (2020) addressed the *Physiological and social synchrony as markers of PTSD and resilience following chronic early trauma*. This earlier research (2020) concentrated on younger children over a longer period of time and explored how physiological and social synchronies are connected when resilience is developed. Motsan et al. used the term *Biobehavioral synchrony* to define the connection of biological responses and behavioural actions between a parent and child during social interaction. This study followed 148 mother and child (232) dyads through four different developmental stages in the child's life: early childhood (age  $m=2.76$ ), middle childhood (age  $m=7.68$  years), late childhood (age  $m=9.3$  years) and early adolescence (age  $m=11.57$  years). The 148 mothers and children were recruited from near the Gaza border in 2004 to 2005, where they were frequently exposed to unpredictable rocket attacks, compared to the 84 dyad control group from central Israel which were demographically matched to the war-exposed group. During each visit, the families would be videotaped with permission and would complete a Child PTSD assessment: Diagnostic Classification: Zero-to-Three (mothers would self-report), as well as a Developmental and Well-Being Assessment (DAWBA). They would then be reevaluated with the DAWBA Mindware device that recorded electrocardiogram, respiration data, video and audio (in different mother-child interactions).

Although this research was conducted on children who had experienced war-based trauma on the Gaza border, Raja et al. (2021) reported that interparental conflict can have a greater adverse effect on mental health than natural disasters or vehicular accidents. So although

the research may be an extreme example of trauma, the effect of repeated adverse experiences is still valid to the Canadian population who experience interparental conflict repeatedly. The findings of this study revealed significant changes to both the behavioural and physiological synchrony among youth who had prolonged exposure to early trauma. The differences would predominantly manifest in social interactions. The results showed that resilient children had increased behavioural synchrony with their mothers compared to those with war-related trauma.

Motsan et al. (2020) stated that behavioural synchrony, such as the coordination of nonverbal signals between the mother and child, is a reliable indicator of well-being and adaptation in high-risk populations. In connecting this finding to chronic trauma, the researchers noted that behavioural synchrony predicted improved social brain function in the child as synchrony played a crucial role in tuning the child's brain to the social environment and its challenges. This tuning supported resilience by promoting adaptability, active social engagement and the ability to adjust in response to adversity (Motsan et al., 2020). These findings can help counsellors build a deeper understanding of the interplay between physiological and social factors in the context of early trauma; this understanding is crucial for counsellors as it can improve their ability to identify and support those affected.

### **Navigating High-Conflict Divorce With Trauma-Informed Care**

The research by van der Wal et al. (2018) showed that nearly half of the children who experience high-conflict divorce displayed post-traumatic stress symptoms. Later research by Lange et al. (2021) showed that there was a strong correlation between parental conflicts and children's post-traumatic stress symptoms in high-conflict divorce families, demonstrating that children who experience high-conflict divorce have an increased chance of experiencing trauma. Considering the findings of these research studies with the prior work of Felitti et al.

(1998), in which it was found that an increased rate of adverse childhood experiences increases the chance of negative long-term psychological outcomes, a positive correlation is demonstrated between high-conflict divorce, the creation of trauma, and the developmental dangers of children experiencing trauma. As Principle II of *The Canadian Code of Ethics for Psychologists* (2017) states, counsellors are called to support clients' best interests through responsible caring in which they must protect the client through efforts to prevent foreseeable harm, such as trauma. The panel of experts within the research completed by Mitchell et al. (2020) recommended the use of trauma-informed care with clients who are experiencing or have experienced trauma to help provide a safe place, meet the client where they are in their trauma journey, and focus on prevention of re-traumatization. Trauma-informed care can be a useful lens for counsellors when working with children involved in high-conflict divorce to prevent and/or mitigate resulting high risk factors (Mitchell et al., 2020).

Combining high-conflict divorce and trauma-informed care required a therapy focused on improving the well-being and security of children's physical, psychological, and emotional health. A relevant, local study from Fotheringham et al. (2013) set out to create a therapeutic style that would meet three primary goals: a) ensure the child's perspectives are considered in the separation, b) incorporate the child's own account of their experience to create the choices that are in their best interest, and c) help provide the child with a place where they feel like the foremost priority and safe from further victimization. In this study, Fotheringham et al. introduced a framework called *Speaking for Themselves* (SFT) in which they looked to combine trauma-informed therapy with assistance from a lawyer to support children through the high-conflict divorce litigation (Fotheringham et al., 2013). The lawyer provided age-appropriate explanations of the legal process of divorce to boost the child's awareness and understanding of

what was happening, while the counsellor worked to boost the child's physical, emotional, and psychological safety to help protect them from further traumatization (Fotheringham et al., 2013). The SFT was piloted out of the YWCA of Calgary, Alberta, and the Children's Legal and Educational Resource Centre (CLERC).

The counsellor's role in SFT was threefold (Fotheringham et al., 2013). The first role was to provide safety through the investigation of signs of psychical or mental abuse and informing governing bodies to allow for intervention in any situation in which the child was in danger. The second role was to provide therapy through a trauma-informed lens using different types of therapeutic modalities (including Adlerian and Attachment). One of the benefits of trauma-informed care is it is adaptable to multiple therapeutic styles (Lucio and Nelson, 2016). The goals of trauma-focused therapy in SFT were to allow the child to: a) identify, express, and cope with feelings they were having about the divorce; b) identify and create safety plans and coping strategies when needed; and c) find their own voice in the experience and take control of their perspective of the divorce (Fotheringham et al., 2013). After therapy had taken place, the third role of the counsellor was to use the notes and records from the sessions to relay the child's best interests to the courts, in order to allow the child's needs and opinions to be heard through their own voice (Fotheringham et al., 2013).

Fotheringham et al. (2013) used a sample size of 41 children from 25 families. The ages ranged from 2 - 16 years old, with the average being 10, and the minority of the children were girls at 42%. The average age at the time of separation was 6 years old, meaning that most children had been living in a high-conflict divorce for approximately 4 years at the time of the study. These families were selected through referral by a partner agency, and families who accepted the referral were then screened to ensure they met the study guidelines for high-conflict

divorce. The study guidelines defined high-conflict as featuring an absence of trust, elevated anger, frequent litigation, and the use of power or control tactics to manipulate the other party to their will, often without adequate regard for potential risks or consequences for the children involved (Fotheringham et al., 2013). This definition is strikingly similar, if not lacking some dynamics, to Johnston's (1994) which defined HCD as being characterized by long-lasting disputes between married or previously married individuals, full of blame, criticism, anger, possible domestic violence, financial struggles, child neglect, trauma and a lack of empathy or understanding of the conflict's effect on others in the home (Johnston, 1994). For participants in the study, consent was obtained from both parents, for information to be shared between CLERC (the legal) and the YWCA (the counsellors), and finally, from the child (Fotheringham et al., 2013). These consent guidelines are still in accordance with the *Standards of Practice* set forth by the College of Alberta Psychologists (2023)

To begin the program, the child would attend three to four trauma-informed sessions with the counsellor in which the child and counsellor completed behavioural and psychological assessments, spoke about the child's perception of the divorce and any stressors they were feeling, and chose a direction for further therapy. A detailed report was created by the counsellor at the end of the therapeutic alliance outlining information about the child, such as interests and beliefs, as well as observations, opinions, and recommendations from the therapist. This information would then be shared with the lawyer who advocated on behalf of the child's best interests in court (Fotheringham et al., 2013).

This mixed case study used both quantitative and qualitative assessments to gather information. The study used two standardized measures. First was the Andy & Angie Cartoon Trauma Scales (ACTS; Praver et al., 1998) to measure possible changes to trauma effects in

children engaged in the pilot study. ACTS is an assessment of Post Traumatic Stress Syndrome (PTSS) measurement of long-term abuse in children (6-12 years old) in which the child rates cartoons and statements about the images on a 4-point scale in comparison to the child's life and emotions. Second, the researchers used the TSCC as spoken about in Crnković and Miljević-Riđički (2020) research. Researchers also conducted qualitative interviews with families and stakeholders to identify topics such as goals, themes, and challenges to the program.

After comparing the first round of collected data from the SFT pilot to children's results from another program, The Paths of Change Children's Counselling Program (POC) which provided support to children experiencing trauma from family violence at the YWCA, Fotheringham et al. found that the children in the SFT program scored higher on the ACTS assessment (2013). An increased number of children in the SFT program were in the clinical range for total score, dissociation, self-perception, system of meaning, avoidance, and re-experiencing. When the information from the assessments, therapeutic sessions, and interviews were presented to the decision-makers (lawyers, parents, and judges), which happened 97.5% of the time, 39 of the 41 families resolved their issues or litigation was brought to an end. The two families who went to court both had their court cases conclude prematurely either due to the therapist's testimonies or as a result of negotiations led by the child's legal representative. At the conclusion of all cases, 80.5% of children felt their desired outcomes were achieved. The secondary quantitative assessment determined that children involved in SFT saw several categories of clinically significant improvement, indicating a reduced amount of trauma experienced by the children. The results collected by Fotheringham et al. (2013) show the connection between the use of trauma-informed care and the effects of high-conflict divorce on children. These results must be taken with caution because of the small sample size, but could be

a potential guide to help counsellors use trauma-informed care to support children going through high-conflict divorce (Fotheringham et al., 2013).

The research of van der Wal et al. (2018) and Lange et al. (2021) shed light on the impact of high-conflict divorce on children, as higher occurrences of interparental conflict increase the rates of post-traumatic stress symptoms. Combined with the earlier research of Felitti et al. (1998), a clear correlation is established between increased rates of adverse or traumatic experiences and long-term psychological outcomes. High-conflict divorce can lead to trauma and adverse effects in the lives of children who experience it (Fotheringham et al., 2013).

Trauma-informed care, such as advocated by Mitchell et al. (2020), highlights how imperative it is for counsellors to provide a safe and supportive environment to prevent re-traumatization. To bridge the gap between these sets of research, this literature review explored the framework put forward by Fotheringham et al. (2013) and the use of the *Speaking For Themselves* model which utilized trauma-informed care to work with children experiencing trauma as a result of high-conflict divorce. The results of SFT were evident in the reduction in trauma symptoms and a high rate of desired outcomes being achieved (Fotheringham et al., 2013), highlighting the value of counsellors using trauma-informed care with children navigating the challenges of high-conflict divorce in an effort to reduce the effects of trauma.

### **Building Resilience: The Trauma-Informed Care Connection**

As examined previously in this capstone, it has been reported that trauma-informed care is an adaptable tool that can help create a safe counselling experience for children who have experienced trauma (Ghafoori et al., 2019). Ghafoori et al. (2019) investigated the most utilized trauma-informed care interventions with youth (aged 4-17), focusing on TF-CBT and CCT. Then, research by Crnković and Miljević-Ridički (2020) explored the effects of trauma on

children. This study explored the connection between resilience and trauma. The researchers had children experiencing trauma complete The Child and Youth Resilience Measure (CYRM-28) (Ungar and Liebenberg, 2011) to demonstrate the impacts of resilience in their lives (Crnković & Miljević-Ridički, 2020). In this section, trauma-informed care and resiliency will be explored and critically analyzed for correlation.

*Effective Practices in the Treatment of Trauma in Children and Adolescents* by Lucio and Nelson (2016) is significant to this capstone's literature review as it was undertaken from the perspective of a social work/counselling-specific lens. This study concluded that, at the time of its publication, a Trauma-Informed Care Framework combined with a Cognitive Behavioral Therapeutic model had become the standard in care when working with children in a social work/counselling setting. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Child-Parent Psychotherapy (CPP) were identified as the two specific interventions that had the most empirical support for treatment in children and adolescents (Lucio and Nelson, 2016).

TF-CBT focuses on a combination of skill building and trauma exposure, often involving both the parent or caregiver and the child(ren)/youth in the treatment process (Lucio and Nelson, 2016). Key components of TF-CBT, inclusive of relaxation, cognitive coping, and trauma narrative skills, are focused on skill-building to improve coping skills and to create greater resiliency (Lucio and Nelson, 2016).

Lucio and Nelson (2016) also suggested that Child-Parent Psychotherapy (CPP) might be of particular benefit to families who have experienced chronic trauma or children who had experienced more than three ACEs (or traumatic events). The key elements of CPP are the modeling of positive behaviours, the training of parents in interpreting children's emotions and feelings, skill-building in communication, etc. (Lucio and Nelson, 2016). Both TF-CBT and CPP

could conceivably be utilized to build resilience in children experiencing trauma through adaptive coping skills and naturally strengthening the protective parental relationship, both of which buffer the effects of toxic stress, the prolonged activation of stress response systems in the absence of protective relationships (Forkey et al. 2021).

The recognition and development of resilience factors can provide some protection for children experiencing trauma. Crnković and Miljević-Riđički's (2020) research utilized the CYRM-28, a resilience assessment for children and youth (ages 9-23). Relevant to Canadian context, Liebenber et al. (2012) published a study showing the CYRM-28 as a reliable and valid self-reporting instrument to use with Canadian youth. The assessment includes 28 items that measure areas of resilience, such as personal skills, family support, and community resources and is a self-reporting tool in which children relate their experiences and perceptions in these areas. The children's answers are subsequently used to provide insights into their overall resilience (Crnković & Miljević-Riđički, 2020). Crnković and Miljević-Riđički (2020) reported that while the test was translated to Croatian from English and there was a small effect on validation, it still reported reliable data. The test reported that children who showed higher levels of resiliency had lower levels of depression created by traumatization.

In the results section, Crnković and Miljević-Riđički (2020) acknowledged the dangers of untreated traumatization of children and recommended therapeutic practices that reduce trauma and help build resilience in children and youth. Connecting this recommendation with Ghafoori et al.'s (2019) research that demonstrated the trauma-reducing effects of different types of trauma-informed care, counsellors can strengthen the argument for using trauma-informed care to help children satisfy their psychological needs.

### **Resilience Amid High-Conflict Divorce**

From the definition provided by Johnston (1994), which has been adopted by subsequent researchers (O'Hara et al., 2019a; Polak & Saini, 2018; Shumaker & Kelsey, 2020; and van der Wal et al., 2018) and the statistics proved by the Canadian government, we know high-conflict divorces happen in Canada. As the research explored thus far has shown, we also know high-conflict divorces can create childhood trauma. The findings of Motsan et al. (2020) and Nilsson et al. (2022) showed that children with higher levels of resiliency will process trauma more successfully. In this section, the connection between high-conflict divorce and resiliency will be explored more in-depth to address any correlation.

Karey O'Hara is a top researcher in the field of the effects of high-conflict divorce, with 391 citations since 2018. In 2019, O'Hara et al. published the study *Coping in Context: The Effects of Long-term Relations between Interparental Conflict and Coping on the development of child psychopathology following parental divorce* (2019a). In this study, the researchers evaluated whether increasing children's coping skills might protect them against some of the risks associated with HCD, using "growth mixture modelling to identify longitudinal trajectories of child-reported conflict over a period of six to eight years following divorce" (p.1698). Growth mixture modelling is defined as a statistical technique used in longitudinal data analysis to identify unobserved groups within a larger population that follow different growth trajectories over time (O'Hara et al., 2019a). This technique allowed O'Hara et al. to view the connections between children's self-reported conflict and the trajectories of children's mental health problems.

The sample consisted of 240 youth (aged 9-12) whose families had been divorced within two years and who were invited to participate through phone calls and letters. To gather the data,

O'Hara et al. used the Children's Perception of Interparental Conflict (CPIC; Grych et al., 1992) scale to measure interparental conflict, Child Coping Strategies Checklist-Revised (CCSC-R; Ayers et al., 1996) and Coping Efficacy Scale (CES; Sandler et al., 2000) to measure youth coping, and the Child Depression Inventory (CDI; Kovacs, 1985) and the Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978) to measure youth mental health issues at the initial interview and the six-year follow up. All four of these tests have shown high levels of reliability, validity, and norming despite the age of the tools (O'Hara et al., 2019a).

Ultimately, O'Hara et al.'s (2019a) research concluded there were positive impacts and protections that resulted from efforts made to improve the coping abilities of children involved in high-conflict divorce; therefore, teaching adaptive coping skills and strategies was recommended as preventative interventions for such children (O'Hara et al., 2019a). According to their findings, there was good reason to believe that teaching coping skills to these children would have long-term benefits, so counsellors should begin to discern how to best help these children in the development of such coping skills and strategies (O'Hara et al., 2019a).

A second study of note conducted by O'Hara et al. (2021) was *Longitudinal Effects of Post-Divorce Interparental Conflict on Children's Mental Health Problems Through Fear of Abandonment: Does Parenting Quality Play a Buffering Role?* which examined the prediction that fear of abandonment was a main factor in the development of mental health problems in children experiencing post divorce interparental conflict. The sample contained 559 children (ages 9-18) of which 50.6% were boys, from the south-west United States with parental consent and mixed cultural backgrounds. Researchers used over 13 assessment tools to measure the child's perception of interparental conflict with the tests showing a reliability of over 87% (O'Hara et al., 2021).

This section will focus on four specific assessments as they were distinct child reports about interparental conflict; other assessments were parental or teacher based. First, the Child Perception of Interparental Conflict scale (CPIC; Grych et al., 1992), a well-established, reliable, and valid tool (O'Hara et al., 2021), was used to measure the perception of interparental conflict of the child. CPIC asked questions about how the child perceives arguments between the parents exploring anger and intensity (O'Hara et al., 2021). The Children's Report of Parenting Behaviors Inventory (Schaefer, 1965) only had an adequate reliability and validity score, most likely due to its age (O'Hara et al., 2021), and was used to measure the quality of the parental relationship from the child's point of view over the previous month. Its scores have been found to correlate with children's mental health adjustments after divorce by asking questions about the child's perception of parental behaviour. The Children's Attitudes Toward Parental Separation scale (CAPSI; Kurdek & Berg, 1987) used true or false questions to gauge the beliefs the child held about their parents' divorce. These questions looked at beliefs the child had about the divorce surrounding issues such as abandonment, the answers to which had shown predictive validity in past studies (O'Hara et al., 2021). The Brief Problem Monitor (BPM; Achenbach et al., 2011) which O'Hara et al. (2021) reported has a well-established validity was used to measure the internalized and externalized mental health issues based on a self-report by the child.

Each assessment was given at the initial interview and then at the ten-month follow-up. Researchers hypothesized that those with a higher parent-child relationship quality score would show fewer child and teacher reported mental health problems (i.e., decreased fear of abandonment) ten months later. Strikingly, this anticipated protective effect was not observed (O'Hara et al., 2021). The researchers found that the quality of the relationship was of secondary

importance to the child's ability to frame and understand the process of high-conflict divorce (O'Hara et al., 2021). Researchers concluded that this highlighted further the need to optimize child coping mechanisms and improve post-divorce parenting interventions (O'Hara et al., 2021). The ability to build resiliency is of utmost importance to help ward off long term mental psychosis (O'Hara et al., 2021).

### **Harmonizing Resilience, High-Conflict Divorce and Trauma-Informed Care**

To reiterate, the following was explored and analyzed: childhood trauma can have a negative effect on a child's mental health, high-conflict divorce causes childhood trauma in children, and children with a higher resilience can mediate the effects of childhood trauma more efficiently than those with low levels of coping. The research findings explored in this literature review can help counsellors best support children who are experiencing high-conflict divorce. The most promising potential approaches to counselling children experiencing HCD currently seek to build resilience in the children by buffering the effects of toxic stress, defined as prolonged activation of stress response systems (most often from witnesses' conflict), in the absence of protective relationships (Forkey et al. 2021) and/or through the establishment or strengthening of protective relationships which assist in creating resiliency (O'Hara et al., 2021).

Although research shows that protective relationships can help strengthen a child's resilience, Miralles et al. (2021) cautioned counsellors in their research to be aware of the dangers of parental inattentiveness or neglect. They called upon the counsellors to help psycho-educate families and offer support/strategies that allow the affected children to possibly feel heard and seen and assist them in fostering more secure relationships in times of high conflict. Miralles et al. (2021) pointed out that there may be positive opportunities for defining relationships anew with all members of the family post-divorce and this creation of new or

renegotiated bonds might include all members as long as it is safe to do so, emotionally or physically. Yet, Miralles et al. (2021) also urged clinicians to be on guard against the negative effects of interparental conflict, noting that when parents put children in the middle of an argument, employ them as confidants or messengers, or endeavour to win their loyalty, they may create a situation where the child will feel torn between the parents. This feeling of being torn can have a negative effect on the child as they become worried about angering either parent, so they begin to self-protect and distance themselves (Miralles et al., 2021). This is parental alienation, defined as a situation in which one parent engages in a series of behaviours or actions that intentionally undermine, damage, or disrupt the child's relationship with the other parent (Miralles et al., 2021). When a child is alienated from their parent(s), they lose their most common secure attractions, all while possibly experiencing the most significant emotions they have experienced (Miralles et al., 2021). Feelings of abandonment may lead to the development of trauma within the children (Miralles et al., 2021). Though in the early stages, some research such as O'Hara et al. (2019b) has recently been working on addressing these problems.

O'Hara et al. (2019b) released *Parenting Time, Parenting Quality, Interparental Conflict, and Mental Health Problems of Children in High-Conflict Divorce* in 2019. This research examined the effect of parental alienation caused by interparental conflict on 141 children (nine to eighteen years old) experiencing HCD and used the *Pearson Product-Moment Correlations* tool, which measures a reduction in parenting time by the amount of overnight stays with the selected parent in the previous 30 days. This study scored children nine months following divorce (O'Hara et al., 2019b) and gathered information using the Children's Perception of Interparental Conflict scale (CPIC; Grych et al., 1992) which measured the child's perception of the amount and intensity of interparental conflict, the Caught in the Middle (CIM) Scale

(Buchanan et al., 1991) which measured how often the child felt they needed to choose sides in the divorce, and then the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001), a widely used mental health assessment which measured the child(ren)'s internalization and externalization of emotions (O'Hara et al., 2019b). This study explored whether spending time with both parents were beneficial or harmful to the child's development (due to increased exposure to interparental conflict). The strengths of the study was its successful investigation of these multiple mediating factors (time with the father and mother and increased exposure to interpersonal conflict) to show connections between them and the child's mental health (O'Hara et al., 2019b). A limitation of this research by O'Hara et al. (2019b) included how only families court-ordered by a judge were included in the sample, leading to possible human error in the selection or rejection of families. After a comparison of the data, they concluded that sufficient time with the parent in question significantly influenced whether or not the child internalized or externalized various problems (O'Hara et al., 2019b). These results showed that having a relationship with both parents was beneficial to the development of different coping mechanisms and the development of resiliency. This research helps answer the question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?* by demonstrating how increased coping mechanisms and natural resiliency can reduce the impact of high-conflict divorce's long-term traumatic effects on children.

Based on the research available, a positive correlation has emerged amongst childhood trauma, high-conflict divorce, and the importance of resilience in children. Using trauma-informed care to create a safe environment for counsellors to introduce resilience-building strategies and provide a temporary protective relationship can play a vital role in helping children cope with the potentially harmful effects of trauma caused by witnessing parental conflict.

### Summary of Literature Review

This capstone's research question *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?* has led to a deeper understanding of how trauma-informed care, high-conflict divorce and resiliency in children are connected. The literature review examined the experience of trauma in children through the study of Felitti et al. (1998). Johnston (1994), through her attempt to create a definition of high-conflict divorce, demonstrated that trauma was a common part of life in children who have experienced HCD, and Miralles et al. (2021) determined that researchers were struggling to find a clear definition of high-conflict divorce because of its multi-faceted nature. The SAMSHA (2014) report recommended that trauma-informed care be used with anyone who has experienced trauma, and Lucio and Nelson (2016) showed how trauma-informed care can be adapted for use in various theoretical approaches. Finally, Lange et al. (2021) showed the dangers of leaving childhood trauma untreated as it can exacerbate PTSS and potentially evolve into long term PTSD.

Resiliency in children can help buffer these reported effects of trauma (Nilsson et al., 2022) and building blocks of resiliency can be created both biologically and behaviourally (Motsan et al., 2022). Through using trauma-informed care with children, counsellors can focus on the behavioural aspects of resiliency. They can help provide children with a voice to share their perspectives of the high-conflict divorce during HCD litigation process and can help provide direction and focus for building coping skills for dealing with circumstances beyond their control (Fotheringham et al., 2013). The parental relationship seems to have different influences on the child's experience of trauma, with increased resilience found within an ongoing relationship and negative results found within alienation (O'Hara et al., 2021). Resiliency can reduce the negative impact of alienation and interpersonal conflict a child experiences in a high-conflict divorce

(O'Hara et al., 2021). Research shows using a trauma-informed care approach can help children cope through the high-conflict divorce by building resiliency; thus, reduce their chances of psychosis later in life (Ghafoori et al., 2019). Therefore, this research addresses the question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?*

### **Implications for Counselling Psychology**

This section will create inferences from the literature review to show how high-conflict divorce, trauma-informed care, and resilience in children are entangled in current counselling practices. This section will look at six implications which have been derived from the research: the impact of high-conflict divorce on children's mental well-being, the implementation of trauma-informed care into practice and its therapeutic use, possible obstacles to the implementation of trauma-informed care, calls to social action, and protection of the counsellor. The next section will look to connect the research with counselling practices to answer the question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?*

### **The Impact of High-Conflict Divorce on Children's Mental Wellbeing**

In Principle II of The *Canadian Code of Ethics for Psychologists* (2017), counsellors are called to support clients' best interests which, in turn, calls them to help prevent foreseeable harm such as trauma. According to the presented research in this capstone's literature review, achieving Principle II is possible by increasing resiliency through a trauma-informed approach, modelling a respectful and emotionally safe space for all children to share their experiences, and building empathy for individual journeys. The published research from Felitti et al. (1998), even though over 25 years old, has impacted the field of childhood trauma identification significantly

with over 20,000 citations (Google Scholar, 2023) and concluded that overexposure to adverse childhood experiences can lead to trauma at a young age. It is imperative counsellors realize the danger that exposure to trauma poses to the developmental well-being of young children and begin to implement trauma-informed services which focus on the psychoeducation of communication for children, boundary creation, mediation techniques, empowerment, and a better understanding of risks created by interparental conflict (O'Hara et al., 2019b). The research calls for the development of practices that allow counsellors to create spaces in which their clients are given the best opportunities to develop resiliency.

A trauma-informed approach ought to be the standard when counselling children experiencing HCD, as previously recommended by both SAMHSA (2014) and Mitchell et al. (2020). As has been shown by the research of Lange et al. (2021) and van der Wal et al. (2018), the correlation between HCD and trauma in children is well-established, and counsellors who work with such clients should not do so without full awareness of this connection. Currently, a trauma-informed care approach is based on six core principles first introduced by SAMHSA: a) safety; b) trustworthiness and transparency c) peer support; d) collaboration and mutuality; e) empowerment, voice and choice; and f) cultural, historical, and gender issues (SAMHSA 2014, p. 10). Despite its origin in the U.S. and its age, these standards still align with ethical guidelines from *The Canadian Code of Ethics for Psychologists* (2017) which recommends making counselling offices safe through confidentiality, disclosure, and inclusivity.

Furthermore, the *Code of Ethics* calls for counsellors to create a system which empowers social justice and provides services all people can access (CPA, 2017). However, as shown throughout this capstone project, such a person-centered approach must almost inevitably reflect on the family unit in the case of children involved in HCD. Counsellors must reflect on how

adaptive coping might best be taught to children experiencing HCD and how to best support these children in fostering secure connections with at least one (if not both) of their parents as these skills are crucial for developing resiliency (O'Hara et al., 2019a).

In the case of many families experiencing HCD, the reduction of childhood trauma will need to involve teaching adaptive coping to the parents (Shumaker & Kelsey, 2020). Through the lens of a trauma-informed approach, counsellors are urged to build on families' abilities to identify and utilize the protective factors available (Shumaker & Kelsey, 2020). Person-centered trauma-informed care would allow parents to model adaptive coping skills and learn how to avoid interparental conflicts and alienation throughout the divorce, as well as alert them to the symptoms of alienation and assist them in developing secure attachments to their children (Shumaker & Kelsey, 2020).

The research suggests the outcomes for adults who experienced HCD as children are at a higher risk for experiencing negative mental wellbeing outcomes. Miralles et al. (2021) observed that the combined research seemed to suggest that adults who experienced HCD as children show more significant levels of depression and anxiety symptoms, a higher risk of psychopathology, lower self-esteem, lower self-sufficiency, higher alcohol and drug use rates, parental relationship difficulties, insecure attachment, lower life quality, higher divorce rates, and feelings of loss, abandonment, and guilt. They also reported a high rate of repeating alienating behaviours on their children by their partner or their own children's grandparents. The report by Shumaker and Kelsey (2020) agreed that trauma connected to the experience of children in HCD may later manifest as isolating behaviours, including hypervigilance and the loss of trust. Thus, such isolating behaviours may result in their experiencing enduring difficulties with establishing secure relationships throughout their lives. This is important to

counsellors as they can use a trauma-informed care approach to acknowledge their client's difficulties, meet the client where they are and use intentional practices to avoid retraumatization of the client (Ghafoori et al., 2019).

Early intervention is emphasized in the research as a potential solution to mitigate the long-term symptoms experienced by individuals affected by HCD. In their research, Fotheringham et al. (2013) discussed the benefits of trauma-informed early intervention in helping children manage distress, comprehend the reasons for the separation, and regain control over their worldview. Mahrer et al. (2018) noted that chronic interparental conflicts can impact children's attachment styles, making trusting and forming secure relationships more challenging. Finally, Miralles et al. (2021) argued that educating parents about the significant problems associated with HCD could underscore the necessity for early family-based therapeutic interventions. Using this research to answer the question, "*How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?*", counsellors can see the impact of trauma-informed care to help create skills in stress management, trust, and forming secure relationships to help children build resilience. This resilience can allow the child to protect themselves from the effects of early childhood trauma. However, through secure parental relationships and psychoeducation for parents about the dangers of high-conflict divorce, children can be even further protected.

### **Implementation Into Practice**

SAMSHA (2014) introduced the standard six principle framework for using trauma-informed care of "safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues" (p. 10). These principles align with the ethical guidelines published by both the *Canadian Code of Ethics*

(CPA, 2017) and the *Standards of Practice* (CAP, 2023). Bowen and Murshid (2016) acknowledged the importance of SAMHSA's six principle framework and created a four-step process for reaching these six principles. First, counsellors need to understand how trauma impacts clients, and how the therapeutic relationship can create a possible path to recovery through education. Second, counsellors need education on recognizing signs of trauma in individuals and families. Third, when providing education regarding signs of trauma, counsellors are to use the most effective research-backed policies to support those who are experiencing or have experienced trauma and to educate those who have not. Fourth, when providing support and care, the counsellor must be aware of the potential to retraumatize the client and do their best to avoid this outcome. Despite the fact that this framework was created by American authors, there is intersectionality with Canadian ethics. This author believes the creation of a standard two-generational trauma-informed approach scaffolded by the original SAMHSA publication and following the guidance of Bowen and Murshid could support counsellors in acknowledging and addressing the issues created and/or exacerbated by high-conflict divorce.

The use of a two-generational trauma-informed lens must be paired with another therapeutic methodology to offer a more holistic, effective, and personalized approach to address the complex and varied needs of trauma survivors (SAMSHA, 2014). Lucio and Nelson (2016) noted that the National Center for Trauma-Informed Care has no specific recommendation for a specific therapeutic style, but instead incorporates the six trauma-informed principles into practice recommendations. This author believes the best way to respect the original principles and incorporate the suggested framework is to listen to the perspectives and experiences of high-conflict divorce through a narrative therapy lens in order to learn from and respect each family member's story.

Jill Freedman, a leader in the use of narrative therapy (Freedman, 2014), explained the power of using narrative therapy with families through five key points: a) deconstructing problem-saturated stories and retelling them as preferred narratives as individual family members and holistically, b) using the power of witnessing to build understanding and meaning of each story, c) thickening the preferred story through asking and responding to questions, d) having counsellors help facilitate a conversation that could be difficult for family members to witness, and e) incorporating technology to allow full access to all stories for all families (Freedman, 2014). A counsellor's role in narrative therapy and in implementing these five steps is to support the exploration of each individual's experience of the family dissolution and allow each member to feel heard and seen (Freedman, 2014).

In 2016, Dominic A. D'Abate detailed how family narrative therapy techniques could support families through a research review. D'Abate (2016) recommended first meeting with the individual parents, allowing the counsellor to assess the working relationship with the separating couple, work with the separating couple to establish family-based goals, and gain a deeper understanding of the current parental agreement. Within this foundational work, the counsellor can explore the family's culture and function to ensure any suggested intervention recommendations are suited to the family and have the potential to best support the parents and children find solutions to the issues they are experiencing.

At the same time, the counsellor can obtain more pertinent information about family functioning that may influence future interventions focused on helping these parents and their children to create a desired new chapter in their relationship. When meeting with the whole family, the counsellor can use the information gathered from the original parental sessions to ask future-oriented questions to determine if the children's desired story aligns with the parents'

goals. The conversation about the family's goals allows the counsellor to explore past traumas and those currently being experienced. Using caution not to retraumatize the clients, the counsellor can educate the whole family about how children often benefit from learning about how other family members handled both unfavourable and favourable circumstances and challenges. This strength-based approach allows the parents to be models for the children in difficult times as they can address past difficult experiences with control and learning through education. This example highlights how trauma-informed therapeutic modalities, narrative therapy, and family systems therapy intersect within a counselling session.

D'Abate's (2016) detailed the influence shared family narratives had on the well-being of children. The children involved in D'Abate's research developed a more robust sense of self, affinity for others, and resilience in the face of challenges when given the opportunity to exchange family stories with other members of their extended family. D'Abate stated the therapist's priority while listening to the stories is to identify negative stories and break them open in an attempt to help the family identify unhealthy internalized beliefs and work to reframe the beliefs from a position of strength.

For counsellors providing two-generational trauma-informed care, awareness of two-generation trauma is crucial in evaluating the relationship between parents and the child (Forkey et al., 2021). While in session, the counsellor can monitor interactions between the child and parents, paying close attention to attentiveness from the parents, the ability to respond to the child's needs appropriately, and how comfortable the child is around each of the parents (Forkey et al., 2021). Through these observations, counsellors can also investigate parental due diligence to inspect for signs of abuse within the relationships, determine if the children are safe, and have a safety plan if any abuse occurs (CPA, 2017). If the relationships show signs of strain,

counsellors must prioritize implementing strategies to help foster or restore the secure attachment.

Regarding intervention, employing a family narrative approach can serve as an influential tool, and its effect on co-parents and children entangled in HCD should not be overlooked.

Parents and children can be supported in recognizing the harmful and detrimental family narratives surrounding their past through dialogue and therapeutic inquiries. The counsellor can encourage the family to construct a more sustainable and practical narrative grounded in positive behaviours and values, ultimately shaping future family dynamics (D'Abate, 2016).

Using narrative therapy with a two-generational trauma-informed lens has the potential to be very effective with families experiencing HCD. However, in some cases, the family or an individual may not be happy with the counsellor or the style of therapeutic care. It can become a problematic ethical position for the counsellor to experience. For example, parents who feel the counsellor is siding with the other parent can report them to their representing body. Therefore, when working with high-conflict families, counsellors must prepare for the risks and dangers of working in volatile situations.

### **Therapeutic Use of Trauma-Informed Care with High-Conflict Divorce**

When stressors strain attachment, caregivers often lose empathy for the child (Forkey et al., 2021). Counsellors can strengthen attachment through trauma-informed care acts such as positive regard and attentive listening provided before and while raising concerns to support the caregiver (Forkey et al., 2021). Demonstrating empathy with caregivers can allow them to feel understood and provide a more significant opportunity to develop emotional reserves to provide space for the child to share their emotions. The primary purpose of the two-generational trauma-informed approach is to help identify any mental health conditions or challenges within either

generation of the family. When families better understand the dangers of trauma and how positive and negative experiences throughout multiple generations can affect children and parents, they can better protect themselves from the cycle of toxic stress (Forkey et al., 2021). Mental health care professionals can assist the parent(s) in creating new behaviour patterns through an examination of the impact of the parent's trauma on their ability to model healthy relationship development and resiliency. These new behaviour patterns can have a significant influence on a child's well-being and future (Forkey et al., 2021). Forkey et al. (2021) focused on the principle of detection, noting that both formal screening and examination of the individual's history allow for the examination of possibilities of traumatic exposure while still being able to view the family through a holistic lens and determine if any factors of trauma are showing symptoms in the family's shared story.

Creating a safe space is vital to allow family members to feel safe to share their perspectives of their situation, but also allow them to lead with what they are comfortable sharing to help prevent re-traumatization (Mitchell, 2020). These discussions of individual perspectives can potentially increase stress levels in the room; thus, having guidelines and rules around appropriate participation are important as they can help promote safety within the counselling room. The guidelines and rules must include the family's input so any cultural or family norms that help the family align the guidelines with their family beliefs and structures can be included, increasing the feeling of security (Forkey et al., 2021). Counsellors can look to create a trauma-informed space through non-judgmental active listening using skills from client-centered therapy as first created by Carl Rogers in 1951. These skills include paraphrasing the family's thoughts and perspectives, looking for clarity within each individual's story, and checking emotions throughout the session (Rogers, 1951). When counsellors actively use client-

centered principles, it can allow them to be more in the moment of the session and assist them in surveilling the family's story for trauma-based adaptations affecting individuals or the whole family (Forkey et al., 2021).

Often, when HCD families are referred to counselling, the primary need cited by D'Abate (2016) is for the co-parents to refocus on preserving the function of the parenting relationship to help create better outcomes for the whole family now and in the future. Johnston (1994) agreed with the importance of clarifying the family's core relationship with the parents to better understand the dispute and obstacles blocking healthy communication. In particular, the findings of O'Hara et al. (2019b) highlighted the importance of providing an adequate amount of parent time so that children can reap the benefits of a high-quality relationship with both parents, even in families who are considered high-conflict and mandated to court-based programs (O'Hara et al., 2019b). Within the research completed by O'Hara et al. (2019b), no evidence was found to support the conflict hypothesis that sharing time with both parents is connected to the child's exposure to higher rates of IPC. In the case of a risk of physical abuse or violence from either of the parents, a counsellor must report the potential risk to a child and prioritize the child's safety over providing time with each parent (CPA, 2017).

Forkey et al. (2021) stated that when a community adopts a less adversarial and more supportive role in accepting divorcing parents, it can lead to a parent feeling less defensive, reduced feelings of perceived judgement, decreased fear of loss, and a great willingness to let go of marital conflicts. Essentially, this calls on counsellors to respect the core dignity of each person through considerate clinical policies, continued development of therapeutic expertise, and a sympathetic understanding of the process the family is experiencing. Implementing these measures can allow the family to explore their emotions beyond the surface, which can help

prevent the advancement of trauma that could affect the family long-term (Miralles et al. 2021). Through creating a judgement-free safe space, counsellors and the surrounding community can create an environment that can acknowledge the different views of an individual's experience to provide a safe space to process individual trauma without shame.

### **Obstacles to Implementation**

The literature review addressed the following research question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?* However, working with children in high-conflict separations can be extremely difficult as consent is needed from both parents unless a court order is in place (Carter & Hebert, 2012). Mutchler (2017) warned in *Family Counseling with High Conflict Separated Parents: Challenges and Strategies* about detrimental perspectives in the counselling office where the focus is more often on the things that happened in the divorce instead of why the divorce is occurring. This focus on content increases if the divorce is intense/combatative and can be influenced by litigation and the view of one of the partners needing to be a winner and the other a loser, which can be the result of the legal side of divorce (Mutchler, 2017). Experienced counsellors look to create mediation where the family's needs can win over the individual (Mutchler, 2017). Joyce (2016) explained that there is a tendency in litigation to find faults within the other parent as it creates a power imbalance, which produces a "win/lose framework" (p.3), in which if one parent looks negligent, the other seems conscientious. This win/lose mentality destroys the cooperative process of finding the best way to foster a family relationship outside the marriage (Joyce, 2016). In intervention, counsellors are not trying to justify the behaviours of either parent or decide who is speaking the truth; instead, they look to create a safe space for all clients to deal with their pain and to feel seen and heard without judgement (Johnston et al., 2009). Through the use of trauma-

informed care counsellors can provide that safe space for parents to feel seen and heard (Ghafoori et al., 2019).

Mutchler (2017) warned counsellors about in-session dangers, addressing the environment, and the possibility of aggression or refusal to communicate. Mutchler (2017) speaks about “stonewalling” (p.4), a concept created by Gottman in 1999, and how shutting down communication can be used to gain control and create a block to recreating the co-parenting relationship. Another in-session concern Mutchler (2017) brings forward is the concept of “triangulation” (p.5), a term introduced by Bowen in 1978, in which the clients work to gain favour with the counsellor in the hope that they will choose a side in the divorce. If either of the clients feels the counsellor has sided with the other party, it can be devastating to the therapeutic relationship (Mutchler, 2017). When experiencing these two manipulations, counsellors often feel exhausted or overwhelmed and can experience “countertransference” (Mutchler, 2017, p.6), leading to counsellor burnout. To avoid these outcomes, Mutchler (2017) calls for the counsellor to continuously reinforce their boundaries by stating their clinical policies and professional protocols. Using their policies and protocols as support, the counsellor can return the focus to restructuring the family dynamics to protect the child and allow the parents to be seen and heard. The success of working with high-conflict divorces is not necessarily found in keeping the couple together, but in supporting the reframing of the familial relationship to be as cooperative as possible (Mutchler, 2017). If counsellors can have any influence in reducing the amount of conflict through mediation and trauma-informed care, it can benefit children’s mental health development (Mutchler, 2017). Joyce's (2016) research supported this idea by showing that when high-conflict parents’ divorce and serious conflict is reduced, children experience healthier

mental development. However, if the conflict persists, there are very few mitigating differences in the development of children.

Interestingly, even in cases where children might have natural resiliency, the approach of involving parents in the learning and interventions might strengthen the family unit as a whole by assisting the other family members (Mutchler, 2017). The primary area for discernment is how to best involve and educate parents in a way that does not put the child(ren) at increased risk. By using a two-generational approach, counsellors may find a potential framework that respects individual perspectives while still supporting the whole family in finding shared stories that prevent the continuation of multigenerational trauma.

### **Calls to Social Action**

Forkey et al. (2021) reported that trauma-informed care can achieve the most significant change through connecting mental health, physical, and social support systems. Integrated approaches have shown to boost the rates of clients accessing trauma-informed care. A possible integration could have counsellors available within hospitals that use trauma-informed care practices to provide mental health services. This real-time connection between doctor, patient and counsellor could help to reduce stigma around mental referrals and increase families' access to services more efficiently (Forkey et al., 2021).

However, the integrated approach comes with dangers. Dr. Sheela Raja warned of the effects of an ACE or other traumatic measuring score being included on a medical record. It could pose the risk of insurance companies using it against clients to charge higher rates if they are determined to be a higher-risk population for mental and physical conditions (Raja et al., 2021). Raja et al. (2021) also stated that if medical professionals are using screening tools to help inform the clientele of the dangers of trauma, psychological, social, and physical support systems

need to be individually suited to clients, be readily available to diverse populations, and be cost-effective, as informing clients of these trauma-based issues can increase anxiety. The onus is on clinical providers to provide follow-up services (Raja et al., 2021). One of the ways that counsellors can abide by the *Canadian Code of Ethics for Psychologists* (2017) call not to harm is to provide affordable and available follow-up services. This can help ensure the client is provided with on-going care when needed and can allow counsellors to show concern for the client's well-being and best interests.

The responsibility of protecting the client's best interest leads counsellors to a higher duty of care for all members of society (Raja et al., 2021). By emphasizing the need for prevention to improve society's mental health, Raja et al. (2021) cited ideals of social programming, such as increasing minimum wages, creating accessible childcare, reducing homelessness, and lowering the cost of food to help reduce the trauma people experience. Raja et al. (2021) put forward the belief that even if counsellors provide excellent trauma-informed care in session, clients are returning to a world that is mostly not trauma-informed. The effects of trauma may be mitigated through the work of belief in trauma-informed care to shift the global perception of trauma and those who experience it.

### **Protection of the Counsellor**

An area of extreme importance less explored in the research for counsellors who work with families experiencing high-conflict divorce is the legal protection of the counsellor. In the journal entry, *Working With High Conflict Divorce and Custody Cases*, Pender Baum (2023) interviewed Lynn Louise Wonder, a licensed professional counsellor with expertise in professional supervision and play therapy in a career spanning over 20 years. Pender Baum and Wonder discussed the dangers to a counsellor working with high-conflict families. Wonder

spoke about the dangers of parents looking to hurt the other partner through revenge-seeking behaviour (Pender Baum, 2023). Wonder spoke about how, at times, high-conflict parents can focus on winning therapy through triangulation of the counsellor or trying to manipulate the therapeutic session to meet their preceded needs. Sometimes, when these high-conflict parents cannot achieve domination of the session, their anger can turn towards the counsellor (Pender Baum, 2023). Wonder warned new counsellors interested in working with high-conflict families to always stay within the ability of their license, keep thorough documentation, and stay true to their clinic's policies and procedures (Pender Baum, 2023).

In a College of Alberta Psychologists (CAP) publication in 2012, which still meets all standards set by CAPs' *Standards of Practice* (2023) despite being 11 years old, Stephen Carter and Patricia Hebert wrote about the ethical and legal risks counsellors can face when working with separating families. Carter and Hebert (2012) warned that forgetting the unique nature of high-conflict families can lead to ethical and legal trouble for even the most seasoned professions if caution is not taken. The two main reasons counsellors were reported to the College of Alberta Psychologists, as noted by Carter and Hebert, are not obtaining proper consent for children from both parents and influencing the parental time agreements through statements, both knowingly and unknowingly.

Regarding acquiring proper consent from both parties in Alberta, Canada, Carter and Hebert (2012) recommended psychologists obtain all appropriate paperwork and consult legal professionals to ensure legal protection before counselling the child. The best practices for working with children in separating families are three-fold options to protect the counsellor. First, written consent must be gathered by the counsellor from both parents. Second, if a parent claims sole guardianship, they must provide proof. Third, if the parent has a court order to have

the child counselled, ensure the court order is stamped and signed to ensure its validity. Carter and Hebert (2012) warned any lawyer can prepare a court order, but it does not have legal effect until it has been signed and stamped by a judge. False documentation provided by parents is just one example Carter and Hebert give of the unique knowledge that counsellors need in order to work with children of divorce. Working with these children requires specialized knowledge/competence, and not all psychologists who work with children can work with children of divorce without additional education/training (Carter & Hebert, 2012).

### **Summary of Implications for Counselling Psychology**

The literature review highlighted the critical importance of trauma-informed care when working with children experiencing high-conflict divorce. The approach of using trauma-informed care aligns with the *Canadian Code of Ethics for Psychologists* (2017) principles and aims to protect the best interests of all parties involved, particularly children. Research consistently shows the negative impact high-conflict divorce can have on children's mental health and emphasizes the need for early intervention to prevent trauma. Trauma-informed care should be used with children experiencing HCD as it creates a safe and supportive space for all family members. The development of a two-generational trauma-informed lens can address the trauma and resilience of both children and parents because this approach can build adaptive coping strategies, secure attachments, and break the cycle of multigenerational trauma through the acknowledgement of the interconnectedness of family members and their shared experiences.

In summary, implementing two-generational trauma-informed care and narrative therapy offers a promising framework for working with high-conflict families. It allows for the exploration of individual and family narratives, the deconstruction of problematic stories, and the development of healthier and more resilient family dynamics. While there are many benefits to

this approach, it is important to note that working with high-conflict divorce families also presents many challenges, including issues related to consent, in-session dynamics, and the risk of re-traumatization. Counsellors must set clear boundaries, maintain professionalism, and prioritize the family's and children's well-being. In conclusion, a trauma-informed, two-generational approach to counselling families experiencing high-conflict divorce is ethically sound and crucial for the well-being of children and their parents. It offers the potential to break the cycle of trauma and create a more supportive and resilient family environment; however, it also requires specialized knowledge, ethical diligence, and a commitment to protect all parties involved, including the counsellor (Shumaker & Kelsey, 2020).

### **Recommendations for Practice**

In the review of the research literature, this capstone explored the following research question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?* The previous sections showed that experiencing childhood trauma may have significant adverse effects on mental and physical well-being. Two major recommendations appeared through the analysis and evaluation of the available research. This section will explore two topics: the use of a multigenerational lens and implementation of training.

#### **Use of a Multigenerational Lens**

Divorce does affect children. However, Raja et al. (2021) reminded us through their research that interpersonal trauma also affects adults. It was reported that interpersonal conflict has a more significant negative impact on mental health than the experience of natural disasters or motor vehicle collisions (Raja et al., 2021). Miralles et al. (2021) reported the process of HCD can be a financial, mental, and emotional drain, which leaves the adult vulnerable to depression and anxiety symptoms. Higher levels of anxiety and depression influenced by the trauma of

HCD have been confirmed by Miralles et al. (2021), especially when the separating parent perceives their situation as dangerous or stressful. In his article “High-Conflict Separated Parents: Challenges and Strategies,” Matthew Mutchler (2017) reported on several case studies reflecting on how both children and adults involved in a high-conflict divorce may suffer dire emotional consequences. He insisted that when the parents can have a more collaborative relationship with one another, the outcomes are inevitably more positive. These positive outcomes are because children and parents are more resilient when the stressors, primarily high-conflictive situations, are removed (Mutchler, 2017). This resilience may also be due to learning new skills that aid them in navigating their new reality. Mutchler, therefore, promoted family counselling as an excellent resource for these children and parents. As the literature in this area is sparse, Mutchler (2017) sought to enhance it. If counsellors are to provide a safe place for the family to reduce anxiety by guiding them through reframing their relationships, a two-generational trauma-informed care approach could be practical to help address the multiple generational traumas that can be brought up and created through high-trauma divorce.

Researchers Jeung et al. (2022) showed promising results in addressing trauma through a multigenerational lens in their article “A Caregiver-Child Intervention for Mitigating Toxic Stress (‘The Resiliency Clinic’): A Pilot Study” in which they looked to reduce toxic stress and promote resiliency in the lives of children through parental psychoeducation and community building. The study aimed to develop a nurturing relationship between children and their caregivers by mitigating stress and creating supportive stress management tools. The researchers reported the success of the pilot study as families who took part reported lower parental stress and increased children's cognitive abilities (Jeung et al., 2022). Another study that promoted multi-generation engagement in the therapeutic setting was written by Sabine Loos et al. in 2020.

In this publication, Loos et al. (2020) reported that when caregivers are engaged in the therapeutic process, the treatment outcomes for the children are improved. When the caregiver and children have an alliance in therapy, the outcomes are more significant than with the therapist alone (Loos et al., 2020). If counsellors can harness these positive results by creating a space where the family can work together better to understand past traumas and current responses to trauma, it can help reduce the damage felt across the generations.

### **Implementation of Training**

As stated by Carter and Hebert (2012), Mutchler (2017) and Pender Baum (2023), working with families experiencing high-conflict divorce can be challenging and potentially dangerous for the counsellor if they do not have the proper training and legal preparation. Schmidt and Grigg (2023) recommended and detailed suggestions for navigating the complexities of working with families experiencing high-conflict divorce. Schmidt and Grigg (2023) cited that counsellors are often ill-equipped to handle the intricacies of the process and emotional strain of high-conflict divorce. Schmidt and Grigg explained how there was no specific training or recommended theoretical framework to use with high-conflict divorce, and counsellors can be overwhelmed just trying to keep up with the changes occurring within the family (Schmidt & Grigg, 2023). There are three critical deficits in which Schmidt and Grigg (2023) made recommendations for counsellors to address: working with high hostility families, lacking specific training, and being able to refer the family out when therapy is not working. These critical deficits will be further explored in the following section.

Schmidt and Grigg (2023) first advised that individual parent sessions with high hostility families take place before a family session. This approach can help the counsellor build a collaborative rapport with each parent (Schmidt & Grigg, 2023). Typically, counsellors can see

the parent in the best light in the sessions, and the parent can speak about their perspective of the family situation (Schmidt & Grigg, 2023). The counsellor can tactfully uncover underlying issues such as anger, hostility, and resentment. The single session also allows the counsellor to introduce their rules and guidelines for the family session while receiving feedback on what each parent feels could meet the family's needs. These individual sessions build rapport and help maintain a productive alliance with both parents. Nevertheless, it is the counsellor's responsibility to assess and rectify any imbalances in the counsellor-client alliance to prevent the perception of favouritism (Schmidt & Grigg, 2023). Establishing a connection is a fundamental skill in counselling. However, managing the emotional dynamics and perspectives of conflicted parties is not typically a part of a counsellor's formal education and requires more training (Schmidt & Grigg, 2023).

Schmidt and Grigg (2023) called for specific training for counsellors in two areas: managing priorities in session and strategies for identifying and dealing with parent-caused hostility. Schmidt and Grigg (2023) spoke about how skilled high-conflict divorce counsellors prioritize parental trauma and the damage that multigenerational trauma can cause to children by targeting problem-saturated stories. In contrast, ineffective counsellors may get bogged down in everyday issues like scheduling or blame instead of deeper conflicts (Schmidt & Grigg, 2023). The researchers advised that another mistake often made by HCD counsellors is the assumption that high conflict is created by equal hostility from both parties. Both parents can share responsibility for the conflict, but in high-conflict divorce cases, one parent often initiates and sustains the conflict (Schmidt & Grigg, 2023). When one parent causes so much damage or tries to control the family therapy session, therapy may not be the right choice for the family because

of the danger of retraumatization. In these cases, it may behoove the counsellor to look into other options for the family.

Schmidt and Grigg (2023) recommended a parenting coordinator when family therapy does not work. These professionals are equipped and trained in conflict resolution and management. Coordinators may focus on instructing the couple in communication methods, creating a more favourable exchange, specifically through email and text. In some organizations or situations, the coordinator may be a counsellor trained for high conflict (Schmidt & Grigg, 2023). Knowing the available options is vital to preventing burnout in overwhelmed counsellors.

Schmidt and Grigg (2023) admitted that many counsellors show hesitation to work with families experiencing high-conflict divorce as burnout and vicarious trauma are genuine concerns. Nevertheless, the demand for competent counsellors remains constant, and high-conflict divorce rates continue to rise (Schmidt & Grigg, 2023). The role of effective and well-formed counsellors becomes increasingly crucial (Schmidt & Grigg, 2023) and, although counsellors are needed in this field, counsellors also need to take care of themselves. Self-care techniques, colleague collaboration, and high-conflict training are vital for counsellors to protect themselves from compassion fatigue, emotional pain, burnout, and vicarious trauma (Pender Baum, 2023).

### **Summary of Recommendations for Practice**

High-conflict divorce increases trauma in children and adults who experience it (Mutchler, 2017). Mutchler (2017) stated that collaboration between parents can yield more positive outcomes for children as it reduces interparental conflict. Working through multigenerational approaches to address trauma in families experiencing high-conflict divorce was shown to have the potential to mitigate trauma's impact in the research of Loos et al. (2020)

and Jeung et al. (2022). However, Schmidt and Grigg (2023) warned counselling families entrenched in high-conflict divorce can be emotionally overwhelming. Counsellors working with high-conflict divorce need to receive proper training and legal preparation, in order to be prepared to navigate highly hostile family dynamics, manage priorities, and re-evaluate if/when therapy is damaging to the family. Remaining impartial and professional through collaboration with colleagues, specialized training, and prioritizing self-care are significant professional recommendations to help counsellors be highly skilled in working with families exposed to high-conflict divorce.

### **Fundamental Next Steps for Research**

The literature review highlighted the need for additional research in four significant research areas. These four areas were the lack of a clear definition of high-conflict marriage, the efficiency of using trauma-informed care in different therapeutic frameworks with families experiencing high-conflict divorce, the exclusion of select groups in past research, and the age of assessment tools used. The next section will explore, in detail, these fundamental next steps in research.

#### **Clear Definition of High Conflict Divorce**

Starting in 1994, Johnston tried to explain and create a definition of high-conflict divorce. She reported difficulty defining HCD because of the complex dynamics influencing each family engaged in HCD. In her report, she claimed that no socioeconomic, income, or ethnic differences would explain a difference between high levels of conflict compared to low levels. She also found no difference in the conflict between families where custody was sole or shared (Johnston, 1994).

The difficulty of defining high-conflict divorce has continued in modern research, as explained by Polak and Saini (2019), and both scholars and field professionals are still debating its etiology. Divorce is increasingly common in contemporary society; thus, HCD rates are also rising (Polak& Saini, 2019). There are difficulties in labeling an individual's experience of divorce as high, low, or normal levels of conflict (Polak& Saini, 2019).

Additionally, further research is needed to distinguish between the varying levels of conflict. As Polak and Saini (2019) stated, in Canada the definition of high-conflict varies widely as the nation reflects such a diverse population and theoretical beliefs. When viewing HCD through these lenses, the effects on the holistic analysis and understanding of factors which contribute to conflict are highlighted. When cultural groups give weight to individual influence on the divorce, such as giving significance to characteristics of personality and mental health, individual parental traits or broader systemic problems then parental conflict are intensified. These systematic issues, including allowing adversarial legal proceedings or counsellors who align with one side in the dispute, can change how HCD is defined (Polak& Saini, 2019). Moving forward, Polak and Saini (2019) called for researchers and professionals to collaborate and develop a more cohesive framework to understand better and address HCD. By including multiple perspectives and considering the multitude of elements, better interventions can be created to help the unique needs of all families experiencing HCD.

Another challenge of defining high-conflict divorce is the increasing rate of separation, which the Canadian Justice Department uses as an over-encompassing term to include married and unmarried couples living together (2022). Research needs to explore whether separating and divorcing families with children contain different dynamics which can affect the therapeutic process. In early research, like that done by Johnston, it was reported that long-term high-conflict

divorce is usually experienced by ten percent of couples. Schmidt and Grigg (2023) revealed that more inclusive literature puts the rates at 20% to 40% and stated the rates will continue to rise. The rise of HCD creates a need for a cross-field framework to support families experiencing high-conflict divorce, including further research defining an inclusive term that allows legal, medical, social, and mental fields to help work together to support and protect families from experiencing the dangers of high-conflict divorce.

### **Efficiency of Therapeutic Framework in Combination with Trauma-Informed Care**

Additional research needs to be conducted on effective conjoint therapy with high-conflict families (Mutchler, 2017). The lack of empirical evidence in working with HCD correlates with the recommendation for increased training for counsellors when working with HCD families. Schmidt and Grigg (2023) stated that counsellors are often unprepared to work with families experiencing HCD as there can be confusion around what specific therapeutic model should be used. Principle II.9 of the *Canadian Code of Ethics* calls for counsellors to educate themselves on relevant information to benefit their practice and protect their clients from harm (CPA, 2017). Shumaker and Kelsey (2020) reported that the most used therapeutic interventions for HCD are parent-focused, child-focused, and family-focused, respectively. However, efficacy data regarding the reduction of trauma in children (Shumaker & Kelsey, 2020) remains limited for all styles. While The National Center for Trauma-Informed Care (NCTIC) does not advocate for any particular treatment in children and adolescents (Lucio & Nelson, 2016), Schmidt and Grigg (2023) recommended further research to help educate counsellors to use multi-techniques to meet the needs of each unique family. The calls by researchers and authors on the topic of HCD have shown the need for empirical data to create an evidence-based framework for counsellors to use with families of high-conflict divorce.

### **Addressing Cultural Bias**

Most research on high-conflict divorce was based in predominantly White countries, including Canada (Fotheringham et al., 2013), Holland (van der Wal et al., 2018), and the United States of America (Lange et al., 2021; O'Hara et al., 2021) focusing on heterosexual couples divorcing and the effects on their families. When research is completed in only one area within a fairly homogeneous culture, cultural bias can occur with many groups overlooked and their culture not considered (Toombs et al., 2022).

One group in need of additional research, specifically for better interventions, is Canadian Indigenous groups, according to Toombs et al. (2022). Aboriginal children in Canada aged 14 and under had around a 50% likelihood of living with married parents, compared to a 76% likelihood for non-Aboriginal children. This discrepancy puts Aboriginal children at a higher risk of experiencing high-conflict divorce as the separation rates and multi-generational trauma are higher in Indigenous families (Toombs et al., 2022). Along with a higher chance of experiencing HCD, a separation of the parents means the single-parent family is now more likely to experience financial difficulties and increased parenting demands compared to the two-parent household. These factors may exacerbate the challenges experienced by Indigenous children and their families, increasing the risk of adverse mental and physical health outcomes (Toombs et al., 2022).

Intergenerational traumas, specifically in Indigenous groups, influence the exposure to higher numbers of ACEs shown through higher risk behaviours and health disparities (Toombs et al., 2022). The recent data gathered by Toombs et al. (2022) showed that the rate of ACEs has dropped in the general population since 2000, except in populations experiencing multigenerational trauma. When populations experience increased mental health needs and

cannot access support, it negatively affects the surrounding community, intentionally or unintentionally (Toombs et al., 2022). When entrenched trauma influences the intergenerational cycle, it becomes challenging to focus on the development of children if the parent has been unable to process and feel supported in their own mental health journey (Toombs et al., 2022). Parent figures with entrenched trauma often cannot model emotional regulation, boundary creation, and secure relationships as they were never taught these skills during their development (Toombs et al., 2022). Parents who lack coping skills for distress often do not have the resources or abilities to teach their children about resiliency (Toombs et al., 2022). Toombs et al. (2022) showed the dangers of multigenerational trauma that are passed through high-conflict divorce and connected with the multigenerational trauma are often felt by oppressed cultural groups. Through research, counsellors can promote more equitable and accurate findings that respect the diversity of human experiences and perspectives.

A second group with limited information was non-heterosexual led families. For purposes of research for this capstone, exploring Proquest, EBSCO, and Taylor & Francis databases using Boolean phrases of high conflict separation or high conflict divorce and homosexuality or gay or lesbian or bisexual or queer or transgender, yielded no results. With a lack of inclusive information around the high-conflict rates of non-heterosexual marriage, counsellors may struggle to provide the best services possible and fail to be egalitarian. Further research must include all types of partnerships to help best support those going through separations. Counsellors can benefit all individuals, regardless of their sexual orientation or gender identity, by actively addressing the heteronormative bias in the research through equitable and accurate findings.

Canadian Indigenous and non-heterosexual families are just two of the excluded groups

in the current research. Inequality in research can lead to the dangers of multi-generational trauma perpetuated through HCD, especially within an already oppressed cultural group (Toombs et al., 2022). Offering inclusive research in the future would offer a vital opportunity for oppressed groups to share their stories and create systems that respect their diversity.

### **Age of Assessment Tools**

Within the literature review, there were 14 assessment tools used to measure trauma symptoms, mental health levels, perceptions of experiences, youth resiliency and coping abilities. These assessments were all published a minimum of 12 to a maximum of 45 years ago, with a mean of 25 years. Given this and the way culture and scientific assessment have shifted in the past 25 years, it is reasonable to question if these assessment tools should continue to be used and explore updating assessments. Reliability and validity were discussed within each article and verified for each study using the tests. Nevertheless, the age of the assessment brings into question the ability to reflect the changes in cultural norms and legal considerations (i.e., same-sex marriage).

### **Summary of Fundamental Next Steps for Research**

In addressing these four areas (the lack of a clear definition of high-conflict marriage, the efficiency of using trauma-informed care in different therapeutic frameworks with families experiencing high-conflict divorce, the exclusion of select groups in past research, and the age of assessment tools used), researchers, professionals, and policymakers can work together to enhance our understanding of high-conflict divorce and develop more comprehensive and inclusive approaches of supporting the unique needs of families experiencing a challenging transition. Through collaboration, mental health professionals can promote equitable and

effective interventions, respect the diversity of human experiences, and strive to break the cycle of multigenerational trauma perpetuated through high-conflict divorce.

### **Reflexive Self-Statement**

As I approach the end of my Master of Counselling capstone project, my interest in high-conflict divorce continues to captivate my interest. The empirical evidence validated my perception that my students were affected by their parents' divorce. The journey also provided a personal insight and revelation. I believed I was unaffected by HCD just because I had not experienced it firsthand; however, through the literature's exploration of how multigenerational trauma impacts the community and not just individuals, I view my experiences differently.

The literature has shown me the importance of using a two-generational trauma-informed lens in order to respect the dignity of each family member. This lens will help me as a counsellor remain in the moment with each family member to understand their needs better. Just as the definition of high-conflict divorce is multifaceted, so is every family experiencing it. Each family will have a unique culture, communication methods, beliefs and values. It is of the utmost importance for me as a counsellor to respect these and any other distinctive pieces that form the family's collective identity. If I am unfamiliar with any areas of the family's identity, I must use curiosity to gain a deeper understanding of how to best work with the family.

At the start of this capstone project, I believed educating the parents on the effects high-conflict divorce can have on children would be the most important factor in reducing the effects of trauma. However, through the literature review, the importance of building the child's internal resilience was shown to be the most vital protective factor. While internal resilience is the most influential factor, relationships, specifically those with parents, can have a positive effect on the development of resilience. This connects with the importance of using a family systems

approach, specifically family narrative therapy, in which the family can share their personal perspective and work together to build new stories that help create resilience.

The opportunity to gain a deeper understanding of a family's dynamic reminds me how privileged I am to be welcomed into a family dynamic as a counsellor. Families, in potentially one of their most stressful and difficult times, have chosen to access support, sit with me, and allow me into their family dynamic. I feel compelled to continue my growth and training in conflict resolution in order to best be an impartial party in the family dynamics. This impartiality can honour the strength and courage it takes for the family to come into a stranger's office and talk about their high-conflict divorce and the ending of their relationship. To create this respect, I will place a high importance on working with the entire family to redefine what the relationship is without shame or judgement.

Reframing relationships without shame or judgement connects deeply with the two-generational lens and the ability to examine how current and past experiences have affected present and future generations. In the self-positioning statement, I stated that relationships had defined my life. Yet, I had no idea how much the relationships that others have or had influenced the relationship they shared with me, especially those that affected my early development. For example, the way my father and I interact is deeply impacted by how my father interacted with his father, my grandfather's interactions with his father, and so on. Allowing space for multi-generational patterns to be spoken in a safe space can help empower change to negative patterns or strengthen our positive patterns of behaviour.

The connection between past and present relationships and how the relationships of others could affect me led me to consider how integral involving whole communities are to making real change. If the relationship of two individuals can affect a third party, it is important

to help create more understanding and healthy relationships throughout society. This realization allowed me to better understand why Principle IV of the CCE calls counsellors to continue to strive for change and social justice. The clients must have a safe space to speak within the office; but, if counsellors can help stimulate a more supportive and safer environment outside the counselling office, it will create a better world for all.

Because of my beliefs regarding relationships, I am interested in gaining expertise in working with separating or separated families. In my future practice, I plan to support families in developing skills and strategies that foster solid relationships and favourable family structures. My cornerstone belief in upholding the dignity of every person will allow me to help a wide range of clients, as I will always put the person and family first, no matter their beliefs, culture, religion, or family structure. Starting from a strengths-focused perspective will allow me to build on the strengths within the family and work on using them to shore up any perceived weaknesses.

As part of my learning in this capstone project, I hope to gain skills and strategies in working with individuals whose choices I do not and cannot understand while also developing a more profound empathy for those whose own traumas have led to difficulties in creating and maintaining relationships in adulthood.

### **Conclusion**

In summary, this capstone explored this research question: *How can trauma-informed care increase resiliency in children experiencing high-conflict divorce?* This capstone first explored the dangers of increased rates of negative mental outcomes shown to be prevalent in children who had experienced high-conflict divorce. Next, the use of trauma-informed care proved helpful in providing coping skills through empowerment to help create resiliency in children. Finally, the evidence came full circle and showed that children who had higher rates of

resiliency displayed increasingly negating effects on negative mental health outcomes. The exploration of trauma-informed care, high-conflict divorce, and effects of resiliency on childhood trauma showed the potential for the three topics to be harmoniously combined. At the completion of this capstone, there are promising studies that show the benefits of targeting multigenerational trauma using trauma-informed care, but further training and research are needed to best prepare counsellors to serve children who have experienced high-conflict divorce.

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## Appendix A

Table 1

*Principle of Trauma-Informed Care in Early Intervention Psychosis Services*

Statement item	Group rating “essential” %	Phase endorsed
A trauma-informed early intervention psychosis service will work to protect the service user from ongoing abuse.	89.7	3
<i>Staff within a trauma-informed early intervention psychosis service...</i>		
are trained to understand the link between trauma and psychosis.	85.7	2
will be knowledgeable about trauma and its effects.	84.6	3
<i>A trauma-informed early intervention psychosis service...</i>		
seeks agreement and consent from the service user before beginning any intervention	84.6	3
will build a trusting relationship with the service user	84.6	3
will provide appropriate training on trauma-informed care for all staff	84.6	3
will support staff in delivering safe assessment and treatments for the effects of trauma.	84.6	3
adopts a person-centered approach.	83.3	2
will maintain a safe environment for service users.	83.3	2
will have a calm, compassionate and supportive ethos.	82.1	3
is trustworthy.	82.1	3
will acknowledge the relevance of psychological therapies.	82.1	3
will be sensitive when discussing trauma.	81.0	2
is empathetic and non-judgmental.	81.0	2
will provide supervision to staff.	81.0	2
will provide regular supervision to practitioners who are working directly with trauma	81.0	2

*Note.* Reprinted from “Reaching consensus on the principles of trauma-informed care in early intervention psychosis services: A Delphi study,” by S. Mitchell, C. Shannon, C. Mulholland, and D. Hanna, 2020, *Early Intervention in Psychiatry*, 15(5), p. 1372. Copyright 2020 by The Authors.

**Appendix B**

**Methodology**

Author	Year	Title	Sample size	Selection/ Recruitment	Data Collection Process	Data Analysis process	Qual/Quant/ Mixed case study	Notes on finding
Felitti et al.	1998	Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. (The ACE study)	9508/13494 -Adults	Questionnaires voluntarily submitted by adult participants identified through a standardized medical evaluation through a Health Maintenance Organization. Focus was upon adverse childhood experiences.	Participants self-reported on their own adverse childhood experiences under 7 categories (psychological abuse; physical abuse; sexual abuse; violence against the mother; or living with a family member who was a substance abuser, mentally ill or suicidal, or with a history of imprisonment).	The study examined the interrelatedness of ACEs. The number of categories reported was added up to produce an ACE score (0-7). The study identified a link between ACEs and chronic disease, incarceration, and employment challenges in adulthood. It attempted to adjust for the effects of various demographic factors on this identified association using logistic regression.	Quantitative Study	The study found a direct link between the breadth of exposure to childhood trauma (abuse or household dysfunction during childhood) and multiple risk factors for several of the leading causes of death in adults (chronic disease, incarceration, unemployment or underemployment).
Van der Wal et al.	2018	Reconciling Mixed Findings on Children's	142/193 - Childre	Participant children (6-18yrs.) were all residents	Prior to any intervention, children completed a questionnaire in a	Three steps were taken in the calculating of the KIDSCREEN index - a raw score	Quantitative	The finding of a negative correlation between postdivorce adjustment and traumatic impact led the

		<p>Adjustment Following High-Conflict Divorce</p>	<p>n (parent consent given, children also agreed)</p>	<p>of the Netherlands and Belgium whose families had been referred to the group intervention program “No Kids in the Middle” project (Schoemaker et. al. 2017) by judges, child protective services, or a physician because the wellbeing of the children in the family was deemed compromised due to the severity of conflict between the separated or divorced adult parents. Though the</p>	<p>setting designed to reduce parental influence. Their answers from the questionnaires were then analyzed with the KIDSCREEN-10 (Ravens-Sieberer et al. 2010) and the Children’s Revised Impact of Event Scale or CRIES-13 (Horowitz et al. 1979, translated to Dutch by Van der Ploeg et al. 2004). The KIDSCREEN-10 is a unidimensional measure representing a global score for the dimensions of the lengthier KIDSCREEN versions. Participants are presented with a series of 10 questions meant to measure experiences of well-being on a score of 0-5 for their occurrence in the past week. The CRIES-13 is a measure which assesses traumatic impact and is administered as a series of 13 questions meant to</p>	<p>was calculated, this was then converted to Rasch person parameters, with these then converted to values with a mean of approx. 50 and standard deviation of approx. 10. This was the primary measurement of the child’s post-divorce adjustment. Cronbach’s <math>\alpha</math> in this sample was .82. Strikingly, the children in the study scored relatively high on post-divorce adjustment with their KIDSCREEN-10 scores turning out to be relatively comparable to the national norms (Study participants <math>M=52.33</math>, <math>SD= 15.03</math>; vs. Dutch national norms 8-18yrs <math>M=53.90</math>, <math>SD=10.40</math>). The traumatic impact of the high-conflict divorce of their parents on the children</p>	<p>researchers to hypothesize that high-conflict divorce might both represent a risk for traumatic impact, while, at the same time, result in greater resiliency in some children. They called on future research to examine more closely the possible reasons for individual differences (environmental factors, personality traits) which may protect against the traumatic impact of divorce on some children. The finding of a positive correlation between traumatic impact and perceived parental conflict, lent weight to the idea that high-conflict divorce represented increased risk for traumatic impact in the children of these families. This study noted several interesting findings related to self-esteem. First, that gender should be taken into account as boys tended to report higher levels of self-esteem than girls. Second that a higher post-divorce adjustment score correlated</p>
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				<p>intervention was mandated, participation in the study was voluntary (Parents consented, children agreed). The 142 children came from 81 families.</p>	<p>assess traumatic and/or life-threatening events according to their reported frequency in the past week.</p>	<p>was measured with the CRIES-13 calculated as a score ranging from 0-65 with a score of 30 or over indicative of a heightened risk for post-traumatic stress disorder (PTSD, Verlinden et al. 2014). Cronbach's <math>\alpha</math> in this sample was .87. Almost half (45.8%) of the children in the study scored 30 or higher (within a clinical range) on the CRIES-13 indicating they were experiencing divorce-related post-traumatic stress symptoms.</p>		<p>positively with self-esteem (those who had adjusted better also reported higher self-esteem levels). Third, that traumatic impact correlated negatively with self-esteem (those with higher trauma also reported lower self-esteem levels).</p>
<p>Crnković &amp; Miljević-Ridički</p>	<p>2020</p>	<p>Exploring Relations Between Resilience, Trauma and Depression in Children</p>	<p>N=103 - Children</p>	<p>Participants were all current patients of the Polyclinic for the Child and Youth Protection of the City of Zagreb,</p>	<p>Within their ongoing clinical assessment and treatment, psychologists administered the following instruments: 1. CYRM-28 (The Child and Youth Resilience Measure) 2. TSCC (The Trauma Symptom Checklist for</p>	<p>From the whole sample of participants, descriptive - statistical parameters were calculated. Instruments were administered in the course of regular psychological procedures and all the data was pulled from</p>	<p>Quantitative</p>	<p>The findings of this study did not support previous findings of studies on psychological resilience. Researchers had hypothesized that abused/non-traumatized children would score significantly higher on the resilience questionnaire</p>

				<p>Croatia. They had all been previously identified as having experienced abuse through clinical assessment by a psychologist.</p>	<p>Children)                  3. BYI-II (The Beck Youth Inventory – Second Edition)                  4. Psychotraumatism assessment</p> <p>The CYRM-28 contains 28 items measuring psychological resilience. The TSCC is a self-report measure of post-traumatic stress. The BYI-II contains 5 different inventories measuring depression, anxiety, anger, disruptive behaviour and self-concept. A multi-disciplinary team of experts in the field of traumatization and child abuse assessed the participants as having experienced psychotraumatism (or not).</p>	<p>the clinic’s database, medical charts and reports of the multidisciplinary team.</p>		<p>than abused/traumatized children but findings did not support this. The differences in scoring between these two groups were not significant. Researchers concluded that, partly due to the absence of defined constructs for what counts as resilient behavior, the prediction of resilience is extremely complex. They called for future research to explore how to define resilience and the possibility of resiliency being genetically conditioned.</p>
Ghafoori et al.	2019	Predictors of Treatment Initiation, Completion, and Selection	N=128 -Youth (ages 4-17)	Participant youth had all contacted the Long Beach Trauma	Using data collected in the course of routine care, this retrospective medical record review study extracted data	Using SPSS 24.0, descriptive-statistical parameters were calculated for all key variables including:	Mixed (CBCL) & Session complet	The findings of this study lend support to the idea that vulnerable youth who have experienced trauma are a population that may benefit

		<p>Among Youth Offered Trauma-Informed Care</p>		<p>Recovery Center (LBTRC) for clinical and psychological treatment related to victimization by crime or violence. Individuals were excluded from the study if they were actively psychotic or if they had a brain injury/impair ed cognitive functioning.</p>	<p>from the medical records of youth who had themselves contacted the community mental health clinic for mental health services.</p>	<p>rates of prevalence for those who initiated and those who completed TIC interventions; bivariate associations between predisposing factors (i.e., age, sex, ethnicity, type of trauma) and the factors influencing the felt need for treatment initiation (i.e., external and internal scores). Regression analysis examined relationships between independent variables (i.e., predisposing and need factors) and (a) treatment initiation, (b) treatment completion, and (c) treatment selection (TF-CBT vs. CCT).</p>	<p>ion</p>	<p>from emerging Trauma Informed Care practices. TIC interventions include components aimed at targeting trauma exposure and post-traumatic symptomology (SAMHSA, 2014). The study supported the notion that these practices (especially in conjunction with other empirically supported treatment methods (i.e. Trauma-Focused Cognitive Behavior Therapy) may have the potential to improve the engagement of this particular population with mental health services. Of the youth who called in for treatment, many successfully initiated treatment. Of those who initiated treatment, most completed it. This is promising since prior research had seemed to suggest that low income individuals who seek free services in community mental health centers often do not access or complete the full course of treatment.</p>
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<p>Nilsson et al.</p>	<p>2022</p>	<p>Resilience in Swedish Adolescents —Does Resilience Moderate the Relationship Between Trauma Experience and Trauma Symptoms?</p>	<p>n=650 - Youth (ages 15-17)</p>	<p>Student participants (15 to 17 years of age) were from eight schools representing five municipalities in Sweden (all were located a relatively short distance from the university conducting the research). Participants were from 34 different classes and were from diverse socioeconomic backgrounds. 650 students completed a questionnaire (22 excluded) thus, N=616 adolescents.</p>	<p>The questionnaire contained within it three instruments commonly used in related studies in the following order: the ARQ, the LYLES and the TSCC. All are self-reporting instruments. The ARQ (Adolescent Resilience Questionnaire) consists of 88 items meant to measure adolescent resiliency levels within periods of difficulty or stress (Gartland et al., 2011). It employs 12 measures grouped under 5 domains. The 5 domains are: (1) Internal, (2) Family, (3) Friends, (4) School, and (5) Community. The measures “self-esteem”, “emotional insight”, “negative cognition”, “social skills”, and “empathy/tolerance” fall under the <i>Internal</i> domain. The measures “connectedness” and “availability” fall under</p>	<p>The study was designed to investigate if resilience (measured with ARQ) moderated associations between experiences of trauma and trauma symptoms or, in other words, to see if adolescents with higher resilience were less likely to exhibit symptoms of trauma following traumatic experience. Data from participants who reported at least one traumatic experience were included in the analysis. The association between trauma and trauma symptoms were analyzed using multiple linear models where resilience measures formed the two independent variables and trauma symptoms the dependent variable. All combinations of trauma and resilience were used and</p>	<p>Quantitative</p>	<p>A positive association was identified between the experience of trauma (identified by the LYLES) and the presence of trauma symptoms. This supports similar findings in other studies. A negative association was identified between the resilience factors expressed by ARQ scores and the presence of trauma symptoms. Researchers concluded that resilience was important in reducing posttraumatic symptoms. Third, multiple linear regression models showed that different “domains” of resilience may offer different moderating effects. For example, the “peers” and “family” resilience domains (ARQ) were shown to significantly moderate the associations made. This, researchers concluded, points to the possibility that different domains of resilience may offer protecting effects against different kinds of</p>
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				<p>Mean age of the participants was 16.4 years with a standard deviation of .50. 319 boys and 295 girls completed the questionnaire (two stated neither boy nor girl). 3.7% of participants were born in another European country, 7.6% were born outside Europe, 11.4% were born outside of Sweden. All participants completed the questionnaire within the same relatively</p>	<p>both the <i>Family</i> and <i>Friends</i> domains. Under the <i>School</i> domain are they measure “supportive environment” and “connectedness.” The <i>Community</i> domain does not have any sub-domains. The ARQ was designed to measure internal and social resilience factors at play within the 6 months prior to the instrument being administered to adolescents 11 to 19 years. The LYLES (Linkoping Youth Life Experience Scale) consists of 41 questions which tests for the presence of potentially traumatizing experiences (Gustafsson et al., 2009; Nilsson et al., 2010). It is intended for the identification of non-interpersonal traumas, interpersonal traumas and longstanding Adverse Childhood</p>	<p>analyses were performed for females and males separately.</p>		<p>traumatic events and experiences, that different domains may be most effective in protecting adolescents from developing posttraumatic symptoms, and that these may differ for females and males.</p>
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				<p>short research timeframe (Feb and March 2020).</p>	<p>Circumstances. The TSCC (Trauma Symptom Checklist for Children) consists of 54 questions under six subcategories (Anxiety, Depression, Anger, Posttraumatic Stress, Sexual Concerns and Dissociation (Briere, 1996). It is an instrument which identifies traumatic symptomatology in children and adolescents.</p>			
<p>Lange et al.</p>	<p>2021</p>	<p>Parental Conflicts and Posttraumatic Stress of Children in High-Conflict Divorce Families</p>	<p>167 parents Children Between N=107 Children  Participants were from 68 families with at</p>	<p>This study was an extension of an earlier study (see Van der Wal et al., 2018 in the chart above). Families participating in the “No Kids in the Middle” intervention program between</p>	<p>Researchers gathered data on the traumatic impact on the children of their parent’s high-conflict divorce through the Children’s Revised Impact of Event Scale (CRIES-1) instrument. CRIES-1 has children self-report on 13 items relating to the frequency and severity of the occurrence of traumatic events/conflict within the previous week. In essence, it is a tool which allows children</p>	<p>This study used pre and post intervention data and examined the responses to questions cross-sectionally. They used regression analyses to correctly predict posttraumatic stress symptoms pre-intervention from the longitudinal data (by developing a model for the anticipated correlated change). Using analysis conducted in Mplus 8 (Muthén &amp; Muthén,</p>	<p>Quantitative</p>	<p>This study hypothesized that high parental conflict could be shown to be a predictive factor for the development of posttraumatic stress symptoms in their children. It sought to fill a gap in the research by studying intergenerational effects from parental conflicts to child PTSS in the specific context of HCD families. It did find a positive association between parental conflicts and child PTSS in cases of high</p>

			<p>least 1 parent participating in a mandated intervention program .</p>	<p>April 2014 and March 2016 were followed up on and asked to participate in this continued study. All families had previously been referred to the program by judges, a physician, or child protection services. This intervention program was administered in various government health care facilities in the Netherlands and Belgium. 107 children from 68 families (with at least one</p>	<p>to report on the forms of conflict they witnessed and to what extent their parents fought in their presence.</p>	<p>1998–2017) they accounted for the non-independence of families. They ran separate analyses by informant (whether the conflict was reported by the father, mother and/or child) which yielded some unanticipated results.</p>		<p>conflict divorce. This association was robust as the finding were replicated regardless of the informant (mother, father, or child), in the bulk of the sensitivity analyses, and even when using dual analytical approaches. However, the study concluded that careful observation by mental health professionals is necessary in cases of high conflict divorce since the factor of interparental contact frequency is a complex one requiring further study. Prior to this it had been assumed by some that reducing contact frequency between the parents was a good tactic but this study revealed that low contact could be related to overall higher levels of conflict. In further suggested that incorporating a trauma narrative into an intervention might strengthen resilience in the children.</p>
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				parent's involvement) participated in the study.				
Motsan et al.	2020	Physiological and Social Synchrony as Markers of PTSD and Resilience Following Chronic Early Trauma	N=232 - Children and mother dyads  148 of these were war-exposed .  84 of these were control.	A cohort of war-impacted children was assessed four times (T1-T4) over several years (spanning early childhood to preadolescence) for Posttraumatic Stress symptoms. From 2004-2005 these 148 children (along with their mothers) were living near the Gaza border where, since 2000 they had frequently been exposed to unpredictable rocket attacks meaning they were living under the	T1- Occurring in early childhood (M=2.76 yrs), home visits to the dyads were videotaped and the Zero to Three (2005) diagnostic tool was used to assess PTSD in the children while mothers completed a self-reporting questionnaire. T2- Occurring in middle childhood (M=7.68 yrs), the DAWBA (Developmental and Well-Being Assessment) was administered to assess child PTSD, home visits were videotaped. T3 -Occurring in late childhood (M=9.3 yrs), the DAWBA was again administered and home visits to the dyads were videotaped. Mothers completed the Posttraumatic Diagnostic Scale (a	Each social interactive task (T4) was micro-coded for behavioral synchrony and, using the data collected by the mindware devices, a second-by-second comparison of behavioral and physiological (heartrate and respiratory) synchrony was calculated. A Hierarchical Linear Model (HLM) was used to further analyze the similarities and differences between behavioral and physiological synchrony co-occurrences.  Significant differences between groups emerged. Most notable, PTSD dyads exhibited the tightest autonomic synchrony	Mixed Mode	This study reported that the youth with prolonged exposure to early trauma showed altered patterns of behavioral and physiological synchrony with their mothers (as compared to the control group). The change in these children was observable in pre-adolescence and manifested pre-dominantly in socially interactive tasks. The results showed that resilient children had increased behavioral synchrony with their mothers compared to those with war-related trauma.

				<p>daily threat of death or extreme injury. Their results on the various measures were compared to a control group of 84 dyads (mothers and children) from central Israel, who were demographically otherwise similar to the war-exposed group.</p>	<p>measure of adult PTSD via self-report (Foa et al., 1997).                  T4 - Finally, occurring in preadolescence (M= 11.57 yrs), mother and child were observed in tasks (some social and some non-social). Mindware devices recorded cardiac data and measures of respiratory sinus arrhythmia (RSA) and synchrony or asynchrony in different mother-child interactions was closely observed.</p>	<p>(heartrate, respiratory sinus arrhythmia) combined with the lowest behavioral synchrony, whereas resilient dyads displayed the highest behavioral and lowest autonomic synchrony.</p>		
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