



Innovations in Interventions with High Conflict Families

Edited by

Linda B. Fieldstone

and

Christine A. Coates

Association of Family and Conciliation Courts

www.afccnet.org

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PREFACE

Since 1963, the Association of Family and Conciliation Courts (AFCC) has convened a wide range of professionals dedicated to improving the lives of children and families through the resolution of family conflict. AFCC members are bound by their strong commitment to education, innovation and collaboration in order to benefit communities, empower families and promote a healthy future for children. Through educational programs, publications and the Internet, members discuss how best to help families resolve conflict, especially those experiencing separation and divorce.

AFCC's interdisciplinary approach has contributed to it being a leader in the development of initiatives in areas including mediation, custody evaluation, parenting coordination, and parent education. Above all, AFCC members are innovators who are accustomed to sharing their expertise with colleagues. The Innovations Series is designed to enable AFCC members to share practical information about programs, processes and ideas that are emerging in the practice of family law.

Each book in the Innovation Series has been edited, and each chapter written, by thoughtful and experienced practitioners who have given generously of their time in order to contribute. We are deeply honored to have worked with all of them.

We hope that a chapter in this series will spark an idea for a new program in your community or help improve the functioning of an existing program. And, of

course, we hope that you will continue your connection with AFCC by finding ways to share your own innovative ideas with our community through future publications and educational programs. The better our work and the more we learn from one another, the greater our contribution will be to the communities, children and families we serve.

*Wendy Bryans, LL.B and Linda Fieldstone, M.Ed.
AFCC Innovations Series Project*

INTRODUCTION

DEFINING HIGH-CONFLICT FAMILIES

What is the definition of “high conflict” as it pertains to parental separation or divorce? Defining high-conflict families is difficult, since the character traits of these families can vary. Judges and professionals working with these families often echo Justice Potter Stewart’s statement when he tried to explain “hard-core” pornography that, “I know it when I see it” (*Jacobellis v. Ohio*, 1964). Courts and lawyers call them the “fat file” cases where pleadings fly fast and furiously between the parties, and the case files become thicker, taking up more physical and human resources. Professionals, researchers and court personnel acknowledge that these cases differ from those that exhibit a degree of upset more typically associated with parental separation and divorce (Department of Justice of Canada, 2001). Most simply stated: these parents are engaged in intractable conflict that is ongoing and unresolved and that intensifies after the divorce or separation rather than diminishing.

High conflict parents continue to litigate and re-litigate over minor and inconsequential issues generated by their need to control or punish each other, often obstructing access to their children. These parents navigate from one attorney to another, file multiple motions over child-related rather than legal issues, and over-or-misuse the legal and child welfare system to pound the other parent with

threats and allegations. The court's valuable time is drained from such minor issues as one-time changes in the parenting time schedule, telephone access, vacation planning, and decisions about the children's after-school activities, health care, child care and child-rearing practices (Coates, Deutsch, Starnes, Sullivan, Sydlik, 2004). Sometimes it is one very dysfunctional parent who exacerbates the conflict; more often both parents are involved in maintaining their high level of discord. Domestic violence and abuse may also be present, but it is not a feature in all high-conflict families.

CHALLENGES TO PROFESSIONALS AND THE COURTS

The relatively small percentage of high conflict divorcing and separating parents are a challenge for courts, professionals and the other systems in which the families operate. These families compose approximately 8% to 12% of the domestic relations cases (Coates, Deutsch, Starnes, Sullivan, Sydlik, 2004), yet require about 90% of the family court's attention (Neff & Cooper, 2004). The litigation costs drain their finances, which could be better used for their families and children, and the large amount of time and involvement of judges and court personnel spent in this recurring litigation deplete the scarce resources allocated to the court system.

The chapters in this volume also address the staggering psychological costs to the children exposed to unresolved high conflict between their parents. Children in high-conflict families are at risk for developing a range of emotional and behavioral problems both during childhood and later in life (Grych, 2005; Johnston and Roseby, 1997). Their parents have difficulty re-stabilizing and reintegrating into two distinct but interrelated family units after they separate. High conflict parents are alternately enraged and emotionally injured by each other, and their post-divorce adjustment is stymied. The parent-child relationships are negatively affected (Doolittle and Deutsch, 1999). Mediation has proven ineffective in resolving disputes between these parents; the legal system has been no more successful. The entire family, the legal system, and ultimately society suffer from the proliferation of these high-conflict families. Innovative systemic and practical approaches are needed for high conflict families to minimize the harm to the children and parents and to reduce the costs to the system and professionals (Wingspread Report and Action Plan, 2000).

SCOPE OF THIS BOOK

A strength and basic principle of AFCC is that cross-disciplinary dialogue and sharing of programs and innovations is vital to meeting the challenges of families in the court system. This volume in AFCC's series on Innovations presents six very distinct approaches in working with high conflict families, and provides the reader with opportunities for adoption, replication or creative expansion of the models featured. Selected for their practicality and inventiveness, the roles and models for these interventions with chronically-conflicted divorced or separated parents run the gamut from intake to education, counseling to consulting, and facilitation to decision-making. The authors are considered experts on their topics, all with practical experience in working with high conflict families and the court system.

Nancy Olesen, Ph.D. and Leslie Drozd, Ph.D. begin this volume with a thought-provoking chapter about ways to differentiate situations of high conflict from those with domestic violence, and to understand the implications of each where alienation is concerned. The prime principle in working with high-conflict families, according to the authors, is to provide for the safety of the children in the custodial and access arrangements created for them. Screening for family violence and abuse is imperative as the first step in any intervention, and the authors offer assessment and evaluation methods and protocols. Types of family violence are discussed, leading to the authors' assertion that a "one size fits all" response from family courts and professionals may not be appropriate. Different interventions are needed in response to the different expressions of family violence. The authors examine alienation in the same light, asserting that the intervention used with children should be based upon the cause of the disruption in the child's relationship with a parent. Once thorough screenings are accomplished, professionals and courts can provide the most appropriate intervention targeted at the specific needs of those families.

In the second chapter, Rhonda Freeman, MSW, RSW, presents a structured and creative process for reconnecting a child with an absent parent. Like Drozd and Olesen, Ms. Freeman also rejects the "one-size-fits all" approach to high conflict families. She advocates for carefully crafted interventions to build and sustain the relationship between a child and the absent parent. Her approach is child-centered, and she discusses the critical decisions that must be made by the professional in implementing a reconnection program. To benefit practitioners, her model

for reconnection is outlined in detail, with practical guidance to allow professionals to create similar programs with their clients. She discusses the tasks to be accomplished with the child, the parents, significant others, extended family and even professionals, emphasizing the importance of taking the time needed to prepare the parents and child for reconnection, and plan for each subsequent meeting.

Donald Gordon, Ph.D., James Billings, Ph.D., and Gary Robbins, M.S. describe an inventive intervention created by Dr. Gordon and Jack Arbuthnot that provides a standardized program of parent education to high-conflict parents. Called *After the Storm*, the program's underpinnings are social learning and cognitive behavioral theory. Held in a group setting, the *After the Storm* program consists of video depictions of parental conflict followed by discussion with the class members. The off-the-shelf program provides a discussion leader's guide, power point slides, parent workbook and videos to promote the parents' skill-building and hands-on involvement with other parents and instructors. The authors suggest that the program has been very successful in teaching parents skills to reduce conflict with the other parent and to focus on the needs of the children. A bonus for practitioners is that once purchased, the program can be instituted quite quickly with a minimum of training for instructors.

In chapter four, Elena Hobbs-Minor, M.A., and Matthew Sullivan, Ph.D., describe a relatively new role in the family alternative dispute resolution continuum, which they call "mental health consultant." The mental health consultant works with a parent confidentially and individually to help him or her through the divorce or post-divorce process, focusing on the education and "coaching" about effective communication and parenting skills. The goal is to help the parent learn new ways of working with the other parent to minimize, reduce or avoid conflict early in the divorce or separation process. A mental health consultant can also work with an attorney, providing advice on appropriate approaches to parenting plans and on litigation strategies to reduce conflict and promote effective parenting arrangements. An interesting inclusion in their chapter is a series of vignettes that illustrate the effective use of the mental health consultant in minimizing conflict and increasing parenting competencies. The authors describe the ethical pitfalls of this role and suggest the need for research.

Chapter 5 describes an approach with low income, high-conflict families using co-parent counseling. The authors, Jeffrey Zimmerman, Ph.D, and Elizabeth Thayer, Ph.D., present a ground-breaking model that offers parents a low-cost

opportunity to take back their authority as parents and to acquire the skills they need to learn to co-parent after their divorce. The parents meet together with a clinician from the P.E.A.C.E. program (Parents Equally Allied to Co-Parent Effectively) in a structured environment that is not traditional psychotherapy. Focusing on building effective parenting and communication skills, the parents continue to meet until they can communicate regularly, resolving their issues independently. The approach, although structured in teaching skills about effective parenting, is flexible and focuses on the couple's particular needs and issues. The goal is to remove the children from the middle of their parents' conflicts by helping the parents learn a proactive approach to parenting. Parents' self esteem improves, and they are better able to coordinate and plan for their children. The authors assert that follow-up surveys show that parents who complete the program use far less of the court's resources than would be anticipated in high-conflict cases. They also suggest ways that this program can be used in non-profit settings.

Parenting coordination is discussed by Robin Deutsch, Ph.D., Christine Coates, M.Ed., J.D., and Linda Fieldstone, M.Ed. in the last chapter of this book. Another relative new-comer to the alternative dispute resolution continuum, parenting coordination employs assessment, dispute resolution, education, coaching and case management in working with high-conflict families. The parenting coordinator is appointed by the court as the professional to whom the parents turn when in conflict, rather than returning to court. Through court order, and upon the parties' agreement, the parenting coordinator can make decisions for the parents when they are unable to agree, reducing the need for the parents to resort to more adversarial means of resolution. The authors indicate that the approach used by the parenting coordinator is based on the needs of the parents, the reason for their conflict, and their ability to work with each other. The goal is to minimize conflict, have effective and speedy dispute resolution, and teach effective parenting skills for the benefit of the children. The authors describe the strengths and weaknesses of this role, which is being incorporated formally in many jurisdictions to ease the burden placed on the legal system, as well as the family suffering from the unresolved, unrelenting conflict of the parents. The authors caution that this role is not for the new practitioner, as the skills and knowledge needed by the parenting coordinator must be substantial in order to deal with these most litigious cases.

CONCLUSION

The authors of the chapters in this book detail six very different innovations in working with high-conflict families. Similar themes, however, emerge from the presentations of these different models.

First, each individual in a high-conflict family is unique and must be approached by the professional in a way that meets his or her distinct needs. Even the group parent education model, *After the Storm*, provides reinforcement for the importance of involving the participants in the discussion and in evaluating their own situations. From the first individual intake for domestic violence and abuse, to assessing the cause of the ongoing conflict of the parents, the co-parent clinician, reconnection therapist, mental health consultant, parent educator and parenting coordinator approach the family in an individualized manner. Each parent's needs are assessed and the cause of the conflict is examined. The intervention is empowering of the parent's parenting capacity while focusing on removing the child from the middle of the parental conflict. One size does not fit all when it comes to high-conflict families.

A second theme is that more research on high conflict and the effectiveness of the various interventions is essential. Longitudinal studies that track the children's functioning before and after the intervention are needed to determine its value. Similar tracking of the parents would provide insights into the usefulness of the program in promoting healthy, adjusted adults. A thorough examination of the savings in court resources, including judicial and court personnel time, and the savings in family financial resources for each of the interventions, is imperative.

A third emergent theme is that all of the interventions are child-focused and facilitated with respect and compassion for the family situation. The purpose of each intervention is not to vilify, embarrass or overwhelm the parents, but to gently educate and reorient them to taking responsibility for their own actions and their responses to provocative behavior from the other parent. The parents are reminded that the conflict between them is hurting their children and that a change in their own individual behaviors will positively impact their children. Above all, each model's goal is to produce meaningful changes in parents that positively affect their children.

We thank the authors for their time, expertise, and, most of all, their dedication to children and families and the court. Through their efforts, it is hopeful

that the models presented in this book become more accessible to high conflict families. In the future, it is likely that new techniques, services and programs will come into the forefront to assist each family even more effectively. As more research of innovative programs and services occurs, AFCC will continue to be a leader in the interdisciplinary sharing of information and insights and a valuable resource for professionals and the courts.

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CHAPTER 1

HIGH CONFLICT, DOMESTIC ABUSE OR ALIENATING BEHAVIOR: HOW DO YOU KNOW?

Nancy Williams Olesen, Ph.D. & Leslie Drozd, Ph.D.

For more than thirty years, since the best interests of the child standard came into wide use, the courts and all professionals who work with divorcing families have been struggling to define and evaluate the many variables that make up the best interests of children. Continuing contact with both parents was an early yardstick, but state statutes over the past three decades have become more explicit about the public policy goal of providing a custody plan that keeps children safe as well as in contact with both parents. Domestic violence is one of the major arenas in which the tension between continuing contact and the safety of women and children plays out. While there is universal acceptance that the principle of child safety is primary, there is still the bitterly fought question “safety from what?” From an abusive and violent parent or from a vindictive, dishonest and disturbed parent? Courts have struggled to determine the truth of such competing allegations of wrongdoing, allegations about which it may be dangerous, even tragic to be wrong. The competing or overlapping allegations of domestic violence and alienation are the focus of this chapter.

Families present themselves in our courts with varying levels of conflict, some of which may be the normative interpersonal conflict between partners as they separate and divorce and some of which may be the more insidious, destructive and sometimes hidden forms of domestic abuse.

Of course, conflict itself is a complex issue, with many factors, degrees and manifestations. Separating and divorcing families can be seen to be low-conflict, high-conflict or they also can be families in which abuse and violence has taken place and/or is at risk to take place. The parental conflict may be brief and mild around the time of separation or long-standing during the marriage and intractable after the divorce. The conflict may involve the children as booty, as allies, as messengers, or as witnesses. After all, anger and conflict are part of human relationships and occur on a continuum from irritation to anger to rage to violent actions. There are other patterns that are rightly considered to be domestic violence, in which there may be only occasional episodes in which actual violence occurs, but with serious emotional and psychological abuse as a result of the climate of fear. In those families, the ongoing patterns of intimidation, isolation, power and control are a part of family history or current functioning. Such a pattern most often causes serious emotional and psychological damage to victim parents and children.

Alienation refers to the situation in which a child rejects a parent for trivial or false reasons, not consistent with his or her own experience of that parent. Alienation in its current usage cannot be applied to families in which there has been abuse or violence. The older term Parental Alienation Syndrome, coined by Richard Gardner, M.D. (1987), was overly-inclusive, frequently hostile toward women and failed to differentiate appropriate (or even frantic and clumsy) attempts to protect children from an abusive or dangerous parent. It also suggested that there was a known syndrome in the medical sense, with a defined set of symptoms, a known cause, and an approach to treatment, none of which were the case. We are following the analysis of Kelly and Johnston and others (2001), which provides a more complex view of alienating behavior, including: the possibility that a violent parent may engage in alienating behavior (which we refer to as “sabotaging” in cases where abuse has been found) to turn the children against the victim parent, and the possibility that behavior that appears to be alienating may be necessary, but poorly thought through protective behaviors. After Kelly and Johnston, we will use the word estrangement to refer to a child’s fear or anger or rejection of a parent for good reasons based on his or her own experience of that parent.

In this chapter, we will describe ways to differentiate situations of high conflict from those with domestic violence, and to differentiate both from alienation.

BACKGROUND

The mental health and legal professionals' understanding of child abuse and domestic violence has undergone change and development over the past forty years. Earlier in the last century mental health professionals, law enforcement officers and courts minimized and ignored the presence of and importance of family violence. First with child abuse and then with domestic violence, professionals have been made aware of the scope and meaning of the problem of family violence. Over these decades, pediatricians, domestic violence and child abuse advocates, family therapists and mental health researchers and sociologists have all provided theories to explain the phenomena of child abuse and domestic violence. Many have struggled with ways to assess it when the signs are not obvious or the perpetrator is not certainly identified.

In those earlier discussions, family violence was often described as an issue of "family dynamics," with responsibility assigned to all the family members more or less equally. In that formulation, divorce-engendered conflict would be seen as the result of the separation and as a manifestation of conflict that would cease when the parents were separated from one another. That is, such conflict was not a concern of the court because it could be seen as finished when the parents did not have to interact on a daily basis. This, of course, has turned out to be false in a substantial minority of families, although there are still courts and mental health practitioners who believe that most types of conflict will subside after a brief period following separation. It is true, of course, for the majority of families, that within two years of divorce the parents have resumed normal functioning (Hetherington and Clingempeel, 1992), have formed new relationships and have reduced the overt conflict between them. It is similarly true that the majority of children continue to want close relationships with both their parents after divorce, when those relationships are positive.

The courts need to differentiate these successfully separating couples from the smaller but still substantial number of families, in which there is a history of family violence that may not be immediately apparent when they enter the court system.

Increasingly, the courts and academic writers have recognized and described family violence not as a matter of family dynamics but as a type of assault, for which the perpetrator alone is responsible, whatever other family problems may exist. This increasing domestic violence awareness has led many states to enact laws that define assaults of various kinds on family members, mandate punishment or treatment interventions and mandate certain rebuttable presumptions regarding child custody decisions.

We take as the first principle of the work with these families that children should be safe. It then follows that the courts and everyone who works with divorcing families must shoulder the task of assessing whether children are safe and safe from what specific danger. This will mean differentiating parents whose conflict is not violent or dangerous, not part of a larger pattern of intimidation, power and control, isolation, and fear from those who have committed some form of abuse and/or are at risk for committing violent or abusive actions in the future. The accurate identification of families with domestic violence as a risk greatly increases the possibility for effective interventions that prevent damage to the children and risk to the victim parent. It allows for the custody and access plans to be the best possible for the children, protecting them from an access plan that would be dangerous and preventing their separation from a parent who is not a danger.

Domestic violence can be described in terms of domain (emotional, physical, sexual, financial and control/power), in terms of pattern (type of abuse, direction of the abuse, identity of victim and perpetrator, frequency, intensity), and in terms of its meaning to the victim and the perpetrator.

The purpose of this chapter is to outline ways to screen and evaluate families for the presence of family violence and to differentiate family violence from simple high conflict and from alienation. It is not a complete discussion of the subject and we include many references to which the reader can refer for more information. First we will describe what domestic violence is, then how to assess for it, and finally we will describe more thorough evaluation methods.

DEFINITIONS

One problem facing those who work with families in which interpersonal violence is or may be an issue is the fact that there is no settled and agreed definition.

There are many terms for family violence, and many definitions that vary in ways that can be confusing and overlapping. Mental health professionals, attorneys, researchers and law enforcement personnel all use somewhat different definitions (Kuehnle and Walker, 2003). While judges and attorneys use legal definitions of domestic violence, which emphasize physical control or harm, mental health professionals use definitions that are more inclusive and address physically and psychologically abusive behavior.

The American Psychological Association Presidential Task Force on Family Violence (1996) defined “acts of physical abuse, sexual abuse, or psychological maltreatment; chronic situations in which one person controls or intends to control another person’s behavior; and misuse of power that may result in injury or harm to the psychological, social, economic, sexual or physical well-being of family members.” Emotional or psychological abuse is characterized by threats, demeaning or belittling comments, an atmosphere of fear, terror or insecurity. Usually there is a family rule that it must not be discussed outside the family.

The National Council of Juvenile and Family Court Judges (2003) pointed out another important distinction that will be discussed in more detail below. They stated that “. . .it [family violence] can refer to any single instance of physical or emotional maltreatment by one intimate partner against the other, or it can refer to a course of conduct by one partner intended to assert and maintain control and power over the other. This conduct includes the use of physical harm and the threat of harm, but it involves a panoply of other control strategies as well.” This “course of conduct” description of domestic violence fits with a more traditional understanding of spousal abuse or battering.

The ability to differentiate among the types of family violence is vitally important to the ability to maintain safety for victim parents and children. The effort to describe different types has been controversial, but in this chapter we will rely on the 2008 Report from the Wingspread Conference on Domestic Violence and Family Courts, written by Nancy Ver Steegh and Clare Dalton (2008), in which the need to differentiate and the process of differentiating among types of domestic violence were articulately presented.

Although there are some differences in the field with regard to the factors that differentiate family violence from high conflict and one type of domestic violence from another, all usually include anger and aggression. All may involve efforts to gain power and control, although in situations of high conflict the efforts to gain

power and control may be mutual. The process of differentiating types of domestic violence patterns can also be thought of as differentiating violent behavior according to the context and meaning of it. The hallmarks of domestic violence are fear and isolation, which are always present in the case of a family violence pattern.

One way to begin working with context is to differentiate two broad categories as they are discussed in current social science literature. The types of violence can be described in terms of the motivation of the perpetrator, the meaning to and the effect on the victim, and the pattern of the violent occurrences. One type has been called “common couple violence” or “situational couple violence.” These terms refer to the acts of aggression that arise only in the context of marital conflict and frequently represent brief losses of control, perhaps occurring only around the time of marital disintegration. The incidents may be isolated, the victims in such a pattern do not feel intimidated or controlled and the violent spouse does not intend to create overall control of his or her spouse. Furthermore, these incidents are not part of an overall pattern that includes the aggressor using isolation and fear as ways of dominating and controlling the non-violent partner. In situations of “common couple violence” or “situational couple violence” often both people are surprised and upset by the violent episode.

The other broad type has been called “intimate terrorism.” Intimate terrorism refers to a pattern of escalating coercive control. There may be little overt conflict at the time of violent incidents while there may be a great deal of coercion and fear occurring on a continuous basis. This is the more potentially persistent and dangerous form of domestic violence. We should mention a third type, which can be called “violent resistance” and refers to violence that occurs only as self-defense in situations of intimate terrorism (Johnson, 2006). This is not the main focus of our chapter but is important to keep in mind when assessing a family. A good discussion of the difficulties in definition and in understanding the limitations in the research in this area is found in the exchange of papers between Don Dutton and Michael Johnson in the 2005 *Journal of Child Custody*, 2(4), in the Wingspread Report (Ver Steegh and Dalton, 2008), and finally in papers by Clare Dalton *et al* (2003) and Nancy Ver Steegh (2005).

The possibility that domestic violence can be present in such extremely different forms in different families suggests that the same one-size-fits-all response from family courts may not be appropriate. If one mistakes intimate terrorism for

a more common type of conflict-driven fighting, one can make decisions that seriously endanger women and children. This is particularly true when the essential goal of the perpetrator's behavior is coercive control. There are cases in which the psychological intimidation, threats and damage to property or pets are sufficiently terrifying to maintain the perpetrator's control without frequent violent episodes and those must not be misconstrued as "not violent" families. This is not a matter of "single incident" violence vs. multiple assaults. It is a matter of investigating the context, the intent, the meaning to the victim and the pattern over time.

It is obvious that a family pattern that fits "intimate terrorism" involves a significantly higher level of risk of serious or fatal injury to the victim parent and the children, and thus, the standard assignment to a year or six-month, once weekly batterers intervention program is unlikely to provide sufficient protection to the victim parent and children. As an example, if a batterers treatment program for the primary aggressor is the only intervention with a family and if court-ordered child custody exchanges go on as is, the batterer is presented with the rich opportunity for ongoing harassment of the victim; further, points of increased risk continue for potentially serious or fatal attacks in cases in which there is such danger, all while the children are exposed to continued and perhaps increased conflict and even danger.

Not only might the mis-assessment of true intimate terrorism as common couple violence result in harm to children and/or adult victims, the mis-assessment of common couple violence as intimate terrorism might also reduce the likelihood that family members who need court-referred treatment will in fact get it. That is, if there is a matter of "situational couple violence" in which the level of violent behavior is low, the frequency is low and there is no elevated level of fear in the victim parent, the risk of serious or fatal injury may be extremely low. If such families are treated as though they were the same as those involving intimate terrorism, they may lose the chance to engage in treatment and educational programs that could be helpful and the children in the family may be further traumatized by the interventions themselves or the loss of contact with a parent who may not have been dangerous.

In sum, errors in screening and assessment, specifically false positive and false negative errors, can be quite costly and/or even harmful to children and their families.

A related issue that arises in some families in which there are questions of family abuse of some kind is the allegation parental alienation. As described above, alienation is defined as the rejection of one parent without good reason.

Alienating behavior refers to attempts by one parent to undermine or eliminate the relationship between the child and the other parent. For a discussion of the concept, definition and formulation, see Kelly and Johnston, 2001.

In general, it is important in the screening process, when there is an allegation of parental alienation or a concern about children who are rejecting one parent, to investigate for the presence of alienating behaviors and for the presence of abuse or neglect. The investigation of alienating behaviors needs to be at least conceptually independent from the investigation of family violence. The history and current observations of parent-child behavior will be important to delineate the actual past and current relationships between parents and children. Parental statements about the past history should be corroborated by collateral information whenever possible. In the addenda, the reader will find an instrument developed by Olesen and Drozd, called the Alienation Child Custody questionnaire, describing an interview protocol for looking at alienation.

It has become common for allegations of parental alienation to be made by a person who has been accused of domestic violence, particularly when there are concerns about the children's safety with the alleged perpetrator, or the children are reluctant to visit. Drozd and Olesen (2003) have described a model for fully evaluating the questions of whether one is seeing alienation or abuse or both or neither. The commonly recognized pattern is for a woman to allege abuse by her partner, and then be blamed for turning the children against him. Interestingly, one piece of preliminary research by Johnston *et al.* (2005) showed a different finding. In families in which there was abuse by the father, the mother had no greater likelihood of engaging in alienating behavior than mothers in all other families. On the other hand, fathers who had been found to have been abusive to their adult partners or their children were significantly more likely to engage in alienating behaviors than their partners or other fathers who were not abusive. This is a pattern that has not been described in the literature but has been seen clinically: the violent spouse turns the children against the victim parent.

It is critically important to understand and explain the cause of the disruption in the child's relationship with one of the parents, because the interventions needed may be very different from one another depending on the underlying dynamics.

For example, consider a separated family in which the children are fearful of visiting their father who has been physically violent and verbally abusive, while their mother is angry and fearful. The clinical interventions should include clear and reliable protective orders, a batterer's treatment program for the father, a reliable safety plan and trauma treatment for the mother and specific treatment for the children focused on healing their trauma. Then, when all aspects of that treatment are moving forward and there is accountability for all orders and agreements, one can plan to start work to heal the relationship between father and children. This is a very different situation from the family at the other extreme in which there is an involved and appropriate father, a paranoid or mentally ill mother who makes large numbers of allegations, all investigated with the conclusion they are unfounded, and children who have come erroneously to believe their father is dangerous or bad. In that case, the clinical interventions should immediately create opportunities for the children to spend time with their father, with parenting advice for him, as he deals with the difficulties presented by the children. The mother should receive appropriate treatment for her psychological illness and the children too should be provided with opportunities for therapeutic healing as they resume contact with their father.

The cases we see are very rarely so clear cut as the examples above. In fact, almost all cases we will see with any of the three dynamics will involve combinations of these three elements: high conflict, domestic violence and alienation. All families require careful analysis in order to delineate the dynamics involved and from that analysis, a plan for the appropriate intervention for the court to order or provide.

Chapter Two in this book outlines in detail an approach to the treatment of families in which there is alienation.

METHODS

Although there is a rich academic and mental health literature about family violence, most agencies and courts have been left to their own devices with little guidance to create their own ways to screen or assess the families they see, to train their staffs, and even to define or interpret the implications of the behaviors they find.

The ways that interviews or questionnaires are conducted to investigate family violence can be helpful in gaining information or can be destructive, either by limiting the information gained or so contaminating the information by leading questions that the court cannot have confidence in the data. It is a central premise of this chapter that domestic violence is often not disclosed unless the victim is asked about it directly and in particular ways that we will outline. The maxim is, “If you don’t ask, they won’t tell,” followed by a corollary, “Even if you do ask, they may not tell at first.” Therefore, on the one hand, the process must include direct questions. But there is a risk associated with asking specific questions, in that information can be provided through the questions that could be used by a person motivated to make false allegations of domestic violence. It is for that reason as well that we contend a clear written protocol for questioning can make for an easier trail to follow in looking at different versions of the allegations that are given over time.

The method this chapter presents is a process for screening and assessing parents in situations in which the basic question is whether the conduct of a parent is the result of intense relationship conflict or whether, instead, there is evidence of abuse. Screening is a process of case identification that frames the question in that binary format: is the one party likely to be a victim of domestic violence or not; is the other party likely to be a perpetrator of domestic violence or not. The results of screening are used to determine who should progress to fuller evaluation. Full focused assessment, on the other hand, leads to a clearer understanding of the etiology, development, expression and purpose of the abusive behavior or other family issues. It provides information for the formulation of adequate and appropriate treatment plans and programs, some notions of prognosis and an appraisal of the efficacy and outcomes of treatment. We will briefly describe both the screening and the assessment processes. This chapter does not substitute for more thorough training in the evaluation and treatment of domestic violence in child custody, but is intended to alert the professional in the case to the factors of which they need to be aware.

At a third level of complexity after screening and focused assessments, there are evaluations, which describe the family in many areas, not only in their conflict or abuse. We will refer to evaluations at some points, but generally will be describing screening and focused investigations of domestic violence.

Screening, of course, casts a wide net to identify people and situations that

merit a more complete assessment. Screening early in the legal process helps to increase safety during the court process and allows the court to move families for whom there is concern about risk to the non-offending parent and to the children onto a track that includes thorough assessment and protections during the process. Screening, however, will tend to over-identify domestic violence, so the professionals doing the screening need to be mindful of the limitations in their techniques and recognize that scoring positive on a screening instrument is not equivalent to a finding of domestic violence. Assessment in more depth (which we will discuss later in the chapter) should clarify whether the incidents or patterns of behavior meet the definitions of domestic violence that are relevant in the particular jurisdiction.

Current prevalence statistics suggest that everyone entering the family court services process should be screened if that is feasible. Estimates of the incidence of domestic violence in community samples range from 22% to 29% (Jaffe, Lemon, and Poisson, 2003). One might presume that the incidence would be higher in divorcing and custody disputing families and, indeed, research suggests that there are allegations of domestic violence in 72-80% of cases referred to courts in California (Johnston and Roseby, 1992; Newmark *et al.*, 1995).

Routine screening of all families would allow the courts to establish a physical and emotionally safe environment during the court process. This may include allowing a victim to refuse to disclose her residential address or having extra security in the courthouse at the times that hearings are scheduled. Accurate screening also allows the courts to maintain a safe environment in which to answer other questions the court may have. For example, hearings about financial matters or about allegations of substance abuse could be held in a way that maintain physical security for the potential victim of domestic violence.

Each agency, such as Family Court Services, should have an established protocol for screening. Such a protocol would include delineating when the screening interviews are held, by whom the screening is done, where the screening should occur, how the screening should be conducted, and how and to whom the results should be transmitted. These will be discussed below.

As noted above, it is a good idea to use a written protocol in interviewing both parties about their problem solving/conflict management behaviors. In open-ended interviewing, it is easy for the interviewer to be pulled off task by the person being interviewed so that some questions are unexplored. In addition, the

questioning about domestic violence needs to be organized from the most general and benign to the most specific. The response to the questions, “Are you a victim of domestic violence?” or “Are you a batterer?” is almost always, “No!” Questions can be about conflicts and problem solving in general, moving to more specific questions as the interview moves forward. Included in the appendices to this chapter is a copy of the Domestic Violence in Child Custody questionnaire developed by one of the authors (Drozd) that works from the general to the specific. Using written protocols for screening also helps to provide structure and training for new staff as they begin to take on the responsibility for such screening interviews. Lastly, it makes a transparent and clear record of the process to increase confidence in the results.

Screening for domestic violence can be made a routine part of the first contact the family has with the agency. In addition to the intake interview and the paperwork that is given, brief screening inventories could be given and/or the interview questions asked.

Where resources are scarce, screening can also be used for a smaller number of families in which so-called “red flags” are raised. These are factors that are consistent with, but do not provide proof of family violence. These include the following:

- a documented history or allegations of mental illness, substance abuse, or child abuse by either party;
- a pattern of coercion and control even if there is no established history of physical or sexual violence;
- indications that the children are exhibiting symptoms consistent with, although not necessarily the result of, child abuse or their exposure to domestic violence. For instance, some of the symptoms may include sleep disturbances, bedwetting, age-inappropriate separation anxiety, hyperactivity, aggression or other behavioral problems, depression, or anxiety;
- the presence of one or more prior court orders restricting a parent’s access to any of his or her children in this or another relationship;
- the presence of one or more prior court orders restricting a parent’s access to a former partner;

- a history of court or social services involvement with the family;
- a stipulated or mediated agreement heavily favoring one party, thereby raising concerns of intimidation or coercion, especially if one or both of the parties are unrepresented;
- allegations that a parent is turning the children against the other parent; and
- indications that one or both parents are inattentive to the children's needs.

When such red flags are noted at intake, the family should be sent for screening for domestic violence. The results of the screening should then be used to determine the next step in the family's process through the court system. In some jurisdictions, if there is a significant likelihood that there had been family violence, the case will go immediately to a domestic violence court. In other jurisdictions, the case will be referred for a thorough child custody evaluation. In yet others, there will be an effort to shorten the time before the parties can appear before the court to present evidence regarding the domestic violence and the possible need for immediate interventions such as orders restraining conduct or contact.

Screening also can be done by the attorneys who see the clients initially. We recommend that attorneys at least remain aware of the need to look at domestic violence possibilities, even when the client does not raise the issue. Screening can also be administered by mental health professionals who may be in a good position to be able to understand the confusing or difficult presentations of traumatized victims or of perpetrators. Nevertheless, mediators in family court services roles remain the most frequent persons who are presented with the assignment to screen for domestic violence.

The knowledge base that is necessary for people doing this screening would include knowledge of trauma and its effects on psychological functioning and knowledge of the literature on the psychological functioning of victims of domestic violence and other traumas. For example, it is fairly common for women who have been victims of abuse to present themselves in unappealing ways. They may be angry and vitriolic, agitated, confused, passive, suspicious or mistrustful. They may appear cognitively disorganized and personally inadequate. These are well-known and often temporary effects of domestic violence, especially of the long-term pattern of intimidation, isolation and degradation that go far to destroy the

victim's self-respect and healthy perspective on the interpersonal world. Of course, such behavior can be symptomatic of other mental and emotional problems, but it is vitally important that they not be taken as *prima facie* evidence of mental illness in the victim.

Familiarity with the patterns of perpetrator self-presentations is also important. For example, perpetrators often appear calm and self-possessed, very well organized psychologically and may appear concerned about the weakness and disturbance in their partner. References at the end of the chapter can point the reader to more information about victim reactions and perpetrator behavior.

There is an additional factor in the choice of which professional should conduct the screenings. That factor is the interviewer's capacity to tolerate very intense affect. If there is disclosure of abuse, especially if it is early in the process of separation and/or healing, the traumatized person may find him or herself in an affective storm that can be frightening to witness as well as difficult to manage. It is for this reason we recommend that interviewers have some background in dealing with trauma reactions.

In the matter of how the individuals are screened there is one absolute rule and there are other decisions that have advantages and disadvantages. The absolute rule is that the parties should be interviewed separately. Even if they are simply filling out self-report questionnaires they should be in separate and secure rooms. Minimally, there should be descriptions of the limits of confidentiality and privilege in their disclosures and some opportunity to provide informed consent before they go on with the screening. There is some discussion in the mental health literature about how truly free consent can be to submit to procedures that are required by a court in order to proceed with efforts to get a divorce, but the majority of ethicists seem to agree that presenting information about the options and the risks to the parties is still necessary, even if there is an element of coercion in the situation itself, in which the screening takes place in the shadow of the court, or even under court orders.

Included in the informed consent should be a statement about the degree of overlapping jurisdiction between family court and criminal court. The alleged perpetrator may have been instructed by his attorney to refuse to answer any questions about domestic violence incidents that are not yet adjudicated that might increase his or her criminal liability. The alleged victim may have been instructed by her attorney to downplay the incidents to avoid looking like a vengeful and

alienating parent or to avoid a report to child protective services in jurisdictions that consider a child's exposure to or the child witnessing domestic violence a form of child abuse or child endangerment. Additionally, the district attorney may wish to avoid possible contamination of the testimony of the alleged victim by overlapping interviewing in another department. In many instances, there are more reasons to *not* talk than there are to talk.

Because of these competing and overlapping agendas, each jurisdiction should have established rules of for the management of cases that are being heard in different courts, with different types of rules of evidence, different levels of certainty needed and different time lines for final judgments. The screeners or assessors of these families should be familiar with these rules to be able to provide accurate information on which the parties can base their decisions to speak more or less freely.

Next, the agency must confront the question: How does one decide which screening measure to use? Decisions to use one measure over another should be made based upon a number of considerations:

- Context of use in the development of the measure (with offenders or victims, at intake or at program completion, in community or private setting, etc.);
- Purpose (classification, evaluation of client, to decide temporary custody or whether contact is to be supervised, prediction of violence, etc.);
- Information source for measure (Who is it from? Victim? Offender? Collateral sources? From file/records?);
- Partner's assessment in assessing risk [Victim assessment has been found to be accurate in one study (Weisz, Tolman & Saunders, 2000)];
- Standardization and norms (on custody litigants or what other population?);
- Reliability and validity (psychometric properties as reported by developers of the measure);
- Role of "base rates" in risk prediction. How often does violence occur in the population and how that is considered in the assessment tool? How hard is a given thing to predict (e.g. Homicide is difficult to predict

because it is rare). In predicting rare events the probability of a false positive increases;

- Theoretical framework of the measure;
- Content of the measure (Previous history? Current situation? Dynamics?);
- Ease of administration (Too long? Phone intake? In person?);
- Ease of interpretation (Too complicated for wide use or not?);
- Training of staff (Specialized training? Qualifications?);
- Cost and availability (Copyrighted? Cost prohibitive? Available on the internet?).

Paper and pencil screening instruments have a number of advantages: they are usually inexpensive, require minimal staff time to administer, and sometimes provide quasi-reliable scores that can be compared with scores of people whose status in the question of domestic violence is known. Often the instruments provide cutoff points to divide people into groups according to risk levels. Some can be self-administered or used as interview protocols. Others are only used as the basis for interviewing. The major problem with almost all the structured instruments for screening is that none of them was developed for or researched on families involved in child custody disputes. The majority of these screening devices were developed using populations of women in domestic violence shelters and men in prison or in batterers' intervention programs. The purpose of many of them was to predict the risk of re-offense of an individual in a known population of abusive males. Therefore, there is a strong likelihood that it will over-predict violence in a general community population where the base rate may be lower. As described earlier, there is a relevant discussion of research populations, assumptions and incidence reports in the debate between Dutton and Johnson in the *Journal of Child Custody*, 2(4), 2005.

Many of the instruments in use to screen for domestic violence mix past violent behavior and risk factors for future violent behavior and are not tied to specific interventions.

One method has been developed recently to identify domestic violence in separating couples, particularly for use by mediators in family court. This is the Domestic Violence Evaluation (DOVE) cited in Ellis and Stuckless (2006). They have developed a 19-point questionnaire that can be given as a paper and pencil

instrument or can be administered through an interview by the mediator. It has not been cross-validated with external criteria of validity, but the authors are in the process of gathering data about the predictive validity of the measure. This may be a useful screening instrument and the authors discuss issues of ways to elicit participant responses to all the items and other technical problems in their excellent article.

Another strength of the DOVE is the fact that the risk categories are tied to safety plans in the mediation process and can help the mediators make the difficult decisions about who can be accepted into the mediation process and how any mediation is to be conducted to maintain everyone's safety.

The DOVE is printed in its entirety, with the scoring system, corresponding safety plans and research basis in the *Family Court Review* 44(4), October 2006 (Ellis and Stuckless, 2006).

At the conflict end of the conflict and violence continuum, there is the Conflict Tactics Scale, Second Edition (CTS2) by Straus *et al* (1996). This is intended for the evaluation of couples in a wide variety of settings and includes questions about a wide variety of behaviors that occur when couples are in conflict. It is designed to be completed by each person on his or her own and can provide openings for an interviewer to follow up to get a better look at how the parties function interpersonally. The CTS does not provide a cut-off score for domestic violence screening and there is no weighting system for the seriousness of the risk involved. Raising one's voice and brandishing a weapon are each a single point.

The DVCC (Drozd) was developed to investigate domestic violence in the context of child custody disputes. The ACC (Olesen and Drozd) was designed to investigate child alienation in the context of child custody disputes. Both can be used in an initial screening and additionally as the basis for more in depth assessment if it is indicated. There is no normative research on either instrument, nor any scoring system or cut-off points. Their best uses are as interview protocols and training tools. The DVCC and the ACC are appended at the end of this chapter.

If one uses an instrument as a means of organizing the process of interviewing and assessing for domestic violence and of making sure that the interviewer has considered all the important points, they can be very useful as interview prompts. While the DOVE aspires to provide clear cut-off scores for mild, medium, high

and very high levels of danger in couples entering mediation, there is not yet sufficient research to provide confidence about those decision points. The questions may still be very useful.

Some writers have expressed the fact known from clinical observation and from research that the victims of domestic violence often know best the interventions that can keep them and their children safe. The screener is encouraged to ask and take careful note of the victim's ideas of what to do, once they have determined that there has been domestic violence.

In general, keeping up with the literature is important in this area, because there are several centers of research on family violence that are working toward improved assessment and screening instruments.

FURTHER ANALYSIS AND ASSESSMENT

When screening has identified a family that may have been violent or may be at risk for future violence, and the safety plan is in place, it is important to conduct a more thorough assessment. Assessment is the more thorough process by which a professional would investigate allegations or suspicions of domestic abuse. It may occur as a part of a full child custody evaluation or as a stand-alone assessment of only the domestic violence issue. The assessment itself should be conducted in the same way, no matter whether it is embedded in a child custody evaluation or not. Assignment to the one process or the other will best be made by the court, as that allows the assessor to investigate a wide range of documents, to compel cooperation with interviews and observations, and to be protected by quasi-judicial immunity in most jurisdictions. Court appointment also provides a framework for everyone to understand their roles and requirements. For example, families are sometimes unsure about which professionals are in a helping role and which are in an investigative role. Court appointment helps make that distinction clear.

One of the ways to approach decision-making in these difficult cases is by considering the validity and reliability of the data gathered. Reliability in psychology research refers to the likelihood that the same person would produce an achieved result at another time—the stability and integrity of the measure itself. Validity in psychology research refers to the likelihood that the achieved result accurately represents reality. (Courts sometimes use these terms differently.) Assessment of a

family for domestic violence must use a model of convergent validity, that is getting at the truth by looking for data from multiple sources with a variety of methods and from a variety of viewpoints as they converge on the question at issue. The assessor can then look for consistent trends across the data, placing more weight on sources that hold greater perceived credibility (Austin, 2000; Heilbrun & Warren, 1999).

Domestic violence/child custody cases are seen as having high credibility when there are the following factors (Austin, 2000):

- Objective police and medical reports over several years;
- Confirming reports by neutral third parties;
- No disconfirming reports by credible third parties;
- Aggressive psychological testing profile of the alleged perpetrator;
- Normal psychological testing profile of the alleged victim.

Domestic violence/child custody cases are seen as having low credibility when there are the following factors:

- No objective data in police or medical records;
- Report of abuse surfaced only after custody case started;
- No corroborating witnesses;
- Disconfirming reports by credible third parties;
- Non-aggressive profile of the alleged perpetrator;
- Pathological profile of the alleged victim (e.g. paranoid disorder);
- Parental alienation of children by alleged victim.

From the reading of those lists of factors pointing toward higher or lower credibility for the allegations, one can see that each data on each factor requires substantial direct investigation. Gathering documents, getting lists of names of potential witnesses, either to the events or to contemporaneous descriptions of the events, interviewing the parties and the children in some depth and psychological

testing may all be important in the competent investigation. In terms of psychological testing, it should be noted that there is no profile that will positively identify a batterer and none that will positively identify a victim. Psychological testing cannot form the basis of an opinion about whether an incident occurred or not. Testing can provide information about the psychological and personality functioning of each party and can be used to generate hypotheses or to compare with other sources of real world data.

Another way to organize one's thinking and the inquiry is to look at a number of factors to be examined in the assessment of domestic violence (Austin, 2001):

- Pattern vs. single incident;
- Children witness/exposed;
- Reactive or enduring;
- Sex of the perpetrator and causal direction;
- Severity of the harm on a continuum from mild to moderate to severe;
- Type of aggression (verbal or physical or both);
- Presence of major risk factors, such as substance abuse, alcohol use, major mental illness, access to firearms, or threats of homicide or suicide.

The first, second, and third factors, as we discussed at the beginning, cannot be taken at face value. The important thing to investigate about a single incident is whether the incident was a marker for an underlying pattern of control, intimidation, isolation and fear or whether it was a momentary loss of control, in reaction to the conflict at one moment in time and unlikely to recur if there is little or no easy opportunity such as direct contact between the parties. There is a good discussion of the distinction between motivation to do harm and opportunity to do harm in the article by Ellis and Stuckless (2006).

The second factor needs some discussion. There is good research that shows that in the majority of families both partners believe the children were not present during the violent incident and that they know nothing about it. The children in those families, however, told researchers that they did know. When asked directly, they could describe what had happened (California State Judicial Council, 1996).

The sex of the perpetrator is the subject of much contentious debate at present. There is good research, based on randomly contacted community samples, that suggests that women are at least as likely as men to commit domestic violence including serious violence (Dutton, 2006). There is other good research based on medical and legal samples that suggests that men commit the lion's share of serious domestic violence (Johnson, 2006). It appears that women are more likely to be seriously hurt in incidents of domestic abuse than are men. Stahly (2007), a social psychologist, has pointed out that there is research that shows that women tend to define their behaviors as "abuse" while men are less likely to define the same behavior as "abuse." The debate between Johnson and Dutton (2006) about the sampling differences, definitional differences and purposes of research done on this topic, coupled with Stahly's explanation of the social psychology literature, are important contributions to our understanding of research data. Whatever one's opinion about this gender debate, it is important to gather specific data about who initiated the violence, the precise sequence of events as much as can be specified, and the effects both physical and psychological on all parties.

CONCLUSION

The willingness and the knowledge to screen for and to investigate domestic violence in the families moving through the family court system can go far to protect the children. Such protection has long-lasting impact on their psychological development as well as on their immediate safety. Although it is very difficult to gather the information and to make the decisions necessary to guide the court regarding these families, it is possible to do it well and it is essential for those families' futures.

Further training and consultation can be found through programs of AFCC, the National Council of Juvenile and Family Court Judges and, often, local or community domestic violence agencies. Trainings having to do with alienation can be found through AFCC and the National Council of Juvenile and Family Court Judges.

APPENDICES

To access this chapter's appendices, go to:

http://www.afcnet.org/resources/resources_professionals.asp

Appendix 1: Domestic Violence Child Custody Protocol (DVCC)

Appendix 2: Alienation Child Custody Questionnaire (ACC)

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CHAPTER 2

CHILDREN AND ABSENT PARENTS: A MODEL FOR RECONNECTION¹

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BRIEF OVERVIEW AND PROGRAM HISTORY

Therapists working with separated or divorced families note that some children lose contact with one parent when their parents no longer live together (Depner & Bray, 1993; Freeman & Freeman, 2003; Wallerstein and Blakeslee, 2003; Wallerstein & Kelly, 1985). There is considerable support in the literature underscoring the importance of the child-parent relationship for children's post-divorce adjustment (Freeman, 1998; Freeman & Freeman, 2003). Despite this, not all parent absences can be prevented. Increasingly, Families in Transition (FIT)² receives requests to support a child to reconnect with an absent parent in the context of parental separation or divorce. It has been our experience that the reconnection process and the expectations it creates are usually difficult for the child and the parents. Meaningful reconnections are often elusive. Even if the reconnection process leads to a meeting between the child and the absent parent, their relationship may not continue beyond the initial meeting, exacerbating an already

complicated situation for the child and leading to further disappointment and adjustment difficulties.

The literature was reviewed to learn more about the issue of reconnection and possible strategies for intervention. Some parents find it difficult to maintain contact after separation because post divorce parenting relationships are usually not well-defined and roles are not codified. For other parents, the ending of the marriage is a major stressor and is so difficult that abandoning the child-parent relationship creates less psychological stress than facing the pain resulting from the ending of the adults' relationship (Wallenstein & Blakeslee, 2003). Separating the adults' relationship from the parenting partnership may be too difficult for some parents (Wallerstein & Kelly, 1985). Sometimes a planned brief absence may turn into a more permanent rupture (Greif, 1997). In multi-child families, it is also possible that a parent may lose contact with one child and not his or her siblings (Greif, 1997). Professionals and courts need to be sensitive to how these nuances can impact on the situation.

The literature review confirmed the belief that children become estranged from and may lose contact with a parent for a variety of reasons (Braver, 1998; Greif, 1997; Hawthorne et al., 2002; Hegar, 1997; Jackson, 1994; Trinder et al., 2002; Wassil-Grim, 1994):

- child adjustment;³
- history of abuse or violence;⁴
- ongoing parental conflict stemming from separation-related litigation;⁵
- tenuous child-parent attachment including parental indifference;⁶
- the diminished parenting capacity of one or both parents;⁷
- post-divorce mobility and distance;
- characteristics of the absent parent including mental health or substance abuse difficulties;⁸
- interference of a new partner, significant other, or extended family members; and
- separation adjustment of the absent parent.⁹

The post-divorce child-parent relationship will be influenced by how well the parents manage the tasks associated with divorce and the level of conflict between the parents (Braver, 1998; Wassil-Grim, 1994). Therefore, creating an evidence-based strategy to guide interventions for reconnecting a child with an absent parent is an important addition to the growing spectrum of services to support children when their parents no longer live together. The effort began to create a model for reconnection work by conducting a qualitative analysis of cases seen at FIT over a five year period to identify those that involved renewing or creating a connection between a child and an absent parent.

Children have difficulty understanding the difference between absence and abandonment, and the rejection inherent in abandonment (Weyburne, 1999). It is crucial to distinguish between absences that are an abandonment of the child and those that represent a failure to honor the child's agreed-upon residential schedule. Building on this notion, our qualitative analysis helped us to distinguish between different types of reconnection requests. Three were identified: introduction, reinvolvement, and reintroduction. A reconnection where a child has no prior knowledge of a biological parent is classified as an *introduction*. A *reinvolvement* is defined as a reconnection after a disruption in the relationship of varying lengths of time ranging from three months to many years. This group of children is able to remember, if only vaguely, the absent parent. When a child cannot remember the absent parent, the reconnection was defined as a *reintroduction*. The type of reconnection is an important consideration when planning a child-centred reconnection and the interventions necessary to support children and parents through the process. For example, a reconnection process that involves an introduction is a more complex and involved intervention because the child has no prior knowledge of the absent parent and may even believe a stepparent to be a biological parent.

The qualitative data analysis reflected of the array of factors that influence requests for child-parent reconnection and indicated there is no one predictor of reconnection success. In our study, reconnection requests were usually made by the absent parent. Additionally, our data demonstrated that there are a variety of variables precipitating absence and they often predict the reconnection request. For example, if the child became estranged from a parent because of age (i.e., the parent had difficulty relating to a toddler), the child-parent relationship might be more viable when the child is older.

One or more of the following variables precipitates an absent parent's desire to reconnect with a child:

- child's current age and stage of development;
- residential parent's application for child support;
- change in the absent parent's mental health or substance abuse;
- influence of a new partner;
- change in the absent parent's separation adjustment;
- change in either parent's health or well-being; or
- viewing reconnection as an opportunity to continue or resurrect a relationship with the former partner.

Some residential parents feel that, despite the absent parent's perceived shortcomings, the child would benefit from the opportunity to know the other parent. This perspective may reflect the residential parent's family history or their understanding of how a child's post-divorce adjustment is affected by the relationship with each parent. Another group of parents attributes value to the relief from direct child care responsibilities that results when the child spends time with their other parent. On occasion, a child's yearning for the absent parent may prompt the residential parent to investigate the possibilities for reconnection. As children grow older, they may express a strong desire to reconnect with an absent parent in much the same way that many adopted children seek out a biological parent.

The literature was relatively silent on reconnection, and we found little guidance as to indicators for meaningful child-centered reconnections. Other than "advice for parents and children" (Greif, 1997), we did not find any specific models or protocols for therapeutic interventions to support children and parents during a reconnection process, despite the consistent emphasis in several decades of divorce research on the importance of children maintaining relationships with both parents post-divorce.¹⁰

Beginning with the limited material available in the literature and our clinical experience with separated and divorcing families, we developed a model to guide our work in reconnecting a child with an absent parent. The model described in this chapter focuses on *introductions* and *reintroductions*. For *reinvolvments*, when a

parent is absent for three months or less, the disruption to the child-parent relationship can generally be managed with more common divorce-specific interventions. After an absence of three months or more from a child's life, reconnecting with a parent usually requires longer-term therapeutic work. For example, most of the reconnections FIT has been instrumental in fostering required several months of clinical intervention. Some reconnections required two or more years of preparatory work. In addition to conducting the assessment, therapists must be available to support the reconnection process and to help the parents resolve the unpredicted issues and obstacles that inevitably arise over time. This model for reconnecting a child and an absent parent has been utilized since 2003. In this chapter, the clinical approach is outlined, the typical difficulties therapists encountered are discussed, and directions for research and practice are suggested.

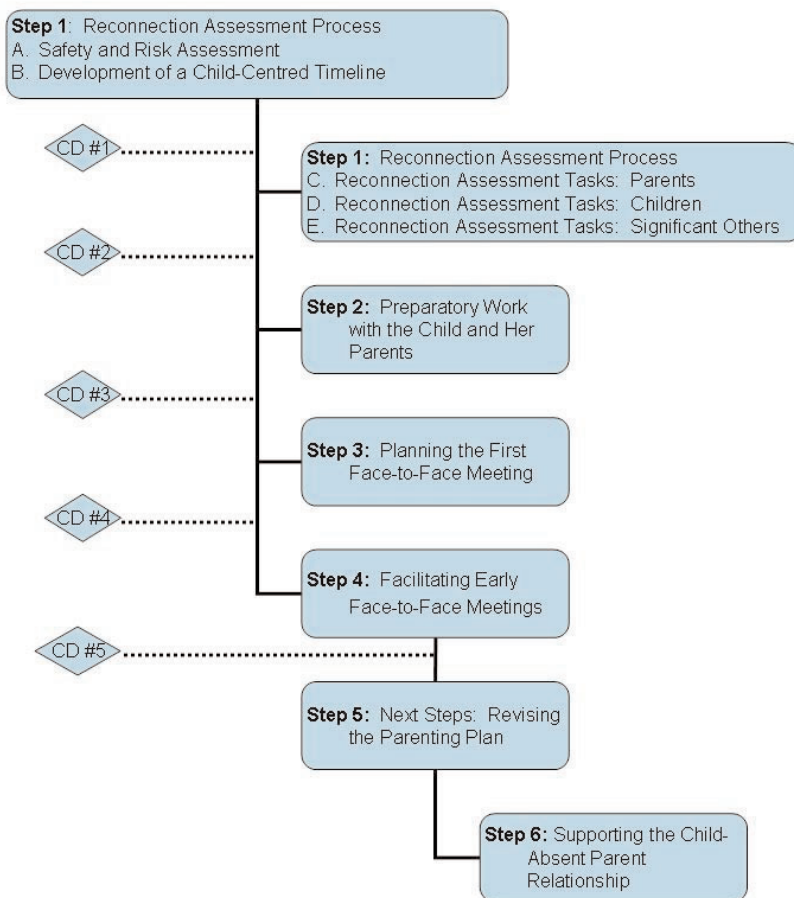
PROGRAM DESCRIPTION

Building and sustaining the relationship between a child and the absent parent is a complex process that usually requires extensive support and carefully crafted interventions. A one-size-fits-all solution is not appropriate, and it is imperative to evaluate each situation on its own merits. It is simplistic to conclude that all parent-child relationships necessarily meet the needs of all children or, conversely, that an absent or troubled parent has nothing to offer a child (Hetherington & Kelly, 2002; Kalter, 1990; Wallerstein & Kelly, 1980). One parent involved in our program reminded us, "Despite all our problems, my former partner has a lot to offer our son. When [the former partner's] medication regime is followed, I am confident my son is well taken care of, and he enjoys being with his other parent."

The model for reconnecting a child with an absent parent developed at FIT is comprised of a six-step process with five associated critical decisions and is illustrated in Figure 1.

At each decision point, the therapist confirms that continuing the reconnection process is in the child's best interests. It is important to note that not every reconnection attempt proceeds through all six steps. The steps are sequential with the accomplishments of one step providing the foundation for the next step; however, the process may be interrupted or halted at any of the decision points. As

FIGURE 1: THE RECONNECTION MODEL



the work proceeds, developments in the therapeutic process or the family’s situation may warrant revisiting an earlier stage in the process. For example, if a safety concern emerges at any time, the therapist would update their original safety/risk assessment and develop a plan to address the concern.

Step 1. Reconnection Assessment Process

The reconnection assessment involves several tasks to be accomplished with par-

ents, the child, the parents' legal representatives, and significant others (including parents' new partners) who influence the reconnection process. Working with families contemplating reconnection begins with an assessment that reflects the underlying principle: What is in the child's best interests?

Goals for the reconnection assessment process are to:

- obtain a detailed history from each parent's perspective¹¹ of the marital relationship and the separation and any legal processes related to the reconnection request;
- develop an understanding of the history and nature of the child's relationship with the absent parent, and the reasons for the absence;
- understand the child's perspective about the absence and the reconnection;
- identify the challenges the proposed reconnection process creates for each parent and the child; and
- undertake a safety and risk assessment.

This information helps the therapist to decide whether moving forward in reconnecting a child with his or her absent parent is in the child's best interests, to create any necessary safety plan to support the process, and to develop a child-centred timeline for the reconnection work. Throughout the reconnection process, the therapist is responsible for modifying the reconnection process or timeline if required by the circumstances. This may include interrupting or even halting the process.

It is optimal to provide each parent with his or her own therapist. In some situations it may be possible for the residential parent's therapist to also work with the child. To the extent possible, the assignment of therapists should reflect the individual needs of the child and parents. Developing trust between each parent and the therapists is essential. Matching the needs of the child and parents with the strengths of particular therapists has contributed to fostering this trust and encouraging the child and parents to commit to the therapeutic process.

In multi-child families, the therapist will need to make individualized assessments and decisions about each child. Circumstances vary and the child-parent relationship may be interrupted for one child but not for his or her siblings. In other families, one child may be prepared to consider reconnection while a sibling

is not.

We begin by meeting with the parent who requests service—typically the absent parent. Unless both parents have requested service, during the first meeting a plan for reaching out to the other parent is developed. The collaboration between therapists involved in reconnection work contributes to the ongoing process of assessing risk. Planning the process requires ongoing discussion and synchrony between the assigned therapists. At the outset of their contact with FIT, parents are informed that staff work as a team, and that boundaries are honored and information is shared on a “need to know basis.” If it is important to share specific information they provide, the parents are informed prior to speaking with another member of the team. Deciding to work at FIT includes giving their therapist the authority to consult with other members of the team.

Step 1-a. Safety and Risk Assessment

At the time of the first interview and even if there is no pre-separation history of abuse, the therapist must consider whether proceeding with a reconnection assessment increases risk or safety concerns for any family member, and particularly for the child. In situations where abuse (verbal, physical, sexual, or psychological) or substance abuse is reported, the residential parent may have serious concerns about his or her own safety and the child’s safety. In some instances safety and risk concerns may be identified by the absent parent, referring to the residential parent. The therapist’s first responsibility is to establish a safety plan with the family and ensure that it is reviewed and updated as required throughout the process. Reconnection should not proceed unless the therapist is assured the plan takes into account the identified issues and concerns of all family members and the therapist.

Historical data and the risk assessment are important information for the therapist making the decision about whether reconnection is likely to be in the child’s best interests. Comparing the accounts and perceptions of both parents increases the therapist’s understanding of the situation.¹² When violence or substance abuse is part of the family’s history, one parent usually requires reassurance that this behavior has changed and no longer jeopardizes the child’s safety. Reassurance can take many forms. For example, when substance abuse is a concern some parents request drug tests at regular intervals to support the other parent’s contention that

their rehabilitation program was effective.

Step 1-b. Development of a Child-Centred Timeline

Reconnection requests initiated by children and residential parents tend to follow an informal course, and litigation is usually not involved. A reconnection request initiated by an absent parent is more likely to meet with resistance from the child and/or the residential parent. If the absent parent pursues reconnection in the face of this resistance and continues to be frustrated in his or her desire to reconnect with the child, a litigation process may well be initiated. If a court determines there is merit to the reconnection request, a child-parent meeting may be ordered—often with the requirement to ensure it occurs within a specified time frame.

Courts play an important role in the reconnection process, and many reconnections would not take place without the court's authority being exercised. Nevertheless, a court-imposed timeline for the child-parent meeting often does not provide adequate time for preparing either the child or his or her parents for the process and its inherent challenges. An arbitrary and unrealistic timeline may exacerbate an already difficult situation, and usually does not reflect the child's needs. When reconnection is forced or proceeds too quickly, it may be impossible to foster a meaningful child-parent relationship to develop the trust essential to the process, and to support the emerging child-parent connection. It is important for the therapist to clarify for parents, their lawyers, and the court that there is no assumption the process will result in a meeting between the child and her absent parent.

When there is an agreement to proceed with the process, the data derived from the assessment (refer to Table 2) is used to develop a *child-centred timeline* for the reconnection process. The timeline reflects the child's needs and his or her ability to manage the process.¹³ Parents and their respective counsel may be impatient with what they perceive to be delays or interference and, along with the court, press for an immediate meeting with the child. Unless the process reflects the child's needs, the likelihood that a meaningful and ongoing child-parent relationship will develop is minimal (Grief, 1997; Markham & Weinstock, 2005). The timeline needs to be clearly articulated, understood, and accepted by the parents and the court in order to maximize trust and to reduce conflict and the possi-

bility of litigation. The therapists must also retain the authority to modify the timeline if new or unexpected information emerges in order to ensure that it continues to reflect the child's best interests. In such instances, it is helpful for the therapist to provide parents, their counsel, and the court with reasons for any modification of the process.

Critical Decision (CD) #1

The first critical decision point occurs after Steps 1a and 1b. The therapist reviews all available data to decide whether working toward a child-parent meeting at this time reflects the child's best interests.

Step 1-c. Reconnection Assessment Tasks: Parents

Canada's child-centred family justice strategy (Department of Justice, 2002) recognizes that when parents no longer live together, certain rights accrue to children. The strategy also reflects the *best interests principle* that is enshrined in federal and provincial legislation and underlies decision-making about children in Canada, particularly when parents no longer live together. In the context of reconnection, the therapist helps parents to understand that children have the right to know both parents, and this includes the right to know and experience the absent parent's strengths as well as limitations. For example, when a residential parent engages in behaviors that undermine or obstruct the child's relationship with the absent parent, and the possibility of a child-parent relationship is limited or non-existent, that residential parent may jeopardize his or her own future relationship with the child.

There are several tasks to accomplish with parents at this stage of the assessment. They include:

- building trust between each parent and the therapists;
- continuing to gather data concerning safety and risk; and
- helping parents to identify the benefits of reconnection for the child.

Establishing and building a strong therapist-parent link is the cornerstone of

the assessment process. In addition to permitting the therapist to develop a more thorough understanding of the variables that contributed to the estrangement, those that influenced the ongoing parental absence, and those that are influencing the reconnection, the therapeutic relationship also provides a means for the therapist to assess the viability and sustainability of child-parent reconnection.

Reconnection cases inevitably have complex histories that require the therapist to move cautiously. The therapist helps parents to identify the potential benefits of reconnection for the child. Parents' concerns also need to be fully explored and resolved to enable them to work through their feelings about reconnections. The therapist works with parents to separate legitimate danger from anticipated danger that is an artifact from past marital conflicts. Similarly, the therapist may need to work with the absent parent with respect to the feelings of resentment that may emerge if there is a perception that he or she is excluded from the child's life.

Historical as well as current variables should be taken into account when a reconnection is contemplated. Table 1 (Variables Influencing the Reconnection Process) outlines these variables.

Table 1: Variables Influencing the Reconnection Process

Historical Variables	Variables Emerging at Reconnection
<ul style="list-style-type: none"> • Child's age when parental absence occurs • Child's age when the reconnection request is made • Extent to which the child knew and bonded with each parent • Reasons for the parental absence • Child's response to the parental absence • History of parenting 	<ul style="list-style-type: none"> • Readiness for reconnection • Range and extent of obstructing and undermining behavior experienced by child • Ability to manage experiences of loss and resulting depression (sadness for children) • Parents' level of commitment to the child • Parents' ability to separate their needs from their child's <p style="text-align: right;"><i>Continued on next page</i></p>

Historical Variables <i>(continued)</i>	Variables Emerging at Reconnection <i>(continued)</i>
<ul style="list-style-type: none"> • Extent to which the absent parent's parenting capacity was activated prior to their absence from the child's life (e.g., to what extent was the parent actively involved in caring for the child?) • Reasons for the marital separation • History of loss and depression (sadness for children) for each family member • History of violence in the family 	<ul style="list-style-type: none"> • Parents' willingness and ability to be accountable for their behavior • Quality of the coparental relationship and level of resentment and conflict • Parents' divorce adjustment, including mental health issues as well as substance abuse issues • Immigration and refugee status • Cultural and religious factors • Role of extended family, including parents' new partners • Extra-familial influences, including legal or court processes

With the therapist's help, parents need to consider what they are prepared to do to foster the reconnection process. For example, will the payor implement a plan to address the financial issues if there is child or spousal support outstanding? If the residential parent has undermined or obstructed the child-absent parent relationship, can he or she take responsibility for that behavior? If continuing the child-parent relationship was too difficult for the absent parent, is he or she now able to take responsibility for his or her absence?

If either parent has a new partner, or if there is another person such as a grandparent who is likely to exert influence on the reconnection process, it is essential to involve them regardless of whether the influence is expected to be positive or negative.

Step 1-d. Reconnection Assessment Tasks: The Child

As is true for the parents, reconnection assessment with the child is an ongoing process. The tasks to accomplish with the child at this stage include:

1. gathering additional safety and risk data;
2. identifying the child's perspective about the family history;
3. determining the child's strengths and limitations; and
4. understanding the child's response to the idea of reconnection and his or her ability to tolerate the process.

The therapist's first task is to understand more about the child, her developmental progress, the impact of the family history and changes, and her parents' separation history. The therapist must be clear as to what information has been disclosed to the child prior to the assessment. Secrecy is often a hallmark of families with complex histories, and the therapist needs to exercise caution to prevent the disclosure of information not previously shared with the child. If there is sensitive information that requires disclosure, an appropriate plan must be developed with the residential parent.

The child's sessions provide an opportunity to help the therapist gauge his or her response to reconnection and ability to tolerate a potential face-to-face meeting, building on the child's strengths, limitations, and coping strategies with respect to age and developmental stage. Children's feelings can change or intensify over time, and the therapist must continually evaluate whether the process should proceed, while working toward defining a realistic goal *vis á vis* reconnection. The child's ability and willingness to do the therapeutic work necessary for a meaningful reconnection process must also be evaluated. There is no immediate goal for reconnection to work toward if a child is too anxious or strongly opposes the idea of reconnection. In some cases, the therapist may consider slowing the pace of the process until there has been a change in circumstances or the child is more mature and better able to engage in the work required.

The child's ability to tolerate the therapeutic work typical of the preparation phase is intrinsically linked to the residential parent's ability to tolerate the reconnection. In addition to therapeutic support, the child requires the residential parent's support through what is typically a confusing and anxiety-provoking process with no guarantee about the eventual outcome. The therapist needs to comprehend the complexities of a child's emotional and intellectual response to the potential reconnection, including the emotions the child is experiencing, and his or her level of anxiety, anger, and sadness with respect to the parental absence.

Other important questions at this stage include: To what extent are the child's feelings a reflection of the residential parent's fears? Is the child's response to reconnection related to defending against future loss of the relationship should reconnection occur? Determining a child's level of resistance and/or longing for the absent parent helps to provide a frame of reference for the pacing of the process and the timeline.

The child's understanding of events related to her parent's absence is the basis for all the work that follows. Questions to explore include similarities and differences between the child's perspective and that of the residential parent: What is the child's alliance with the residential parent? Does the child feel it is his or her responsibility to protect the residential parent? Are there genuine fears or anxiety? Is there a sense of abandonment or longing to see the absent parent?

The physical and psychological safety of the child is paramount. Reasons for fears, however, may be more imagined than real, and the child's perception of fear can grow over time. The assessment process provides an opportunity for corrective information and creating a psychologically safe and neutral arena for exploring the child's views about the absent parent. In extreme situations and even with a skilled therapist, some children will require a significant amount of therapy before a face-to-face meeting can be contemplated. Working with the child's resistance is critical to the process. In such circumstances, it is important to adjust the timeline to take into account the work required to establish trust and a relationship with the child.

Step-1-e. Reconnection Assessment Tasks: New Partners/Significant Others, Extended Family, Legal Counsel

Legal counsel for parents and for the child (if appointed) provide important information about the legal process for the therapist and are also important allies in the reconnection process. Legal counsel can play a pivotal role in reassuring the court that requests for timeline changes are child-centred and not merely a delay tactic on the part of a reluctant parent. Counsel is often in a strong position to reassure his or her client and to emphasize the importance of maintaining a child focus.

The influence of a parent's new partner or extended family should not be underestimated (Johnston & Campbell, 1988). They will have strong opinions regarding the advisability of the potential reconnection that may sway parents.

They may also be supportive of the child, the parents, and the process. New partners or significant others can be helpful in keeping parents focused on the child’s needs. In one family in the program, the residential parent’s extended family expressed strong opposition to the reconnection and became a major impediment to moving forward in the reconnection process. In another family, a parent’s new partner was instrumental in helping to maintain the child focus.

Critical Decision #2

The assessment data helps to determine whether a child-parent meeting is in the child’s best interests at the present time. Variables that we have found useful to consider are summarized in Table 2 (Reconnection Assessment Variables). If there is agreement that a meeting should occur, work commences to prepare the child and both parents for the possibility of a meeting.

Table 2: Reconnection Assessment Variables

Variable	Key Factors
Reason for the absence	Each person’s understanding of the absence
Factors influencing absence	<p>Internal to the child</p> <ul style="list-style-type: none"> • Response to the parental absence • Grief process and resolution of the loss • Other loss experiences • Alternative sources of support • Age and stage of development at the time of the absence, at the present time • Resilience and coping mechanisms • Divorce adjustment <p style="text-align: right;"><i>Continued on next page</i></p>

Variable <i>(continued)</i>	Key Factors <i>(continued)</i>
	<p>Internal to the parents</p> <ul style="list-style-type: none"> • Ongoing or escalating parent conflict including litigation • Capacity to parent • Separation adjustment of one or both parents • Substance abuse or mental health difficulties • Incomplete grieving process and inability to deal with loss <p>Situational</p> <ul style="list-style-type: none"> • Marriage and separation history • Immigration or refugee status • Length of absence • Related financial concerns including child support or spousal support arrears • Mobility and distance issues • Presence of a new partner • Role of extended family or significant others, including professionals • Complaints to child welfare authorities • Emotional or physical abuse • Sharing of economic resources including division of property, assets, child support, spousal support, etc. • History of involvement with the criminal justice system <p style="text-align: right;"><i>Continued on next page</i></p>

Variable <i>(continued)</i>	Key Factors <i>(continued)</i>
Reason for reconnection	<ul style="list-style-type: none"> • Who initiated the reconnection request? • What factors appear to be motivating the reconnection? • Was reconnection attempted previously? If so, what happened? • Is litigation involved? Is there a timeline, court order, etc? Is the Office of the Children's Lawyer involved? • How is the child's voice being reflected in the reconnection process?
Separation and divorce history	<ul style="list-style-type: none"> • Conflict level between the parents • Child's relationship with the residential parent, with the absent parent • Ability of parents to communicate about the children • Involvement of the child in the conflict • Power and control issues • Reliance on external systems including professionals and/or court to resolve differences • Level of confidence in the other parent's parenting ability
Reconnection process	<ul style="list-style-type: none"> • Each family member's response to the idea of reconnection • Viability of reconnection at the present time • Quality and nature of child's attachment to residential parent, absent parent • Supports available to the child, residential parent, absent parent

Step 2. Preparatory Work With the Child and the Parents

The *preparation phase* of the intervention helps make the initial meeting a success,

as well as building a foundation for a future relationship between the child and her absent parent. It is essential that the child and his or her parents understand the therapist's role and what to expect from the process.

During this phase the therapist begins to help parents think about how to share child-related information. Under federal legislation in Canada and provincial legislation in the Province of Ontario, a parent who has an "entitlement to access to a child" also has the right to information about the child's health, education, and well-being (Government of Canada, 1986; Province of Ontario, 1989).

Information-sharing is a sensitive issue for both parents, and it must be approached carefully to help ensure that the integrity of the reconnection process is not undermined.

Opportunities for parents to communicate, facilitated by the therapist, help demonstrate that they can focus on the child's interests and protect him or her from conflict. A gradual reconnection (e.g., beginning with letters and perhaps proceeding to telephone calls) can be a useful strategy for reassuring more reluctant parents. It also provides an opportunity to begin developing trust between parents. Once the therapist establishes a contract to proceed with reconnection, the required preparatory work with the child and both parents commences.

2-a. Preparing the Residential Parent

Typically we work with residential parents to:

- enhance empathic responses to the child's feelings about reconnection;
- prepare them for the various responses that parents and children have toward reconnection; and
- help them to understand concerns raised by the child.

The preparation phase provides an opportunity to educate residential parents about important child development and divorce-specific issues, such as how the child's voice will be reflected in the process. One should expect to see varying states of readiness in residential parents.

Wallerstein & Kelly (1980) pointed out that reconnection can engender or exacerbate the loyalty conflicts a child typically experiences when his or her parents live apart. Many residential parents are extremely cautious about reconnect-

ing the child with the absent parent. When this is the case, it is important to increase the parent's comfort level and commitment to the reconnection.

Typically, a residential parent's concerns are rooted in resentment, worry about whether the absent parent's level of commitment, or history of abuse. The parent needs to understand how the child will benefit from the reconnection and to be able to identify positive feelings about the process. In order to do this, the residential parent requires an appreciation of the importance of the child's relationship with both parents. It may be helpful to point out to parents that children who do not have contact with an absent parent are more likely to develop idealized images of that parent. A residential parent requires time to work through the history of the adults' relationship and the feelings that surround the separation and its aftermath.

These therapeutic tasks are accomplished by supporting the parent to take on the child's perspective. If the absent parent is of the same gender as the child, the residential parent can be prompted to recall benefits derived from their relationship with the parent of the same gender as the absent parent. The residential parent is helped to separate realistic concerns or fears about the child's needs and safety from concerns that reflect past resentments and conflicts emanating from the parents' relationship. The task for the residential parent is to work toward developing a more positive image of the absent parent that expands to include what that parent has become and what she or he has to offer the child. It is a strength-focused, rather than a deficit-focused, approach to the relationship. Preparing for reconnection also involves strategizing with both parents about specific ways they can minimize the potential for conflict, protect the child from conflict, and develop the communication and conflict resolution skills that are necessary to achieve this goal.

2-b. Preparing the Absent Parent

The tasks for absent parents inherent in this stage of the process resemble those identified above in the work with residential parents. They include:

- creating a safe neutral situation that allows a myriad of feelings to emerge and be acknowledged;
- validating the parent in his or her parental role; and

- exploring the history of the child-parent relationship.

The absent parent may express anger about actions and comments by the residential parent. Such behaviors are often viewed as attempts to obstruct or undermine the absent parent's relationship with the child. Once the absent parent's anger is identified, the therapeutic relationship provides psychological safety to explore issues the anger may be masking. In reconnection work, the anger is often about loss—the loss of the adults' relationship, and the relinquishing of hopes and dreams for both the adult relationship and the parenting partnership. There may be other losses or traumas in the absent parent's life. Loss is a prominent theme in reconnection work and cumulative loss experiences contribute to concerns about safety and risk. The therapist needs to continually monitor for risk of self-harm or harm to others.

In other situations, the adults' separation process may be incomplete, and "unfinished business" between them will make it difficult to move on or to support the child to reconnect with the absent parent. The therapist needs to assess the extent to which the absent parent is able to acknowledge the role he or she played in the ending of the adult relationship. When parents are able to take responsibility for their behavior, the trust and respect that provide a foundation for reconnection begin to develop.

2-c. Preparing the Child

During the preparation phase, the therapeutic work focuses on exploring the child-parent relationship from the child's perspective in a safe neutral environment. The therapist begins by building an understanding of what the child knows about the absent parent and the reason for his or her absence. Therapy facilitates corrective information, particularly for those children who have adopted the residential parent's perspective about the absence. It also allows the therapist to help the child raise critical questions such as "Where is my father (or mother)? Why don't I see him (or her)?"

Child readiness is critical. If developmental considerations limit the child's ability to form his or her own perspective, the reconnection process may need to be delayed, particularly if the residential parent has not been able to give the child reassurance about his or her commitment to supporting the child's relationship

with the absent parent.

A combination of verbal exchanges and directed play facilitate the child's working through his or her unique reconnection story. The ratio of talk to play within the therapeutic encounter is mediated by the child's developmental stage and ability to complete the work required. Therapeutic techniques, including art activities, puppets, sand play, and the creation of storybooks, are potential strategies for helping the child to explore the possibility of reconnecting with an absent parent. Repetitive play helps children to understand the common themes of anger, fear, and aggression and to move toward developing their own perspective about their absent parents. Metaphors provide the child with an opportunity to work through the story of his or her relationship with the absent parent and the loyalty issues that arise (Burns, 2005; Davis, 1988; Johnston et al., 1997).

The timing of the reconnection process must respect the child's ability to manage the challenges associated with a face-to-face meeting. For some children this can take a long time. The therapist should also consider whether facilitating communication between the child and the absent parent is advisable prior to a face-to-face meeting. Such communication may take the form of letters, cards, or telephone calls. It is always supervised by the therapist.

We have come to understand that despite what an absent parent may say, or a court order specifies, it is all too easy to plan a meeting prematurely. In such cases, it is not uncommon for the absent parent to fail to attend, despite promises and commitments by the parent and confirming telephone calls from the therapist. A child disappointed by a parent who fails to attend may require a significant amount of therapy to deal with the perceived rejection before that child can resume preparation for any subsequently planned meeting. In one family with whom we worked, there was a two-year gap between the failed attempt at a meeting and the eventual child-parent meeting.

Therapeutic support for the child and the availability of a competent residential parent, are important protective factors for the child. The therapeutic relationship provides safety when disappointment occurs and opportunities for the child to explore feelings in secure ways. Despite the therapist's best efforts with the child and parents, some children will continue to exhibit resistance to reconnecting with an absent parent. The therapist must always consider the risks inherent in tampering with such a strongly held defence.

In a best-case scenario, the child develops an enhanced coping repertoire that

includes skills for building a healthy relationship with the absent parent while sustaining a secure relationship with the residential parent. This expansion of the child's coping repertoire also contributes to the child's natural resilience. The relationship and coping skills that are acquired or bolstered in the reconnection process provide an important foundation for the child's relationships beyond the immediate family.

Critical Decision #3

During the assessment phase of the reconnection process the therapist works toward deciding whether a face-to-face meeting will be in the child's best interests. The next task for the child and parents is to plan the meeting.

Step 3. Planning the First Face-to-Face Meeting

At this stage, the reconnection process becomes future-oriented, with the therapist directing the process. The therapist articulates clear guidelines for the role she will play during the contact. This clarity usually increases the child's and parents' confidence in the process. First, the therapist helps the parents understand that a meeting is part of a larger process and establishes transparent goals for the meeting to protect the integrity of the reconnection process. Second, within the context of goal-setting, parents are asked to anticipate what their child's feelings, questions, and concerns leading up to the meeting might be and develop practical ways of supporting the child.

The therapist must decide the most effective way to encourage communication between the child and her absent parent prior to a face-to-face meeting. This may involve an exchange of cards or letters. For example, in a reconnection process involving an eight-year-old girl, the first meeting was planned for the week of Valentine's Day. The child had an individual session a few days before February 14. During this session she decided to draw a valentine on the board in the therapy room. The therapist photographed the child's valentine and gave copies to the child and her father at the end of the first face-to-face meeting. It helped to break the ice and provided a physical representation of the reconnection of their initial meeting.

The therapist decides how the child's voice will be included in the planning of the meeting. The child's sense of safety is grounded in his or her understanding and acceptance that the therapist is in control of the process. Work with the child focuses on his or her expectations and fears about the meeting.

The residential parent provides the child with the psychological freedom to reconnect with the absent parent by accepting that the child has the right to an independent opinion about the absent parent. A first step is to create a strong boundary that distinguishes the parent's separation-related issues from the child-absent parent relationship. The residential parent also needs to develop a strategy for separating from the child in the waiting room in a way that conveys their support for the meeting. The goodbye to one parent and greeting to the other represent sensitive aspects of the process that the therapist needs to carefully structure.

Absent parents typically approach a face-to-face meeting with excitement and apprehension. Many of them treat the meeting like a birthday or special event, and they purchase gifts for the child. For example, one father arrived in a tuxedo for the initial meeting with his three-year-old son. For some parents, their behavior represents an effort to make up for the special days that were missed during their period of absence. For others, it reflects a limited understanding about ways of establishing a child-parent relationship. Residential parents, of course, typically have a reaction to the presentation of gifts. Some parents wonder whether the absent parent expects to "buy a relationship" with the child, and others express anger about child or spousal support arrears or a failure to come to agreement about support when funds appear to be available for gifts.

Absent parents require a strategy for greeting the child when he or she enters the meeting room and for saying goodbye at the end of the meeting. During the preparatory work, it is helpful to review the therapist's role during the meeting with the absent parent's therapist and to discuss feelings engendered by what many perceive to be a "gatekeeper" function on the part of the child's therapist.

As part of this planning process, the team of therapists work with each family member to help them imagine how the first meeting will unfold.

The child and parents talk about their expectations for the meeting and what might happen subsequently. The child is provided with an age-appropriate explanation of the practical details such as seating arrangements, whether food will be served, and how long the meeting will last. Activities can reduce the anxiety and awkwardness that are typical of a first face-to-face meeting. It is helpful for chil-

dren—especially younger children—to have an opportunity in advance to see the room where the meeting will take place. As the meeting date approaches, strong feelings expressed earlier by the child and her parent may resurface and will need to be addressed.

By design, the face-to-face meeting may be relatively brief. If further meetings are deemed appropriate, their length usually increases in accordance with the comfort level of the child and the parents.

Critical Decision #4

The fourth decision point occurs when the planning for the face-to-face meeting is complete. The therapist reviews the decision that a face-to-face meeting remains in the child's best interests.

Step 4. Facilitating Early Face-to-Face Meetings

Practical realities influence how contact proceeds at this stage. For example, distance factors may limit contact to correspondence or telephone calls. Regardless, the therapist stays directly involved for several reasons. First, her presence increases the child's feelings of safety. Second, it helps to sustain the residential parent's commitment to the process. Third, the absent parent benefits from the therapist's coaching during the contact.

If safety and risk factors are a concern, the therapist needs to ensure that arrangements for the meeting take this into account. The logistics of arrival and departure, along with physical arrangements necessary for privacy, should be discussed with each parent in advance so they have an opportunity to ask questions and become conversant with how things will unfold. When safety concerns exist, it is common to have the absent parent arrive at least 30 minutes earlier than the residential parent and child. It also allows for last minute coaching to support the absent parent. Similarly, the residential parent and child usually depart at least fifteen minutes prior to the absent parent.

The therapist for the child facilitates the meeting. It is advantageous for the parents' therapists to provide additional support if required and to debrief with their clients.

Critical Decision #5

Assuming that meetings continue to be in the child's best interests, the next decision involves determining how and when to decrease the therapist's supervision of the meetings, and to move meetings into the community. If the child's safety would be compromised by decreasing supervision, an alternative plan is required. The therapist needs to consider what resources the child and parents require to move to community meetings. The goal for the therapist is to slowly disengage while remaining available for consultation and support as the need arises.

Step 5. Next Steps: Revising the Parenting Plan

Ongoing interventions may be required if continued contact with the absent parent is deemed in the child's best interests. For example, many parents will benefit from counselling that focuses on reducing conflict and building a co-parenting relationship. If the child-parent relationship continues, the parents will need to modify the parenting plan to include a new residential schedule that reflects contact time with the formerly absent parent. The revised parenting plan may not alter how decisions about the child are made, but it should provide direction for sharing information about the child.

Therapeutic mediation has proven to be a useful adjunct to the reconnection process. If mediation is not possible or the parents do not reach agreement about the child's residential schedule, another method of dispute resolution such as arbitration or collaborative family law may be considered.

Even reconnections that appear to be child-centred and have momentum will encounter challenges along the way. This is particularly true when meetings move to the community and the therapist begins disengaging from the process. For example, a non-residential parent may arrive late for transfer time or miss previously scheduled time with the child. Even if there are reasonable explanations for the problem (e.g., traffic delays, illness), the family history may trigger a reaction on the part of the child or the residential parent. The child and parents need to be prepared for the challenges they may encounter and helped to develop coping strategies for such eventualities.

Step 6. Supporting the Child-Absent Parent Relationship

Residential parents often express doubts about absent parents' level of commitment and ability to follow through in the early stage of a reconnection process. If there is a history of serious mental health or substance abuse issues, for example completion of a rehabilitation or therapy program and/or medication can be an indication of intention and likelihood. Even when these concerns are addressed during the preparatory phase of the process, doubts may resurface at the time of the first child-parent meeting. In some situations, the therapist may not be able to offer much reassurance and instead should work with their client to identify practical coping strategies.

When residential parents fear losing their child to the idealized absent parent, it is important to help them acknowledge the strengths of their own relationship with the child and to make a plan that allows them to maintain some control in the situation. Ongoing therapy or other resources help to increase the likelihood of a successful reconnection.

Programming Gap Addressed

This model was developed because the team was unable to find research reports or guidance in the literature that specifically addressed the issue of reconnecting children and absent parents. Child alienation articles came closest to discussing the issues identified through qualitative data analysis (Gardner, 1992; Kelly & Johnston, 2001). Gardner's position about contact is clear. He believes the child's schedule should be honored even if this means forcing contact. He acknowledges that parents are often "notoriously uncooperative" and usually require the authority of the court to be invoked. In some situations he suggests it is appropriate to threaten parents or impose sanctions in an effort to have the child's schedule honored. In more extreme cases, he recommends that "custodial transfer is the only hope for children" (Gardner, 1992; p.64).

Johnston (1993) argued that Gardner's formulation was inadequate because it failed to differentiate between alienation and a child's reluctance to spend time with a parent. She concluded that resistance to contact is a complex phenomenon that has its "...origins in diverse and multiple psychological, developmental, and

family system factors” (Johnston, 1993, p.133). More recently, Kelly and Johnston (2001) reformulated Johnston’s earlier concept of the alienated child. They placed child-parent relationships on a continuum ranging from positive relationships with both parents through progressively stronger alignment with the residential parent to complete alienation from the non-residential parent.

Based on a concept of a continuum, Johnston et al. (2001) and Sullivan and Kelly (2001) describe a model for family-focused counselling when children are alienated from a parent. Their approach focuses on therapeutic work with the aligned as well as the rejected parent and the alienated child. Using a team of professionals, the work occurs within a legally defined framework that they believe provides “an overarching, coordinated, rule-governed process for managing the ongoing family conflict and implementing the intervention” (Johnston et al., p.330).

Other writers have recommended remedies ranging from the provision of compensating child-parent time to contempt findings by the court, and incarceration when there is interference in the child’s schedule (Darnall, 1998). Sullivan and Kelly (2001) note that in extreme cases the alienation from a parent may be so chronic and entrenched that even the most sophisticated intervention will not be successful. In such situations, the intervention options may be limited to temporary or permanent structural changes as identified by Gardner (1992), encouraging an alienated parent to suspend their efforts with respect to contact, or removing the child from the care of either parent.

While there were elements in these approaches that were useful, they primarily addressed the issue of alienation and as Johnston (1993) pointed out there is no single explanation for why a child loses contact with a parent. Qualitative analysis also indicated that there were a variety of reasons why a reconnection might be sought. Consequently, none of the approaches and remedies described by these authors fully addressed the constellation of families identified through this reconnection work.

Children and families report a range of experiences and challenges when parents no longer live together and the child’s contact with one parent is disrupted (Freeman, 1998; Freeman and Freeman, 2003). In some instances parents decide on their own to have a child-parent meeting and, in others it may be court ordered. In the latter case the court will often set a date by which a child-parent meeting is expected to occur. Typically, a date for a child-parent meeting will be

established, but the details may not be clear and provision for preparing the parents and the child for the meeting is not outlined.

Parents and children who have attempted to reconnect on their own typically report difficulties in sustaining a relationship. Interventions that support them need to reflect the post-separation realities. There is an artificial quality to a face-to-face meeting between the child and her absent parent that is forced or premature, and there will be little, if any, benefit for either the child or her parent. It may be counter-productive for all family members in the long run. Supporting children by expanding their coping repertoires and bolstering resilience requires specialized interventions that reflect the particular circumstances facing the child and her family. Building on the ideas and approaches that were described by clinicians and research noted above, the model for reconnection described in this chapter, is predicated upon continual assessment of what would be in the child's best interests. It does not assume any particular outcome.

PROGRAM IMPLEMENTATION

A major challenge in establishing an evidence-based reconnection program is securing adequate program resources. The complex nature of the work requires therapists with demonstrated expertise in working with children and families, as well as specialized knowledge of separation/divorce, child development, grief and loss, and conflict resolution. Skills in safety and risk assessment and play therapy are also important. Dispute resolution qualifications for interventions such as mediation, arbitration, or parenting coordination can be useful for the therapist. Experienced therapists are able to convey their expertise and to communicate their knowledge in ways that increase the child's and parents' confidence in their ability to manage the process.

Reconnection cases are time consuming and challenge even the most skilled therapist, and consequently, a collaborative model is utilized. Each parent and the child are assigned a separate therapist. These therapists form a "team" to support the family. They consult as the work progresses. Additionally, ongoing individual supervision as well as peer consultation meetings are important strategies for supporting the therapists. Since each family is unique and the timeline for the work is set according to the child's needs and the family circumstances, there is no pro-

scribed agency standard for how many reconnection cases a therapist may be involved with at any one time. For example it is impossible to determine in advance how many hours per week a reconnection case might involve.

Quantitative expectations are guided by the amount of work involved in each case and the number of work hours a therapist has balanced with other work assignments and job expectations. In general, FIT expects therapists to spend 70% of their time in direct service work.

Whether the therapist is in private practice or is agency-based, in addition to standard demographic data, the therapist should use an intake protocol which is useful for ensuring all necessary case-related information, including information about who has the right to consent to treatment on behalf of the child (refer to Step 1, Reconnection Assessment Process, for an outline of variables that are typical of an intake protocol), is collected. In this model, as the work progresses each therapist is responsible for maintaining a record that meets both agency standards and those of their licensing body. Agency policy views the client record as a "...record of the joint activity between a client and FSA staff or volunteers that emerges from the service agreement" (Family Service Association of Toronto, undated). The policy identifies eight purposes for the record. They range from program planning, program evaluation, recording the service agreement to documenting the service as well as providing accountability and protection for program staff, the agency and the client during staff performance reviews, client complaints, and accreditation processes. Agency policy requires that the therapists' notes include the purpose and frequency of all contacts, sessional goals, gains achieved, concerns, and areas identified for additional work. The agency is in the process of moving to fully electronic records. It will have prompts for each of the variables the notes must include.

Policies to support reconnection work are essential. One policy issue is whether the therapist or agency will reach out to the other parent in the event that only one parent requests service. At FIT, if only one parent has requested service, the outreach protocol involves sending the other parent a letter inviting participation in the service. The letter is sent with the knowledge of the parent who requested service. It indicates the therapist will be calling. During that telephone call, the therapist explains service philosophy and asks the parent to attend an interview to explain the situation from his or her perspective. Not all counselling services or agencies will do outreach to a person who did not request service.

This is a critical position to take if one is an advocate for children.

Another important issue concerns confidentiality and the extent to which information will be shared between family members including the parents and child, and with other professionals or the court. Therapists need to have a clear policy about confidentiality and include it in the service agreement with the client. The policy should address communication between therapists as well as between individual therapists or the therapist team and others including the court. The process will be easily sabotaged if any participants feel confidentiality is betrayed.

Fees are charged for many of the therapy programs at FIT. Decisions are also required about how fees will be assessed and who will pay for time the therapist spends with the child. At FIT, the fee for each parent is based on a sliding scale and reflects that parent's household income and family size. This is according to agency policy. Fees and fee information are confidential and not shared with the other parent. Extraordinary expenses, including items such as child care, separation-related costs, and debts when establishing the fee, are taken into account. The policy states that no one is denied service because of an inability to pay. The policy also recognizes there may be some people who choose not to pay and therefore not to receive service. Whenever possible, the preference is to have each parent contribute to fees for service delivered to the child. If the child had a one hour session with the clinician, for example, we would normally ask each parent to assume half of the fee for service. A parent is not financially responsible for the other parent's portion of any fees.

In some circumstances, parents negotiate when preparing their separation agreement or divorce documentation that any counselling the child receives will be paid for by one parent or that fees may be taken from a trust fund established for such a purpose. Even if this is the case, policy requires a separate contract with each parent. They may reimburse each other according to a private arrangement if they wish, but the agency does not participate in that process.

The therapist is responsible for educating each parent and the child about the reconnection process and respond to questions they may have. It is also helpful to develop an information sheet that summarizes the salient features of the service including: a service description, confidentiality and privacy concerns, information that will be shared with the parent, whether reports are provided, the availability of an emergency response, and fee practices. It is prudent to require parents to sign a service contract that stipulates they agree with the terms under which the

service is offered. It has been a long-standing practice at FIT not to provide information for use in a litigation process or reports for other agencies or institutions including the court. This position creates a neutral and psychologically safe environment for children and parents to work on divorce-related concerns, including reconnection.

Given the complex nature of the work and the extensive therapist time required for reconnection cases, it is advisable to begin slowly and not develop a caseload restricted to reconnection cases. The manner in which the service is advertised to the community needs to be carefully considered to ensure that service demand is balanced with service capacity. There should be strong links with other agencies and providers to ensure that there are appropriate and accessible community resources such as individual therapists and supervised transfer facilities for families.

PROGRAM BENEFITS/FACTORS THAT INFLUENCE PROGRAM SUCCESS

Several aspects of the reconnection model contribute to meaningful child-parent relationships. The uniqueness of every child and family requires the therapist to evaluate each situation on its own merits and facts. *Creating a child-centred timeline* for reconnection work that takes into account each family's particular circumstances inevitably requires patience on the part of the court and the absent parent. Absent parents and professionals may question the residential parent's commitment to the process if the preparatory work is lengthy. Nevertheless, the imposition of an artificial time-line that does not reflect the child's perspective reduces the likelihood of a meaningful reconnection. A lengthy reconnection process is usually difficult for the absent parent. The therapist works to increase his or her understanding that the *quality of the relationship* is more significant than the amount of time one spends with the child. For the child, as Nicholson (2002) observes, focusing on the quantity of time results in the "...transfer of a relationship into a timetabled obligation."

Professionals and courts working with families need to be cognizant of the factors that influence successful child-parent relationships in the context of reconnection. Reconnections must be *child-centred*, *well-planned* and *supported by appropriate*

services. Parents who have attempted reconnection on their own report that even if a meeting occurs, the child-parent relationship usually peters out, ultimately leading to more disappointment for the child. Consequently, the development of a specialized reconnection intervention is an important service for divorcing families. The dilemma is that reconnection work tends to be intensive and long-term, and for many families the financial cost as well as the time involved becomes a systemic barrier.

The *child's voice* becomes part of the process. Providing a therapist or legal representation for the child creates a safe way to independently present the child's perspective. It also helps to minimize the risk of the child's words simply echoing those of the residential parent.

The therapeutic team is well placed to assist the family to differentiate between what is ideal and what might be possible in their particular situation. The *assessment* gives therapists an understanding of the family's circumstances including perceived loyalties, concerns, and other influencing factors. This data leads to coaching and support strategies. Building on the preparatory work, therapists can support parents to use their identified strengths in approaching the challenges inherent in the reconnection process with reduced conflict. The *assignment of therapists* to the child and parents is another factor that contributes to success. In many situations it has been advantageous to the process to provide a male therapist for fathers and a female therapist for mothers. The gender of the child's therapist is generally not an issue as long as the child is able to connect with the therapist.

Parents need to feel some measure of *control over the reconnection process* in order to maintain their confidence in it. Equally important is the task of developing ways to hold parents accountable for their behavior. Courts have a critical role to play in this regard. Linkage and feedback mechanisms should be established early in the process. Some parents need the *authority of the court* to agree to continue with the reconnection process once it begins. When parents are held accountable for their behavior, sabotage of the process is less likely. Neither the legal nor the therapeutic process can eliminate the potential for one or both parents to undermine the reconnection. It is helpful to parents and the process if the language used in the court order is supportive of the child's relationships with both parents.

Reconnection work makes many demands on the therapists. The complex nature of the intervention can trigger a variety of reactions on the part of the child, the parents, and the therapists. Situations are often volatile and unfold in

unpredictable ways. It is to be expected that the therapists' experience of the family and the evolving reconnection process exerts a strong influence on the work with the child and her parents. Even the most experienced and competent therapist may find that working on his or her own increases the risk of being "corrupted" into the family system (Carter et al., 2006). A *team approach* supports the therapists, respects therapeutic alliances and creates clearer boundaries by providing each parent with his or her own therapist. The team approach also offers ongoing consultation and supervision for therapists to clarify their responses to the individuals and process and strategize about ways of maintaining the child-focus.

PROGRAM FUNDING

The nature of reconnection work makes the process complex, time-consuming, and therefore expensive—particularly at a time when the family's resources may be limited and community resources are being reduced. As part of Family Service Toronto, FIT is fortunate to have funding from the United Way of Toronto, enabling the provision of services on a sliding scale that take into account family size and income. The agency's fee policy states that no one will be denied service because of an inability to pay. United Way subsidies, in conjunction with the agency's sliding fee scale, address systemic barriers that would otherwise make this service unavailable for lower income families.

It is difficult to establish cost estimates for the reconnection program. While the process follows the steps outlined in Figure 1, the actual length of time involved varies. The cost of a reconnection will reflect the number of therapists required, the hourly fee for each therapist, and the extent to which subsidies are available for lower income service users.¹⁴ At minimum we recommend two therapists be involved in each case. Using three therapists allows each family member (parents, child) to have his or her own worker. The cost of the process reflects how much preparatory work is required by each family member. Safety and risk considerations also have a bearing on cost if they require additional therapist time and special security measures. Additionally, the therapist(s) may need to remain involved in the process for an extended period to support the family and manage the process.

CONCLUSION

Work with this model has resulted in more questions than answers. First, in the context of reconnection, what determines success? Is success one child-parent meeting? Is it success if the child and the residential parent work through feelings related to abandonment but reconnection does not proceed? Is it success if a meeting occurs but is not followed by long-term contact between the child and the absent parent? What variables predict success? Research that tracks this group of children and their parents over time will help to answer these questions and expand the understanding of the indicators and contra-indicators for reconnection.

Research is fundamental to understanding more about how a child experiences the process of reconnection and in determining the success of this model and other interventions that have been proposed since the original literature search was undertaken (Garber, 2007; Markham & Weinstock, 2005; Carter et al., 2006). From a best practices perspective, it is important to increase our understanding of the issues facing the child and parents who contemplate reconnection, intervention strategies, the implications of different kinds of reconnections, and ways to increase the likelihood of a child-focused process that is meaningful for the child and his or her parents.

Given the increasingly diverse nature of our communities, there is a need to build expertise that furthers therapists' understanding of the impact of race and culture, as well as immigration or refugee status, on abandonment and reconnection. Depner & Bray (1993) point out that for some families, kinship and culture provide an important mechanism for defining and supporting the involvement of a non-residential parent in the child's life. Research will help to identify more about the impact of kinship and cultural systems on parent absence, and the implications for the reconnection process.

Future research will also help to develop evidence-based practice and to encourage discussion about issues involved in the reconnection work. The complex nature of the reconnection process underscores the importance of the systematic, ongoing assessment of risk and safety, therapeutic support for the child and the parents, therapist-facilitated face-to-face meetings, and development of a new residential schedule for the child.

Building expanded capacity to support children and families who separate requires *education, training, and support* for the professionals who work with them.

Wallerstein & Kelly's (1980) seminal work on children and divorce was instrumental in helping courts, mediators, and mental health professionals to understand the vicissitudes of the divorce experience for children. It provided a foundation for the extensive divorce literature that developed in the ensuing decades, and underscored the complex nature of divorce-specific interventions and the kinds of expertise required for evidence-based practice.

Building capacity also requires a sophisticated level of expertise on the part of practitioners as well as policy development to support children when parents no longer live together. Therapists need to be able to deal with a range of complex issues including conflict management, loss and grieving, and child development, while maintaining clear boundaries. Policy development in the context of reconnection includes utilizing a case management system that monitors programs and facilitates child-centred initiatives.

Parental absence remains an issue for many children when their parents no longer live together. Expanding the spectrum of services for separating and divorcing families continues to be an important goal for children, as well as the professionals who provide divorce-specific interventions. The model for reconnection implemented by FIT described in this chapter represents a specialized approach to supporting a child when there is a possibility of reintroducing or introducing his or her absent parent and developing a child-parent relationship that can be sustained over time.

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NOTES

1. This chapter is based on papers presented to the 39th (2002) and 40th (2003) annual conferences of the Association of Family and Conciliation Courts and is an updated version of an article that appeared in the July 2004 issue of *Family Court Review*. The author gratefully acknowledges the important contributions of members of the FIT team to the development of the model described here and to earlier papers and publications about this work. Kathryn Kennedy's expertise in editing was an invaluable resource along with Brooke Borovoy's assistance in preparing the diagram of the model and Gary Freeman's editorial comments about the manuscript.
2. FIT, a department of Family Service Toronto (FST), has provided preventive divorce-specific interventions for residents of Toronto that focus on supporting child adjustment to separation, divorce, and remarriage since 1984. Interventions offered by FIT at the present time include therapeutic group programs for children and their parents, support groups for non-residential fathers and mothers, solution-focused individual and family counselling, educational group programs, and closed mediation of parenting plan disputes. These programs provide an opportunity for changing families to learn about:
 - strategies for reducing parental conflict;
 - strengthening coparental relationships that work;
 - supporting their child's grieving process;
 - improving parent/child relationships; and
 - successful step-parenting.
3. Child adjustment factors are discussed by numerous authors including Emery, 1994;

Freeman, 2001; Freeman & Freeman, 2003; Freeman & Freeman, 2001; Galatzer-Levy & Kraus, 1999; Johnston, 1993; Smith & Gollop, 2001; Pryor & Rodgers, 2001; Wallerstein & Blakeslee, 1996; Wallerstein et al., 2000.

4. Refer to Jaffe et al., 2006.
5. The impact of the parents' relationship for the child-parent relationship is discussed by Bala et al., 2001; Baris et al., 2001; Birnbaum & Radovanovic, 1999; Johnston & Roseby, 1997; Wall et al., 2002.
6. Refer to Greif (1997) and Depner and Bray (1993).
7. Authors commenting on the diminished parenting capacity of one or both parents include: Garrity & Baris, 1994; Hetherington & Kelly, 2002; LeBourdais et al., 2001; Wallerstein & Blakeslee, 1996.
8. Refer to Brott, 1999.
9. Wallerstein and Kelly(1985) and Wallerstein & Corbin (1988) describe how the pain associated with separation may interfere with a parent's ability to maintain contact with their son or daughter.
10. Some of the developing literature concerning child alienation addresses disrupted child-parent relationships. Refer to Kelly & Johnston (2001) and Warshak (2001).
11. Clinical interviews at FIT reflect the personal style of the therapist and are open-ended conversations rather than form-based and structured. By the end of the first interview each therapist. has obtained the information essential for deciding whether it is in the child's best interests to proceed. If the decision supports moving forward with the process, the therapist also has the data to plan the next step.
12. For additional information about assessing safety and risk, consult Austin, 2001; Jaffe et al., 2006.
13. Example of a case specific timeline for reconnecting a child with her absent parent:

A parent who had been absent for almost 7 years requested contact with his now 8 year old daughter who believed her stepfather was her biological father. The residential parent and stepfather were not amenable to the request. The absent parent had been involved in a substance abuse rehabilitation program for several years and, with the support of his extended family, felt prepared to meet his daughter and build a relationship. He also began making child support payments. When requests to see his daughter were unsuccessful, he sought assistance from the court. He was granted a court order that stated FIT should facilitate a meeting with his 8 year old daughter in less than a week's time. Under the circumstances, the residential parent and stepparent described feeling threatened.

Our first priority was to "slow down" the process and gain agreement

about delaying a child-parent meeting. A member of father's extended family was helpful in supporting our focus on being child-centred. On the basis of the assessment data, we recommended that both parents, the stepfather, and the child be seen individually for several months to prepare for the *possibility* of a face-to-face meeting. The preparatory individual sessions allowed each family member to work through their response to the issues including absorbing the information that her stepfather was not her biological father, the lengthy absence of her biological father, and the reality of his return to his daughter's life. Legal counsel for the parents were particularly helpful in building their client's commitment to the process and reassuring the court that the reconnection was proceeding in a way that reflected the child's needs. After a number of individual sessions, a face-to-face meeting occurred. In due course, the meetings were moved to the community and through mediation, the parents negotiated a new residential schedule that included overnights at father's home. The child expressed satisfaction with meeting members of her extended family on father's side and enjoyed her expanded family network. The process extended over many months, rather than the one-week period originally anticipated by the court.

14. At the present time the agency's sliding scale ranges from \$10 to \$109 per hour based on income and family size. United Way support permits us to waive fees for people who are unable to pay even the minimum fee. We are also able to offer transportation and child care subsidies to enable parents to attend interviews. Our staff are social workers or psychotherapists. They have post-graduate education at the Master's or Doctoral level in addition to extensive experience in working with changing families. Their qualifications do not influence the fee paid by a parent.

Each parent's fee is determined based on their financial circumstances and is confidential. Neither parent is responsible for the other parent's account. We have found it helpful to have parents share the child's fee (i.e., each parent pays one half of her/his usual hourly rate for the child's session). If circumstances suggest this would not be advisable, other arrangements about the child's fee are made.

Parents are expected to pay for all direct service (i.e., client interviews and group sessions, collateral interviews, preparation of letters, mediation sessions, drafting proposed parenting plans). A fee is charged for the first and all subsequent interviews. Fees are also levied for late cancellations (less than 24 hours notice) or broken appointments. We do not require retainers, and parents normally pay at each session. It is agency policy that if accounts are in arrears for two or more sessions, service can not continue until the account is settled. Under our policy guidelines, the counselor always retains the right to waive a fee if the client is unable to pay or if the client's circumstances change.

CHAPTER 3

A HIGH CONFLICT DIVORCE EDUCATION PROGRAM

AFTER THE STORM: SURVIVING HIGH CONFLICT DIVORCE

James C. Billings, Ph.D., Gary L. Robbins, M.S.,
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INTRODUCTION

Dr. Don Gordon and his Ohio University colleague Jack Arbuthnot created a commercially available standardized program called *After the Storm*, after the West Virginia Supreme Court asked them to develop a course for high conflict divorcing/divorced couples. Their goal was to educate separated parents on the causes of anger and conflict, help them recognize when they engaged in harmful conflict, and give them some strategies for controlling their conflict and communicating more effectively with the other parent.

This chapter will focus in detail on the *After the Storm* program. It has not been evaluated on its own to date, but it has been evaluated as part of an educational

program that includes *Children In The Middle*, a program for divorcing and separating parents with low to moderate levels of conflict. This creative combination of an evidence-based program (*Children in the Middle*) with the *After the Storm* program allows for addressing the needs of parents with varying levels of conflict.

High conflict is often used interchangeably with domestic violence, but these terms have different meanings. As pointed out in a recent article on parenting coordination in domestic violence cases, “high conflict has been used to describe more intense and protracted disputes that require considerable court and community resources, and that are marked by a lack of trust between parents, a high level of anger, and a willingness to engage in repetitive litigation. Domestic violence refers to an intentional pattern of coercive behavior, including physical violence, sexual violence, threats of harm, economic control, isolation...with the purpose of achieving power and control over the other partner.” (Koch & Pincolini-Ford, 2006). Domestic violence is present in varying degrees in most high conflict families (Blaisure & Geasler, 2006).

Theoretical Basis for Program

The theoretical underpinnings of the *After the Storm* program rest on social learning and cognitive behavioral theory. It assumes that the causes of conflict are primarily learned responses to frustration and stress. Divorce presents one of life’s most stressful events, and under this stress many of us show immature responses. The opportunities for conflict between ex-spouse are plentiful, especially when children are involved. The immature ways many parents deal with this conflict involve poor impulse control, insufficient emotional regulation and anger management, impaired ability to empathize or take the other parent’s perspective, inability to anticipate the medium and long term consequences of their actions, and poor problem-solving. An important question is: What explains why some parents successfully manage their anger and communicate and problem-solve effectively with the other parent, while others engage in verbal and physical aggression?

Social learning theory can explain these differences in several ways. Exposure to influential role models, such as one’s own parents and how they managed their conflict, has a lasting influence. Typically, we emulate the conflict resolution styles of our same sex parent according to social learning theory. We are more

likely to imitate a model we perceive as similar to us and whom we respect, which usually is the parent of the same gender. A man, whose father was verbally hostile and abusive towards his mother, when frustrated is likely to mimic that style unless he was exposed to another adult with whom he had a close and respectful relationship when he was developing his social skills or by learning more effective and less angry methods of resolving problems. Learning theory can explain the process in which we acquire our styles of dealing with conflict and frustration as well as the process by which we learn new styles. If yelling or threatening is rewarded, such as by the target of our anger acceding to our demands, this style is strengthened. On the other hand, if showing consideration and cooperation is punished by the other person taking advantage of us, this style is weakened. Conversely, if we show another person consideration and kindness when they want something from us and this is reciprocated when we want something from them, this style is satisfying and is strengthened.

Social learning theory guides the practitioner to teach a parent better conflict resolution methods. First, parents are taught to recognize their maladaptive behaviors and cognitions. The practitioner points out the components of ineffective problem solving (such as attributing negative motives to the other parent, raising one's voice, blaming the other parent, threatening, and refusing to compromise). Then the components of effective problem solving and conflict resolution are described (self-calming, attributing benign or positive motives to the other parent, taking the other parent's perspective, presenting several choices for resolving the problem, and asking the other parent for their help). Following this description and explanation, these new skills are demonstrated via role-play or videotape. Parents are then asked to practice the new skills and receive feedback. Homework assignments follow to strengthen these new skills.

Cognitive behavior theory focuses on the role of thoughts or cognitions in mediating feelings and behaviors. When parents learn to identify thoughts that give rise to anger (such as thinking that the spouse is disrespecting them), they have an opportunity to replace these thoughts with more adaptive and calming cognitions (such as thinking that the spouse is feeling hurt and is protecting him or herself). The practitioner using cognitive therapy may ask the parent to keep a log of their thoughts just prior to expressing anger. Then the practitioner will ask the parent to generate a list of thoughts incompatible with the anger-inducing thoughts and to substitute these in situations that previously have resulted in conflict. A

goal of cognitive behavior therapy when applied to high conflict couples would be to change each person's habitual thinking patterns, such as immediately suspecting the other person of ulterior motives for any request or comment. This negative attribution style may be a long-standing one, beginning in childhood (probably by exposure to parent role models who were constantly suspicious of others' motives). Compared to lower conflict parents, in such cases changing these styles require more diligence and motivation on the client's part, and more structure and support from the practitioner. When the attributional pattern is more recent and related to the couple's estrangement, change is easier and practice with new cognitions is specific to the divorcing situation.

Some court programs focus on cooperative parenting, that is, teaching parents to work together to resolve their conflicts, while other court programs focus on parallel parenting, in which parents are told to disengage and avoid contact, at least until the initial level of conflict subsides (Blaisure & Geasler, 2006). A standardized assessment of parents' likelihood of learning cooperative parenting vs. parallel parenting would aid in determining which approach to use. Research on the effectiveness of classifying parents this way is needed before widespread dissemination of the procedure occurs. Two studies of high conflict divorce education programs have been conducted. Los Angeles County's Pre-Contempt/Contemnor Group Diversionary Program is composed of six sessions, emphasizing skill building and developing parents' awareness of the effects of conflict and divorce on their children. The study found that for the intervention group, relative to a similar group that did not receive the program, parental cooperation increased, disagreements decreased, and domestic violence diminished to negligible levels. Litigation rates were unchanged (Johnston, 1997). McIsaac & Finn (1999) modeled their Portland, Oregon program after the Contemnor Program. For the 26 parents who went through the program, after two months, 13 of the highly conflicted parents constructively used the concepts taught in the class. As of fall 2006, we know of no published studies evaluating the effectiveness of programs, either educational or therapeutic, for high-conflict parents. There was no long term follow up of these programs. Clearly there is a strong need for such evaluations, particularly when parents are mandated to attend. It is only after objective feedback that we can expect program developers to make changes to improve the programs.

RISK AND PROTECTIVE FACTORS FOR HIGH CONFLICT COUPLES

Couples who engage in repeated and intense conflict after the initial stages of divorce can be identified in advance by the presence of a variety of risk factors. Among such risk factors are:

- repeated court hearings related to divorce issues;
- family history of conflict;
- substance abuse;
- emotional immaturity, poor impulse control;
- sense of entitlement;
- basic needs being unfulfilled (contact with children, poverty, feelings of self-efficacy);
- lack of education;
- cultural norms supporting conflict and dominance;
- one parent being caught by surprise on an issue of vital importance (affair, bankruptcy, being denied access to children); and
- lack of introspection and avoidance of responsibility for conflict.

Conversely, the presence of the following protective factors reduce the likelihood of continued high conflict between the divorcing couple/s:

- family history of problem-solving and cooperation;
- emotional maturity;
- open-minded, tolerant attitude toward others;
- success in other areas of life (work, relations with children, relatives, friends);
- cultural norms supportive of cooperation; and

- openness to mediation and therapy.

The likelihood of success for a relatively brief program like *After the Storm* is inversely related to the number and severity of risk factors present, and directly related to the number of protective factors. For couples with most of the risk factors listed above, ongoing work with a trained practitioner is likely to be needed in addition to several group sessions in a high conflict program.

A Description of the *After the Storm* Program

Don Gordon and Jack Arbuthnot created *After the Storm* with a similar educational/training philosophy used when developing the *Children in the Middle* program. They developed a video to be used in group discussions with other parents, along with a manual to help service providers deliver the program without additional training. There is also a workbook for parents to keep that summarized what was in the video and provided skill-practice exercises to assist them in integrating new skills in their co-parental relationships.

Since both controlled research and feedback from practitioners and parents demonstrated that the *Children in the Middle* program was effective in reducing parental conflict and improving cooperation, they decided to continue with that approach. Central to this approach is providing videotaped examples of discord that most high conflict couples can relate to, thereby assuring their attention and respect for the program. Not only was the purpose to get the couple's attention by recognizing themselves in the vignettes, but Gordon and Arbuthnot also wanted to break down the components of the conflict in ways that made it more understandable to their audience. In addition, they wanted to show vignettes with the same characters using conflict resolution and anger control strategies that were successful. The video and workbook highlight the effective aspects of these strategies into skill sets that parents could learn to imitate. The discussion leader's guide was developed to assist practitioners who would lead groups of high conflict parents so that through discussion and practice, these parents could integrate these new skills into their daily lives.

Organization of the Video

A professional narrator discusses a variety of topics in the video, and two families enact scenarios common to high conflict families. The video begins with a presentation of the causes of conflict and its cost to everyone involved (parents themselves, their children, and the community). For instance, the narrator lists common faulty assumptions parents make that promote conflict. The purpose of beginning with this information is to educate parents that their conflict is predictable and controllable, and then to motivate them to use the control techniques that follow. The video then presents various methods for avoiding conflict with the ex-partner. Among these are limiting contact, finding a sounding board, and separating parental from marital roles. Legal options for dealing with high conflict are also summarized. The role of specific communication skills to reduce conflict and improve cooperation is elaborated, focusing on a structured approach to learning the skills.

The video shows one family where a father arrives at the mother's house late for his appointment to pick up his daughter. Several hot-button issues are shown, beginning with insults as Mom unloads on Dad for being late. Each parent escalates the conflict, and Mom's boyfriend becomes involved. He also criticizes Dad, who doesn't take this well. When Dad complains about the boyfriend being there every time he comes to get his daughter, Mom tells him to stay out of her life. Dad then angrily pushes past Mom and her boyfriend and grabs his crying daughter by the wrist. Mom threatens to call the police, and Dad retaliates by threatening court action. Following this video scene, the narrator analyzes what occurred. Then each character from that scene gives his or her perspective of what happened.

Following the format of *Children in the Middle*, a more effective encounter between Mom and Dad is shown, where the parents use specific communication skills. Dad begins by taking a deep breath and apologizing for his lateness and not calling, reflecting that he understands why Mom is frustrated. Mom is less angry than in the first scene, and Dad explains in a non-blameful way why he has a hard time coming to Mom's house. Mom and Dad both use active listening skills and "I" messages to express themselves. When Mom's boyfriend appears, she sends him away saying that she and Dad can handle it themselves. Following this scenario, the narrator again analyzes why this encounter was less angry and more

effective, focusing the viewer's attention on skills used.

A second family scenario demonstrates parallel parenting as a way to minimize conflict. A teenage son returns to Mom's house after a weekend with his Dad. When Mom finds out he had forgotten to do his homework over the weekend, she begins criticizing Dad. She telephones Dad, calling him irresponsible. He becomes defensive and soon hangs up on her. The narrator then critiques the interaction, and Mom, Dad, and the son share their perspectives of what happened.

A more effective scenario follows, in which Mom prepares her son, by discussing how his homework can be completed at Dad's house. She gives her son a choice: she can give Dad a note to remind him to monitor the completion of his son's homework, or she can go out to the car to speak to Dad when he arrives. A second effective scenario shows Mom calling Dad before their son joins him for the weekend. They each use better communication skills, and Dad suggests further communication be done via email. The narrator again critiques this method of avoiding conflict. He describes the structure of a polite request, which is an extension of an "I" message.

Discussion Leader's Guide

The guide, which is divided into six parts, offers advice to groups facilitators about how to utilize the curriculum. The first section covers general principles for conducting classes for divorcing or divorced parents. Session length, class size, useful skills and training for group leaders, materials, funding, and security are topics to be covered. General guidelines for leading groups include encouraging participants to open up, keeping discussions productive, summarizing feelings, and dealing with self-absorbed and disruptive parents. The second section includes specific curriculum topics: children's reactions to divorce, moderators of harm in divorce, skills training, etc. The third section summarizes the video scenes and lists discussion questions to pose to the groups. The fourth section covers the risks involved with children losing contact with a parent, and how age determines how children react to this loss of contact. The fifth section covers managing anger and depression. A general strategy for anger management is given, followed by cognitive restructuring and relaxation strategies. For depression, brief guidelines are offered regarding referrals including cognitive therapy and medication evaluation.

An appendix to this guide is a printout of a power point slide presentation. The actual power point slide show to guide the *After the Storm* discussion groups is included with the program kit.

Parent Workbook

This 39-page workbook summarizes or reproduces the content of the *After the Storm* video. The first section covers the nature of conflict, its causes and costs, faulty assumptions leading to conflict, and exercises to increase parents' focus on their children. The second section covers conflict management and avoidance strategies. The script for the first family scenario is included, followed by questions that promote understanding of the causes of the conflict and sensitivity to its harmful effects. Legal options for dealing with severe conflict are summarized, as well as ways to avoid court action and minimize the conflict. This section also covers communication skills, such as active listening and "I" messages. The third section covers parallel parenting and conducting parenting as a business partnership. The script for the second family scenario about parents fighting over their son's homework is included, followed by questions and exercises that promote understanding of the causes of the conflict and focusing on skills the parents used in the scene showing a better method of resolving their issues. There are exercises that give parents practice in cooperative parenting by focusing on common goals parents have for their children. Polite requests are explained followed by exercises in the use of this skill. The fourth section covers common situations where children are caught in the middle of their parents' conflict (which are depicted in the *Children in the Middle* video). It also deals with the harm done to children when one parent has minimal or no contact with the children. The workbook concludes with a list of recommended readings.

THE CURRENT VOID THE PROGRAM FILLS

The authors surveyed nineteen agencies using the *After the Storm* program and asked, "What need or void does the *After the Storm* program fill in your area?" Responses fell into three basic categories, which are : 1) provides support to their

current parenting or court services; 2) provides a quality divorce education program where there was none; or 3) functions as supplemental materials used specifically with the *Children in the Middle* program. The following are examples of the responses we received from the surveys.

As an additional support to current parenting or court services:

- High conflict families need more than the one time 4-hour classes mandated by our court circuit. This program is affordable and skills-based.
- The need for a High Conflict (Program) has been evident from evaluations from our regular Parent Ed program participants for a long time. Funding has helped to ensure that we can now offer such a program.
- It assists with our parenting classes and our Children in Divorce Seminars.
- It motivates people to be skillful and mindful parents. Many (1/2) sign up for additional parenting classes.
- It reinforces the skills/concepts taught in class.

No affordable, effective, skills-based divorce education programs currently provided:

- No other divorce education program offered in the county.
- Lack of affordable divorce parenting courses for court mandated clients.
- Realistic picture of how parental conflict affects the child and the community. Very pertinent examples of how not to communicate and how to communicate more effectively.
- Provides participants visual/audio models of detrimental and constructive co-parent communication, model of using I-statements, goals & objectives of constructive co-parent relationships.

Supplemental with *Children in the Middle* program:

- Rather than couples continually being referred back to the *Children in the Middle* program, they are referred to the *After the Storm* program for more hands-on teaching and help.

- It was integrated with the *Children in the Middle* program to provide materials to address high conflict divorce.
- It has been a very good help with the *Children in the Middle* curriculum. A four-hour class needs to include multi-learning activities and media usage.

AFTER THE STORM SURVEY RESULTS

In an effort to assess how other agencies and mental health providers across North America are using the *After the Storm* curriculum and materials, information was collected from nineteen different programs that purchased *After the Storm* from the Center for Divorce Education.

Respondents were from across North America, with surveys coming from Tennessee, Missouri, Louisiana, Montana, Indiana, Wisconsin, Mississippi, California, Indiana, Georgia, New Jersey, and Canada. Of those 19 respondents, 16 are currently using the *After the Storm* program in working with divorced and separated parents. Of those who are not using *After the Storm*, reasons include a lack of budgetary resources and a lack of participants for the program. Of the respondents, five conduct the program in a university/educational setting, and two each consider their program to be in a mental health agency, a court agency, and in private practice. Furthermore, one respondent was in a hospital setting and another was in a community center. Five more respondents considered their setting to be “other.”

Results of the surveys helped paint a picture of what a “typical” *After the Storm* program looks like. For detailed information regarding the results from the survey, refer to Table 1. While one court system serves 1,100 participants a year, and one private practice serves two clients per class, the rest of the programs report an average of between six and fifteen clients per class. Approximately half of the users separate couples while the other half allows couples to attend the classes together.

The majority (n=12) combined the *After the Storm* curriculum with the Center for Divorce Education’s *Children in the Middle* program, while four programs have combined *After the Storm* with other programs and curricula. As well, 13 of the respondents have added their own materials to the *After the Storm* curriculum in varying degrees, which has allowed for a significant amount of variance in the con-

Table 1
National survey regarding AtS adoption and implementation from 19 different providers

	No. of Programs	Who teaches your co-parenting class? (Mark all that apply)	No. of Programs	What setting is it taught in? (Mark all that apply)	No. of Programs
With what group do you use AtS? (Mark all that apply)					
Court-referred	13	Licensed Therapists	7	Community Center	6
Court-mandated	13	Students	4	Private Residence	2
Self-referred	10	Pre-licensed Therapists	3	Mental Health Clinic	1
Individuals	10	Volunteers	1	Church	1
Groups	10	Religious Professional	1	School	1
Couples	6	Paraprofessionals	0	Court House	1
When are classes held? (Mark all that apply)		What is your average attendance?		What have you added to AtS?	
Evenings	10	2 to 6	5	<i>Children In the Middle</i>	12
Afternoons	8	7 to 9	4	Curricula from other programs	5
Mornings	8	10 to 18	7	Our own materials	13
Weekdays	13	92	1		
Weekends	10				

continued on next page

Table 1 (continued)
National survey regarding AtS adoption and implementation from 19 different providers

No. of Programs	No. of Programs	No. of Programs	No. of Programs
What about AtS helped you decide to choose it? (Mark all that apply)	Where do you receive supplemental funding? (Mark all that apply)	What methods do you use to encourage attendance? (Mark all that apply)	No. of Programs
Quality of Program	County Grant	Referral	12
Respect for C/M	State Grant	Advertise	9
Skills-based	Court Funding	No Cost	5
Research-based	Public Donations	Food	4
Adjustability	Federal Funding	None	2
Cost	Church Funding		
Reputation			
Do parents in the program attend together or separately?	Do you conduct an evaluation on your services?	Do you offer class in Spanish?	
Together	Yes	Yes	2
Separately	No	No	15

tent of the various co-parenting programs. As will be shown later, for many who have chosen to utilize *After the Storm*, the program's adjustability was a significant factor in making that decision.

Further analysis showed a very high correlation ($r = .67$; $p < .01$) between agencies that have in place a method of screening their participants and agencies that serve primarily high-conflict couples rather than couples with lower levels of conflict. In other words, it appears that almost all agencies that serve high-conflict couples tend to screen intakes; those agencies who serve divorcing parents "in general" tend to not screen participants. Most programs encourage attendance, using referrals from trusted sources. Since many programs are working with court-mandated and court-referred clients, the legal system often forms the basis of this referral system.

The reasons for choosing this program varied, with many focusing primarily on the quality of *After the Storm* and also having had a positive experience with the *Children in the Middle* program. Moreover, while many do receive supplemental funding, the source of such funding ranged widely across respondents, including public and private grants, as well as donations and fee-for-service. Finally, most programs hold classes on both weekdays ($n=13$) and weekends ($n=10$), in the evenings ($n=10$), while some provide morning ($n=8$) and afternoon ($n=8$) classes as well. Most teach the entire *After the Storm* curriculum in one class session ($n=13$), the length of which is often two hours ($n=6$) or four hours ($n=5$), depending on whether other material has been included.

RECOMMENDATIONS

While findings show that the majority (68%) of respondents are implementing some form of evaluation of their co-parenting and divorce services programs, in an age of increased accountability and interest in outcomes, it is also recommended that some form of program evaluation be conducted. One of the key factors in the program's positive relationships with courts has been the ability to provide qualitative and quantitative data that demonstrates its positive effect on the participants, when evaluations are used. Courts are often more willing and likely to continue referring and mandating clients to providers that are able to demonstrate continued evidences of effectiveness. Furthermore, by collecting evaluative information,

it is easier to compare the results with those of other similar programs both locally and nationally, and improving the ongoing effectiveness and focus of the program.

In regard to providing services for couples together or separately, there is certainly room for discussion. However, experience with this program has shown that, when working with high conflict co-parents, unless the program is geared very specifically for couples to attend together – and the class size includes a maximum of three or four couples – there is often a loss of participant engagement and focus; additionally there may be a potential increase in dangerous occurrences when two ex-partners share the same class. While there are certainly reasons that make separating ex-partners impractical (wait time between classes, budgetary constraints, etc.), in the interest of participant involvement and safety, it is recommended that ex-partners attend different classes.

IMPLEMENTATION AND EVALUATION OF *AFTER THE STORM*

One of the advantages of the program is its ability to be adapted and modified to fit the needs of many different types of programs and communities. Thus, it is not the authors' intention to say that the method outlined in this section of the chapter is the ideal way to implement and run *After the Storm*, only that this is how they were able to apply the program to meet the needs of the local county they serve.

A key component to the success of this particular program was the involvement and collaboration with the county family courts from the inception of the program. After first meeting with family court mediators, judges, and staff to gather information regarding the void that currently existed in the county, Billings and Robbins set out to develop a divorce education program that could meet the needs of their local community. Based on the feedback received from the courts, they discovered a significant need for a low-cost, skills-based, effective, short-term, co-parenting program that could specifically serve high-conflict couples. After researching many different programs, it was determined that combining the *Children in the Middle* and *After the Storm* programs best met the needs for the population the program was intended to serve. The first five hours of the course utilized primarily the *After the Storm* program, which appeared to be more applicable and engaging for the high-conflict couples being served. The *Children in the Middle*

program was added in large part because it has been found effective in creating safer and more supportive family environments for grade-school children and parents. Previous studies showed the impact of the program which include, but was not limited to, a 57% reduction in legal litigation (e.g., child-access, change of custody, and/or child-support disputes); 30% to 53% reduction in parental conflict; reduction of parents' anger towards ex-spouses and dramatic reduction of their children's exposure to their conflict; 70% fewer school absences; 54% fewer physicians visits by children; and 22% reduction in child-reported stress (Arbuthnot, 2002; Arbuthnot & Gordon, 1995; Arbuthnot & Gordon, 1997; Arbuthnot, Kramer, 1998; Arbuthnot, Kramer, & Gordon, 1997; Arbuthnot, Poole & Gordon, 1996; Kramer, Arbuthnot, Gordon, Roussis, & Hoza, 1998; Kurkowski, Gordon, & Arbuthnot, 1993).

The end result was a program that combined *Children in the Middle* and *After the Storm* into a 9-hour, 4-week skills-based co-parenting class for separated and divorced parents. The classes utilized videos, booklets, role-plays, small group activities, vignettes, homework, and therapeutic group conversation. Classes are offered at four different locations throughout the county, during weekday evenings and weekends. This was done so the program could serve multiple court districts, providing each district a local location to which they could refer parents. Teams of three to four mental health professionals take portable audio/video equipment (i.e. laptop, LCD projector, and speakers) to these locations to teach the classes. Classes are offered in schools, community centers, and mental health facilities. In large part due to the collaboration with the courts, approximately 240 parents were served within the first seven months of operation.

AFTER THE STORM EVALUATION

It is recommended that agencies implement an evaluation when providing this or any psycho-educational program. Providers of most mental health and psycho-educational programs have all begun to feel the pressures to "prove" and demonstrate that the services they provide are effective. The days of being able to develop and run a program with no outcome data to support its effectiveness are quickly disappearing. As more evidence-based programs are developed in different areas, the need and importance of measuring the effectiveness of one's individual

program will play a crucial role. Programs must not only have an evaluation component built-in, but agencies must learn how to use the evaluation to provide feedback that will improve and modify their program to better serve the community and individual clients they serve.

Using the Co-Parental Conflict Scale–Revised (CPCS-R) developed by the authors as a Pre-Post-test measure, and verbal/written feedback received from participants, an ongoing evaluation was conducted on the program. The first step in the evaluation was using an Intake Form, which collected demographic information to provide a picture of the population served. This information was used to determine: 1) whether services are impacting all participants equally across the demographic variables, 2) from where the bulk of our population is coming, and 3) what are the primary referral sources directing parents to the program. An intake worker collects this demographic information at the time of the initial enrollment over the phone (See Appendix A).

The second step was for an intake worker to perform a brief screening (See Appendix B) on the phone to insure the client is appropriate for the services. This screening process looks at variables such as recent and current depression, whether the parent or the parent's children are currently in therapy, any recent changes in the parent or child's health, any past involvement with anger management classes or other outpatient programs, and whether the parent regularly carries weapons with them. There are situations when participants state that they regularly carry a weapon and, when asked to not bring the weapon to class, they are not willing to comply. This can be a common response if the participant is a police officer. In these situations participants are not admitted to the program, and are provided referrals to other services. The other screening information, allows facilitators a sense of what kinds of additional points to cover in the material and additional resources that may be helpful for the participants.

The third step in the evaluation takes place when participants arrive at the first session. When parents arrive for their first class, each participant fills out the CPCS-R. At the end of the final class, each participant is asked to complete the CPCS-R to provide a comparative score that comprises the pre- and post-test data.

When possible, a follow-up evaluation is recommend, to be conducted several months after the class to see if gains are maintained, increased, or lost. Long-term follow-up, at 18-24 months after the class, would allow for the comparison of re-litigation rates. Also, a comparison group or control group that did not receive

this program is necessary to demonstrate with confidence that the changes found were due to the program rather than the passage of time or other factors.

The CPCS-R

The CPCS-R is currently being revised a third time, in an attempt to verify the psychometric properties of the scale, and reduce the overall length of the scale. It is anticipated that the scale will be released after this revision of the scale is complete. The first version of the Co-Parental Conflict Scale (CPCS) had two subscales: the parent-parent conflict subscale and parent-child conflict subscale. The parent-parent conflict subscale was designed to look specifically at the variables that gauge the level of conflict between partners in terms of the continued co-parenting relationship. It is the program's aim that, by providing the bulk of the intervention at this level of parent-parent interaction, it is able to reduce the parents' conflict. This reduction in parental conflict is expected to decrease the majority of negative effects on children, which are often attributable to contact with persistent, chronic, parental conflict.

Further exploration of the face validity and statistical analysis of the scale led us to create three other categories of variables found within the scale: 1) *perception of self and emotions*, which is considered to gauge the change experienced by the participant with regard to himself or herself; 2) *perception of other parent*, which is considered to be a good gauge as to how the participant views the other parent; 3) *perception of relationship* aims to collect data on how conflictual the parent finds actual interactions with the other parent.

Statistical Findings

Results of the evaluation clearly show that the program is effective. In the first seven months of operation there were 238 participants that enrolled in the program. Of these participants, 61% successfully completed all 9 hours of the course. The highest dropout rate (21.5%; n=50) pertained to those participants that called and enrolled for the program but never attended one class. Thus, 82% of participants who walked through the front door for at least one class successfully complete the four week course. There were approximately an equal number of

males (46.2%; n=108) and females (53.8%; n=126) that enrolled in the program. Across multiple variables such as dropout rates, positive or negative change, ethnicity, and location, males and females appear to have similar results, with the exception of income level in which men in general report higher levels of income.

With the use of pre/post outcome measures, statistically significant changes were observed with participants during the four-week program. On average participants experienced a statistically significant positive change in decreasing the level of conflict in regards to co-parenting. Specifically, using a 2-tailed paired sample “t” test, participants were found to have statistically significant change at the .001 level with the overall level of conflict and within the subcategory of the parent-parent relationship. In addition, when examining the parent-child subscale, participants as a whole showed a statistically significant change at the .001 level using a 2-tailed paired sample “t” test.

A large portion of the content for the course is designed to stimulate cognitive shifts and behavioral changes in: 1) perception of self; 2) perception of other parent; and 3) the co-parenting relationship. Overall, the results of these analyses show that 52% to 63% of participants report improvement in all three of these target areas. Approximately 7% to 16% of participants reported no improvement, and 29% to 34% of participants reported negative change. The fact that 52% to 63% of participants reported a positive change after just three weeks of classes is especially noteworthy. Initially, it was puzzling as to why 29% to 34% of participants reported negative change. Obviously, in some cases during these same three weeks there were a few instances where couples increased in conflict, and the program may have had minimal immediate positive impact. However, after further analysis and interviews with participants, it was determined that in many cases this result is actually indicative of a positive change for two reasons.

First, one of the major limitations to this initial evaluation process was the short period of time between the pre- and post-administration of the CPCS. Since the goal of this program is to impact behavioral changes and not just attitudinal changes in participants, a three-week lapse between measurements provides very little time for behavioral changes to occur. Information gathered reflects that most class members will first have an attitude or emotional shift, which may result in changes in behaviors towards their co-parent. It is a two-step process: they first become more aware of how damaging their behavior and the ongoing conflict with the other parent can be, before being able to make the actual changes in action.

Once they make this cognitive or emotional shift, it takes time and practice to successfully implement the behavioral changes necessary to decrease some of the conflict. Thus, in many of the cases what occurred was an increased awareness of negative thoughts and behaviors, but insufficient time (i.e. three weeks) to make or implement positive behaviors to address the problems. After three weeks, many participants rated themselves and the relationship in a more negative light, but possibly a more honest light than when they had begun the course. Essentially, the negative scores from pre- to post-tests indicated an increased awareness of how damaging their ongoing conflict was on their children and their relationship with the other parent. Given enough time to implement the skills taught in the class, it is hopeful that many of these participants will be able to experience positive changes in their co-parenting relationship.

Second, for those participants that made the cognitive shift and began implementing some of the behavioral changes, they may have discovered initial frustration. Some participants found that when they became less reactive and more business-like with the other parent, this caused the other parent to try even harder to get a reaction from them. This initial increase in anxiety and stress is often a natural process that many of these couples will need to go through to develop a healthier pattern of interaction with their child's other parent. The positive change these participants made to remain calm appeared to trigger increased anxiety in the partner, resulting in preliminarily higher conflict levels. Unfortunately, this process can take time, and thus a three-week period between pre- and post-measurement does not always allow sufficient time for this new pattern to unfold.

A participant that had been separated for seven years shared an example of this phenomenon of "negative change." At the third session of a class, after asking the class to share their "successes," the facilitator asked if anyone had tried any of the techniques where their experience did not go as well as they had hoped. One woman immediately raised her hand and commented that she did not usually speak to her ex-husband. However, she had needed to take care of some pressing matters which required someone else to pick the children up from school. She had thought about contacting her ex-husband and, by using some of the self-calming and communication techniques from class, she went ahead and made the phone call. She reported that during the call she experienced herself as much calmer, but that her husband still responded in a way that was unsupportive; he would not help her with the children when she requested his assistance. She then said,

“Thank you,” and hung up the phone. When she related this story to the class, she felt that even when she used the techniques from the program, they did not provide her with the result she wanted and appeared to her to cause her ex-husband to be less helpful and more argumentative than usual.

This certainly seems to more accurately fit the idea of positive change on her part, rather than negative change. She was able to take a chance to attempt something that she otherwise might not have done, and, perhaps her different way of interacting increased the level of anxiety in a spouse who was accustomed to their previous conflict. While the class member may perceive this as negative change, it can also be positively reframed as, at the very least, evidence for her willingness to attempt new, more positive behavior.

The following three charts outline the statistical findings from these three subscales, and provide examples of questions asked to participants. The first table shows the raw percentage of participants who reported positive, negative, and no change relative to their perception of change within themselves cognitively, emotionally, and behaviorally.

The following table shows the raw percentage of participants who reported a

Perception of Change in Self*	
Report a positive change	52%
Report no change	16%
Report a negative change (or increased awareness of negative behaviors and negative cognitive thoughts)	32%
<p><i>*Example items:</i></p> <p><i>I am a resource to the other parent in raising the children</i></p> <p><i>I feel friendly toward the other parent</i></p> <p><i>I feel hostile toward the other parent</i></p> <p><i>I have a friendly divorce or separation from the other parent</i></p>	

positive, negative, and no change based on their perception of change in the other parent.

Perception of Change in Other Parent*	
Report a positive change	59%
Report no change	7%
Report a negative change (or increased awareness of negative behaviors and negative cognitive thoughts)	34%
<p><i>*Example items:</i> <i>My child(ren) feel friendly towards the other parent</i> <i>My child(ren)'s other parent is a good parent</i> <i>My child's other parent is always aware of when our child is fearful</i> <i>My child(ren)'s other parent feels hostile toward me.</i></p>	

The following table shows the raw percentage of participants who reported a positive, negative, and no change relative to their perception of change within the interactions with the other parent.

Perception of Change in the Relationship*	
Report a positive change	63%
Report no change	8%
Report a negative change (or increased awareness of negative behaviors and negative cognitive thoughts)	29%
<p><i>*Example items:</i> <i>How often are visitations a problem between you and the other parent?</i> <i>How often do you have friendly talks with the other parent?</i> <i>How often do you and the other parent agree on discipline?</i> <i>How often do you have angry disagreements with the other parent?</i> <i>How often can you talk to the other parent about problems with the children?</i></p>	

Case Examples of Parent-Parent Conflict Change

One activity conducted at the beginning of each session is to have participants share a “success” that they have experienced during the previous week. This activity helps participants gain a sense of ability and provides an excellent teaching opportunity for participants to redefine what constitutes success. Often one of the cognitive shifts that occur for many participants is learning to recognize small positive changes in the co-parenting relationship. It seems that many parents define success only in large terms, like being able to sit down and have a full conversation with the other parent. It is important, however, that parents learn to celebrate and find hope in small successes. Parents are told in class: “If last week you started yelling five minutes into the conversation, and this week you start yelling five and a half minutes into the conversation, make sure you realize that you have just had thirty seconds of total success.”

The following are real examples shared by participants which seem to be representative of many of the success stories shared with regard to parent-parent conflict. At the end of one of the classes, a participant stated she had had no success. She later told the class, “When we made the exchange this last week, we got into an argument, and I didn’t hit him. I wanted to, but I didn’t.” She went on to say that before the class she probably would have hit him, and now, even though the couple still argued, she was able to be calmer. This provided the facilitator an opportunity to emphasize how success can come in small positive changes which are often overlooked if we are not searching for them.

A second example involved a woman whose ex-husband was currently in the military and stationed out of the country. She had initially expressed some frustration with the class and wondered how she would be able to apply most of the techniques in her situation when she and her ex-spouse were not speaking at all. Then, at the fourth and last session, when the facilitator asked for any success over the last week, she raised her hand. She went on to explain that she had been thinking about the goals and hopes that she had for her children because of several different components of the class. She had thought of so much to say that she logged onto the computer to “Instant Message” her ex-husband. She then politely asked him to call her so they could talk about their children. Her ex-husband had to wait in line for 20 minutes to use the telephone, and they were then able to have their first lengthy phone conversation without arguing or fighting, discussing

their shared hopes for their children and possible ways to help realize those hopes. Furthermore, the woman explained that she had remained as calm as possible, using some of the communication skills learned during the classes. For her, this kind of conversation had a large impact on the kind of communication and relationship that she had even considered possible with her ex.

A third example involved a set of parents that were simultaneously taking the courses at two different sites. As mentioned earlier, this particular program has a firm rule that co-parents experiencing high conflict take the classes separately. The father arrived early to his second class. He appeared to be in a very positive mood. He came up to the facilitator before class began and asked what was covered in the third class. When asked why he was so anxious to find out, he stated, "My ex just completed the third class, and after our court hearing this week I approached her in the parking lot and asked if we could talk. At first she refused and said she would need to get her lawyer, because after four years of fighting for custody, and thousands of dollars spent on lawyers, we had gotten to the point where we did not speak to each other without our lawyers present. She finally agreed, and we began discussing ideas of custody; we ended up going out for lunch to finish discussing custody arrangements. She was a completely different person. We were able to sit down for several hours without blowing up at each other and work out all our custody arrangements. So I have to know what you teach in the third class that completely changed her." The mother also came to her next class that week excited to show the facilitator the document they wrote regarding custody agreements. She said, "I was amazed at how much he had changed after completing just one class." Ironically, both parents gave the other parent credit for the major shift in their communication pattern, but both were able to use the skills and ideas they had learned from the program to resolve years of conflict around custody arrangements in a very short time.

Case Examples of Parent-Child Conflict Change

Many of the changes participants report center on realizing that it is not helpful to take their frustrations regarding the parent-parent conflict out on the child. Usually, it seems that several parents from each class question how to interact with their children regarding certain subjects involving the other parent. These

same parents leave later sessions voicing experiences that usually involve an increased calmness and understanding of their children's experience of the process of separation and divorce.

There also seems to be a significant amount of power in a particular intervention that focuses on parents' hopes and goals for their children. Several parents have described this intervention as "really helpful" in shifting the focus of their energy from guilt and blame of the other parent into positive interactions with their children. Recently, one parent echoed similar comments by other parents, describing how his young children had approached him in a demanding way; he remembered to take a moment to try and understand what his children really wanted to say, and actively listened to them. He noted that this moment was important for him and his kids, as he felt that perhaps he was becoming a more understanding father to them.

Finally, the story of one father has particularly touched those who facilitated the class. The father had been out of his children's lives for several years and now that his children were adolescents, he expressed concern about how to go about initiating contact with them, and even if he should initiate contact at all. Through the encouragement and advice of other participants in the class, the father left the session with a resolve to contact his children, and with several ideas for how to go about doing so. The following week, he returned to report that he had contacted his children, and although it felt somewhat awkward, the conversation had gone very well, and he had set up a weekly schedule to call his children. For this father, as well as the other parents mentioned here, the help and input of the rest of the class had a great impact on the quality of their relationship with their children. It should be pointed out that this is one of the advantages of providing these classes in a group setting: parents are able to support each other and provide information, allowing for a sense of group cohesion to form. One of the benefits of this process is that co-parents, already finding themselves feeling alone in the process of separation and divorce, begin to foster a support system in the other parents.

ADVICE FOR EFFECTIVE PROGRAM PRESENTATION

Working with separated and divorced parents, many of whom are court-referred or court-mandated, brings with it a unique set of issues to consider when facilitat-

ing the *After the Storm* program. Several highlights stand out when considering how to most effectively meet the needs of participants, facilitators, and referrers.

Regularly Communicate with the Referral Source

Often, it seems that once a relationship with a referral source is established, a program only occasionally revisits that source with ongoing information about the program. Certainly, if the referral source is also providing funding, there may be the requirement of regular reports. However, in working with the courts, it was noticed that referral numbers began to drop off after three to five months. By scheduling an appointment with the key players (i.e. family court judges, attorneys, and mediators) and re-introducing them to the program and providing them with updated demographics and program performance, referrals often dramatically increased. If a program is finding that its referral numbers are less than satisfactory, it may be a good idea to present the current state of the program to the referral source. Additionally, keeping the referral source up-to-date can alleviate some of the need for participant screening. For example, by letting the courts know that the program is not intended for violent cases, there less screening out of these kinds of cases.

Charge Enough, but Not Too Much

The issue of how much to charge for a workshop has many variables associated with it. While working with *After the Storm*, at one point the decision was made to raise the cost of the program. This decision was made based on a need to continue the feasibility of the program, and it also decreased the no-show rate and increased participant engagement and involvement. It is often said that people give more credence to what they pay for; so while offering a low-cost service is often a priority, it is also important to consider how the cost may be affecting participation levels in the class. As with most programs, the downside to increasing the enrollment fee is that the very low- to no-income population may choose to not utilize the services. In anticipation of this, funding was set aside as “scholarship” money to off-set the cost of those who could not afford the full program cost.

Establish Expectations for Participant Engagement

In working with separated and divorced parents, there often exist two competing priorities: allowing the participants to share enough of their personal stories to engage in the program and to feel heard, while maintaining enough structure in the class to ensure that all of the material is covered and that individual participants do not monopolize the time. This requires careful and ongoing evaluation by the facilitators as to how much detail is too much, and when is it helping the engagement process. In our work with *After the Storm*, the following criteria is established early in the first session, with reminders throughout subsequent sessions: complaints specific to the child's other parent may be inappropriate; but, if a complaint is focused on a general issue that others can relate to, like problems at transfer times, then a class discussion is of value. By defining and establishing this norm of appropriate disclosure, we have been able to decrease the amount of monopolization and storytelling that goes on in a class, while increasing overall levels of participant engagement and involvement.

Well-trained Facilitators Make All the Difference

While the *After the Storm* program requires no particular training out of the box, a comprehensive facilitator training protocol may be implemented. If you have a large staff of facilitators, and you desire consistence in the presentation, it may be advantageous to implement a training program. Often underestimated is the importance of well-trained and competent facilitators. While this can be costly and time-consuming, it is also incredibly necessary in maintaining a large quality program. It is important to integrate basic public speaking principles and skill development in the training program. Conversely, those who are experienced speakers but who may not be as well-versed in the content of the program may begin to “preach their own doctrine,” so to speak, and stray from the content of the program. If one of the intentions of the program is to be as standardized as possible, then this kind of facilitation often distracts from that intention and may work to water down the effectiveness of the program. A well-considered facilitator training design will greatly impact a program's ability to do what it claims it will do.

The following is one example of a training protocol used with this program. The training protocol includes an eight-hour training on group dynamics, public speaking, the *After the Storm* and *Children in the Middle* content, and the administrative issues of the program. After receiving this training, potential facilitators then observe the class being taught by an experienced facilitator, before becoming a co-facilitator and then a lead facilitator. By the time each facilitator is leading the class, they have acquired around 20 hours of training in the program.

Funding and Training

The *After the Storm* program is purchased by the agencies offering it. The kit is designed as a stand alone, teach out of the box program, so no training is required. Along with the *After the Storm* video or DVD, a detailed discussion leader's guide provides structure and advice for conducting the classes. Also included in the kit are 25 parent workbooks. Because of the low cost of the kit and no training costs, agencies usually more than recover these costs from user fees. Some agencies receive funding from the court, county, or state. Many states have violence prevention funds available on a competitive basis. If training is desired, we recommend you contact one of the authors for availability and cost. Several agencies have combined *After the Storm* and *Children in the Middle* (12 of the 19 agencies responding to the survey mentioned previously) and some are able to provide training in these combined programs. The authors can refer you to the most experienced of these who have demonstrated positive outcomes.

FUTURE DIRECTIONS FOR EDUCATING HIGH CONFLICT PARENTS

There are several avenues that provide hope that the resources for high-conflict parents will improve over the current state, in which few programs and little scientific information about their effectiveness exist. As programs become known and disseminated, the research on their effects will expand. The emphasis on evidence-based treatment is increasing for all psychosocial interventions. Following the lead of the federal government, more states are making funding contingent upon providers using approved model or effective programs. The Oregon legisla-

ture, for instance, requires agencies to use an annually increasingly greater percentage of their funding for model programs. As a result, evaluation of program impact on clients is becoming commonplace, and practitioners, while initially resistant, often become supportive when presented with useful evidence of their impact. It is unlikely that governments will lose interest in funding effective programs and put the majority of their scarce resources into programs of unknown value or of unknown effectiveness. When more programs are standardized and disseminated, such as the *After the Storm* and *Children in the Middle* programs, the research base will grow, especially if the federal or state governments provide funding for these programs. Controlled research provides critical feedback to the program developers and those practitioners implementing them so that the programs can be modified and improved.

The Internet will become a major resource for delivering future programs for divorcing parents. Ease of access and privacy, low cost, and convenience are features of Web-based programs that parents will find very compelling. Not only can parents use a Web-based program whenever they choose and in a location of their choice (home, work, community, or while traveling), they may also get access to better programs than what is available locally.

One of the authors has modified the *Children in the Middle* video program, currently taught in discussion classes in many communities, into an interactive CD-ROM and online program. The design of this program is modeled after *Parenting Wisely (PW)*, which has led to substantial improvements in parenting and family relationships (see www.parentingwisely.com). Both *Children in the Middle* and *Parenting Wisely* are Substance Abuse and Mental Health Services Administration Model Programs. An interactive video-based program, where the user's responses determine the next content provided and the user controls the pace of the program, is more engaging and effective than other forms of learning: lecture, discussion classes, watching videos, listening to audiotapes, or reading books (Fletcher, 1990; McNeil & Nelson, 1991; Niemiec & Walberg, 1987). Effectiveness is strengthened because learning skills through their demonstration on video is superior to just hearing about skills, and because the parent's defensiveness is lower since the program is self-administered and requires no self-disclosure.

Like *Parenting Wisely*, the interactive *Children in the Middle* is available online. It is designed to be used by parents individually, without the assistance of a trained professional. The program gives parents choices of two different solutions to the

initial scene where a parent puts their child in the middle of their conflict with the other parent. One of the solutions is another poor response that escalates conflict. The other solution shows good communication and problem-solving skills, which results in improved cooperation and leaves the child out of the middle. After each of these choices, the user is questioned about the appropriateness of the method the parents in the video used to solve the problem. After thinking about or discussing the question with another person who might be using the program with the user the user then chooses to see the program's answers to the questions. The narrators then explain, on video, why the parents did or did not use good decisions and skills. The user then takes a quiz on what he or she learned from that scenario and receives immediate feedback about his or her answers. All five scenarios are structured in this way. Users have to answer at least 70% of the quiz questions to pass this section of the course. The program takes about 150-180 minutes for a parent to complete, compared to two hours of class time. A second part of the course is home study. Two booklets giving practical advice on reducing risk factors for children and practicing skills taught in the program can be downloaded or mailed to parents. After studying these booklets, the parents return to the website to take quiz on the content, and have to pass 70% of the questions to complete the course. Upon successful completion of both parts of the course, users can print out a completion certificate or email it to the referral source (agency or court). There is an "Ask the Experts" page where parents can choose among four nationally recognized clinicians with extensive divorce treatment experience, and contact them for a telephone consultation. As need warrants, the number of experts on the page will be expanded. Parents will also be directed to excellent websites for additional divorce-related information (such as UpToParents.org and OurFamilyWizard.com), as well as to programs to strengthen couple communication skills if they want to work on their relationship. An e-bulletin board allows parents to interact with other users through posted questions and answers (which is monitored by the experts on the Ask the Experts page).

Individual parents can purchase a subscription to use the program, or agencies can purchase discounted subscriptions and give passwords to parents. By going to the Website with a password, agencies or referring professionals can get feedback about the date parents completed the program, how much of the program they completed, and how they performed on the quiz questions. Agencies can also add their own evaluation forms for their clients to complete online before and after

using the program. We expect the research that is underway for this online program will show stronger effects than the *Children in the Middle* program has already demonstrated. A highly interactive program, such as one that is Web-based or on CD, is likely to be more powerful than attending a class, so we expect that high-conflict parents will learn sensitivity to their children's needs to avoid conflict and better communication skills. What online training involves that is not possible in parenting classes, is instantly linking to other Web resources. Parents have control and access to much information on the Web, which empowers them and increases the chance they will use the information they voluntarily seek. The effects of a divorce education program can thus move beyond the specific impacts of divorce to improving parenting skills in general. This will reduce children's risk for a myriad of problems linked to poor parenting, such as delinquency, substance abuse, school dropout, behavior problems, depression, teen pregnancy, violence, etc. For instance, in addition to teaching parenting skills such as supervision and communication, the online *Children in the Middle* program encourages parents to further improve their parenting by linking to the *Parenting Wisely* online program (<http://pwnline.parentingwisely.com>). The latter is designed very similarly to the online *Children in the Middle* program, so parents will be comfortable with and very satisfied with the interactive format. We expect a significant number of parents will use the online *Parenting Wisely* program. The *Parenting Wisely* program focuses on the four areas of parenting skills related to child behavior problems and substance abuse: communication, supervision and monitoring, discipline, and emotional support/bonding. These areas of parenting skills are closely linked to the problems in child behavior listed above.

Research on *Parenting Wisely* has shown that about half of the parents who used *Parenting Wisely* individually on a self-administered CD-ROM enrolled in parent education classes within six months (Paull, Caldwell, & Klimm, 2001). It is also expected that parents who use *Children in the Middle* online or on a CD-ROM will be willing to attend divorce education classes. It is recommended that parents use both kinds of interventions, as the effects should be additive and more powerful than either alone. Although most parents require court mandates to motivate their participation in divorce education classes, the percentage of those who will use programs voluntarily will increase with the comparative ease of access and privacy that the Internet provides. The success of the *Children in the Middle* program in reducing further litigation depends upon early exposure to the program. The

online program will make early exposure more likely, as parents will not have to wait until a class is offered, and can even take the online course before filing with the court. Rural parents will also be able to save fuel costs in getting to a class, and more courts in rural areas will be inclined to have a divorce education requirement.

For the most conflicted and enmeshed couples, an online program and completing several classes of a program for high-conflict parents will not be enough. Work with a well-trained clinician will be required, as well as court sanctions for continuing their conflict. Child protective services may be involved to provide temporary placements for the children and consequently motivate parents to control their conflict. The authors are hopeful, however, that the majority of high-conflict parents can benefit from these psycho-educational approaches. Research will demonstrate if this hope is warranted.

CONCLUSION

After the Storm is a commercially available, standardized program for conflictual parents which has as its goals to educate separated parents on the causes of anger and conflict, help them recognize when they are engaging in a harmful communication process, and give them strategies and skills for controlling their conflict and communicating more effectively with the other parent. Statistical findings and qualitative examples have provided preliminary evidence for the effectiveness of the *After the Storm* program when combined with the *Children in the Middle* course. Participants have reported improvement in their ability to reduce conflictual co-parenting relationships and to protect their children from parental conflict. Training of practitioners to be able to deal with this challenging population is highly recommended. Hopefully, the much needed objective evidence will show the impact of high-conflict programs as the public funding of these programs increases. The availability of Web-based educational programs should increase parent participation substantially, with resulting increased, voluntary attendance at divorce or parent education programs in communities that offer them.

APPENDICES

To access this chapter's appendices, go to:

http://www.afcnet.org/resources/resources_professionals.asp

Appendix A: *After the Storm* Intake Form

Appendix B: *After the Storm* Phone Screening

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CHAPTER 4

BRINGING CO-PARENT COUNSELING SERVICES TO HIGH-CONFLICT LOW-INCOME FAMILIES

Jeffrey Zimmerman, Ph.D. and Elizabeth S. Thayer, Ph.D.

INTRODUCTION

The Problem of High-Conflict Divorce

Although most divorces end after quietly reaching an agreement, others end with continued litigation, intense conflict, and an extreme lack of cooperation. High-conflict divorces and/or high-conflict parents who never married are significantly involved in court, lack communication, have children whose loyalty split may result in them choosing one parent over the other, and experience severe emotional strain for all members of the family. Parents abdicate their authority to others, like lawyers and judges, and they lose their ability to manage their own families without professional expertise, evaluations, and interventions.

The emotional costs are just one component of the problem. For parents from the middle class, the financial costs of a high conflict divorce can be astronomical; especially when they may be forced to spend their retirement savings, let alone the

funds that were set aside for their children's education.

For low-income families who seldom have access to the resources that middle and upper-income families can afford, a high-conflict divorce can be devastating. These families need easy access to the same kind of help provided to more affluent families. Without it, parental conflict is often likely to continue and grow.

Co-parent Counseling: An Approach to Help Children and Families

As an alternative model to mediation and arbitration, co-parent counseling provides a way to give parents the opportunity to take back their authority as parents and to acquire the skills they need to learn to co-parent after their divorce. With many states leaning in the direction of joint custody and shared parenting arrangements, this kind of skills training and help with resolving specific, immediate parental concerns is becoming absolutely essential.

Co-parent counseling is an option for parents to learn how to be parents together so they can then give their children the best chance of negotiating their lives successfully during and after the divorce. This process allows parents to meet together to learn these necessary skills:

- Communicating and formulating parenting plans to address scheduling issues;
- Transitioning their children from one parent's home to the other's;
- Planning and attending children's events, singly and together;
- Introducing significant others; and
- Making day-to-day decisions for their children without requiring legal interventions.

Co-parent counseling differs from general parent education and from parenting coordination in a number of ways. Parent education (mandated in some states) is often conducted in a group format with a focus on covering the basic topics needed to co-parent after divorce. Although high-conflict parents may benefit from this type of intervention, as a rule, they need more tailor-made, individually designed intervention, one that provides more detail and focuses more directly on

their particular issues. High-conflict parents need more individual monitoring and consistent joint appointments over time. If problems arise after the initial conflicts have been resolved, they may also need an intervention after the final judgment has been made.

Parenting coordination is, in some way, a similar process to co-parent counseling, but it may require legislation enacted by the state. Parenting coordinators help parents to resolve issues, and, if needed, they make recommendations. At times, they also may make actual decisions, especially when the parents have been unable to reach a mutual decision, even after intervention. Co-parent counseling is not designated by state statute, although it can be court-ordered. Co-parent counselors do not have any direct reporting requirements to the court and, in fact, in the approach discussed in this chapter, they do not ever testify. Parents actually sign an agreement to that effect at the start of the co-parenting program. (Appendix E.)

Co-parent counseling assesses and then teaches each set of parents communication and decision-making skills, as it strives to help them learn methods to resolve conflicts. It also gives them input on parenting issues, thus decreasing and/or ending their involvement in the legal system (except to complete the divorce itself). The ultimate goal of co-parent counseling is to give parents the tools with which they will be able to interact, free from professional involvement, so they can return to the business of being parents together, rather than being legal adversaries.

In this way, the children can move forward with their lives, their new families, their education, and their different social environments, free of the legal world and, more importantly, no longer hostage to the damaging effects of their parents' conflict.

The P.E.A.C.E. Program

The co-parent counseling program that served as the model for this innovation is called the P.E.A.C.E. Program (Parents Equally Allied to Co-Parent Effectively); referred to as “the Program” in this chapter, it began in 1998. The Program was conceived out of the desire to provide a structured counseling approach for working with parents, especially high-conflict parents, pre- and/or post-divorce, and

with parents who had never married.

Although the Program began as an intervention for high-conflict families, more and more parents who rate lower in the number and intensity of their conflicts and earlier in their process of obtaining a divorce are being referred. When parents are referred early in the divorce process, the Program can make an appreciable difference in shaping their relationships both pre- and post-divorce, before significant conflict becomes embedded in their co-parenting interactions. The rewards of this Program for parents and professionals in this very difficult field can be both varied and plentiful. The Program was designed to provide an opportunity for parents to meet together, in a non-adversarial, private practice setting, to help them re-create and enhance their roles as parents together outside of the judicial system. To date, more than one thousand sets of parents have attended the Program. A co-parenting book entitled *The Co-Parenting Survival Guide* (Thayer and Zimmerman, 2001) provides a written foundation for parents, in addition to other literature.

The P.E.A.C.E. Program has provided training for other professionals in private practice and in agencies that serve a less affluent population. The techniques are the same in all programs derived from the original, but there are a number of other factors (discussed throughout this chapter) that are unique to bringing a program like this to a broader population and to multiple settings under one administrative umbrella. The names of the various programs are different, but the basic philosophy, training, and techniques are essentially the same.

The processes outlined below describe the basic tenets of the Program. It is our belief that consistency in format, clinician training, basic principles, and procedures are the essence of successfully implementing this type of co-parent counseling program. The appendix contains copies of the necessary paperwork completed by parents, Program counselors, and administrative personnel from intake to the end of the Program.

DESCRIPTION OF THE PROGRAM'S PROCESSES

Telephone Intake

Parents are referred to the Program by their attorneys, attorneys or guardians *ad*

litem for the children, and judges, or they are sometimes self-referred. There is an initial intake process that does not directly involve the clinician, but that requires a Program intake/administrator to be trained in setting up the first appointment in a standard manner. Both parents are required to call the intake coordinator separately before scheduling the first appointment. In that way, parents receive the same information including the basic Program protocol and fees.

The intake coordinator also answers basic questions or concerns about the Program. An intake sheet is completed and then presented to the clinician for scheduling (see Appendix A). All addresses and phone numbers are obtained, as well as the names of all children and their dates of birth. The names and addresses of the lawyers currently involved with the family are also acquired at this time. Additionally, parents are questioned about particular scheduling needs or impediments that might interfere with the scheduling.

When parents go into detail about their situation or constantly malign the other parent, the intake worker also needs to set limits, firmly, but kindly, with the parents and remind them that they are only in the very beginning of the intake process. This can be difficult for some staff, who may be perceived as harsh; others may find it difficult to stay focused on simply obtaining the basic information and then directing the parent to address their concerns to the co-parent counselor as appropriate.

After all this information has been recorded, the clinician then selects a few possible times for the intake (parents should have already been told that appointment times may not be convenient), and the intake coordinator calls the parents back to schedule the first appointment. At the time of that call, parents are told to come 15 minutes early for the first appointment to complete all the paperwork. When the calls have been completed, each parent is mailed a confirmation of the appointment time, along with directions to the office, another reminder to come early, and information sheets to complete and bring with them (see Appendix B and Appendix C).

The intake coordinator also informs parents of the full fee for each appointment (\$200 at the time of this writing) that is standardized throughout the Program. Each agency determines its own fee reductions based on a sliding scale fee schedule (see Appendix L). Most often, parents split the cost of the appointments equally. However, there are times when, as a result of a significant discrepancy in income, one parent may pay more of the fee. Retainers are not taken in

this Program, as every attempt is made not to duplicate the process the parents experience in the legal arena. Fees are usually expected to be paid just before the start of the appointment. Insurance reimbursement is not appropriate as the co-parent counselor is neither diagnosing nor treating a mental/psychiatric condition in either parent.

Unfortunately, our experience has been that too often these parents are so conflict-ridden and anxious and/or angry they don't read the materials ahead of time, are chronically late, especially for the first appointment, forget their information sheets, and are inherently resistant, so that first appointments are frequently delayed by any or all of these factors.

When parents arrive for the first appointment, the receptionist or clinician collects the information sheets (or gives them new ones to complete). The parents also sign the privacy statement (see Appendix D) for the organization and complete a Program Agreement (see Appendix E) at this time. Both parents sign the same copy of this agreement, requiring them to work together in at least a minimal way. If one parent refuses to sign the agreement, the clinician will discuss that parent's concerns during the first appointment; however, the agreement must be signed without amendment by the second appointment or the process cannot move forward. The Program agreement outlines the basics, including the requirement of attending joint appointments, fees, cancellation policies, contact information, and the prohibition on testifying in court.

The First Appointment

The first appointment is very well structured. The clinician reviews the Program agreement so that the parents understand the process, history and goals of the Program, the clinician's relationships with attorneys and the Court, fees, the scheduling and cancellation policy, and any reasons that might necessitate communicating with the clinician outside of appointment times.

Explanations about the Program process are clarified, and the parents are informed that throughout the Program they will meet jointly with only one clinician. Although it would be very effective to have a team of opposite sex clinicians meet with these parents together, it is not cost-effective. Parents are never seen separately, and the only individual contact is through brief phone calls, emails, or

voice mails. Typically, the first appointment lasts for one full hour.

During the first appointment, the clinician discusses confidentiality and limits thereto (e.g., mandated reporting requirements) and obtains signed releases of information (see Appendix F) for all the attorneys involved, and when applicable, for individual therapists for the children, Family Relations officers, guardians *ad litem* or other evaluators. At this appointment, the clinician also describes the Program's relationship to the court system and that the Program has no legal jurisdiction or authority. It provides an opportunity for high-conflict parents to learn to work together and to report their decisions to the Court through their attorneys.

Part of the Program agreement addresses the need for parents to decrease and/or cease litigation during their involvement in the Program. *Program clinicians do not go to Court.* Parents need a safe place to be parents again, and any testimony by a Program clinician would disrupt that process. The Connecticut courts fully understand this premise and have been completely supportive; thus, to date, no clinician trained in the Program has been required to testify.

This first appointment should be under the clinician's control. It is very important for the clinician to be in charge of the appointment and to try to engage the parents in the process, so that they can begin a dialogue about their children. During the appointment, parents are requested to display photographs of their children where they can be easily seen so that everyone can remain focused on the children in a very real way and be reminded not to be diverted by their personal issues with one another.

At this first appointment parents are also asked to articulate their own goals for the Program. This allows the clinician to establish an agenda for future appointments and to prioritize the issues by the level of importance and time constraints. The clinician must be careful not to permit a long discussion of old events. The goal is to try to help the parents move from their familiar positions, adopted during adversarial or evidentiary proceedings, to discussing the children's needs, and what they as parents can do to make the necessary decisions to meet those needs.

To that end, the clinician develops an outline of topics to discuss, such as parent to parent and parent to child communication, scheduling, transitions, and/or significant others. If any time remains, the clinician may try to work on one small immediate issue to begin to demonstrate good communication techniques and

decision-making processes.

At this first appointment, the parents are given a copy of *The Co-Parenting Survival Guide* (Thayer and Zimmerman, 2001) and a Program manual that contains relevant Program information, a copy of the Program agreement, articles, Web site addresses, and a bibliography (see Appendix G). Frequently, parents are given homework to do between the appointments. For example, a typical assignment after the first appointment would be to read some or all of the first five chapters of *The Co-Parenting Survival Guide* for the next appointment.

The first appointment ends with the scheduling of the second appointment and possibly several future appointments. Initially, appointments are scheduled approximately every two weeks. Note that waiting too long between appointments may breed more conflict. Be sure to leave enough time at the end of the first appointment to schedule the next appointment, which can be a source of conflict itself. If scheduling is difficult, the clinician may want to schedule a number of appointments ahead of time and/or to begin the next appointment with the scheduling before discussing the agenda.

Summary Letters

Following each appointment, the clinician writes a letter summarizing the meeting (see Appendix H). This letter should include the essence of the discussion, the issues addressed, decisions made, timeframes for decision making, future agenda items, the quality of the parents' interactions, (e.g., the magnitude of hostility demonstrated during the appointment, the effectiveness of communication, and the ability for the clients to make joint parenting decisions), and the dates of any future appointments that have been scheduled. This letter is mailed to the parents and attorneys involved, usually within one week of the appointment. In order to represent accurately the decisions parents made during the appointment, the clinician must take notes during the appointment.

Usually, the letters do not cite the behavior of either parent, but should instead reflect the premise that *both* parents contribute to the conflict in their relationship, and thus, they both must contribute to the resolution of those conflicts. If any appointment becomes too volatile, the clinician can use the letters to communicate the rules of acceptable communication, which will be required in future

appointments.

The letters function to keep everyone informed about the process, decrease the lawyers' involvement, and help parents to remember important information by reviewing the appointment again. Note that when parents read their letters, they sometimes object to the characterization of the appointments. This can be discussed at the next appointment, but letters are not amended unless logistical information is inaccurate, such as dates and times of scheduling changes, and so on.

Subsequent Program Appointments

Co-parent counseling is structured; it is not traditional psychotherapy. The interventions are directly aimed at teaching concepts and quieting the conflicts, perhaps without ever changing the parents' perceptions of each other. The key is that parents need to accept the premise that they must have at least a business relationship aimed at raising their children, and that this relationship does not end throughout their lifetimes. Their children need both parents to work together, and they should not rely on the Court to do their parenting work for them.

Following the initial appointment, the remaining appointments should focus on the skills and issues relevant to each particular set of parents. At the start of each appointment the clinician creates an agenda. As the clinician moves through the agenda, the key is to maintain the parents' focus on the business at hand. They should not be permitted to deviate for too long on old issues (no longer than a few minutes), which can only raise the conflict level. After the initial appointment, the clinician is also teaching and modeling good communication skills; i.e., how to focus on each issue and make action plans, decisions, and policies, often without full mutual agreement. This is one distinction between co-parent counseling and mediation. As opposed to mediation, each appointment is partly skill development and partly focused on previously identified issues that need resolution.

As the Program progresses, parents usually begin to feel empowered by their own ability to be parents together, without the legal system present and interfering. However, sometimes parents have become so used to using the legal system to accomplish these parenting tasks that they are uncomfortable in their new roles, and become frustrated with the difficulty level or too overwhelmed by emotions

to listen well. It is the job of the clinician to strike the right balance between allowing some emotion to enter the discussion while still getting the work done and skills taught.

One of the main tools designed to build communication skills is the weekly parent phone call. This is a structured and organized business appointment between parents. It is scheduled at the same time each week and follows an agenda. The parents are given a Parent Phone Call Pad to use for these interactions (see Appendix I). They are taught to prepare for the call and how to conduct the call with the least amount of conflict. The call structure and other procedures for transitions, special events, exchanges of belongings, and so forth reduce conflict and allow parents to engage in the business of co-parenting. If they are too highly conflictual to discuss the issues on the phone, a similar e-mail structure can be implemented instead.

Appointments are often 60 minutes in length, although at times parents request and can tolerate longer appointments (90 or 120 minutes), during which they can accomplish more or address an issue (e.g., develop their parenting plan schedule) in a more concentrated fashion. These longer appointments are often scheduled to accommodate parents who travel significant distances or have difficulty leaving work. As parents progress through the program and they are able to interact more effectively, the frequency is reduced to approximately every 3-4 weeks or even every two months. Parents are then seen on an as-needed basis and can later return to the program as needed.

Program Completion

Parents continue to meet until they can communicate regularly and are able to settle most issues outside of the appointments. As parents become more comfortable with the parenting tools and structures they have implemented, they usually increase the time between appointments.

The decision to suspend the scheduling of future appointments is made with the input of the clinician. Sometimes parents are court-ordered to complete a required number of appointments; however, the Courts have been quite supportive of the clinicians' decisions. At the last appointment, parents are asked to agree that they will return to the Program for appointments in the future if they are

unable to resolve an issue themselves or if they feel their conflict level is increasing – before returning to the legal system.

This consultative use of the Program has been very successful. Some parents have returned years later when their children are older as new issues arose or parenting plans need to be amended. When the Program is successful, parents feel as if they have a long-term alternative to returning to court. They appreciate their newfound independence from the legal system and see the positive effect of their cooperative co-parenting on their children. They then voluntarily seek the help of a Program clinician (perhaps the same one who worked with them in the past) and they become dedicated to using this setting and process to resolve their differences.

Unfortunately, some parents are not appropriate for the Program and need to be terminated by the clinician prematurely. As a rule, this occurs when a parent has become:

- too angry and argumentative to learn the skills of co-parenting;
- too disruptive to the entire process;
- so wedded to using the legal system that he or she sees no value at all in working with the other parent;
- too impaired because of significant mental health issues; or
- influenced by attorneys who are not supportive of alternative dispute resolution methods, and thus are hostile and uncooperative with the Program's goals and interventions.

Approximately six months following the last appointment of the Program, parents are sent a follow-up survey to complete and return (see Appendix J). It is simple and straightforward and designed to crudely measure each parent's perceived conflict level, the number of times they returned to court, and whether or not they felt the Program had been effective. This data is then recorded by the Program administrator and reviewed for use in Program development.

BRINGING CO-PARENT COUNSELING TO LOW-INCOME FAMILIES: FILLING A VOID

It is important to address the issue of fairness and that low-income families should have the same kind of access to these kinds of services as high-income families. Parents in low-income families should not be deprived of the skill-building that could save their families many years of conflict and extended legal involvement. Children from low-income families are also affected in very negative ways from the impact of high-conflict parental behavior.

When this Program was initiated, it was provided only in private-practice settings. Although the fees (averaging approximately \$1200 per family) were less than a trial often totaling tens of thousands of dollars, the P.E.A.C.E. Program was still not reaching a part of the population that desperately needed this kind of intervention and skill-building. This was a major problem for low-income families and their attorneys, as well as for the judges who presided over their cases. It was nearly impossible for any private practitioner to slide his or her fees low enough to meet the needs of these families.

Another challenge was that one private practice could not service a large enough geographic area to accommodate parents throughout the state. This was true even in a small state like Connecticut where the P.E.A.C.E. Program is based. To reach these families and provide a cost-effective and geographically available service, it was clear that a statewide umbrella organization was needed to provide a network of clinicians, and to centralize intake, funding, training, and marketing procedures.

Low-income families also need clinicians who are located within a reasonable proximity to where they live. The success of the Program had been demonstrated in a private practice setting and now the time had come to expand its availability. Numerous clinicians in other settings such as individual and group practices, clinics, and legal agencies were trained in the techniques of the P.E.A.C.E. Program, and many children and parents have benefited significantly from its focus on decreasing litigation and conflict for separated and/or divorced families.

Family service agencies in Connecticut were the perfect sites to provide a statewide network of experienced clinicians, who were already offering a range of divorce services in their established settings. These agencies, too, were experiencing the frustration of working with lower-income, higher-conflict families, but

they lacked the knowledge and training to implement the Program's more directive and structured techniques. The partnership of these agencies with the Program's parent-counseling strategies created a perfect marriage between those who were already servicing the lower-income population and those who had the newer education and training needed to work more effectively with high-conflict divorce families.

BRINGING CO-PARENT COUNSELING INTO A LARGE, NOT-FOR-PROFIT ORGANIZATION

Organizational Support and “Buying Into” the Concept

The challenges in working with a professional organization are quite different than those of working with individual practices and/or group practices. First, the organization must support and buy into the concept at all levels. Major tiers in the decision-making process must be identified in order to articulate the concept of the Program to those who will determine its future. To that end, it is very helpful to prepare a presentation of the main concepts for a formal meeting with administrative personnel, the board of directors, committees, and/or the individual agency administrators (see Appendix K).

Secondly, it is also important to identify one individual in the organization who will be the leader to facilitate entry into the organization. In the case of the family service agencies, this was the President/CEO of the professional association called the Connecticut Council of Family Service Agencies. Access to the CEO came from a social worker interested in the Program's concepts, who was exploring his own training and also working to bring new programs to the Council.

After many in-person and phone contacts with the CEO, it was decided that a presentation could be made to the New Initiatives Committee of the Council's Board of Directors. All of these steps took time, and perseverance on the part of all parties (at the Council and the Program), plus an evolving ability to think about the Program on a much larger scale that could then be adapted to the existing organization and its sub-agencies.

Note that such an initial presentation must outline the Program's concepts and identify the overall benefits the larger organization will gain from implementing

the Program. That is, the presentation must specify the clinical and financial advantages of such a large-scale program to the organization. All the data demonstrating the Program's efficacy should be shared. Other advantages, such as new skill development for clinicians and meeting broader social needs, are also of utmost importance.

Following the presentation to the New Initiatives Committee, further discussion continued between the CEO of the Connecticut Council of Family Service Agencies (the Council) and the P.E.A.C.E. Program trainers. Additional meetings were scheduled to discuss the development of the Program, fees, training and follow-up consultations. The results of those meetings included the following:

1. The Council would be free to adopt the principles and concepts of the P.E.A.C.E Program and present a statewide Program through its network. The Council would not have exclusive rights to do this.
2. The Council would provide these services under a name other than P.E.A.C.E. Program.
3. The Council would include a statement in its materials that would indicate the concepts were based upon the P.E.A.C.E. Program model.
4. The P.E.A.C.E. Program trainers would provide the initial training, future trainings for new program clinicians, monthly peer supervision meetings and additional quarterly trainings for both clinicians and administrators.
5. The P.E.A.C.E. Program trainers would also provide ongoing peer supervision consultation, on a monthly basis, for the clinicians to review cases and concepts.
6. A proposal would be drafted and presented to the Board of the Connecticut Council of Family Service Agencies for approval.
7. If necessary, investors would be sought to fund both the training and ongoing consultations.
8. A Memorandum of Agreement would be executed upon securing funding and finalization of the Program development details (Appendix L).

The concepts outlined in this meeting provided the basis for the initial working relationship. However, some additional issues exist that bear further discussion

for professionals wanting to create similar programs for low-income populations.

Program Name

When choosing a title for a co-parenting counseling program, the Program innovators thought the name should be unique, easily remembered, and have an inherent applicability to the concepts taught. This has been true of all the programs since developed as offshoots of the original P.E.A.C.E. Program. With this in mind, the Connecticut Council of Family Service Agencies chose the name “FOCUS On K.I.D.S” (Knowledge, Insight, Decisions, Solutions).

The innovators of the Program thought, too, that any offshoots should include a statement as to the source of the conceptual framework, i.e., that they should specifically refer to the P.E.A.C.E. Program in a single line in all of their publicity materials.

Funding

Securing sufficient and ongoing funding is the responsibility of the organization wishing to implement the Program. The trainers are available to participate in marketing meetings, provide referrals for recommendations, and any other kind of support and/or information needed to help facilitate the startup of this process. Funding should be focused on the long-term needs of Program implementation and continued training, not just on the short-term initial startup. A more detailed discussion of the funding issues is addressed later in this chapter.

Requirements for Organizational and Clinician Participation

There are some aspects of the Program that are most essential for the Program to succeed. For example, *training* is crucial. The undertraining of clinicians will lead to a poorly executed Program. Furthermore, the personnel who implement the Program must be experienced therapists with child and family training and practice. This work is so difficult, and the need for initial and immediate success is so important, that the clinicians designated for the Program must receive excellent

training to add to their previous expertise.

Even then, this is very complicated work that requires a shift in focus from a psychotherapeutic approach to a structured interaction of a very directive nature. Clinicians must be able to:

- work with multiple professionals;
- manage intense parental conflict during counseling appointments;
- manage the conflicts that sometimes arise among all the professionals involved;
- work well with adults, children and families;
- be comfortable using a directive approach; and
- tolerate the slow progression of success and the broad definition of success specific to each family. The determination of success is family-specific with no one evaluative measure and ranges along a continuum. Some parents can communicate basics, interact civilly, and stay out of the legal system, while others share time and information about their children with flexibility and caring.

Similarly, administrator training is also crucial. Without administrator support and training in how to interact with attorneys and other professionals, and in the nature, goals, and methods used by the Program, the agency will not build credibility in its community. Limiting the training for administrators will severely diminish the likelihood that the Program and its concepts will be “sold” to those in the geographical areas the Program is meant to serve. Even if the administration of the Program is centralized, the actual referrals depend on how the Program is marketed and perceived in each local community and on the relationships that each agency builds with attorneys, judges, other clinicians, court officers, and so forth.

Individual agency directors may wish to begin the Program without having their staff participate fully in the training program. This is not recommended. However, the Program can be started by an agency interested in using it, without training the entire agency’s staff.

Programmatic issues and dealing with parental complaints also will need to be handled carefully and sensitively so that the larger community will have a positive perception of the Program and its responsiveness to families in need.

Administrators have to be very supportive of and sensitive to the agency personnel so that they do not become overwhelmed by the conflict level of the clients. To accomplish this, administrators, too, need to be taught to deal effectively with phone contacts and waiting-room interactions. Simply put, the role of the administrator is a crucial factor to the ultimate success of this type of program.

Be Ready and Prepared

It is important not to compromise when it comes to negotiating the Program structure and development. Although clinicians and administrators may have a learning curve when acquiring this new set of skills, the community of attorneys, parents, and others has little tolerance for difficulties that may result from long learning curves. The Program needs to be successful at its onset. This means that the organization must be well prepared to triage referrals, schedule and implement the Program techniques, and coordinate and communicate with outside sources. The best marketing is accomplished by demonstrating success and providing excellent client services.

For that success to occur, it is essential that the anticipated problems be worked out ahead of the start date of the Program. For example, if there is to be a centralized intake line, then practice calls should be made to see that referrals are handled consistently and directed in a timely manner. It is also very important not to underestimate how high-conflict parents can confuse and stress the system. For example, even the matter of simply scheduling the first appointment can be fraught with difficulty as parents may give conflicting information about their availability and payment responsibility. Parents may not return phone calls in a timely fashion and may cancel initial appointments. They may also arrive late for the first appointment, causing the office to have to deal with the need to have the initial paperwork completed while at the same time shortening the available appointment time.

When working with an organization that has multiple subagencies, each with some degree of autonomy, a key administrator must oversee the details and be responsible for implementation and delegation of responsibilities. These duties would include fee designations, paperwork, publications, informational materials, publicity, training standards and requirements, and troubleshooting.

Marketing and Community Support

To market this co-parent counseling Program, the larger concept of the effect of parental conflict on children of divorce should be addressed. The referral network must accept the basic premise that children should be given the opportunity to:

- have both parents in their lives safely;
- go back and forth between parents easily and safely;
- live relatively seamless lives;
- have their parents make decisions that are in their best interests; and
- not be caught in the middle of parental and legal battles.

The supposition is that parents should be returned to their roles as primary decision-makers for their children, rather than lawyers or anyone else in the legal system. This is a fundamental tenet of the Program. In other words, the social and political culture of the legal arena surrounding the Program needs to move away from a litigation model and toward empowering parents to do their own jobs. It is also necessary to believe that parents need help and that trained co-parent counselors can teach the necessary skills to parents and then monitor their implementation.

Marketing and Community Presentations

In order to market the Program effectively, it needs to be described and presented in a variety of settings. These can be either formal or informal in nature. For example, individual contacts with attorneys who represent children provide a natural opportunity for offering educational opportunities about the Program. This type of program may interface perfectly with the attorneys' own assessments and family involvement. Opportunities to market the Program may occur at local Family Bar meetings, state divorce mediation associations, collaborative divorce practice groups, professional associations, judicial retreats, parent education meetings, and meetings or workshops for Family Court officers.

Consider, too, presenting a free workshop for an evening or afternoon to

articulate the Program concepts and the process of referring parents. This can give Program personnel a chance to define the type of referral that should be made, the expectations for teamwork with other professionals, and the varying definitions of success that are seen among the parents who have successfully implemented the Program.

Of course, the summary letters and general contacts with attorneys are all forms of informal marketing, which keep the Program and the clinician's work in front of potential referral sources on a regular basis. A team approach is essential to this work, and this message needs to be transmitted to all professionals who work with high-conflict families, whether they have low or high incomes. Sometimes, attorneys may consult co-parent counselors to discuss a current case and obtain input as to whether their clients may be appropriate for the Program. Attorneys may also call to discuss a matter that their clients told them took place during an appointment, which may or may not be accurate. All of these contacts allow the co-parent counselor to seize the chance to build the Program's market presence and reputation. Each contact should be viewed as an opportunity to talk about the Program's philosophy and how it is helpful for reducing parental conflict.

Even parental complaints, if handled well, can be an opportunity to market the Program. Often high-conflict parents may not feel equally satisfied with co-parent counseling. Even when one is pleased, the expectations of the other may not be met. These feelings may alternate from appointment to appointment. Frequently, parental resistance is very strong, especially when a litigious attorney is backing a parent; and that parent may feel, "the program is just not working for me." This is a relatively common complaint usually made to the co-parent counselor and/or the attorney(s) involved. Sometimes these complaints can be addressed during an appointment, directly with counsel, and in the summary letters after the meetings.

Sometimes parents may also complain directly to the administration of the agency. As stated previously, however, the administrators must have a clear understanding of the work and a structured procedure for dealing with complaints. The administrator must speak to the clinician about the complaint before taking any form of action. The administrators should document the complaint and initiate a process to seek resolution. Complaints can serve as additional opportunities to build rapport and positive relationships with the parent's attorney

and the guardian *ad litem*, while the co-parent counselor and/or administrator seeks to clarify and address the issues in a practical fashion.

PROGRAM IMPLEMENTATION

Specifications of the training program should be clearly outlined and should include both the short- and long-term training requirements. In the Program developed in Connecticut, initial training of new clinicians takes place over three days (the original trainings were only two days, but that proved insufficient to cover all the material and engage in role-playing exercises). Follow-up peer supervision meetings and consultations are essential for the Program to succeed. These meetings are usually monthly and may also deal with administrative issues. The Program director and, sometimes, even the CEO or agency administrators are present; their presence demonstrates the continued commitment of the sponsoring organization and helps to streamline decision making about ongoing issues that arise in the different agency offices throughout the state.

The specialized initial training in Program principles and techniques is the underpinning of the paradigm shift required of most clinicians. This paradigm shift is the result of clinicians moving away from the model of treating a psychopathology or facilitating a change process for clients who are, at some level, motivated to change. Instead, the co-parent counselor often works with clients who have been court-ordered to enter the Program, are unwilling to be there voluntarily, and who have little or no awareness that their behavior (as opposed to the other parent's) needs to change. All of this is further complicated by the highly-charged, emotional nature of the divorce/separation process, threats against each parent's sense of self as a parent, and threats to each parent's overall self-esteem during and after the legal proceedings.

Clinicians must learn to envision their primary clients as the children who are not present in the office. Yet, at the same time, they need to navigate the fine line of developing a positive relationship with each parent, without being seen as favoring one parent over the other.

Initial Training Program

During the initial training, conducted over three days, participants learn to:

- Use their psychotherapeutic training and experience to help divorced parents interact cooperatively in the best interests of their children;
- Develop and implement strategies designed to minimize parental conflict;
- Structure initial contacts and the working relationship with both parents;
- Evaluate parents and formulate specific intervention plans;
- Manage attorney interactions and relationships;
- Negotiate the complex ethical and confidentiality issues inherent with high-conflict divorced/separated parents and their children;
- Structure a fee schedule and the financial relationship with all interested parties; and
- Market this innovative non-managed care program to the professional and legal communities in their geographical location.

Training is conducted with equal emphasis given to the presentation of didactic information, questions and answers from the trainees, and role-playing exercises. These clinical role-plays are in many ways the cornerstone of the training, because the participants get to act out both the roles of the parents and the clinician. They experience first-hand what will later become routine when they begin seeing these families in their offices. Most clinicians have remarked on how true-to-life the role-plays are, and they've also noted how easy it is for the appointments to rapidly spin out of control when high-conflict parents dominate the discussion (and the clinician).

In short, the training is the first step in preparing the clinician to meet the wide variety of challenges posed by this unique client population, but its contents do not exhaust the components necessary to facilitate this kind of work. The administrative infrastructure of the program needs to be secure and in place. Ongoing peer supervision and program development is also required to continue to help hone administrative elements and clinician skills.

Subsequent to the training, clinicians are given a short, one-on-one interview in which they are asked to discuss some key concepts and a scenario for which they must describe an intervention strategy. This provides the trainers and Program administrator an opportunity to evaluate the clinician's readiness to begin seeing clients.

Training Program Outline

Day #1	Day #2	Day #3
The Effects of Conflict and Conflict Addiction	Special Factors and their Impact	Communicating with Parents and Attorneys
The "System" and its Impact on Children and Families	Parental Relocation	Ethical and Confidentiality Considerations
Fundamentals of Forensic Parent Counseling and Co-Parenting	Parent Alienation: The Problem and its Subtleties	Writing Parenting Plan Schedules
The Initial Consultation: An In-Depth Analysis	Management of Domestic Violence	Dealing with the Impact of This Work on the Parent Counselor
Building a Parent-to-Parent Communication Infrastructure	Dealing with the Impaired or Disabled Parent	Training Scenarios
Procedures for Healthier Transitioning of the Children from One Parent to the Other	Significant Others and Stepparents	General Marketing Strategies
Training Scenarios	Training Scenarios	Developing a Marketing Plan for Your Organization

Ongoing Peer Supervision

After the initial training, all trainees are expected to participate in ongoing peer supervision which is facilitated by the trainers. These meetings occur monthly for approximately for 1.5 hours, and quarterly for 3 hours.

The peer supervision gives the clinicians a chance to review concepts from the initial training and, more importantly, to bring actual case material into the training. Here, the trainers make specific recommendations and also have the clinicians continue engaging in role-plays with content specific to actual cases currently being seen in the Program. At the quarterly meetings, additional time is set aside to discuss administrative issues and marketing. Guest presenters (e.g., attorneys) may also attend to educate the clinicians about the legal process and system.

Between meetings, the trainers are also available for telephone consultations to help the clinicians address issues in a timely fashion.

TRAINING, SUPERVISION AND ADMINISTRATIVE CHALLENGES

The Changing Role of the Clinician

Perhaps the most significant challenge to the training process is addressing the difficulty some clinicians have with shifting gears and moving from a supportive counseling role to that of a consultant or coach who, when necessary, must take a confrontational and controlling stance. That stance is often contrary to the clinician's previous training, experience, usual professional role and, at times, personality. Frequent role-playing and modeling is very useful to help the clinician become more comfortable with this approach, as one hears himself or herself say things to parents that would be abhorrent to a clinical supervisor or inappropriate if the therapist was providing a standard form of psychotherapy or a non-confrontational mediation.

Creating Time for Peer Supervision Meetings

Clinicians may need to be released from other duties to free up time for the peer supervision. The authors have found that clinicians who sporadically attend these meetings are far less prepared to handle the demands of this work when they do see actual clients. Furthermore, too often only one clinician in a particular office or location becomes a co-parent counselor. This severely limits the clinician's ability to receive informal mentoring and case consultation. Offices where clinicians regularly attend the peer supervision meetings are more likely to actually get the Program up and running successfully.

Helping Clinicians Deal with the Stress of Co-parent Counseling

An additional challenge is that of providing support for clinicians who begin this work and become stressed by the intensity of conflict and level of emotion in the

room as they try to manage hostile, highly conflictual parents. Even the most experienced psychotherapist needs collegial support, because it is easy to become demoralized when some parents overtly and harshly challenge the clinician's capabilities, professionalism, and judgment. Such challenges occur far less frequently in a psychotherapy caseload. Peer supervision, role-plays, and telephone consultation with the trainers help normalize the clinician's experience, brainstorm interventions, and reduce some of the stress on the clinician.

Knowing When to Discontinue Co-Parent Counseling

Another key challenge for clinicians is learning when and how to terminate services to a family in the Program. At times, clinicians may terminate a family too soon. This is often due to the belligerence and hostility demonstrated by one or both parents. At other times, a clinician may continue with parents even though the Program is having questionable benefit, if only to provide an opportunity for parents to discuss their children in a supervised and directed fashion. Supervision is the essential key to helping a clinician sort this out, understand that families come into the Program at different states of "readiness," and then proceed in an effective and ethical fashion.

Balancing Neutrality with Giving an Opinion

Although the co-parent counselor takes a position of neutrality with respect to being an advocate for one parent or the other, he or she is neither a "blank slate" nor a completely neutral party. The co-parent counselor often serves in multiple roles, at times functioning as an advocate for the children, at other times serving as a coach for the parents, and at times serving as a child development expert around the thorny issues of divorce and parenting skills. Clinicians often find that switching roles throughout an appointment while different issues are discussed can be extremely difficult. Over time, and with experience, on-going supervision and role-plays, clinicians begin to become more familiar with the different roles of the co-parent counselor and the cues that signal when a shift is needed.

Learning To Not Give Legal Advice

In their passion for the well-being of the children, it is sometimes tempting for clinicians to make recommendations inadvertently that can be construed as legal advice. Clinicians must be trained to be extremely mindful of their recommendations so that this does not occur. For example, in a case where one parent is obstinate and hostile and simply refuses to comply with any co-parenting initiative, it might be tempting to advise the other parent (especially if asked) to file for sole custody. It might also be tempting to comment to a guardian *ad litem* about each parent's ability to parent, something which is specifically outside the co-parent counselor's role.

Even more than in traditional forms of family counseling, in co-parenting counseling it is crucial that the clinician understands appropriate professional boundaries, and that he or she clearly stays within his or her professional role. Additionally, the clinician must recognize that parents have their limitations when they first come to the Program; such limitations often may be the reason they were referred in the first place. Indeed, the clinician may observe parental behavior that is totally counterproductive to the goals of the Program.

Yet, as the Program progresses and the clinician facilitates small successes, the parents often begin to understand the concepts, and they start to make progress. The inappropriate offering of legal advice by a frustrated and inexperienced clinician can have a disastrous effect on the entire process of helping parents learn to actually co-parent, and can put the clinician, the agency and the Program in peril.

Setting Realistic Co-Parenting Goals

Parents come to the Program with varied skill sets, sometimes extreme levels of emotional pain, specific personality issues, and many other types of idiosyncratic factors that have an impact on their ability to co-parent. The co-parent counselor needs to set realistic goals for each parent dyad and be able to address the progress the parents make toward meeting those goals.

For example, to have the two parents communicate with each other about their children in a respectful manner, once a week by e-mail, might be a reasonable goal for one family. For another set of parents, however, the goal might be to participate in a weekly telephone call about parenting issues, and stand together

at the soccer field. For still another set of parents, the goal might be to interact as truly supportive parenting partners, calling each other for input, discussing the logistical *and* emotional needs of their children, and calling each other first, if for some reason one of them is unable to be available during a routinely established parenting occasion.

New clinicians need to learn to have reasonable expectations for each parent dyad and to recognize and acknowledge the successes that even the most difficult sets of parents can achieve.

Learning to Move the “System”

Many high-conflict divorcing families spend years and their life savings effectuating their divorce. There are countless motions, hearings, child custody studies and evaluations, court dates, settlement conferences and appointments with therapists. These families often complain of being “stuck” in the legal system.

Mental health clinicians are often keenly aware of the systemic problems and their impact, yet are uncomfortable dealing with attorneys. Attorneys often appear threatening to therapists who may have:

- had prior negative experiences testifying;
- received hostile letters or phone calls from attorneys; and/or
- felt that they are always just one phone call away from having a formal complaint lodged against their license when dealing with a particularly litigious lawyer.

However, many times the co-parent counselor is in the perfect position to change the system and/or help foster reasonable agreements that focus on the best interests of the children. Clinicians are trained to learn when and how to speak to attorneys to bring about systemic change and decrease the legal system’s tendency to exacerbate and perpetuate adversarial interactions and conflict. Clinicians are also trained to avoid becoming embroiled in depositions and to help the Court understand the need for the co-parent counseling to be a protected environment, in which each parent’s comments and actions will not be used as evidence by one parent against the other. This is reinforced in the Program Agreement (Appendix

E), marketing materials, presentations to judges and local Family Bar Associations and informal communications with attorneys.

Marketing the Program throughout the State or Region

As there are usually just one or two clinicians at each agency who have been trained, the brunt of the local marketing will fall on these clinicians.

Administrators need to support the staff's marketing efforts (e.g., giving the clinicians time to attend Family Bar meetings where the Program may be discussed).

Agency directors need to be very familiar with the Program so they can also market it to other venues and to their circle of professional contacts while representing the agency at-large.

Avoiding Waiting Lists

As a function of the Program's success, the one or two clinicians who are initially trained in each agency or office may become inundated with referrals. These clinicians also may have other clinical cases for which they are responsible, so the time allotted for co-parent counseling cases can easily become fully allocated. They need supervision in managing all of their cases so that parents are being seen at optimal frequency, and space is available for new referrals. Intake personnel also require training to process and monitor the referrals so that cases efficiently move through the intake process, even if parents may be resistant, do not return calls, and do not make themselves available for a first appointment.

Creating wait lists for this program is not advised. Parents in high conflict can experience even more deterioration after calling for an appointment such that the tenuous agreement to enter the Program may be compromised. Guardians *ad litem* and the Court are also looking for families to be seen in a timely fashion. Long wait times to schedule a first appointment can seriously jeopardize the ability of the Program to serve its clientele and help reduce parental conflict. It can also negatively effect the community's perception of the Program's responsiveness and effectiveness.

PROGRAM BENEFITS

Benefits to the Children

Program benefits to children of divorce are many, and include the following:

A Sense of “Family”: Children can experience a sense of “family” when parents work together on their behalf. Children can and should feel safe and nurtured in a divorced family. They should feel that their own well-being is more important than the “wars” their parents fight with one another. They can and should experience “family time” when they are again in the presence of both parents, and feel comfortable, rather than tensely waiting for the next explosion. Indeed, some children whose parents have gone through the Program have been heard to say to their parents, “I’m so glad you guys are friends again.”

Out of the Middle: One of the most significant stressors on children of divorce is the sense that they are caught in the middle between two warring people, both of whom they love. When parents learn to co-parent effectively they stop putting the children into the middle of loyalty conflicts and they work together as a team, without involving their children as messengers or allowing them to feel they are betraying one or both parents. Moving the children out of the middle can also help to prevent parent alienation, because the children do not feel pressured to make a choice of one parent over the other.

Parents Who Parent: When communication and co-parenting improve, parents are able to exchange the information that is essential for healthy child-rearing. They are also able to establish consistency between homes and set policies in place on such matters as toilet-training, bedtimes, homework, and, for older children, driving privileges. Parents who effectively co-parent can take a pro-active approach to parenting and not simply react to real and, at times, imagined threats they perceive from one another. In short, when parents actually parent, the children get the best that both parents *together* have to offer. This creates an important synergistic effect that can be quite powerful, especially in families of divorce.

Role Models: Children deserve to have their parents be the best role models possible. Children learn by observing the outcome of their parents’ countless day-to-day interactions. They can observe how two people who love them can work together cooperatively, and they can then apply these strategies to their own communications and interactions. They learn that the love of a parent for his or her

children can be more important than the need to win every battle.

Decreased Guilt and Improved Self-Esteem: It is well known that the children of divorce frequently hold themselves responsible for their parents' emotions (Emery, 2004). Children often make incorrect cause and effect assumptions, blaming themselves or only one parent for the changes the family is going through. When children experience the storms of parental conflict, they are extremely vulnerable to problems of guilt and poor self-esteem. As the conflict is reduced, fewer intensely hostile arguments between the parents bombard the children. Moreover, as children's self-esteem improves, their functionality may increase in their academic and social environments.

Decreased Parentification: The concept of parentification is related to the issues of guilt and self-esteem. When parents work together cooperatively, children can feel more comfortable simply being children. They do not feel that they must assume the role of taking care of one parent's depression, or of protecting one parent from the other, or holding adult secrets. Instead, they are free to learn, grow, make mistakes and have successes. They can be free to love and be loved by both parents.

Benefits for the Parents

Better Insight into the Children's Lives: Parents who communicate regularly become the windows for each other into the lives of the children. They inform each other of the joys and sorrows, mundane and significant issues, and life-changing events the children experience. The time the children spend with the other parent becomes something that is neither unknown nor something to fear. It becomes a time when each parent can be certain there are consistencies in key areas of child-rearing, based on the policies to which they have agreed and to which they adhere.

Decreased Conflict and Stress: Reducing conflict and improving communication can decrease the amount of stress each parent experiences. As each parent's credibility improves, they both begin to realize that they can actually count on each other to follow through on previously agreed-upon action plans. They may stop being afraid of each other, and of the possibility that one parent might intimidate the other financially or threaten that parent's time with the children. Not having to "watch one's back" goes a long way to decreasing the stress that can

be present long after the divorce is finalized.

A survey of parents who completed the P.E.A.C.E. Program reported that parents found that the amount of conflict between them had diminished. In fact, there is some indication that what might be termed a “seeding effect” occurred, such that parents reported even less conflict between themselves at the time of the follow-up survey (approximately six months after the Program is completed) than there was when the Program was initially concluded.

Improved Self-esteem: As the conflict quiets down, parents stop attacking each other’s parenting style, values, and character. Children may become responsive and begin to thrive when they don’t have to endure the intense stress that the divorce placed on them. Parents can then begin to feel better about themselves, their parenting, and the successes of their children, yielding a general improvement in self-esteem in all family members.

Improved Ability to Coordinate and Plan for the Children: As the communication and behavioral follow-through of parents improves, they are better able to coordinate and plan around the lives of their children. They find it easier to work together to get the children to activities, address the children’s academic needs, and make joint decisions regarding the varied and complex lives of their children. Instead of being two separate, completely independent, “single parents,” they may find they actually have a teammate or partner to help with the many demands of rearing children. This can be especially important for low-income families, as they face the financial struggles and stress of parenting, and the need to provide a stable family environment for their children.

Input into Parenting Issues and Strategies: With no guidebook or manual about parenting that works for every situation, parents are generally figuring out how to be good parents as they parent. When they learn how to truly co-parent, they benefit from having input from the other parent about what works with that particular child.

Parents can teach each other the words to the “magic song” that helps a cranky, overtired, four-year-old fall back asleep. They can share which strategies are most effective for getting a ten-year-old to do homework, or a fifteen-year-old not to swear. Both the parents and the children benefit by learning and using, in one home, what works in the other. Thus, parents develop the skills they need for effective parenting as they learn from one another. Co-parenting can also help parents have an easier time, as the children may become more amenable to inter-

ventions and policies already in place in one household being enforced in the second home, too.

Obtaining Mental Health Services and Parenting Recommendations: Low-income families may have a particularly difficult time seeking and obtaining input from mental health professionals. By participating in a co-parenting program, parents may receive input (not treatment for a mental disorder) that helps them seek mental health services for themselves. Also, they can obtain professional input about parenting issues; the clinician's role often shifts to that of "parenting coach" when the parental conflict cools down and the parents begin interacting with each other with less hostility.

Financial Savings: The financial cost of the conflict both pre- and post-divorce/separation is extremely high. Families often spend significant portions of their resources obtaining a divorce. In many parts of the country, lawyers may charge upwards of \$350/hour. When each parent has an attorney and the child, or children, have a guardian *ad litem*, only one hour of legal time per attorney per month can cost the family more than \$12,000 per year of after-tax dollars. The costs of conflict do not end at the time the divorce is finished if parents continue to litigate after divorce and do not coordinate spending. Even post-judgment, a relatively small amount of legal activity per year can cost tens of thousands of dollars over the duration of the childhoods of the children. If motions are filed frequently, the financial cost can be astounding. When low-income families reduce these legal expenses, the additional funds can be immediately reallocated to provide for the well-being of the children. On the average, parents are seen for six appointments and jointly spend between \$50 and \$190 per appointment, based on the sliding-scale fee schedule (see Appendix M).

The results of the P.E.A.C.E. follow-up survey mentioned previously indicates that parents who completed the Program use far less of the court's resources than would be anticipated in high-conflict cases. Sixty-two percent of the parents responding to the survey indicated they had not returned to court. An additional 28 percent indicated they had been back to court one to three times, and some of these parents had returned to court simply to finalize their divorce.

Benefits to the Court

Decreased Litigation Over Trivial Issues: Courts are often bombarded with

motions both pre- and post-judgment that do not necessarily relate to serious deliberation regarding the best interests of the child. For example, there may be questions about what schedule the family dog should follow, whether a transition time should vary by 15 minutes, or what should occur on a snowy day when both parents are available to take care of the children, and the children would typically transition after school. Families in conflict often consume a large part of the court's time, spending it on issues that are not crucial to the well-being of the children. As the conflict decreases and parents are better able to make decisions together, some of these unnecessary motions decrease.

The Court Does Not Have to Make Parenting Decisions: High-conflict parents are known to ask the Court to make decisions about a child's religion, medications, school, and so forth. Typically, these decisions are not legal matters *per se*, but rather are before the Court because of the failure of the parents to make the parenting decisions themselves. When parents in an intact family disagree with one another, they would never think to ask the Court to make the same kinds of decisions that divorced or divorcing parents put before the Court on a regular basis. For example, in an intact family, a difference of parental opinions about whether a child should be on medication for Attention Deficit Disorder would not go before a judge, who has been trained in the law, but not in medicine, child-development, or psychology. Instead, parents would seek a medical decision from a proper physician specialist and most, likely, obtain one or more opinions.

Putting issues like these before the Court places an undue burden on the judiciary to make decisions that truly should be made by parents. Only parents can make these decisions without being bound by some of the restrictions that the Court faces (e.g., the Court may not be able to craft solutions that order actions by people who are not parties to the dispute). So, as parents learn to make these decisions together and more effectively, the Court's burden is lessened.

The Court Has Another Resource: In many jurisdictions, the Court is restricted in the number of tools or resources available to help children of divorce and, in particular, children of high-conflict families. When these families come before the Court, custody evaluations, traditional psychotherapy for children and parents, and family support services are often the modalities available. Unfortunately, although these modalities may be useful in many other circumstances, they do not necessarily specifically address and target the needs of the high-conflict family. This Program offers the Court another option to ensure that

children's best interests are addressed by the parents, by teaching the parents co-parenting skills that can be implemented long after the final judgment is in place.

Agency Benefits

Additional Revenue in a New Specialty Area: This co-parent counseling Program provides the agency with an opportunity to add an additional revenue stream for professional services that is outside the parameters of managed care. The agency can bill for its services, obtain payment at the time of the appointment, and thereby increase its cash flow, without adding an appreciable amount to accounts receivable for these services. For example, one participating agency reported an average fee of \$152/appointment. This fee is approximately three times its usual reimbursement rate and yielding a profit of about \$63.50 per appointment after salaries, training, and other program costs are computed.

Motivate Senior Clinicians: The agency is able to use the Program to recognize and motivate senior clinicians by providing them with the unique and visible role of a co-parent counselor. This also encourages the senior clinicians to function as role models and mentors to less experienced clinicians.

Additional Therapy Cases: This Program helps the agency's other divorce services become more visible as the agency can better position itself as offering a menu of divorced-related counseling services. Parent education, individual and group therapies, and parent/child reunification are but a few of the areas in which referrals to other agency clinicians can be enhanced. Care must be taken to avoid conflicts of interest and to make sure a co-parent counselor does not provide multiple types of services to the same family.

Increased Collaboration Among Professionals: Agencies that adopt this Program gain the ability to provide a variety of services under one organizational umbrella, which can foster increased opportunities for interprofessional collaboration. Staff meetings can foster collaboration between co-parent counselors and therapists for both parents and children. Of course, confidentiality always needs to be respected appropriately. Releases of information should be obtained as required by statute and professional ethics.

Increased Visibility in the Community: This Program allows the agency to become known to the community of family lawyers and related divorce professionals who may be unaware of the agency's existence or who would not necessar-

ily think of the agency when making referrals for this or other services.

Benefits to the Administrative/Organization

The administrative/organization (the Council, in Connecticut) can also benefit from this Program.

- First, it can generate a revenue stream not based on dues or fees from member agencies, when it charges the participating agencies specifically for training and marketing. Although this will likely not lead to significant income for the parent/agency, it can help defer other costs.
- Second, by implementing the Program, the administrative/organization can be viewed as providing an important benefit to the member agencies that strengthens each participating agency and provides a valuable resource for the community.
- Third, the administrative organization has the opportunity to realize a marketing or community relations advantage by increasing its own visibility in the community, especially in a part of the community (as is true with each agency) that typically may not be aware of the organization's mission, and its agencies.

Clinician Benefits

A major frustration to many clinicians who work with children of divorce is that they cannot get to the root of the problem. That is, the clinician tries to help the child function optimally in the severely dysfunctional parental system without having the opportunity to directly intervene in that system. Often, parents refuse to be in the therapist's office jointly, and they often malign each other, resisting the therapist's efforts to have them examine their own roles and contributions to the dysfunction within their family system.

Instead of labeling the child as the "patient," this Program gives the clinician direct access to the parental dyad as a system in which to address and focus only on helping the children. Additionally, clinicians often find that these cases, although demanding, add refreshing challenges and diversity to their caseload.

Also, many clinicians have reported that they find their clinical skills and comfort level increase when they take a more active approach in other, non-Program cases. In a sense, this Program exercises and strengthens the clinician's skills, which can carry over to other clinical tasks.

Attorney Benefits

This Program also helps to decrease the almost endless demands of high-conflict parents on their attorneys. Attorneys can easily find themselves in an ethical dilemma in some high-conflict cases when parents make unreasonable demands, while these attorneys have an obligation to vigorously represent their clients' wishes.

Many attorneys are also quite sensitive to the needs of children (even if the attorney represents a parent in a given case). Often, these attorneys are dedicated to seeing that children do not become the victims of their parents' divorce. They appreciate that this Program helps parents to focus on co-parenting, and truly taking care of children instead of burdening them with the effects of their parental conflict.

During the initial stages of the Program development, there was some concern that attorneys might view the Program as a threat to their productivity, because fewer legal actions might mean less work and, consequently, less income for the attorney. However, this has not proven to be the case. In fact, attorneys have expressed that although their number of trials over a given year has decreased as a function of referring clients to the Program, their billable hours have not decreased. They have reported that they are spending more time with clients settling divorce issues, getting more word-of-mouth referrals, and not going through the preparation for and stress of courtroom litigation.

FUTURE DIRECTIONS

Research

A clear need exists for applied research to focus on specific techniques and strategies that are most helpful for high-conflict, low-income parents and to further

document the Program's efficacy. Some of this research might help to better define different types or features of high-conflict parents and differentiate between various procedures that might be more effective with different subtypes of parent dyads. Such research might enable the clinician to help specific parental dyads build the needed skill sets for co-parenting their particular children.

Additional and Related Program Development

There are a host of programs still needed to help families of divorce, which may include:

- Training programs in child development and issues affecting children of divorce for attorneys who represent children;
- Training programs for judges who interview children to teach them specific interviewing techniques appropriate for these children;
- Parent/child reunification program protocols to address the needs of children who are estranged from their parents;
- Programs that combine the concepts discussed in this chapter with different and more expanded models of service delivery;
- Workshops to targeted groups of parents;
- Programs that are easily accessible to most, if not all, divorcing parents;
- Programs that address the unique needs of gay and lesbian parents who are separating or, divorcing; and
- The use of the Internet and conference calling for providing services to parents who might otherwise not be able to jointly attend appointments.

FUNDING/AFFORDABILITY

This Program should not require much outside funding. In fact, it can be seen as a source of revenue for the individual agencies. Some cases substantiate the charge of a full fee, since parents jointly deciding their parenting schedule, and working

better as co-parents actually can help save the parents time, emotional energy, and the financial costs of legal battles. As noted above, full fee cases bring each agency up to three times more income, per clinical hour, than psychotherapy cases that are reimbursed by insurance. Even the sliding scale cases may generate more revenue per clinical hour than psychotherapy treatment provided to families with the same financial resources. Additionally, there is an immediate revenue stream from this work and little to no accounts receivable.

Fee Schedule Challenges

Consideration must be given to the question of all agencies having the same sliding scale schedule. A consistent schedule is easier to administer and may avoid a situation in which parents shop for the Program with the lower fee, thereby causing competition among the participating agencies; however a consistent fee schedule across agencies may not enhance the number of referrals, as a wide disparity in income levels across a geographical region might make a sliding scale schedule in one community or agency inappropriate in another.

Consideration also needs to be given to the detailed construction of the sliding scale. The Council and some agencies found that the schedule itself may need to be customized and spread out, especially across the \$40,000 to \$50,000 per annum family income levels.

An ongoing review process should be implemented to monitor the fee schedule and its effectiveness in making the Program accessible to low income families in each community served by the Program.

Grant Development

Attention should also be given to the development of training and development grants. This Program is often viewed as a prevention program to help children function more optimally and to head-off the necessity for the kinds of services typically needed by children who are depressed, anxious, angry, and highly stressed by the intense dysfunction that is typically present in the high-conflict family of divorce.

Marketing Costs

Costs for publicizing the program can best be differentiated into two categories. First, there are the direct costs of producing brochures, mailings, and other materials. These costs were estimated by the Council to be approximately \$4000/year at the time of this printing (O'Connell, 2006).

Secondly, and perhaps more significant than the financial cost for marketing materials, is the actual marketing of the Program by using "shoe leather and relationship building," D. O'Connell (Personal Communication, September 6, 2006). The keys to the Program's visibility are its successes with parents and the willingness of the program and individual agency executives to give the program life and an identity throughout their agencies, communities and the state. The program needs to be more than a concept. It needs to be spoken about frequently and in many venues.

Program clinicians also market the program, especially when they speak with lawyers and guardians *ad litem*. Frequently, the most effective marketing occurs when a program clinician takes time to respond to and educate an attorney who calls with a concern or complaint. Here again, relationship building goes a long way to boosting the program's visibility and credibility.

Lastly, inter-agency collaboration is crucial to the program having a unified appearance and presence throughout the state. Agencies need to coordinate their marketing efforts and approaches to obtain a synergistic outcome.

CONCLUSION

Co-parenting, during and after divorce, is a daunting task for low-conflict parents. For high-conflict parents it can be perceived as next to impossible. Given the additional stresses faced by low-income parents, we can easily see how children may receive much less than the best their parents have to offer to them. Co-parent counseling can provide a forum for discussion of the children's needs, parenting issues, and the skills needed to help parents work together with cooperation and unity.

The P.E.A.C.E. Program (Parents Equally Allied to Co-Parent Effectively) in Connecticut has provided a prototype for this kind of intervention. Other prac-

tices and agencies were trained in the P.E.A.C.E. Program model. Most of that initial training was in private practice settings. The need to bring this Program to low-income families was glaringly apparent.

In Connecticut, the opportunity arose to work with the family service agencies that were already servicing this population and were able to adjust their fees to fit the families' economic needs. This was a natural environment for the Program, consisting of a statewide network of experienced clinicians who were hoping to learn new skills to better work with divorcing families. The family counseling agencies were excited about providing a new service that could enhance their revenue stream outside of insurance and other third-party payers. Furthermore, the established presence of these agencies throughout the state was able to service a broader population through a centralized intake and triage process. It was a perfect environment to expand this service to all those so desperately in need.

Some of the essentials needed to execute a Program such as this include:

1. organizational support and buy-in from the agency administrators in a geographical region;
2. support from the practicing clinicians in that area and from the agencies' CEOs and committees;
3. adequate funding, marketing, and community support;
4. training of clinicians and administrators;
5. follow-up peer supervision and support;
6. an overriding coordinated and centralized intake process;
7. an efficiently functioning process for triaging cases; and,
8. a well-informed referral base.

In all cases, standardization is the key both in terms of training and in terms of policies and procedures used in the Program.

Many states may have a similar system of agencies already in place, which could work to provide these services to low-income families. With a little creativity and vision, the positive benefits of co-parent counseling can be made available in a relatively short period of time. The FOCUS on K.I.D.S. program in Connecticut is an excellent model for adapting a well-functioning program to a

broader range of the population both geographically and economically. Further expansion will take initiative, desire, recognition of the clear need, and a belief in what is right for these children and their high conflict families.

APPENDICES

To access this chapter's appendices, go to:

http://www.afccnet.org/resources/resources_professionals.asp

Appendices A-G:

- A: Intake form
- B: Appointment form
- C: Client record
- D: Client information, release and privacy forms
- E: Fee schedule
- F: Exchange of information form
- G: Focus on K.I.D.S. program description forms

Appendices H-L:

- H: Meeting review examples
- I: Parent follow-up survey
- J: PEACE Program follow-up survey
- K: PEACE Program executive summary
- L: Letter of understanding/agreement

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CHAPTER 5

MENTAL HEALTH CONSULTATION IN CHILD CUSTODY CASES

Elena Hobbs-Minor, M.A. and Matthew J. Sullivan, Ph.D.

The changing structure of family law and the use of alternative dispute resolution have made the role of mental health professionals increasingly integral in assisting parents and children through the legal and psychological divorce transition. In family law, as divorce and custody cases have become more complex, attorneys are collaborating with mental health professionals more frequently to assist their clients.¹ For divorcing parents to enter into “meaningful negotiations” they must surrender their myths of the court system (Saposnek & Rose, 1990, p. 14) and have realistic expectations of the family courts, understand the needs of their children, and learn how to become effective co-parents. Attorneys often hire mental health professionals with child custody expertise to teach parents how to engage in productive dialogue and help them function optimally with their divorce transition or child custody proceedings.

The proliferation of research on children's adjustment to parents' separation and divorce (Amato, 2001; Kelly & Emery, 2003), conflict resolution in divorce (Ellis, 2000; Kelly, 2003), and current controversies in the child custody evaluation process (Tippins & Wittmann, 2005; Kelly & Johnston, 2005) are amplifying the need for consultation with mental health professionals who are experts in the child custody field for divorcing parents. The information about topics related to divorce and the children's adjustment are overwhelming and confusing enough, without the added complexities of the legal adversarial process. The confidential mental health consultative role, ideally utilized very early in the divorce transition or custody dispute, can assist parents to resolve their issues in the best interest of their children and reduce on-going parental conflict. This confidential process, however, which falls under attorney-client work product privilege, should be carefully described as it is controversial, expanding rapidly, and is relatively unexamined.

MENTAL HEALTH CONSULTATION ROLE IN CHILD CUSTODY DISPUTES

Child custody disputes are often resolved with the assistance of mental health professionals acting as mediators, evaluators, and parenting coordinators, without the direct representation of attorneys. These neutral, often court-appointed, professionals typically have a prominent bearing on the outcome of a case. Lorie Nachlis, J.D., describes custody evaluations as having "considerable influence within the legal system" and that "many courts will accept the evaluator's recommendations without the challenge despite the lack of procedural protections" (Coates, Flens, Hobbs-Minor, Nachlis, 2004). In addition, the use of a mental health professional expert hired by one attorney to review the work of the court-ordered evaluator has been used for a number of years (Gould, Kirkpatrick, Austin, & Martindale, 2004; Stahl, 1999). What is new in the child custody field is the increased use of *mental health consultants* that assist parents directly. Typically, the consultant becomes involved with one parent at the onset of a case to help support that parent's functioning through the divorce transition or any child custody proceedings and prepare him or her for any dispute resolution processes faced during this transition.

A number of professionals involved in this new conflict resolution role call themselves coaches. The authors do not advise or recommend using the term “coach” for this role since it has been associated with unprofessional practices that specifically prepare parents to present themselves favorably in child custody evaluations. Inappropriate and potentially unethical “coaching” practices may include providing specific strategies to prepare for interviews and observations, psychological tests, custody evaluation questionnaires, home visits, and other procedures. These practices should not be associated with legitimate mental health consultation described in this article.

Mental health consultation in family law is a confidential professional service provided to one parent and his or her attorney, if the parent is represented, in a divorce or child custody dispute. The consultant is privately retained by the attorney and/or the parent to provide confidential mental health and forensic services. The mental health services include parent education and/or psychological support as the parent deals with the challenges and stresses of the divorce transition or child custody disputes. The forensic services include sharing specialized child custody knowledge relevant to the various dispute resolution processes with the parent and the attorney. These services are provided confidentially, and the use of a consultant is not “disclosed” to anyone beyond the attorney and parent (with the statutory limitations for mandatory disclosure still applicable for the mental health consultant, i.e. child abuse, elder abuse, and necessary Tarasoff warnings) (The California Tarasoff Statute, 2007). The attorney work product relationship must actively be protected as it can be easily breached by copying emails to anyone other than the attorney, sending incorrect faxes, or by disclosing the use of a mental health consultant. The confidentiality of this role is one of its most effective and controversial aspects of consultation.

According to Cinnie Noble, C.M., B.S.W., LL.B., LL.M., a former social worker and an attorney-mediator, this type of role combines alternative dispute resolution (ADR), and coaching principles. She states that the individuals who look for assistance want “to work on ways to prevent a dispute from unnecessarily escalating, to improve their competency in conflict management, to develop stronger communication skills for a difficult conversation, and other objectives that are often more about managing than resolving” (Noble, 2006, p.1). It is estimated that there are currently twenty-one different mental health professional roles associated with divorce, varying in scope from pre-divorce, therapeutic, sup-

portive, post-divorce, and educational roles which have evolved over the last thirty years (Saposnek, Hobbs-Minor, & Pearson, 2007). Approaches to the consultation role in child custody disputes originated from forensic psychological consultation, therapeutic, and educational roles that integrate concepts from conflict resolution research.

Mental health consultation is based on the premise that ultimately conflict is resolved “by the disputants themselves, with the assistance of their advocates, advisors, and allies,” and that the “help disputants want and genuinely trust, is not neutral, process oriented, or facilitative,” (Mayer, 2004, p. 217). Often, the disputant is afraid of conflict and his or her opponent. In family law the feared opponent is the other parent, which is problematic, as it impacts their children who need a healthy relationship with each parent and a functional relationship between both parents.

Mayer (2004) states that there are three different types of assistance that can be provided to resolve conflict:

1. “The *ally roles* – roles in which we assist particular parties to engage more effectively. These are normally non-neutral roles (advocate, organizer, strategist, consultant and coach).”
2. “The *third-party roles* – roles in which we assist conflicting parties to engage more effectively. These are usually neutral roles (facilitator, mediator, fact finder, evaluator, and arbitrator).”
3. “The *system roles* – roles in which we try to have impact on the system and culture within which a conflict takes places. These are potentially neutral or non-neutral roles (process designer, case manager, trainer, researcher, system adviser).” (p. 221.)

In the consulting model, the mental health professional becomes an ally and part of the matrimonial “home team” when hired by the attorney. The mental health consultant partners with the parent and teaches practical tools and strategies to manage conflict and prioritize the children’s needs. As an ally, the mental health consultant is better able to access the parent’s defenses and teach him or her to become a more effective parent and co-parent. This “home team” approach creates safety for parents to reveal vulnerabilities, let down defenses, confront

unrealistic expectations, and learn to make more effective choices for their children. Ultimately, the goal of mental health consultation is to assist the parent to learn to make emotionally intelligent and well-informed decisions that are in the best interest of their children.

Attorneys typically recommend the use of a mental health consultant at the onset of a case, before mediation, child custody evaluation, or when a case appears likely to be complex, highly conflicted and/or protracted. At whatever point the consultant becomes involved, the work typically begins with analyzing the conflict from a family systems point of view, while teaching and coaching the parent in new ways to effectively engage with the other parent and to make collaborative decisions based on the needs of children with two homes.

The immediate goal is to provide a parent emotional relief, so that the parent can regain equilibrium, separate his or her emotions from the legal issues, and become capable of effective parental decision-making. The mental health consultant focuses on educating and helping the divorcing parent to take responsibility for his or her actions (Kochman, 2003). Sometimes they act like a “coach” in guiding and teaching healthy responses to verbal attacks or written intimidation. This “coaching” *does not* include giving the “right” answers to the custody evaluator or any other neutral professional. When in the “coaching” mode the consultant offers the parent clear *new* productive behavioral approaches and functional communication responses.

The mental health consultant must have good communication skills, understand conflict from a systems perspective, grasp cultural and gender issues, have the ability to quickly understand the psychological and other issues involved with conflict escalation and power struggles, and be able to suggest alternatives to move towards resolution (Mayer, 2004). The mental health consultant needs to have full knowledge of the complexity of the child custody evaluation, mediation and other dispute resolution alternatives.

The mental health consultant assists with organizing relevant data, provides research findings, advises about age appropriate parenting plans, and assists with strategizing how best to resolve the current conflict with minimum legal involvement. It is also essential for the mental health consultant to clearly understand the attorney’s role in the mediation and court process and be able to partner in preparation for litigation.

The consultant is better equipped to assist the parent and the attorney when

knowing the parameters and guidelines of the roles of the mediator, custody evaluator, coparent counselor, parenting coordinator or any of the other mental health roles involved in parent disputes. The mental health consultant must be able to keep a neutral systemic perspective on the parental conflict and present a realistic picture of the possible outcomes. Unlike the attorney's role that "zealously" represents the parent, the role of the consultant is to stay neutral and "de-escalate" the emotions of the team to enable conflict resolution. Another critical part of the process is to educate and make sure that appropriate boundaries are kept by all the professionals involved, which is especially true in high-conflict cases that easily can become polarized. One of the most difficult parts of the consultation role is to be capable of staying neutral and not aligning with either the parent and/or the attorney.

MENTAL HEALTH CONSULTATION PRACTICE

Most often the mental health consultant is a professional who is also trained to perform other roles in the family court system or who can bring forensic expertise to both attorney and parent. Training and experience may be derived from having served in previous roles for families in the divorce transition, such as child, family and individual therapist, parenting coordinator, co-parent counselor, mediator, custody evaluator, and mental health expert during litigation. Though the mental health consultant may draw upon the knowledge and expertise derived from the other expert roles, the confidential consultation role is distinct from these roles.

The mental health consultant: (1) provides support to the parent and to the attorney in obtaining the most recent information and expertise that can assist with the specifics needed on the case; (2) teaches the parent new skills to move towards resolution of custody issues; (3) collaborates with the attorney and the parent as a team throughout the mediation and/or family court process; (4) remains under the confidentiality of the attorney-client privileged relationship; and (5) serves as a parenting plan advisor (Hobbs-Minor, 1998).

In mental health consultation, the attorney retains a professional under the attorney work product relationship, a legal designation that creates confidentiality for the consultant's work, to prepare and educate the parent, and possibly to strategize with the attorney. The mental health consultant may assist with briefs

and motions, prepare for depositions, and assist in selecting professionals who may perform mediation, evaluation, and expert testimony in the case. The goal of consultation is to facilitate resolution of child custody disputes in the best interests of the children.

Mental health consultants are private practitioners who work out of their own offices and may have face-to-face sessions or phone and email contact on a regular or “as needed” basis with parents and/or attorneys. This involvement can be quite extensive, at times up to several hours a week, intermittent and/or time-limited (e.g. just to prepare a parent for a custody mediation or child custody evaluation). Mental health consultants are usually hired by the attorney, though some consultants will agree to work directly with an unrepresented client.

The extent of the consultation varies by attorney, the needs of the case, the ethical beliefs of the mental health professional, and the funds available. Some attorneys prefer a directive mental health professional, and others prefer to be in charge of their case, but desire input from a mental health professional. To create the right team, the attorney and the mental health consultant need to be in alignment with values, methods, and goals.

Two sample service agreements are included as appendices to this article. They both specify:

1. the confidential nature of the role (the attorney-client “privilege” is extended to include the consultant);
2. that the agreement is with the attorney, not the client, which helps preserve the confidentiality as billing to the client goes through the attorney’s office;
3. the understanding that the client is paying for the consultant’s objective, expert consultation which is informed by current research as to what is in the best interest of children;
4. the limits of confidentiality; and
5. the fee agreement.

With informed consent for these basic parameters of the initial service agreement in place, the consultant can then undertake his or her work.

THE CURRENT VOID THAT MENTAL HEALTH CONSULTATION ADDRESSES

In recent years, there has been an exponential increase of information about divorce and child custody available in books, on television, and on the Internet. For example, Table 1 shows that in September of 2004, an Internet search for “divorce coaching” generated 4,921 links. Sixteen months later, in January 2006, the number had sky-rocketed to over 1,420,000 matches. The other entries in Table 1 illustrate that Internet information and misinformation have exploded over the past two years as professionals and parents eagerly seek child custody information made available by new information technologies.

Table 1:
Search Matches for Various Child Custody Topics on the Internet

Google Search terms	September 2004	May 2005	January 2006
Child custody	1,920,000	5,740,000	15,600,000
Child custody coaching	20,700	81,100	783,000
Child custody evaluation coaching	30,700	158,000	2,820,000
Child custody evaluators	10,600	40,100	1,890,000
Child Custody mediation coaching	9,890	43,900	603,000
Child custody preparation	8,467	559,000	1,730,000
Divorce coaching	4,921	243,000	1,420,000
How to take the MMPI	714	49,300	112,000
How to talk to a CC evaluator	2,274	26,600	644,000
Preparing clients for CCE	25,500	90,700	3,740,000
Win child custody evaluations	2,101	124,000	452,000
Winning child custody	6,007	494,000	1,790,000

The rising breadth and specialization of information generated in the field of child custody research has made the task of the family attorney more demanding (Hedeen & Salem, 2006). For example, when a complex child custody case is sent for a custody evaluation, how does an attorney guide his or her client through this already challenging and difficult process? Parents are often emotionally distraught from the impact of the separation or divorce; they can lack knowledge of their children's needs in this context and do not know how to deal with their emotionally charged situation. Parents and attorneys cannot be expected to keep current with the relevant literature on child custody or divorce.

To participate competently in the dispute resolution processes, the parent and the attorney should know the research relevant to the case, as well as what divorcing parents need to learn in order to optimally engage in co-parenting. For instance, particularly salient research suggests that children of divorce need the positive involvement of both parents (Amato & Gilbreth, 1999; Lamb, 1999), and do better with collaboration in their shared parenting roles (Johnston, 1995; Kelly, 2000). The literature suggests that children, even in high-conflict families, do well with access to both parents in a parallel parenting model (Kelly, 2000), and also addresses specific and controversial issues, such as when it is recommended that young children begin having overnights with the non-custodial parent (Lamb & Kelly, 2001).

Empowering parents through divorce education, communication and conflict resolution skills can enable them to effectively move through negotiations (Saposnek & Rose, 1990). A mental health consultant can assist parents by teaching them how to manage their anxieties and alleviate fears so they can function more competently. The consultant can employ practical techniques in a safe, one-on-one working relationship to assist parents in communicating more productively with the other parent. This may include rehearsing difficult co-parent interactions, overcoming blocks to cooperation, identifying common problem areas, and brainstorming different options available when disputes arise (Noble, 2006). What is unique in this process is that within the safety of an attorney work product relationship the parent can let down his or her defenses and admit his or her fears. The mental health consultant is able to safely explore and address the parent's unrealistic expectations, his or her demonization of the other parent, and understanding of his or her role in the conflict.

THE MENTAL HEALTH CONSULTATION PROCESS

Mental health consultation, whether during the divorce transition or at any point of a child custody disagreement, has a variety of possible functions which can be tailored to the needs of the case. These involve working with the client, ideally from the time he or she begins the divorce process (contemplating initiating separation and divorce or responding to the other parent's intention to divorce), working with the attorney, and working with the relationship between the attorney and client. In these functions the consultant blends the psychological expertise derived from previous work in the family court system with the therapeutic skills crucial to support the client's functioning during the divorce transition or a child custody dispute.

The following sections will explain the essential functions of the mental health consultant, with the assistance of case examples that will highlight common issues that consultants address in their work with parents and attorneys.

THE PARENT-MENTAL HEALTH CONSULTANT RELATIONSHIP

Challenging a Parent's Unrealistic Expectations

In a one to one confidential working relationship, the mental health consultant can orient the parent to understand the complex legal and psychological aspects of the divorce transition. Advocating and teaching the parent how to utilize the least adversarial means to resolve custody disputes can be a vital service to the parent. The mental health consultant may provide basic information about the available dispute resolution processes, such as mediation, custody evaluation, and litigation. Helping the parent prepare a proposed parenting plan prior to mediation can open a fertile dialogue about the children's development and the parenting characteristics relevant to creating an optimal custody arrangement for their children. Orienting the parent to the custody evaluation process and the importance of providing accurate, well-organized, and comprehensive information to the evaluator is a service that mental health consultants provide in their direct work with parents.

Example: A father whose stay-at-home spouse left him after he had been fully immersed in a start-up high technology company for several years proposed a parenting plan to the consultant that provided an equal time-share for his two, young school-aged children. His basic rationale was that since he was the father, he had the right to have the children with him one-half the time.

Intervention: The consultant challenged the client's rationale of "fairness" and "equality" in parenting after divorce as both not necessarily in the children's best interests and not likely to be persuasive in the court process. Testing his commitment to becoming more involved in his children's lives (which necessitated re-thinking his career demands), the consultant encouraged the father to negotiate an evolving time-share plan comprised of small increases in his time with the children. From a fairly modest beginning, the time share increase was more acceptable to his former spouse.

Exploring Strengths and Weaknesses of Parenting

Similarly, an important aspect of mental health consultation work with parents is an exploration of the strengths and weaknesses of their parenting and co-parenting. The consultant assists parents in examining these roles in preparation for family court processes and as an ongoing support for their functioning as parents during this transition. This period is often the most challenging time for parents and children, and the support that a consultant can provide is often essential to keeping their clients focused on being the best parents and co-parents possible.

Example: Discussing the complaint of a client that his four-year-old daughter was resistant to visiting him at his new apartment, the father shared the concern that his co-parent was not being supportive of his parenting time with their child. This belief was causing an escalation of conflict between the parents that was impacting the mediation process.

Intervention: After a thorough discussion of the parent's concerns and description of his residential environment, the mental health consultant

learned that the apartment was a “bachelor’s pad” that was in stark contrast to the child-friendly environment in the family home. The consultant framed the child’s reluctance as understandable, and not caused by the other parent. The parent agreed that it was important to take steps to make the child more comfortable when spending time at his home, such as taking the child shopping to select toys, games, activities, and favorite foods, and to request some materials from the family home to make the apartment more child-friendly and familiar.

Highlighting a Parent’s Escalation of Conflict

Working with a parent’s frequent and on-going day-to-day struggles with the co-parent in the high conflict cases, the mental health consultant can highlight how the parent escalates conflict, brings the children into the middle of parental struggles and jeopardizes a favorable outcome in his or her custody case.

Example: A review of the parent’s email communications to the co-parent exposed a pattern of angry, demanding, and demeaning “editorializing.” The sequence of emails over specific issues revealed an escalation of hostility that became the focus of communication, rather than the child-focused information that needed to be exchanged.

Intervention: The mental health consultant worked with the parent to understand that the lack of cooperation from her co-parent was predictable, as they were responding to the attacks contained in the communication, not the substance of the requests being made. Over time, after thorough reviews of emails prior to sending them, the parent was able to remove the provocative “jabs” from her communications and, not surprisingly, the co-parenting exchanges became more productive.

Working with a Victim of Domestic Violence

Mental health consultation can provide extremely effective interventions in divorce situations that involve complex issues, such as domestic violence, from

both the victim's and perpetrator's positions.

Example: An attorney contacted a consultant in a case where her female client was contemplating leaving her husband. This mother was quite distraught, confused, and scattered as she described a pattern of intimate partner violence.

Though the husband had never been physically violent, he was described as having engaged in a pattern of coercive control, intimidation and threats over the years that resulted in his wife's being fearful of separation, afraid that he would both leave her financially destitute and take their children from her.

Intervention: The mental health consultant worked with the parent for several sessions, providing information about the dynamics of domestic violence, victimization, safety plans for separation (such as seeking restraining orders and a safe residential situation, either in a shelter or with extended family or friends), and the impact of this traumatic family situation on their children. Working closely with the attorney, a separation plan was developed that reduced the risk of violence and threat during the delicate period of initial separation by utilizing a relative's residence and protective orders. A battered women's counseling program provided emotional support to both the mother and her children.

Providing Accurate Information

Parents can benefit from specialized information in professional literature related to divorce and children's adjustment, such as developmentally appropriate parenting plans, interventions with alienated children, relocation, and dealing with special needs children.

Example: After reading a magazine article on "The Horror of Parental Alienation Syndrome," a father did considerable research on the Internet on the subject and was convinced that he was a victim of "parental alienation syndrome (PAS)." The PAS literature seemed to perfectly describe both his child's unreasonable rejection of him and his ex-spouse's hostile

attitudes towards him. It was his intent to seek a change in custody through an adversarial proceeding in the court, even though his parental role had been marginal during the marriage.

Intervention: The mental health consultant in this case provided a more comprehensive and systemic understanding of his child's current resistance to visiting him, and helped the father understand his own contributions to his child's resistance and the likelihood that an adversarial approach would only further polarize the situation. The consultant provided ways for the father to appeal to his former spouse in a more collaborative manner, such as using mediation and engaging a specialist in reunification counseling whom the consultant knew from the professional community.

Providing Therapeutic Support

Finally, the mental health consultant may provide confrontation and/or therapeutic support to the parent, often facilitating his or her involvement in appropriate treatment to address personal issues that may be chronic, arise out of, or be exacerbated, by the divorce transition. Issues such as substance abuse, psychiatric conditions, a parent's commitment to parenting, and the introduction of a new partner to the children are examples of issues that divorcing parents are often working through during the divorce transition.

Example: An attorney referred a father to a consultant as they were contemplating filing a motion on his behalf, seeking sole custody of his four-year-old daughter, whom he had been visiting twice a month on weekend visits. His former wife struggled with a methamphetamine addiction. Their daughter was currently residing with the maternal grandparents. The father was considering whether to initiate legal action to assume a primary parenting role or to support his daughter's placement with her grandparents.

Intervention: The mental health consultant worked with the father to appreciate the importance of a father's role in his child's development, and

to understand the risks of the grandparent's potential inability to set appropriate limits to the mother when she reappeared and demanded visitation from the grandparents. The father also worked on his ambivalence regarding altering his lifestyle to accommodate the role of full-time parent. The father proceeded with the legal motion with a more realistic and committed stance during the ensuing legal process.

THE ATTORNEY-MENTAL HEALTH CONSULTANT RELATIONSHIP

Assisting in Litigation and Settlement

When mental health consultants are hired and paid by the family law attorneys, they perform under the confidentiality of the attorney-client privilege and/or attorney work product privilege. Consultants can be invaluable in working with attorneys and their clients to evaluate their positions in court processes, thereby enhancing the persuasiveness of the attorneys' arguments in litigation and in creating additional opportunities for settlement in situations where clients and/or attorneys may be taking unreasonable positions. In this role, the consultant may assist attorneys in presenting their client's case, suggesting the composition of legal motions, responsive papers, declarations, and briefs, and preparing attorneys for depositions of other experts and trial.

Example: An attorney and client had a conference call with their consultant during a break in a settlement conference to determine whether a settlement was possible or if the case would proceed to trial.

Intervention: The mental health consultant was able to suggest a creative time-share schedule during the summer months that addressed the impasse that was propelling the case to trial. The consultant (who had developed the trust and confidence of the parent over the previous months) discussed the merits of the proposal to the initially reluctant parent, highlighting the crucial benefit of resolving the dispute collaboratively and avoiding the financial and emotional "costs" of litigation. After the break, the attorney

presented the proposal in the settlement meeting with the judge, and the parties were able to settle the dispute with the guidance of the judge.

Providing Research and Psychological Education

Mental health consultants may provide on-going research and psychological education to the legal professionals when they are working jointly on cases. Even devoted family law practitioners rarely have specialized knowledge about many complex child custody issues. The respect that attorneys have for mental health consultants they retain, and the close collaborative work that occurs on these cases, provides the consultant with an opportunity to transfer in-depth knowledge about sophisticated child custody issues that can enhance the practice of the family attorney. These attorneys, in turn, educate judges and their opposing counsel, elevating the practice of family law in the local communities.

Example: A 14 year-old child in a high conflict joint custody situation was failing in his current special education placement in public school. His father had filed a motion with the court to obtain sole custody, alleging that the mother was primarily responsible for the child's functional deterioration. The mother and her attorney were in the process of preparing a response to that motion.

Intervention: The mother's mental health consultant had worked in the Special Education system and had specialized knowledge about Individualized Education Plans (IEP's), options for alternative placements (day treatment and residential programs), and strategies for advocating for the minor child's special education needs in that system. When the Court was provided this information by the attorney on behalf of the mother, not only did the Court adopt the mother's position, but the judge's knowledge base about how the special education system functions and the types of resources available to students in Special Education was significantly increased. The Judge was able to use this specialized information in many other cases that then came before the court.

Resolving Parent-Attorney Tensions

Finally, the mental health consultant can sometimes intervene in the predictable conflicts and tensions that arise in the attorney-parent relationship. These tensions, which can otherwise lead to less effective collaboration and even termination of the relationship (with either the parent or attorney “firing” the other), can be caused by the personal issues of either the parent or attorney, or a dysfunctional relationship process that becomes evident in their working relationship. A divorce is often the parent’s first experience working with an attorney, and the parent may not understand the expectations and rules that structure this professional relationship.

The attorney may experience a parent’s behaviors as frustrating, demanding, or as undermining the progression of the case. A mental health consultant, often precipitated by the complaint of the attorney or parent, can intervene to address these tensions and improve the collaboration between them.

Example: A parent called his mental health consultant quite distraught that his attorney had not returned several calls about his upcoming hearing. The attorney had already voiced concern to the consultant that the parent was calling several times a day with emotional needs that had little bearing on the substantive work the attorney was trying to accomplish.

Intervention: The mental health consultant intervened with both the parent and attorney to help them realize that the attorney was not the parent’s therapist. With this clarification of roles for parent and attorney (much to the relief of the attorney), the parent was able to engage a counselor (with more relevant skill and at considerably less cost), to address the intense emotional issues that were emerging during the divorce process.

CURRENT CONTROVERSIES AND PROFESSIONAL PRACTICE ISSUES FOR MENTAL HEALTH CONSULTANTS

Mental health consultation is a controversial role among professionals who deal with child custody issues in the courts. In preparing for this article, Elena Hobbs-

Minor, MA conducted a survey to ascertain professionals' views regarding client preparation. In the survey, 59 attorneys and 42 mental health professionals (MHP) were asked 11 questions on the practice of mental health consultation (termed "coaching" in this survey), in the specific context of preparation for child custody evaluations (CCE's). The term "coach" used in the survey was in response to the trend of the "coaching" field in general and the frequent use of "divorce coaching" by mental health professionals. In this article the authors are specifically not using the term "coaching" as it can imply "coaching" a litigant to have the right answers.

The results (see Table 2) show a divergence in responses between attorneys and MHPs, with MHPs being more conservative in the use of the role. Although almost 3/4 of attorneys and 2/3 of MHPs believed that mental health consultation used to prepare clients for child custody evaluations is "here to stay," attorneys endorsed the role more than MHPs. The high frequency of "maybe" responses points to the numerous ethical, gray areas inherent in this role. Looking at the more specific characteristics of this role, less than half of both groups felt that a mental health professional (MHP), who has served as a custody evaluator in other cases, should act as a coach to prepare clients for an evaluation. The implications, reflected in other parts of the questionnaire, are concerns that a consultant might "coach" the client about specific psychological testing administration (potentially even pre-administering tests), see the client's children, help prepare the client's home for a visit, and assist with the preparation of the custody evaluator's questionnaire.

This survey feedback raises numerous concerns about the possibility that a mental health consultant may intervene in the evaluation process in a manner that "distorts" the findings in a way that is favorable to the parent and potentially not in the best interests of the children. This dilemma is particularly thorny as parents involved in the family court process routinely solicit information and advice from their attorneys, therapists, the Internet, other literature, and their family, friends, and acquaintances. The information retrieved by parents runs the gamut from highly accurate to highly distorted, from general and orienting (for example, helpful tips to remember as you prepare for a child custody evaluation) to highly specific, including particular evaluative procedures (for example, viewing Rorschach cards on the Internet).

Given the exponential increase in available information, the concern should no

Table 2: Attorney and MHP Views on Client Preparation²

Question	MHP/ attorney - YES	MHP/ attorney - NO	MHP/ attorney - MAYBE
Should a MHP ever prepare clients for CCEs?	44 / 74	14 / 8	42 / 17
Is the practice of MHP preparing clients for CCE here to stay?	64 / 73	3 / 4	33 / 24
Should a MHP who is also a CCE ever take a role in preparing clients for CCEs?	33 / 43	19 / 28	48 / 29
Should a MHP who is preparing a client for CCE ever meet the children?	0 / 5	74 / 66	26 / 29
Should a MHP who is preparing clients for CCE do a home visit?	0 / 19	73 / 45	27 / 36
Should a MHP preparing a client for a CCE discuss expectations and possible questions the CCE could ask of him/her?	55 / 81	24 / 7	21 / 12
Should a MHP who is preparing clients for CCE review tests commonly used by CC Evaluators?	26 / 53	58 / 26	16 / 21
Should a MHP give clients tests (MMPI-2, Rorschach) as a way to pre-screen the client for the attorney?	11 / 0	83 / 51	17 / 38
Should a MHP give tests to clients as a part of their preparation work for CCE?	0 / 7	83 / 69	17 / 24
Should a MHP who is preparing clients for CCE work for the same attorney as a CCE on some cases?	16 / 15	46 / 54	38 / 31
Should a MHP who is preparing clients for CCE also go to court to testify on behalf of the client for whom the consultation has been done, if the evaluation is not in favor of the client?	5 / 19	75 / 52	20 / 29

Note: all numbers in the table are the percentage of the total sample

longer be about preserving the un-altered, “natural” state of the parents, so that court processes are not tainted by parents who have been influenced by information, but rather about making sure that the information sources are of the best quality and are not too specific to an evaluation procedure. In fact, parents who do not obtain consulting information may be unfairly disadvantaged in these processes. Both attorneys and mental health professionals agree that inaccurate and unethical consultation should not occur. However, the question remains as to what is and isn’t ethical, as there are currently no established guidelines.

The mental health consultant faces numerous dilemmas as he or she struggles with balancing the advocacy role for which they are hired (to assist the parent) and maintaining a professional stance of doing no harm. The mental health consultant should always be guided by enhancing the healthy functioning of all members of the family, not just the parent that they are assisting. While the mental health consultant in the consulting role never sees the children, he or she must always keep their needs in the forefront. Parents and attorneys who seek consultation will want to learn “ways to prevent a dispute from unnecessarily escalating, to improve their competency in conflict management, to develop stronger communication skills for a difficult conversation” (Noble, 2006, p. 1). Mental health consultants can teach parents how to avoid responding in provocative ways to the co-parent by teaching more productive communication approaches.

The mental health consultant provides knowledge and power to the parent in the divorce process. Since power can be used for good or corrupt purposes, consultation always creates the risk that the parent will use well-intentioned and appropriate information for corrupt purposes. Given this risk, the consultant is guided by the intention that he or she works towards making parents better parents to their children and co-parents with the other parent, rather than helping them look like the “better” party in the divorce process. The more focused and specific the consultation is as it relates to family court processes (mediation, evaluation, testimony), the more risk that a client may “look” better than he or she is in reality. On the other hand, parents do need specifics on how to effectively set boundaries, negotiate and understand their options.

Unethical Consultation Example: A mental health consultant hired to assist an attorney prepare a parent for a child custody evaluation interviewed the parent multiple times to review her personal, marital, parenting, and co-parenting history. The parent provided the consultant with a

several page questionnaire, which was required to be completed for the child custody evaluator in the case. The consultant wrote the answers to the questionnaire, framing each response to carefully minimize deficits, and maximize characteristics of that parent that the consultant felt would create the most positive impression to the evaluator. The parent then submitted the questionnaire prepared by the mental health consultant to the evaluator.

This is a clear example of unethical consultation to a parent, which has been defined in psychological assessment literature as “any attempt to alter the results of psychological or neuropsychological tests in such a way that distorts the true representation of the examinee’s cognitive, emotional, or behavioral status or hinders an accurate assessment of such attributes” (Victor & Abeles, 2004, p. 374). Victor and Abeles assert that there may be conflict between the ethical obligations of the legal and psychological professionals working with a shared client in a case. This conflict may create ethical dilemmas for the mental health consultant and, depending on how they are handled by the individual practitioner, may threaten the legitimacy of the practice of consultation.

Besides the clearly problematic example of mental health consultation described above, other variations make this questionable practice less evident. For instance, what if the parent filled out the questionnaire and the consultant simply reviewed it and made comments? What if the consultant met with the parent to help him or her organize his or her thoughts about what is relevant information for the evaluator? What if the consultant had been working with the parent for several months, not focused on the evaluation, but assisting with the parent’s healthy transition to parenting after divorce and with orientation to the family court processes in which they were involved? As is apparent in these variations, the consultant is faced with decisions about the types of intervention they employ. These interventions may become increasingly inappropriate as they may alter data gathered by family court assessors and decision makers as “representative” of the parent. This is particularly concerning in the custody evaluation process, when the evaluator is not likely to be aware that the parent is receiving consultation.

Another risk during a child custody evaluation is that the evaluator may directly ask if the parent is using a mental health consultant. Given the range of attitudes about consultation that exists among child custody evaluators, an affirmative

answer may seriously bias the evaluator against the parent. The parent may be placed in a difficult position of having to lie or place himself or herself at risk for this prejudicial position in the evaluation. Certainly, as part of the informed consent for mental health consultation, the potential impact of either concealing or disclosing the use of a consultant to a child custody evaluator should be thoroughly discussed with the parent prior to beginning the process.

Issues with professional boundaries can be problematic in consultation practice. As mentioned earlier, the tension inherent in the forensic/therapeutic aspects of this role must be handled thoughtfully. Some of the more obvious and problematic dual roles to address are: 1) when the therapist working with a parent becomes a consultant, 2) when a consultant becomes a therapist for a parent, and 3) when a consultant becomes a disclosed expert in the case. Clearly, a consultant's intimate work with a parent compromises the essential impartiality and objectivity required of the expert witness who is rendering an opinion in a legal proceeding (Gould, et. al., 2004). Moreover, a shift in roles from consultant to becoming a disclosed expert may violate the parameters of the consulting role (in this case, its confidentiality) that are delineated in the informed consent of the service agreement.

Multiple Role Problem Example: At the request of the attorney, the mental health consultant on a case agreed to assume the role of the parent's expert in trial, to provide a critique of the court-appointed child custody evaluation. The consultant, who had worked directly with the parent and attorney for several months, meeting frequently with the parent to create a more functional co-parenting communication process and assisting the attorney with deposition preparation, wrote a declaration for the court vehemently critiquing the evaluation. Once subpoenaed, the consultant was compelled to provide his entire file for discovery and was forced to respond to questions about the consulting work. Although the consultant, parent, and attorney had assumed at the time of informed consent that the work of the consultant was protected by the attorney-client privilege, his on the record critique took him outside of the privilege.

Further consideration for mental health consultants relates to disclosing prior or concurrent consulting relationships with an attorney. For example, if opposing

attorneys in a case contact a psychologist to determine his or her interest and availability to perform a neutral custody evaluation, and that psychologist has worked with one or both of the attorneys as a consultant in an unrelated case, is there an obligation to disclose this prior relationship? If so, does this not possibly violate the confidentiality of the prior role? Does such a prior or current consulting role then require the potential evaluator to disqualify him or herself on the basis of this conflict? There are no clear guidelines to address this ethical dilemma.

Another tricky issue often occurs when consultants are asked by their parent-clients about which particular professional would be the best choice to serve as a mediator or evaluator. There is little concern about a mental health consultant providing recommendations based on some general comparison of experience and competence of potential professionals. There is, however, increased concern about the ethics of providing more personal information about close colleagues that may result in a preferential result for that parent.

Finally, the mental health consulting role is distinctly different from therapy, although there may be overlapping functions. Mental health consultation involves educational and behavioral interventions designed to assist the parent in his or her best functioning as parent and co-parent during the divorce transition. The parent should be referred, however, to a therapist or counseling support group to work on the personal issues that require psychological treatment. Consultation is rarely effective when the individual has significant underlying psychological issues that they are not willing to work on in mental health treatment (Noble, 2006).

The mental health consulting role is also distinctly forensic and carries an expectation of specialized knowledge in family law, and a higher professional expectation of objectivity and accountability than a clinical role (Greenberg, Martindale, Gould, and Gould-Saltman, 2004). In order to effectively assist a parent, a mental health consultant must gather information beyond what the parent provides. Examples might include written motions from the other parent, communications from the other parent or attorney, information from the client's attorney, the child's school information, and medical or educational testing results. The gathered information can be utilized to challenge a parent's distortions about his or her functioning, which can then serve as a powerful change agent for that parent.

The mental health consultant needs extensive knowledge and training in the child custody world. Consultants can acquire this knowledge through education

and experience in mediation and child custody evaluations, negotiation, conflict resolution, involvement in the family courts, and through experience with attorneys and other family court professionals. Currently, no professional practice guidelines or ethical standards exist for mental health consultation. Furthermore, there is a need for education, experience and training recommendations or training programs that specifically address this forensic role. In the formal, legal-adversarial context, attorneys represent their clients. Mental health involvement in the legal process comes from traditional neutral or client-hired expert roles. Today, in most family courts, the parent is referred for mediation and evaluation without the attorney's direct involvement, even if the client is represented. It is, therefore, critical for parents to understand as much as possible about parenting and co-parenting after divorce, children's adjustment after divorce, and effective engagement in dispute resolution processes (mediation, child custody evaluation, settlement processes, and litigation).

Having a mental health consultant as part of the family law team can assist in preventing the attorney from colluding with the parent in unnecessary legal conflict, and can assist parents with their skills deficits and emotional distress. The parents then can move through the difficult transition through divorce and focus on the best interests of their children (Saposnek & Rose, 1990). The mental health consultation role described in this article is a natural evolution of the changing nature and complexity of the family law process and the broadening role of a mental health professional.

FUNDING FOR THE CONSULTATION ROLE

Mental health consultation is a private fee-for-service role. Consultation, as described in this article, is predominantly a mental health role, and fees for the service tend to track professional rates charged by forensic mental health professionals who work in the variety of roles in the family courts. The range of fees is \$100-400 per hour and mental health consultants usually bill for direct contact with their clients (attorneys/parents) and for any additional work on the case: email and telephone communications with clients, reviewing documents, drafting documents, etc. Fees are usually paid through the attorney's office on behalf of the parent to further protect the confidentiality of the mental health consultant's

work. Because there is no public funding for this role, consultation tends to be utilized by clients with who are financially capable to hire an attorney.

Nonetheless, there are consultants that work in this role when parents are unrepresented or without informing the parent's attorney that they have been retained by their client. Mental health consultation services are not covered by health insurance programs as it is not considered mental health treatment for a diagnosed mental health condition, the normal criterion for insurance reimbursement.

CONCLUSION

Separating or divorcing parents, especially in high-conflict situations, need education and support about how to effectively co-parent and resolve conflicts. Parents facing the challenges of the divorce transition and/or a child custody dispute can regain their emotional equilibrium through education, empathy and practical support offered by a mental health consultant. The practice of mental health consultation as it pertains to strategizing, coaching, or advising by mental health professionals has not been addressed in the professional literature, and a wide range of acceptable consultation practice exists with little accountability provided to safeguard the consumer.

Controversies exist among professionals about where the boundaries of ethical and unethical practice in mental health consultation lie. These controversies impact the role's legitimacy and, therefore, require more substantive dialogue to help define acceptable practice parameters. Without more specific research to describe consulting work, and the development of professional practice guidelines, the role will remain controversial and the benefits it can offer to parents who seek mental health consultation will be limited. Family law and mental health professionals must come to terms with the fact that this rapidly expanding conflict resolution role is here to stay, and that it can decrease parental conflict along with the emotional and financial tolls on families, particularly when this intervention occurs in the early stages of parental disputes.

APPENDICES

To access this chapter's appendices, go to:

http://www.afcnet.org/resources/resources_professionals.asp

Appendix 1: Consultant Agreement and Fee Policies

Appendix 2: Statement of Understanding and Fee Agreement

NOTES

1. In 1997, the American Bar Association Family Law Section *The Future of Family Law: Modified Programs for 2020*, predicted the increased use of mental health professionals as part of the matrimonial law team to meet the challenge of the new century. "How we handle our clients' emotional reactions to the legal and financial proceedings will be our biggest challenges in the next century. The matrimonial law team is a new concept that has emerged in response to this challenge." (Burrows & Buzzinotti, 1997, p. 33)
2. Hobbs-Minor, E. (Spring, 2006), *The Future of Child Custody Coaching*, *Family Mediation News*.

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CHAPTER 6

PARENTING COORDINATION: AN EMERGING ROLE TO ASSIST HIGH CONFLICT FAMILIES

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OVERVIEW

Parenting Coordination is Created to Meet the Needs of High Conflict Families and the Courts

Alternative Dispute Resolution (“ADR”) has been used increasingly in our court system, but nowhere is it more prevalent than in family courts. Mediation, parent education, differential case management and settlement processes have helped parents move through the legal system in a more collaborative manner, resolving cases sooner and without litigation and allowing parents to co-parent more effectively after the dissolution. High conflict families have been particularly problematic for court and professionals, and collaborative processes, such as mediation,

have been ineffective (Johnston, 1997; Maccoby & Mnookin, 1992). Such families engage in repeated litigation, often over relatively minor issues, such as one-time changes in the parenting time schedule, telephone access, vacation planning and decisions about their children's after-school activities, health care, child care and day-to-day childrearing practices (Coates, Deutsch, Starnes, Sullivan, Sydlik, 2004). These families consume a disproportionate amount of the court's time and resources, and the ongoing inter-parental conflict harms the children (Amato & Keith, 1991; Amato, 2001; Ayoub, Deutsch, & Maraganore, 1999; Kelly, & Emery, 2003). Children are caught in the middle of their parents' conflict and are often left waiting for decisions that affect them until the last minute before an event or until their parents can obtain a judicial decision. Parents are expending their financial, time and energy resources by remaining in conflict with each other.

To meet this recognized and growing problem in family law, a new process, "parenting coordination," performed by a "parenting coordinator," (PC) was born. No one jurisdiction can claim the creation of this role and process as parenting coordination spontaneously arose throughout many jurisdictions in the United States and Canada, driven by the frustration experienced by judges, court personnel and other professionals working with high conflict families. These families needed timely decision-making and help with communication and parenting issues. The name "parenting coordination," coined by a group of Denver, Colorado area mental health professionals, mediators and lawyers, (Baris, Coates, Duvall, Garrity, Johnson, & LaCrosse, 2001) has become the umbrella term for this intervention, performed by professionals variously called special master, parenting coordinator, family court advisor, etc., depending upon the state or local jurisdiction. In 2007, eight states had statutory authority for this role; others have developed court rules that describe and govern this high conflict intervention (Bartlett, 2005).

AFCC Takes the Lead in Parenting Coordination

AFCC has taken the lead in monitoring the growth and development of parenting coordination and in attempting to study and suggest best practices for the process. The AFCC Task Force on Parenting Coordination, appointed in 2001, investigated the issues inherent in the new role and described the manner in which jurisdictions

in the United States that have used parenting coordination resolved those issues. The report of the Task Force's two-year study was published in April of 2003 as "Parenting Coordination: Implementation Issues" (AFCC Task Force, 2003). The Task Force was reconstituted in 2003 and charged with developing model standards of practice for parenting coordination for North America. Two Canadian members were included in the twelve-member task force. The Task Force continued investigating the use of the role in the United States and in Canada and drafted *Model Standards for Parenting Coordination* after much study, discussion and review of best practices in both the United States and Canada.

AFCC posted the *Model Standards* on its website, afccnet.org, and the Task Force members also widely distributed them for comments. The Task Force received many thoughtful and articulate comments which were carefully considered in making substantive and editorial changes based upon the feedback that was received. Even the name of this document was changed to "Guidelines for Parenting Coordination" ("AFCC Guidelines") to indicate the newness of the field of parenting coordination and the difficulty of coming to consensus in the United States and Canada on "standards" at this stage in the development of parenting coordination. The AFCC Board of Directors approved the Guidelines on May 21, 2005 (AFCC Task Force, 2005). The authors of this article are all members of the Task Force that developed the Guidelines.

AFCC continues to serve as a clearing-house for information and training on parenting coordination, highlighting this new professional field at its conferences and in special training seminars held around the US. It has also created a listserv, the AFCC PC Network, on which its members may post and discuss parenting coordination issues.

DESCRIPTION OF THE PARENTING COORDINATION PROCESS

What a PC Is

The PC is a neutral professional generally ordered by the Court or through agreement of the parties to assist the parties to implement their parenting plan, monitor compliance with the details of the plan, and help them resolve their child-related

disputes in a timely manner. Parenting coordination may be especially useful in promoting safety of vulnerable parties, including children and parents. When the parents' communication is conflictual or ineffective, the PC will try to understand the nature of the dispute through information received from the parents and other sources. Through a process of education and negotiation, the PC will then help the parties come to agreement. If the parties are unable to reach agreement, the PC may make the decision or arbitration award, which will remain in effect until the Court changes it. Ultimately, the PC can be considered an intermediary who helps the parties sustain safe, healthy and meaningful parent-child relationships.

What a PC is Not

The role of the PC is a distinct, though hybrid, position. It requires a variety of necessary skills often found in other professional functions. While the PC uses assessment skills, he or she is not a custody evaluator. Neither does the PC provide therapy for the parties, nor legal advice. The PC does not act in the role of mediator with the requirements of confidentiality, nor does the PC act as a consultant for either party. The PC is not a judge and does not make decisions that alter the legal or physical custody award or substantially change the court-ordered parenting plan. The PC should remain clear as to his or her court-ordered role; crossing over professional boundaries can lead the PC into ethical quandaries that might eventually affect the effectiveness of the role and relationship between the PC and the parties.

Qualifications of a PC

The qualifications of a PC reflect his or her multiple functions and make use of the education necessary for understanding the impasses that prevent the parents from being able to make decisions together, as well as the training necessary to help them resolve their disputes. The basic background of a PC includes extensive work with high conflict or litigating parents and education and training in family dynamics in separation and divorce. The PC must have education in domestic violence, substance abuse, and child maltreatment as these families may have experiences with these problems. Because dispute resolution is a hallmark of parenting

coordination, mediation training is also essential, and the AFCC Guidelines state that the PC should take the training necessary to become a certified family mediator under the rules or laws of the jurisdiction in which he or she practices. In most states the requirement would be 30 to 40 hours of training. A licensed mental health professional or legal professional in an area relating to families or a certified family mediator will be able to integrate their specific training of the parenting coordination process into a framework for understanding the needs of these families.

ROLE THAT THE PARENTING COORDINATOR FILLS FOR HIGH CONFLICT CASES AND THE COURT

About 90% of couples are able to move on to either co-parent or parallel parent their children once the divorce is final, but about 10% of parents are unable to make decisions regarding their children, even about small, day-to-day issues. The courts have found that these families frequently return to court with contempt of court actions or modifications because they are unable to work together. The PC takes on a quasi-judicial role of making these decisions if the parties are unable to negotiate their own agreements with the PC's assistance. The functions of a PC go beyond decision-making with the intent of helping people learn problem-solving and conflict resolution skills and strategies.

An example of a situation in which a PC may be useful is one in which one parent has had a difficult time accepting the divorce and remains quite angry, and the other parent is inflexible and rigid and does not want to spend time negotiating or dealing with the other parent. These parents are unable to agree on the schedule for the next six-month time period. They disagree about what day of the week to begin vacations and whether there should be a weekend exchange if the altered schedule results in one parent being responsible for the children three weekends in a row. They went to court over this issue, and the judge appointed a parenting coordinator to help these parents resolve future disputes. In this case, the parenting coordinator will establish a protocol for communication between the parents and a timeline for reaching agreements about scheduling issues. The PC will also seek agreement about scheduling principles, attempting to anticipate all of the situations which may result in a future dispute.

Objectives of the Parenting Coordination Process

In an attempt to reduce conflict and chronic litigation between the parties, the objectives of the parenting coordination process are to help parents implement their parenting plan by:

1. facilitating negotiations between the parents concerning child-related disputes;
2. providing education about children's needs and development, communication and conflict management skills;
3. raising parental skill levels in collaborative or parallel planning and decision-making for their children; and
4. assisting parents to co-parent in a way that promotes the well-being of the children.

The PC's goals for the family are to help the family transition from a nuclear family to a binuclear family; that is, from one home with two parents to an extended family of two separate homes, including the parents and subsequent partners, connected by the needs and interests of the children. The PC assists the parents in their co-parenting to promote functioning between the two new family systems in a way that supports the well-being of their children. Supporting reasonable expectations about what the children need, maintaining a reliable access schedule with a protocol for schedule changes, reducing conflict, and utilizing a collaborative process are all objectives for the family.

Functions of the Parenting Coordinator

An initial and ongoing function of the PC is to assess the impasses to co-parenting. If custody evaluations, psychological testing, or other reports are available, the PC will begin with that information. The PC needs the court orders, such as family court directives, domestic violence protection orders, and criminal court records. Any records from a social service agency and child advocate or Guardian *ad Litem* involvement should also be obtained. The PC is looking for information from

observations or reports of the source of the impasse between the parents, parenting strengths and weaknesses, co-parenting skills, the impact of family environment on the children's functioning, and the needs and wishes of the children.

A second function of the PC is to continually educate parents. Generally, the issues that arise are related to child and adolescent development and the short- and long-term needs of the children. Communication skills between the parents and between the parents and children, observed in meetings or through email, are not only concretely addressed, but often discussed in terms of understanding each parent's and the child's perspectives. Conflict resolution and collaboration strategies are both modeled by the PC, and discussed using the specific examples of which the PC becomes aware through communications with the parties. The PC also educates the parties about a new kind of parental relationship that they need to develop since they are no longer involved in a spousal relationship. When new significant others or spouses become involved, the PC may help the parents define the rights and responsibilities of this person. When any of these areas seem to raise serious and ongoing concern, the PC will refer that parent to an appropriate professional, e.g. parenting coach or psychotherapist, to help him or her work on the issue more intensely.

A third function of the PC is coordination/case management. Throughout the PC's tenure, coordination with the other professionals and systems involved with the family will help to identify and manage their conflicts and keep the focus on the needs of the children. Communication with psychotherapists, medical doctors, schools and teachers, and any other systems involved with the family will help the PC retrieve the information necessary to both manage disputes and make decisions that reflect the children's needs. Likewise, in dealing with the whole family system it is essential to communicate with stepparents, significant others and extended family members, in the event that they care for the children or significantly influence the parents. The PC may make recommendations to the parents regarding referrals to community providers and/or agencies that may address parental, child-related or family issues that impede the parenting coordination process or may benefit a parent or child. Referrals may include individual adult or child psychotherapy, family counseling, substance abuse evaluation and/or treatment, medical assessment and/or treatment, psychological or educational testing, and tutoring.

Conflict management is a fourth function of the PC. This is the "bread and

butter” of parenting coordination. When the parties are in disagreement about interpreting, implementing and modifying their parenting plan, the PC utilizes dispute resolution skills to help them. Seeking agreement on tightening the parenting plan to avoid further conflict is a first step in working with the parties. The PC will use negotiation and mediation skills to help the parties reach agreements. To reduce ongoing conflict and teach effective communication skills, the PC may monitor written and emailed parent communications.

A fifth function of the PC is a decision-making function. When the parents reach an agreement, it is put into a memo and distributed to the parties. The parties review the memo and advise the PC of any inaccuracies. When the parties are not able to reach agreement, the parenting coordination decision-making process is invoked. The court order will define the decision-making function of the PC. Generally, it states that when parents are not able to reach agreement about child-related disputes on their own or with the help of the parenting coordination process, the PC shall be empowered to make the decisions in a written format. The PC states the dispute in writing, the position of each parent, and the decision, which needs to be easily enforceable. The steps for implementation are included, and the PC’s rationale is articulated.

Range of Disputes to be Addressed by the PC

PCs are appointed to address child-related issues and to implement, interpret or make minor changes to the court-ordered parenting plan. It is very useful for the PC to have a menu of issues to be addressed during the process of parenting coordination, from which the parties and their attorneys can choose for their stipulation or for the judge to order. Almost all agreements and orders include or assume:

1. minor changes or clarification of parenting time or the access schedules or conditions (e.g. change in day or time for a mid-week period with one parent);
2. vacation, holidays and temporary variation from the existing parenting plan (e.g. legal holidays, teacher workdays, birthdays, field trips);
3. daily routines;

4. transitions and exchanges of the children including the date, time, location, and transportation and transporter; and
5. communication between the parents and by a parent with the children including method (e.g. telephone, fax, email, cell phone, pager, initiator, notes in backpacks) and timing.

Additional issues generally addressed by the PC include:

6. enrichment and extracurricular activities including camps, teams and jobs;
7. children's travel and passport arrangements;
8. personal possessions of children, including clothing and equipment; and
9. alteration of appearance of the children including haircuts, ear and body piercing, and tattoos.

Other disputes that a PC addresses may be specifically included or omitted in the order for the PC or PC agreement. They include:

10. health care management including medical, dental, orthodontic and vision care;
11. psychotherapy or other mental health care including substance abuse assessment or counseling for the parents or children;
12. psychological testing or other assessment of the children and parents;
13. education or day care including school choice, tutoring, summer school, participation in special education programs, and other major educational decisions;
14. religious observances and education;
15. role of and contact with significant others and extended families; and
16. limited payment issues (e.g. related to children's activities, transportation). (AFCC Task Force, 2005).

For any of these issues, the goal of reducing conflict may be achieved to the extent that the PC can provide specific and detailed steps for implementation and

any contingencies that may arise.

The issues that are not appropriate for parenting coordination include determination or change in the status of the physical or legal custody award, including substantial changes to the court-ordered parenting plan. These major issues should be left to judicial determination and the PC order and agreement should specifically articulate these issues as carve-outs.

Types of Cases

Typically, cases are referred to a PC when the parents are highly litigious, are unable to adequately implement a parenting plan, and in which mediation has not been successful or is not a viable option. PCs can be quite effective in helping families reduce conflict and litigation in a wide variety of cases in which the parties have not yet been able to separate successfully, move into the new stage of the binuclear family, or focus on the children's needs. PCs may also be effective in cases in which the children are alienated or estranged from a parent by monitoring the therapeutic progress and compliance with the court orders, and coordinating with the family therapist to maintain and modify the access schedule and methods of communication between parents and children as appropriate. In cases where domestic violence or abuse is present, the PC can monitor and modify access, transitions, and communication, and can facilitate disengagement between the parties. The PC also can provide a valuable service monitoring and modifying mental health and substance abuse treatment and issues.

Cases in which one or both parties are routinely non-compliant with agreements, orders or PC decisions are not appropriate for the parenting coordination process. Furthermore, cases may not be appropriate for the parenting coordination process in which:

1. a parent is not adhering to a treatment or parent guidance plan or taking medication as prescribed when diagnosed with a personality disorder or mental illness;
2. a party is in need of but resistant to substance abuse treatment; or
3. domestic violence or abuse, past or present, may provide an unsafe situation for the parties, the children, or the PC.

IMPLEMENTATION OF PARENTING COORDINATION

An Order of Appointment from the Court is Essential

The PC derives credibility and authority from the Order of Appointment (“Order”) of the Court. The Order establishes the connection between the PC and the judge, allowing the judge to enforce the provisions for the PC that are delineated in the document. A comprehensive court order will enable the PC to proceed with confidence and clarity, better able to serve assigned families. The PC must be knowledgeable of the statute and/or statewide rule governing parenting coordination, if there is one, as well as the specific jurisdiction’s practices before accepting the referral.

The nature of the Order will vary according to jurisdiction, and the PC must be mindful of the differences in those orders. If there is a standardized Order of Appointment in the jurisdiction, it is preferable, and sometimes mandatory, that the parents utilize the Order without any deviation. A standardized Order assists the judges, lawyers, and PCs, who are already knowledgeable of its contents, in defining the PC’s accountability to the parties and the Court. The AFCC Guidelines recommend that an interdisciplinary group assist the judiciary in developing a standardized order to reduce variations in practice and to codify the PCs’ service (AFCC PC Task Force, 2005).

The Order should define the PC’s role and scope of authority and include reporting procedures, any limits of confidentiality, court appearances, fee allocation, terms of appointment (discharge or termination), and grievance procedures. The range of the PC’s authority should be addressed, and tasks detailed, in order to provide further guidance for the PC and to reduce the potential for conflict with the parents. The Order may list not only the responsibilities of the PC, but also the limitations: restrictions as to decisions regarding custody, relocation, supervised visitation, substantial changes in scope of the time-sharing arrangement, and serving in dual professional roles with the family. It is important that the PC adheres strictly to the Order to maintain neutrality and effectiveness for the parents, and should return to the court for clarification of the Order, if necessary.

Whether the Order is stipulated by agreement or entered by the judge without previous consent from the parties, the court routinely preserves its jurisdiction to modify the PC’s decisions. Not surprisingly, the risk of further litigation and friv-

olous law suits are greater when dealing with these high conflict cases, where the parents are accustomed to utilizing the court for their adversarial purposes (Firestone, Fieldstone, Starnes, 2003). An Order may specify that just cause be shown before a PC is subpoenaed for testimony, as there may be ramifications if the PC testifies. For example, the parties may believe that the PC has lost neutrality and may ask for the PC's services to be terminated. It is also helpful if protections for the PC are spelled out in the Order, such as an objection procedure if the parties find fault with a PC decision.

Parenting coordination does not exist outside the scope of a court order; therefore, services from the PC should not be initiated until the Order is signed by the judge. The greatest protection for the PC is a carefully considered, unambiguous, and complete court Order of Appointment. It is important for the PC to understand every nuance of the Order, so that the PC is able to explain each item to the parties in a comprehensible manner. In cases in which there is no Order, the contract between the PC and the parties becomes even more important.

A Contract Between the Parents and the PC is Necessary

In addition to an Order, which sets out the scope of authority for the PC, the PC should also have a contract – a Parenting Coordination Agreement (hereinafter “Agreement”) – with the parents to help clarify the process for participants beyond the court order. This Agreement should be in writing and executed by both parents and the PC. It is also important that the Agreement detail the scope of authority, the process and procedures that the PC uses in his or her work, confidentiality issues, fee arrangements, the term of appointment and any other agreements that the PC and the parents want to make. The parents must give informed consent to participate in parenting coordination except in the few jurisdictions that allow the court to order parents into parenting coordination without consent. Even in those situations, the parents must be informed of the rights that they may be losing, such as the right to take a matter directly to court, and the procedures that they will be following with their PC. The PC should discuss the Agreement with the parties in person, either together or separately, to answer their questions prior to the signing of the Agreement and should not begin the process until the Agreement is signed.

Scope of Authority

The PC's scope of authority, that is, the issues that the PC can address with the parents and/or upon which the PC has decision-making authority, must be delineated. For example, sometimes the parents have agreed that the PC can handle financial issues; sometimes anything regarding support or finances is not on the table for discussion. Because the PC's role is to implement the existing parenting plan, clarifying and fine-tuning it as necessary, the types of issues that the PC can handle with the parents are usually quite broad (AFCC Task Force, 2005).

Process and Procedures

Every PC performs his or her role differently. The parents generally have questions and should be informed about the forms of contact, the methods of communication, the manner in which negotiations will be conducted, as well as the process by which decisions will be made. The parents have a right to decline to use a particular PC if they do not agree to his or her process (unless the process has been court-ordered without the parents' consent), so advance disclosure of the way in which a PC works is imperative.

Confidentiality

Parenting coordination is generally not a confidential process except in those states that have statutes that mandate confidentiality. Because the PC may have been granted authority to make decisions for the parties, absolute confidentiality is impossible. This differs from the general rules regarding the confidentiality of mediation communications and the confidentiality privilege between lawyers and psychotherapists and their clients (AFCC Task Force, 2005). The PC must inform the parents that the PC's communications with the parents and their children or their communications with the PC, communications between the parents to which the PC is privy, and communications with other relevant parties are not confidential and may be revealed. The PC should explain these limitations of confidentiality to the parties directly, either jointly or individually, and use clear statements regarding the nature of such limitations in the Agreement with the parties. The PC shall, however, maintain confidentiality regarding the sharing of information outside of the scope of the parenting coordination process, such as to third parties

with no connection to the issue, except as provided by court order, by law as a result of suspected child abuse or neglect (whether a mandatory or voluntary reporter), if the PC has reason to believe any family member appears to be at serious risk of harm to self or other, or by written agreement of the parties.

Fee Arrangements

The PC Agreement should fully disclose and explain the basis of any fees and costs and the method of payment. This would include any fees associated with postponement, cancellation and/or nonappearance, as well as any other items or charges. The Agreement should state the division of the fees as well as all activities for which the PC will charge. The PC must adhere to the Order when the division of financial responsibility is specifically delineated and request any deviation through a case management conference with the judge.

Term

A PC is advised to limit the term of his or her appointment if it is not specified in the Order. Many experienced PCs believe that a term less than 12 months is too short or more than two years is too long. Neither parent should be able to unilaterally dismiss the PC during the term. At the end of the term, the parents and the PC may agree to continue the working relationship by renewing the term, or either parent or the PC may terminate their process. With appropriate notice, the PC should always be able to terminate his or her service during the term for non-payment of fees or if his or her ability to work with the parents has become impaired; the PC, however, may not be able to withdraw without permission of the Court.

Other Agreements

Sometimes parents have other items about their work with the PC they would like in the Agreement. Although such negotiations may take time, allowing the parties to tailor the process somewhat to their individual situation, and memorializing those issues in the Agreement can provide early buy-in by the parents to the parenting coordination process.

The First Session with the Parents is Important

The PC must make decisions about how to handle the first meeting with the parents – should it be individual or joint, how long should it be, what documents should be read before meeting the parents, etc. Usually the first session is used to discuss the Agreement and the parenting coordination process, to determine what documents the parents have that the PC would like to review, and to screen for power and control issues. In cases where domestic violence is present or alleged to be present, separate sessions are more protective of the victim. Some parents ask for initial individual sessions so that they can present their concerns and goals more freely. On the other hand, beginning with a joint session allows the PC to observe the parties' interactions and get a sense of the parties' communication styles. Whether the first session is individual or joint, the PC will use that meeting to introduce the PC role and process, and create rapport with the parents. The PC must also establish in this first session that the purpose of the process is to focus on the children and not to advocate for either parent, and that he or she will continue to reiterate this with the parents. Decisions and or recommendations will be made to reduce conflict between the parents and to promote the best interests of the children.

During the first session, the PC can inquire about the parents' reasons for hiring a PC and their concerns about the children. The PC could ask the parents to describe the other parent's strengths and should go over their parenting plan with them to determine if it is clear or if there are "holes" that allow for disagreements or misunderstanding. To eliminate the potential for last-minute parenting time disputes, one of the first activities of the PC will be to work with the parents in creating a written calendar of all parenting time, including transition times and transportation arrangements for the next six months, or even better, for an entire year. This requires an agreement about holidays and vacations, which if not detailed in the parenting plan, must be determined in early meetings with the PC. This eliminates the potential for last-minute parenting time disputes. The PC can then schedule individual meetings with each parent, as well as meetings with the children, if desired, to hear about issues that affect planning and decision making for the children. The PC helps the parties to disengage from each other except for the need to communicate about and make decisions for their children.

The PC Must Screen for Domestic Violence and Safety Issues

A history of domestic violence can affect the ability of the parties to engage in the PC process. Specifically, trust in and the willingness to comply with the PC process and to disclose concerns are often compromised when one or both parties believe they have been the victims of domestic violence. A parent's concerns about dealings with the other parent and the risks associated with unsupervised and unexpected contact are real safety concerns of which the PC must be aware in the beginning of the PC process.

Screening in separate interviews should be done as normal PC protocol, even absent any concern about the history of or potential for domestic violence or other forms of abusive and controlling behavior. One form of screening is to interview for ABC: "attitudes" toward the use of violence, abuse and control; "behaviors" or threats of behaviors that are violent, abusive and controlling; and "consequences" of violent, abusive and controlling behaviors or threats. Assessment should specifically include questions about:

1. dangerousness and lethality indicators (e.g. presence of weapons, threats to harm, medical intervention);
2. the level of psychological and economic coercion;
3. mental health problems;
4. drug or alcohol use problems,
5. day-to-day decisions;
6. discipline of the children;
7. style of fighting when there is disagreement between the parties;
8. police involvement;
9. protective orders; and
10. social service agency involvement.

The PC should continually screen for domestic violence and control issues throughout the parenting coordination process.

The AFCC Guidelines (2005) state that "the PC process of alternative dispute

resolution may be inappropriate and potentially exploited by perpetrators of domestic violence who have exhibited patterns of violence, threat, intimidation and coercive control over their co-parent.” The understanding of the dynamics of domestic violence and power and control are crucial to the structuring of the PC process. When domestic violence is present, procedures to ensure compliance with the details of agreements and orders, including face-to-face, written, fax, email, and telephonic contact between the parties, are essential to structurally eliminate opportunities for domestic violence to continue. ADR techniques are often contraindicated when one party uses manipulation to maintain an imbalance of power and control. The AFCC Guidelines state that “in those cases of domestic violence where one parent seeks to obtain and maintain power and control over the other, the role of the PC changes to an almost purely enforcement function” (AFCC Task Force, 2005). PCs must have specialized expertise and procedures to manage cases involving an imbalance of power, control, and coercion (AFCC Task Force, 2005).

Communication Protocol

The protocol for communication with the parties, the children, attorneys, and the court should be clearly articulated in the PC Agreement and reiterated verbally as necessary throughout the parenting coordination process. All parties need to be informed about the limits of confidentiality of any communications, understanding that any information may be used in making recommendations, decisions, or depending on jurisdictional rules, in submitting reports or testifying in court. The PC process is non-adversarial and is designed to settle disputes in a timely manner. To maximize efficiency the PC may have *ex parte* communications with the parties and their attorneys in which other parties are not present or involved. The PC may initiate or receive *ex parte* oral or written communications from the parties and their attorneys or any other parties who may have information relevant to understanding the issues involving the parties. This may include but is not limited to stepparents, extended family, teachers, medical doctors, psychotherapists, and tutors. Even though the protocol has been made clear to the parties, it is essential that *ex parte* communications are conducted in a balanced way so that the PC, to the extent possible, avoids a perception of bias. It is often best practice to inform

both parties of any communications to or from any collaterals, including their attorneys.

When one or both of the parties are *pro se*, that is, not represented by attorneys, the overview and clarification of the PC appointment, process and agreement need to be very clear. Specifically, detailed expectations about communications with an attorney if one party is *pro se* should be stated, preferably in writing.

Many PCs regularly include the parents' lawyers in transmitting copies of agreements and decisions and allow the lawyers to communicate with the PC. Other PCs avoid involving the lawyers in any way. Many lawyers are glad to be left out; others believe that excluding the attorneys violates the due process rights of the clients. The PC should determine the customary practice in his or her jurisdiction if no rule or protocol exists. The manner in which attorneys are involved should be discussed with the clients and the attorneys in advance to avoid misunderstanding in the future (such as clients complaining: "Why did you send that letter to my attorney – she charged me to read it?" or "I need my attorney to get copies of everything so that he can advise me as we continue").

Substantive written documents, including agreements and decisions, should be communicated to both parties at the same time with a written record. The agreements should be written clearly and in the parties' language, and whenever possible should be bilateral. Agreements will be definite and specific and should include who will do what, when, where, how, and how much. Arbitration awards should state the issue in dispute and the position of each parent in clear language. A clearly worded unambiguous enforceable decision should be accompanied by a rationale for the decision. The decision should be copied to the attorneys, guardian *ad litem*, children's legal representative, and to the Court, if required by the Order or by statute.

Ongoing communication between the parties and the PC may include joint face-to-face meetings, telephone conference calls, individual face-to-face or telephone meetings, email, or fax. The PC may interview the children as needed, if the PC has appropriate skills and training. Including adolescents in the PC process is often particularly useful when the parents disagree about adolescent needs and wishes. The PC may also interview any other individuals who provide services or caretaking for the children, including stepparents, to obtain further understanding of the children's needs and/or resolution of conflict between the parties. Anyone with whom the PC has contact needs to be informed about the limits of confiden-

tiality of the communications.

The PC should have access to any reports, pleadings, orders, and records that will be helpful in understanding the impasse between the parties, the needs of the children, and the structure of the PC process, so that the PC can most effectively help reduce conflict and resolve disputes. The Order and PC Agreement should require that the parties execute releases of information to obtain such data.

The PC maintains records of all contacts, including date, duration, persons in attendance and notes of the sessions, all telephone calls, including date and duration, emails and mail correspondence, as well as all agreements and decisions, and financial records. The PC should maintain the records based on the requirements of his or her jurisdiction or, if no jurisdictional requirements for PCs, upon the guidelines or requirements of his or her profession.

The PC helps the Parents Negotiate Agreements

The PC's goal is to help the parents communicate with each other, listen to the other's point of view and desires, and to reach agreements on issues regarding the children. The PC can coach each parent individually on parenting issues and on how each can most effectively work with the other parent. The PC can even suggest possible solutions to the situation. However, if one or both parents require intensive coaching, the PC should make a referral to a parenting coach or child guidance/parenting therapist. The PC may meet with the parents together or transmit information between them individually. With the assistance of the PC, the parents often will reach agreements on issues that they were not able to resolve together. The PC should draft the agreements quickly and send them to the parents for their review. A PC should follow the directives in his or her jurisdiction about filing the parents' agreements with the court. The PC should also keep good notes about discussions with each parent, and between the parents with third parties.

PCs Are Often Decision-makers

The PC's role may be to make decisions for the parents when they are at impasse. Due process is important in decision-making. Both parents should have an oppor-

tunity to provide information to the PC and to the other parent and have an opportunity to respond to the other parent's information. Individual PCs have different procedures for the decision-making phase of the PC process, but the PC must always inform the parents when he or she is ready to move into the decision-making phase and ask for any additional information that he or she will need to make the decision. The PC is not an evaluator, and the PC is not functioning in a forensic investigation role. The parents are responsible for providing the information to the PC, although they may release the PC to talk to third parties who have information about the issue, such as school teachers, therapists, etc.

All decisions should be in writing, including a rationale for each decision. The PC must not exceed his or her scope of authority or will risk having decisions repealed. In most jurisdictions, these decisions regarding the implementation of the court-ordered parenting plan are filed with the court for confirmation by the judge, converting the decisions into court orders that the parties must follow. PC's should know the statutory and local rule requirements in their individual jurisdiction for making decisions or arbitrating and must follow them to the letter.

The Court always retains authority to review the decisions made by a PC, but the standard of review varies from jurisdiction to jurisdiction. In some, the standard of review may be *de novo*; that is, when a parent objects to a PC's decision, the court has a brand new hearing on the issue in dispute. In other jurisdictions, the standard of review may be best interests, meaning whether the PC decision on its face seems to be or not be in the best interests of the child. Therefore, the individual PC must also be aware of the process and standard of review that a court would use to review his or her decisions if a party objects to a PC decision.

PCs May be Required to File Reports with the Court

Some jurisdictions may require periodic reports to the Court about the progress of the parenting coordination process, the compliance with agreements and decisions, and about any concerns that the PC may have. In other jurisdictions, no reports are filed, only agreements and decisions, and in others, nothing at all is filed with the Court. It is essential that the PC knows the rules of the jurisdiction in which he or she practices. The PC should have no *ex parte* communication with the judge.

PCs Work as a Team with Others in the Community to Provide Resources for the Family

Unlike other professionals who work with high conflict families, PCs have a unique opportunity to view the family as a system, even though the parents are divorced or separated. This holistic perspective allows the PC to see and hear about the interactions between all the family members and assess the need for intervention to address individual or joint issues of the parents and children. The PC, however, is not in a position to provide therapy, crisis counseling, treatment of any kind or evaluations; therefore, it is helpful for the PC to develop a network with other professionals to whom the family, parents, parent, or child, can be referred for services, if needed. This network can also serve as a support system for the PC, who may become stressed or “burned out” from the tension and pressure associated in dealing with these types of cases. The PC must be mindful of maintaining appropriate confidentiality and boundaries with other professionals with whom the PC both refers and seeks peer consultation. It is crucial that the PC’s network of professionals be financially independent from the PC’s practice and that the PC receive no financial benefit, or otherwise profit, from referrals facilitated, so that there is no appearance of a conflict of interest that could be perceived by the parents. During the parenting coordination process, a PC should not create a conflict of interest by providing any services to interested parties that are not directly related to the parenting coordination process.

Marketing the PC’s Practice

Just as in other professions, PCs may want to market their services in order to start or enhance their practices. Since this is a newer professional field, a PC may want to target other professions that deal with families in conflict and the court. It is helpful for the PC to educate his or her professional community regarding this alternative dispute resolution option and provide trainings for those professionals who could advise their clients that this option is available as a viable resource, such as attorneys, divorce and financial advisors, accountants, mediators, and mental health professionals. The PC might also want to schedule a meeting with the local family court coordinator, and if possible, the family court judiciary, and offer to

assist in the development of the program or provide trainings regarding high conflict families and the benefits of parenting coordination.

A PC should not engage in marketing practices that contain false or misleading information. Any advertisements regarding qualifications, services to be rendered, or the parenting coordination process should be accurate and honest. It is important that the PC does not make claims of achieving specific outcomes or promises implying favoritism for the purpose of obtaining business (FLAFCC PC Taskforce on Ethical Guidelines for Parenting Coordinators, 2006).

The Process of Parenting Coordination is Full of Minefields Containing Ethical Issues and Uncharted Territory

Although consensus exists regarding the general process of parenting coordination, there still remain vast differences in approaches, not just throughout North America, but even from circuit to circuit, judicial district to judicial district or county to county within the same state or province. A statute or rule can provide a legal governing framework, but the specific practices among professionals are diverse. The professional background and training of the PC will greatly influence the specific PC's method of conflict resolution. AFCC has attempted to assist PCs and parenting coordination programs through the development of the AFCC Guidelines, but challenges continue to exist. The process is being questioned from beginning to end, from the constitutionality of the appointment, to the term of the appointment, and the source of payment. It is important for the PC and the legal community to know the practices in his or her jurisdiction on a number of issues.

Consent Versus Non-consent Orders

The preferred method of referring parties to a PC is through stipulation, confirming their "buy-in" to using the process, compared to a mandatory Order directed without the consent of the parties. Many jurisdictions have tackled the question of consent by realizing that these high conflict parties have difficulty reaching agreement about many issues, let alone a process that may cost them time, energy and money. If the law permits, the judiciary may choose to order parenting coordination without consent of the parties as a protection for the children, similar to a

Guardian *ad Litem* or children’s legal representative. The PC needs to be aware of how the parties are ordered into the process, and that even if the parties initially stipulated to the process, one of the parties may withdraw consent later. These parties require continuous reinforcement by the PC and by the Court to reengage them in the process, no matter how they were initially referred.

To Develop or Implement the Parenting Plan

According to the AFCC Guidelines, a parenting plan should be in place before the PC is appointed. In many jurisdictions, however, an earlier appointment of a PC is seen as a preventative measure to deescalate conflict from the start before it is further exacerbated by the legal process. Again, the PC must be knowledgeable of the Order and the scope of his or her responsibility. In jurisdictions in which the PC can initiate a status conference with the judge, the PC might want to obtain further clarification of the Order if this becomes an issue.

Dual Roles and Maintaining Neutrality: After much discussion, the AFCC Task Force on Parenting Coordination reached consensus that “the PC shall not serve in dual sequential roles.” However, in some jurisdictions, a mediator or custody evaluator may proceed, though with great caution, into the role of the PC. In that situation, the PC can never become a mediator or custody evaluator for that family again (AFCC Task Force, 2005). Since a perception of conflict of interest may arise if the PC has been or is in another professional role with the parties – e.g. therapist, counsel – this circumstance should be avoided altogether. The PC’s neutrality is most protected if the PC role is the only role the professional exercises; however, this may not be practical in rural areas where there are not a plethora of professional fields to assist the family. While the ethical decision of the PC may be clear in this instance, the practical reality exerts continuous pressure on the professional.

Domestic Violence and PC

Debate continues about whether a PC should be appointed to a case in which domestic violence or abuse is alleged or has occurred. While some areas may predominantly assign PCs to high conflict cases without active domestic violence injunctions (such as Florida), there are areas (such as Vermont) where the PC pro-

gram is almost exclusively used for cases where domestic violence injunctions are active. In all cases, however, it is important that the PC screen initially and intermittently for domestic violence and abuse. If the PC assigned has not had sufficient training and experience with these types of cases, it is the responsibility of the PC to withdraw from the case. If the PC continues, safeguards must be implemented to ensure the safety of all parties involved as well as the PC.

Confidentiality

While the AFCC Guidelines define the process as non-confidential between the parties, the PC, and the court, there are jurisdictions (for example, in Texas and Colorado) where a statute upholds confidentiality between the PC and the court. The PC must be cognizant of the laws governing the process in her or his area, if any, and restrictions articulated in the Order. It is then up to the PC to explain the limits of confidentiality, if any, to the parties, or disclose that the process is not confidential. If the PC has previously served in the role of custody evaluator or mediator, any change in confidentiality requirements must be discussed fully, and may ultimately lead to the decision that moving into the PC role will create a conflict.

Affordability

The court should be aware of the parties' ability to pay the PC before ordering the process. The allocation of payment of PC fees should be articulated in the Order and then again in the PC Agreement with the parties, but there are times when a party cannot pay. If one or both of the parties cannot afford the PC, the PC should not begin the process until the issue of payment is resolved by the court. Payment may also become an issue well into the parenting coordination process. If one of the parties withholds payment, the PC should inform the court; it is not within the scope of the PC's authority to sanction the party, alter time-sharing arrangements, or deny access to the children due to lack of payment.

Due Process Issues

The Order of Appointment may grant the PC authority to make enforceable decisions within the scope of the order while still upholding due process of parties.

Although the court might find that the best interest of the children would be served by the appointment of a PC, the PC does not have a fundamental right to invade a parent's privacy. The scope of the PC's responsibilities and authority must be adhered to as delineated in the court Order, which is modeled according to law and statute governing parenting coordination (if there is one in place). In a model Order of Referral to a Parenting Coordinator developed by a Florida Supreme Court Workgroup, the authority of the PC is confined to "non-substantive" alterations of the parties' parenting plan as follows:

Non-substantive change is a modification to the Parenting Plan that does not:

- a. Significantly change the quantity or decrease the quality of time the child spends with each parent;
- b. Modify the designation of primary or secondary residential parent or rotating custody status established by the Parenting Plan;
- c. Modify the overall designation of shared or sole parental responsibility; or
- d. Modify or add any terms of supervised visitation.

(Report of the Parenting Coordination Workgroup Appointed by Florida Chief Justice Pariente, 2005.)

Risk Management/Grievance Process

A statute or rule governing parenting coordination may address a grievance process. Dealing with high conflict cases places the PC directly within the litigious firing line of the battling parents. In some states the PC may be shielded with quasi-judicial immunity (AFCC Task Force, 2003), in which no liability is incurred unless the PC is found to practice with actual malice. Most states, however, have no statute to offer this protection as yet. Accordingly, the PC should be aware of safeguards and risk management to avoid unnecessary complications.

PCs must be conscious of the ethical guidelines and grievance procedures inherent in the other professional roles that the PC may practice at other times. Since the role of the PC incorporates the various skills, training and education of different disciplines, the PC should operate under the standards that are most stringent. If any standards or expectations are conflicting, those pertaining specifically to PCs in their jurisdictions would apply. To further discriminate the prac-

tice of parenting coordination from any other professional role, the PC may wish to purchase professional liability insurance specifically for PCs, or at the very least check with their profession's insurance carrier and request an opinion regarding malpractice coverage for providing parenting coordination services. Additionally, an Order of Appointment stipulated by the parties will grant the PC more protection than one directed without the parties' consent; even a well-written order agreed upon by the parties, however, will not protect the PC from a dissatisfied or agitated parent who makes complaints to professional regulatory boards or withholds payment of fees. In those cases, the gatekeeper of the parenting coordination process is the judge who made the PC appointment. Unless or until licensing of parenting coordinators and/or regulatory boards exist as in other professions, PCs are accountable to the court, as well as to their professional regulatory board, for their actions.

BENEFITS AND FUTURE DIRECTION OF PARENTING COORDINATION

PCs provide a service to the public, the judiciary, and the highly litigious family court litigants in need of conflict resolution because their work is done outside of the courtroom (Firestone, Fieldstone, Starnes, 2003). Although there are not formally published studies that quantify the effectiveness of parenting coordination as yet, Terry Johnston, a psychologist and parenting coordinator from Santa Clara, California, reviewed the number of court appearances before and after the county implemented special masters who served as parenting coordinators for these cases. Dr. Johnston found that there was a 96% decrease in court appearances in one year when a parenting coordinator was appointed (AFCC PC Task Force, 2003). Even high conflict parties can learn to rely on the parenting coordinators and other professionals in their communities for assistance rather than combating in the courtroom arena.

Parenting Coordination Benefits Clients

Legal custody and parenting time are typically delineated in the marital settlement or separation agreement; however, the details of these arrangements and the way

they are to be carried out are often left ambiguous (Bacher, Fieldstone, Jonasz, 2005). Non-specific agreements will likely increase the potential for discord with high conflict parents and may lead to communication and decision making impasses and further litigation. Parenting coordination affords the parties a less adversarial option to clarify their parenting plans, enhance their co-parenting process, and regain focus on the children rather than on their anger toward each other. Parents can save time and money on attorneys and court motions that can more appropriately be used for their children. Furthermore, when the level of tension is reduced for the parents, the children's exposure to stress is lessened. Research is clear that children who are exposed to ongoing conflict between their parents are at risk for short-term and long-term emotional and behavioral problems (Grych, 2006). The bottom line is that when conflict is reduced and the parties learn to negotiate in less adversarial ways, the children are the direct beneficiaries of the parenting coordination process.

Parenting Coordination Benefits Lawyers

The lawyers of clients who are caught in high-conflict post-divorce issues benefit from having a parenting coordinator involved. Ideally the lawyers have helped to draft the stipulations regarding working with a parenting coordinator and have helped select professionals that they respect and with whom they can work well. The high-conflict client often has ongoing, frequent issues with parenting time schedules, lack of compliance by the other parent, communication problems with the other parent, etc., that are difficult for a lawyer to handle easily and quickly, and almost impossible to handle through litigation. The client takes an inordinate amount of the lawyer's time with these parenting issues, since the lawyer is required, at a minimum, to listen to the client describe the problem (or hear about it from the lawyer's legal assistant), to review the file, to telephone or write the opposing attorney, to respond to the client about what the lawyer learned from opposing counsel, etc. A relatively minor issue can take a great deal of a lawyer's time to resolve; many times the issue is a "he said/she said" issue with no clear resolution. Lawyers may begin to avoid the "high-conflict" client because of the difficulty of resolving the client's conflicts since both parents are entrenched in their positions and litigating these issues seems a waste of the court's resources.

The appointment of the PC allows the lawyer to remind his client to call the PC to discuss and potentially resolve the issue; the lawyer can then remain available to handle issues for his client that are outside of the scope of authority of the PC.

Parenting Coordination Benefits the Court/Judiciary

Parenting coordination simultaneously developed in jurisdictions throughout North America as a direct result of the need for an innovative, more effective option for parents involved in high-conflict court situations. Due to budget limitations, courts have grown increasingly dependent upon the community for assistance. Parenting coordination directly assists the judiciary with burgeoning case-loads, less available resources and fewer on-site services. Since PCs address the non-legal child-related issues of the parents, the legal aspects of the case can proceed more expeditiously through the process. With a PC appointed to assist the parties, the judge can focus on areas for which he or she was educated, rather than child development and parental communication issues that are often beyond the judge's training. PCs can assist these litigants with their child-related, non-legal issues on an expedited basis, saving the court the added expense of re-litigated matters. Furthermore, cases that are assigned parenting coordinators are not clogging up the dockets, giving judges the opportunity to see other cases with more appropriate legal issues to settle.

Future Direction of Parenting Coordination

Since parenting coordination is such a new alternative dispute resolution option, it is not surprising that there are improvements needed to ensure the best possible intervention for the parties and the court.

A need exists for more experienced and highly trained professionals since parenting coordination is a relatively new field dealing with highly litigious and high conflict cases, and there is generally a lack of regulation regarding the process. Furthermore, the diversity of professionals is essential since there is such diversity in the nature and background of these high conflict litigants. More well-established court programs and initiatives, with clearly defined procedures and standardized forms, would better protect the parties from PCs who may be unsure of

their scope of authority. As the professional field grows, as more judicial precedence is established, and as more literature is available, parties will have a greater opportunity to learn about parenting coordination and make the best choices as to the designation of their PCs.

Many jurisdictions in which parenting coordination is beginning claim difficulty getting the attorneys to buy-in to a process that they do not fully comprehend, and to the benefits to them personally and to their clients. In order to address their concerns, a “Parenting Coordination Training for Attorneys” could be presented, with local PCs and the judiciary invited to network together to build a greater understanding. Until the parenting coordination process is seen as a reasonable dispute alternative, rather than a competing force, it may be difficult for attorneys to accept the process.

The process and practices of parenting coordination need general consensus in order to garner widespread legal support and promote the development of statutes or rules with legal protections for PCs. It is important to have more standardized procedures in the court and for the grievance process to be adequately addressed in each county or judicial district. In addition to a grievance procedure in the Family Court, PCs are subject to the ethical guidelines of their professional organization. California’s state licensing board for psychologists has adopted a procedure that they will not review a PC’s (or Special Master’s) work until the complaint has been reviewed by the Court (Sullivan, 2004). Professional liability is of great concern to PCs, especially where there is no statutory quasi-judicial immunity. Parenting coordination is an emerging profession without the inherent distinction of more established fields, such as mediation. In states where parenting coordination is more established, it is possible to obtain specific insurance coverage, rather than a rider from the provider for another professional occupation. Complete Equity Markets, Inc. provides insurance for parenting coordinators (www.cemins.com). The more extensively that the parenting coordination process is standardized throughout a jurisdiction, the greater the protection for the PC.

The use of parenting coordinators in high conflict cases continues to spread through jurisdictions and provinces in North America and beyond. In jurisdictions that have utilized the professional role for a longer period, the judiciary are finding parenting coordination useful in more types of cases. In the 11th Judicial Circuit in Miami-Dade County, Florida, PCs are being appointed to crossover cases

(where there is an open case in two or more domestic relations divisions, such as family, domestic violence and dependency) with promising success. In these cases the PC is working with more than one set of parent partners. For example, it is not unusual in those cases to have one mother and one father, each of their new partners, and other "ex" partners at the table in order to reduce unproductive alliances and assist them in coordinating sibling time between all of their children (Karlán, S., Fieldstone, L., 2007). Along with the 12th Circuit in Florida, cases are also being referred for parenting coordination when there is temporary placement of the children with someone other than the parents, and for situations where there are same sex couples. As the field develops it is likely that other jurisdictions will find additional uses for PCs that show success in reducing children's exposure to family conflict.

FUNDING/PC COMPENSATION ISSUES

The PC may be hired privately by the parties, sub-contracted by the jurisdiction, or included as a component of services that the court provides. In some jurisdictions the PC is paid per hour and in other jurisdictions the PC is paid per case. No matter the origination of the PC, the Order will usually address the responsibility for the PC's compensation, most often assigning each party an equal responsibility for fee payment with the court, or in some cases the PC, reserving jurisdiction to reallocate when appropriate. The PC may wish to make certain that the Order contains language that the payment is enforceable by contempt proceedings (Bacher, Fieldstone, Jonasz, 2005).

Court Programs

The question of equitable access is an issue for families who do not have an ability to pay for the process. There are some jurisdictions that include parenting coordinators as part of their response team to high conflict families (e.g., District of Columbia, Miami-Dade County) (APA Monitor, 2005). PC court programs exist under the assumption that there will be a cost savings to the court in the long-run through the resulting decrease in court resources needed to assist those families. Funding for court-related PC programs typically comes from grants, county budg-

et allocations, the utilization of existing court staff, or fees collected directly from the parties (Firestone, Fieldstone, Starnes, 2003). In some counties or judicial districts, indigent parties pay no fees, increasing the access to parenting coordination on a more equitable basis. Although the court typically appoints private providers as PCs, a need exists to integrate parenting coordination within the court's case management/service delivery system, at least for indigent litigants (AFCC PC Task Force, 2003). A benefit of a court-run program is that the interface between the PC and the Court can be maintained easily, with procedures structured to support the PC process and the Court. Court programs make it easier to obtain the buy-in from the judges and attorneys and add credibility to the role. Additionally, it is easier to develop standardized forms, since judiciary and the court's legal staff are more readily available.

Drawbacks to court programs are waiting lists and potential financial and programmatic insecurity. The court may not be able to employ the number of PCs needed for the number of indigent litigants requiring this kind of attention. Moreover, court and government-related programs can be reduced or eliminated at the hands of financial administrators, commissioners or legislators who do not understand the financial benefits of PCs in the long run. Courts must continue to address the issue of affordability or this valuable option of dispute resolution will be available only for the "have's" who come before the court.

Sub-contractors

PCs may also be sub-contracted by the Court, where there is a contract between the court and the PC requiring that certain services be provided. In these cases the fee for service is established either by hour or by case and either full fee or sliding scale. When the PC is contracted per case, compensation may be by a flat rate determining how many sessions are available or for how much time the PC is utilized.

Private Providers

With greater budget limitations placed upon the court, it may be difficult to obtain the funding for in-house or sub-contracted PC services. It is more likely

that the program will consist of a manager or coordinator who will obtain the Order and refer the parties to private providers, or that judges themselves will facilitate the referral.

Private PC providers tend to cost more, but are more inclusive in terms of services provided, with fees ranging from \$75 to \$350 per hour (Firestone, Fieldstone, Starnes, 2003). Many private providers utilize retainers to guarantee their fees for services delivered. Although the wealthier parties may have no issue with payment, and the indigent parties may receive free service or government subsidy, the middle class parties, who may already be paying their attorneys, therapists, custody evaluators, etc., may have the most serious financial issues concerning affordability. In some areas PCs will work with sliding scale fees or handle a case *pro bono* once a certain number of full paying referrals have been received. The judiciary must be acutely aware of the financial pressures faced by litigants and their true ability to pay for PC services, with the greatest justification for the PC process being the potential savings of attorneys' fees and court costs.

CONCLUSION

After divorce, most parents are able to put aside their disappointment and anger about their failed marriage and establish an effective co-parenting relationship. However, parents who remain in chronically high conflict after their divorce, are unable to reach agreements about or shield their children from their discord (Maccoby & Mnookin, 1992), and use untold personal resources to continue to litigate in court and draw heavily on the Court's time and money. Parenting coordinators with appropriate training can have a significant impact on reducing the conflict between the parents by helping them to resolve conflicts on day-to-day decisions as well as any other child-related issue and make timely, detailed, specific decisions when they cannot agree. The goals of the parenting coordination process are resolving conflict, focusing on the needs and best interests of the children, promoting healthy parent-child relationships, and teaching parents communication and conflict management skills so that eventually they can negotiate issues on their own.

Parenting coordination is an emerging model that is part of the continuum of services for separated or divorced parents. The process is most effective for those

parents who remain in moderate to severe conflict after their divorce. Throughout the United States and Canada PCs are used to help the courts manage and assist this group of families. However, most states have no legal statute that addresses the role and functioning of the PC. The AFCC Guidelines for Parenting Coordination (2005) provide the much-needed guidelines for practice and role definition. To further understand the role, there is a need for research on the effectiveness of parenting coordinators in reducing conflict and freeing up the court's resources, and about the kinds of families that best respond to parenting coordination. The limited research available speaks to the effectiveness of parenting coordination, and PC's and the courts have received many testimonials from the families and courts who have been helped by this process.

Adults whose parents have divorced and were in high conflict are consistent in articulating three important themes that they experienced as children: they wanted their needs to be considered; they wanted flexibility in their parents' arrangements; and they wanted their parents to communicate and stop fighting (Ahrons, 2004; Walker, et.al, 2004). Their very strong and unequivocal recommendations often speak to the fact that many divorced and separated parents are ill-prepared to deal with parenting post-divorce, and often require special interventions to help them promote relationships with their children and redesign the post-separation dual household relationship. If professionals are to truly learn from these stories, some twenty years after parents' divorces, the parenting coordinator may be the most innovative and successful role that the courts can add to its arsenal of tools to manage the resources of the court and family, protect the children from destructive conflict between their parents, and help parents maintain their focus on good enough parenting.

APPENDICES

To access this chapter's appendices, go to:

http://www.afcnet.org/resources/resources_professionals.asp

Appendix 1: Parenting Coordination Brochure

Appendix 2: FCS PC Intake Screening Form

Appendix 3: FCS Order of Referral

- Appendix 4: PC Administrative Order
- Appendix 5: PC Motion for Discharge
- Appendix 6: Sample Introductory Letter
- Appendix 7: Parenting Coordinator and Decision-Maker Agreement
- Appendix 8: Screening for Domestic Violence
- Appendix 9: Parenting Plan Checklist
- Appendix 10: Decision of Parenting Coordinator

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Robin M. Deutsch is a psychologist at the Massachusetts General Hospital. She is the Director of Forensic Services of the Children and the Law Program of the Department of Psychiatry at MGH and an Assistant Clinical Professor of Psychology at Harvard Medical School. She has a private practice in Wellesley where she offers therapeutic, mediation, and parenting coordination services. She has co-authored published articles and chapters on issues related to parenting and divorce, and is the co-author of *7 Things Your Teenager Won't Tell You: And How to Talk About Them Anyway*. Dr. Deutsch is President of the Association of Family and Conciliation Courts (AFCC) 2008-2009, served on the AFCC Task Force that developed Parenting Coordinator Guidelines and is currently serving on the APA Task Force to develop Parenting Coordinator Guidelines.

Dr. Leslie Drozd is a clinical and forensic psychologist in independent practice in Newport Beach, California, and she is the editor of the peer-reviewed, multidisciplinary international *Journal of Child Custody*. Her areas of expertise are child custody, family violence, and substance abuse. She has spoken at numerous national and international conferences, including AFCC, at universities, including Harvard University, University of California, California School of Professional Psychology, and at state and local psychological associations. Dr. Drozd is on the AFCC Task Force that has written the current AFCC *Model Standards of Practice for Child Custody Evaluation*. She is the co-author or author of several important books, book chapters, and professional articles. She is a past president of the Orange County Psychological Association and has been honored by that organization with its highest reward, the Orange Psi Award for outstanding contributions to the field of psychology.

Linda Fieldstone, M.Ed. is Supervisor of Family Court Services of the 11th Judicial Circuit in Miami-Dade County Florida and a Florida Supreme Court Certified Family Mediator. She has worked with high-conflict families since 1990 within the court system as a parenting coordinator and is instrumental for the development of the parenting coordination program for the circuit. Ms. Fieldstone has provided numerous trainings regarding intervention with high conflict families and parenting coordination throughout the state and nationally. She served on the AFCC Task Force to develop *Guidelines for Parenting Coordination* and on two Florida Supreme Court committees on the subject. She is Past President of the Florida Chapter of the Association of Family and Conciliation Courts (AFCC) and serves on the Board of Directors of AFCC.

Rhonda Freeman, MSW, RSW, is the founding manager of Families in Transition (FIT), a department of the Family Service Association of Toronto. FIT has provided specialized services that help children adjust to parental separation, divorce, and remarriage since 1984. Ms. Freeman was the Principal Investigator of two major Canadian research studies investigating how parental divorce affects children and ways of supporting them to cope with the challenges of transition. At the request of the Department of Justice, in the summer of 2001 Ms. Freeman was involved in the Youth Consultation meetings on the Divorce Act. She has held research and clinical positions in juvenile probation and aftercare, marriage and family counselling, group therapy, and child development in Canada and the United Kingdom.

Dr. Donald A. Gordon is an Emeritus Professor of Psychology at Ohio University, and a child and family clinical psychologist by training. After his internship in child psychology, he served as Chief of Psychology Service in an Army hospital for two years. He has treated families privately during his career, and consults with organizations serving children and families, including juvenile courts. Dr. Gordon has developed or modified three parent or family interventions that are used nationally and internationally: Functional Family Therapy, the *Children In The Middle* program for divorcing families, and the *Parenting Wisely* CD-ROM program. He has published over 50 research articles in scientific journals, and has received numerous state, federal, international, and private foundation grants.

For over a decade, **Elena Hobbs-Minor, MA**, has consulted with over 50 Northern California law firms on custody evaluation, mediation, and parenting plans, alternatives to court, helping children through high conflict divorces, and managing negotiations and conflict resolution. She has presented these topics to Bar Associations, attorney groups, and Mental Health organizations throughout the U.S., on AFCC panels, and through the University of California extension classes. She is a member of the American Counseling Association, the Association of Family and Conciliation Courts, and the Association for Conflict Resolution. She is trilingual in English, Spanish, and Russian.

Dr. Nancy Williams Olesen graduated in psychology from the University of Wisconsin, Madison and earned her Ph.D. degree from the University of North Carolina, Chapel Hill. She has worked in private practice for more than twenty years, with a particular emphasis on child

abuse and neglect, custody and access disputes and the interface between clinical and forensic psychology. She has taught undergraduate and graduate level courses in clinical psychology and numerous professional workshops for professionals, both nationally and internationally. Dr. Olesen has been involved in research regarding psychological testing in custody evaluations and regarding families undergoing custody evaluation. She has co-written articles and taught professional workshops about the analysis of child alienation and family abuse.

Gary Robbins, M.S., an MFT Intern is currently completing his Doctorate in Marriage and Family Therapy at Loma Linda University. He has worked directly with divorced parents and families through the Parenting Apart program, a version of *Children in the Middle* and *After the Storm* programs, for over two years, as well as working to evaluate the program and continue to increase its effectiveness. Mr. Robbins is the lead facilitator for the Parenting Apart classes and is responsible for training new facilitators and staff. He enjoys working with divorced parents and helping create a safer and healthier environment for their children.

Matthew J. Sullivan, Ph.D. is a clinical psychologist in private practice in Palo Alto, California, who specializes in forensic child and family psychology. He has served in numerous court appointed roles – custody evaluator, mediator, special master consultant – in the courts and provides expert testimony in custody situations in jurisdictions across the country. He has written articles, presented and facilitated trainings at numerous national and international venues on topics such as high-conflict divorce, parenting coordination and child alienation. He is currently serving on the editorial board of the *Journal of Child Custody* and the Association of Family and Conciliation Courts Task Force on Parenting Coordination.

Dr. Elizabeth S. Thayer, Ph.D. is a co-founder of Beacon Behavioral Services, LLC and the PEACE program (Parents Equally Allied to Co-Parent Effectively). She received her Ph.D. from the University of Rhode Island (1978). Dr. Thayer is co-author of *The Co-Parenting Survival Guide: Letting Go of Conflict After a Difficult Divorce* and *Adult Children of Divorce: How to Overcome the Legacy of Your Parents' Break-up and Enjoy Love, Trust, and Intimacy*. In 2004 Dr. Thayer received the Distinguished Contribution to the Practice of Psychology award from the Connecticut Psychological Association for her work with high-conflict families of divorce.

Dr. Jeffery Zimmerman, Ph.D. is a co-founder of Beacon Behavioral Services, LLC and the PEACE program (Parents Equally Allied to Co-Parent Effectively). He is co-author of *The Co-Parenting Survival Guide: Letting Go of Conflict After a Difficult Divorce* and *Adult Children of Divorce: How to Overcome the Legacy of Your Parents' Break-up and Enjoy Love, Trust, and Intimacy*. In 2004 Dr. Zimmerman received the Distinguished Contribution to the Practice of Psychology award from the Connecticut Psychological Association for his work with high-conflict families of divorce. Dr. Zimmerman received his doctorate in Clinical Psychology from the University of Mississippi (1980).



**ASSOCIATION OF FAMILY
AND CONCILIATION COURTS**

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Appendix 1: Domestic Violence Child Custody Protocol¹

DVCC Protocol

High conflict issues including domestic violence allegations are present in a significant number of contested divorce cases. The DVCC (Domestic Violence in Child Custody) protocol is a series of questions designed to guide the interviewer in assessing for the various aspects of how partners handle conflict, including domestic violence. The protocol is not a test and no definitive findings of abuse can come from the use of this protocol, but it certainly is a beginning step in asking questions that can assist the trier of fact in determining whether domestic violence – physical, emotional, and/or sexual – is present in a given case.

The protocol that follows is to be used by a licensed mental health professional – either with the professional asking the questions in an interview setting or to be filled out by the client in the therapist’s office. If an attorney chooses to use this protocol, that is, someone who is not a licensed mental health professional, it is strongly advised that the attorney make sure that the client has some therapeutic support during the time that this protocol is filled out. Again, the directions now delineated are designed for the client to fill out in the mental health professional’s office or as questions for the professional to ask the client.

The questions for this protocol come from a review of the literature on the correlations between domestic violence and particular items. Jacqueline Campbell (2006) has conducted numerous valuable studies that show correlations from which many of these questions have been designed. The American Bar Association (2004) has set forth a series of questions to help screen for abuse – emotional, physical and sexual abuse as well as threats. Ideas for questions were also incorporated in this protocol from the DOVE (Ellis and Stuckless, 2006).

¹ Leslie M. Drozd, Ph.D. (lesliedrozd@gmail.com). This protocol was published in the *Journal of Child Custody* 4(3 &4) 2007.

The questions that follow are broken down into several categories:

- General Questions. Numbers 1-10.
- Emotional Abuse. Numbers 11-30.
- Confinement and Control Issues. Numbers 31-52.
- Threats of Physical Violence: Numbers 53-67.
- Physical Violence: Numbers 68-85.
- Sexual Assault: Numbers 86-98.
- General Questions Specific to Abuse: Numbers 99-151.

This measure is a combination of these sets of questions and adapted to be applicable to child custody. No one, or even any given number of items in combination confirms a finding of domestic violence. This protocol is, though, a guide to the information that will be helpful in determining whether and if the father or the mother has perpetrated any kind of abuse on the other, and/or if the abuse was mutual.

Instructions. In your case there have been some questions raised about how you and your partner/former partner have or do resolve issues, in other words, how you deal with conflict. Please fill out the following questionnaire in detail. You might want to type your answers on separate paper. Be very thorough and absolutely honest. Please provide documentation for the points you have made. If anyone can corroborate anything you have said, please let me know in order that I might send him or her a collateral report to fill out. If anyone has written a declaration, please provide a copy of that as well as all medical and police reports and court records to date. Also, I need you to provide any and all corroborative data to back up any allegations that you make at the same time that you provide this answers to this form. If you are choosing to answer the questions via your computer, you have two choices: 1. You can ask for a computer-ready DVCC set of questions in order that you might type your answers in. 2. You can simply use the space needed to answer the questions on page 1 to the top of page 4, and then you can expand the text boxes for the questions on pages 4-6 in the section titled, *List of Incidents Form*, cut and past the questions into the first box and answer in the two other boxes – one set of answers in regards to what you have done and the other in terms of what your partner has done. Thank you. It is critical that you provide as much substantiation as possible for your answers.

DVCC

Questions	Yes	No	Describe What & When
<p>1. How did/do you and your partner resolve differences?</p> <p>2. What happens when you and your partner argue? Describe what each of you does when you get angry?</p> <p>3. Are or were you and your partner isolated from others? From friends? From family? If so, please describe.</p> <p>4. Who controls what in the relationship? (money, chores, children, social calendar, major decisions, etc.)?</p> <p>5. Are there “trigger events” that trigger fights or disagreements between you and your partner, and if so, what are they?</p> <p>6. Can you and/or your partner tell when the other is about to get angry?</p> <p>7. What does each of you do to resolve a fight?</p> <p>8. What happens when a fight goes wrong?</p> <p>9. Who has or had power in the relationship?</p> <p>10. Do the two of you get in power struggles? If so, over what?</p>			

Questions.	Yes	No	Describe What & When
<p>HAS YOUR PARTNER EVER:</p> <p>11. Called you a name or made fun of you</p> <p>12. Ignored you</p> <p>13. Told you that you were a bad parent</p> <p>14. Refused to do housework or childcare</p> <p>15. Made you ask permission to use personal property</p> <p>16. Accused you of paying too much attention to someone or something else</p> <p>17. Made you beg for forgiveness</p> <p>18. Demanded to be waited upon</p> <p>19. Intimidated you through his tone of voice</p> <p>20. Gave you angry looks or stares</p> <p>21. Put down your family or friends</p> <p>22. Put down your physical appearance</p> <p>23. Tried to change your physical appearance</p> <p>24. Not taken advantage of your strengths or accomplishments</p> <p>25. Told you that no one else would want you</p> <p>26. Accused you of cheating on the relationship</p>			

Questions	Yes	No	Describe What & When
27. Harassed you for information on past relationships			
28. Put down or yelled at your children in front of you			
29. Threatened to physically take your children away			
30. Threatened to make you lose custody of the children			
31. Bodily confined or held you against your will			
32. Prevented you from leaving a room or your home			
33. Stopped you from going to school or work			
34. Prevented you from seeing your family or friends			
35. Denied you the right to receive health care			
36. Prevented you from taking any medications			
37. Listened to your phone calls			
38. Disabled your telephone			
39. Opened your mail			
40. Had you followed			

Questions	Yes	No	Describe What & When
41. Checked the mileage on your car			
42. Taken away your keys			
43. Phoned you repeatedly at work			
44. Got you fired from work			
45. Controlled your food intake			
46. Put you on a monetary allowance			
47. Made you ask or beg for money			
48. Made you explain how money was spent			
49. Got angry if you were late getting home			
50. Made you explain your whereabouts at all times			
51. Insisted on having the final say in all decisions			
52. Made you use drugs or alcohol against your will			
53. Threatened to hit you			
54. Threatened to throw objects at you			
55. Threatened to use a weapon against YOU			
56. Threatened to kill you			
57. Thrown or smashed objects in your presence			
58. Destroyed your personal property			

Question.	Yes	No	Describe What & When
59. Hit walls or pounded his/her fist when angry at you			
60. Driven carelessly when you were in the car			
61. Abused family pets to hurt you			
62. Punished your children when he/she was angry at you			
63. Threatened to harm or kill your family and/or friends			
64. Threatened to harm or kill your children			
65. Threatened to harm or kill himself/herself			
66. Hurt or mutilated himself/herself to scare you			
67. Tried to run you over with a vehicle			
68. Slapped you			
69. Pushed or shoved you			
70. Thrown you around (into walls, furniture, onto floor)			
71. Hit you with an open hand			
72. Hit you with a fist			
73. Hit you with and object			
74. Scratched you			
75. Pinched you			
76. Pulled your hair			

Question	Yes	No	Describe What & When
<p>77. Grabbed you</p> <p>78. Spit on you</p> <p>79. Bit you</p> <p>80. Kicked you</p> <p>81. Burned you</p> <p>82. Injured you by holding or squeezing you too tightly</p> <p>83. Choked or tried to strangle you</p> <p>84. Used a weapon against you (stabbed, shot, etc.)</p> <p>85. Hit you or run you over with a vehicle</p> <p>86. Physically hurt you when you were pregnant</p> <p>87. Physically hurt you while he/she was under influence of alcohol or drugs</p> <p>88. Called you negative sexual names like "frigid" or "whore"</p> <p>89. Forced or pressured you to participate in sex with him against your will</p> <p>90. Pressured you to participate in a sexual activity that hurt you</p> <p>91. Pressured you to participate in a sexual activity that you feel ashamed of</p>			

Question	Yes	No	Describe What & When
92. Forced you to have sex in the presence of others			
93. Used threatening objects or weapons during sex			
94. Prevented you from using birth control			
95. Lied about his/her use of birth control			
96. Withheld information about whether he/she had been exposed to a sexually transmitted disease or HIV			
97. Physically attacked the sexual parts of your partner (breasts or genitalia)			
98. Pressured you to get pregnant against your will			
99. Are there any weapons in the home?			
100. Do you or your partner have access to any weapons?			
101. Have you or your partner been non-compliant with any court orders? Been arrested for anything? Not honored any Restraining Orders?			
102. Have either of you ever or do you now have a problem with any substance? Used? Misused? Abused? Ever been dependent upon any substance?			

Question	Yes	No	Describe What & When
<p>103.. Have either you or your partner been involved in any maltreatment of animals?</p> <p>104. Have either you or your partner been involved in any fire setting?</p> <p>If yes, please describe what and when.</p> <p>105. Did either of you “act out” as a child or adolescent?</p> <p>106. Have you or your partner ever threatened or attempted to commit suicide?</p> <p>107. Have you or your partner had any psychiatric history (especially manic and psychotic features) for you and/or your partner?</p> <p>108. Have either you or your partner taken medication for mental health problems (e.g. depression)?</p> <p>109. Have you or your partner been violent with/to children in the past?</p> <p>110. Do you have a child that does not belong to your partner? If so, does s/he physically or emotionally abuse your child?</p> <p>111. Have either you or your partner used pornography?</p>			

Question	Yes	No	Describe What & When
<p>112. Have you or your partner been involved in “forced sex” either as the perpetrator or as the victim?</p>			
<p>113. Have you or your partner been involved in control of the other through the children?</p>			
<p>114. Has your partner had a history of probation failures?</p>			
<p>115. Has your partner had a criminal history?</p>			
<p>116. Have you ever called the police because your partner assaulted you? Was s/he arrested or did s/he avoid arrest?</p>			
<p>117. Have you ever left home because you were assaulted or emotionally abused by your partner?</p>			
<p>118. Do you believe your partner is capable of killing you? Your children?</p>			
<p>119. Does your partner threaten to harm your children?</p>			
<p>120. Has you partner ever assaulted or abused you in the presence of your children?</p>			
<p>121. Have you felt controlled in this relationship?</p>			
<p>122. Have you felt oppressed in this</p>			

Question	Yes	No	Describe What & When
<p>relationship?</p> <p>123. Have you experienced fear in this relationship that is, have you been scared?</p> <p>124. Have you felt isolated in this relationship?</p> <p>125. Have you felt hopeless at times?</p> <p>126. Have you felt helpless at times?</p> <p>127. Please describe the conflict between the two of you as the relationship was coming to an end, at the time of separation, and since the separation.</p> <p>The following questions are to be answered if you consider that which has happened in your relationship to be abuse.</p> <p>128. How would you define abuse?</p> <p>129. Do you consider yourself to have been abused by your partner? YES NO If yes, please describe those things that you consider to have been abusive.</p> <p>If the answer is "NO" to Question 117, the questions end here. If, though, your answer to this question is "YES," please answer the following questions:</p> <p>130. Please make a calendar of the abuse that</p>			

Question	Yes	No	Describe What and When
<p>includes all of the incidents of abuse that are delineated above listed on that calendar. If you do not know specific dates, please estimate those dates and designate the estimates by placing an “e” for estimate in parentheses next to date that is estimated. For example, if you don’ quite remember when you were slapped, yet you know that it was in the fall of 2008, please indicate that as “Fall 2008 (e).”</p> <p>131. Describe the first, worst, and last incident of abuse in detail.</p> <p>132. Was there one single incident of abuse? or many?</p> <p>133. Would you describe the abuse as chronic, intermittent and/or reactionary?</p> <p>134. Did the abuse occur mainly around the time of the separation in the relationship?</p> <p>135 Is there a pattern of abuse that was prevalent before the separation? Or was the abuse prevalent at and about the time of the separation? Or has the abuse been prevalent only since the time of the separation?</p>			

Question	Yes	No	Describe What and When
<p>136. Was there is a pattern or are the incidents solitary ones?</p> <p>137. Do you believe that your partner has been chronically violent?</p> <p>138. Has the frequency increased? When? Is it over past year?</p> <p>139. Has the severity increased? When? Is it over the past year?</p> <p>140. Has your partner been violent in any of the ways described in this questionnaire in previous relationships and if so, when, how, and with whom?</p> <p>141. What was the age of your partner the first time that you know that he was violent in any of the ways described in this questionnaire whether that was in a relationship with you or someone else?</p> <p>142. Has your partner had any kind of treatment for violence? If yes, please describe and indicate whether or not the treatment was successful.</p> <p>143. Does your partner blame you for the acts of abuse that you have described in this</p>			

Question	Yes	No	Describe What and When
<p>questionnaire and/or does your partner focus on you, rather than on themselves, in terms of who is responsible for the problems in your relationship?</p> <p>144. Does your partner deny having done any or all of the things that you have described in this questionnaire? If yes, please describe that which is denied and that which your partner admits to having done.</p> <p>145. Does your partner acknowledge the violence? And if so, please describe.</p> <p>146. Does your partner have guilt and remorse for what they have done?</p> <p>147. Does your partner seem to understand and appreciate the impact that the violent acts have had on you? On the child(ren)?</p> <p>148. Does your partner have empathy for effects of the violence on you? On the children?</p> <p>149. Does your partner take responsibility for his/her behavior?</p> <p>150. Is your partner aware of your child(ren)'s needs in a way that is appropriate to the age</p>			

Question	Yes	No	Describe What and When
<p>that your child is? Is your partner aware of how the abuse has served to maintain control in the relationship?</p> <p>151. Has your partner followed through in the things that they have promised to change -- in a proactive manner? Have the things that they have followed through with been concrete and noticed by you?</p> <p><u>Back-up Information.</u> Please provide any of the following that you have to back up what you are saying from any of the following that are applicable: court records, police reports, medical records, child abuse reports, witnesses (including the child(ren) to any of the acts of the violence.).</p>			

Appendix 2: Alienation Child Custody Questionnaire¹
ACC

1. When your child is upset, what does he/she do to get comfort?
2. When your child is present during a disagreement or fight between you and the other parent, what does he/she do?
3. At the time of a custodial transition, when your child is coming to you, what does he/she do?
4. At the time of a custodial transition, when your child is going to the other parent, what does he/she do?
5. Within the first hours after transitioning to your care, how does your child behave?
6. During the first two days after transitioning to your care, are there changes in your child's behavior?
7. When telephone calls to your child, during your custodial time, are initiated by the other parent, what does your child do?
8. When you telephone your child while he/she is with the other parent, what does your child do?
9. When told of an upcoming transition to the care of the other parent, what does your child do?
10. When both parents are present at an event, such as a school event, what does your child do?
11. At the time of a custodial transition, when your child is coming to you, what does the other parent say or do?
12. At the time of a custodial transition, when your child is coming to you, what do you say or do?
13. At the time of a custodial transition, when your child is going to the other parent, what does the other parent do?
14. At the time of a custodial transition, when your child is going to the other parent, what do you do?
15. When the child is with you and asks to talk to or to see the other parent, what do you do?

¹ Olesen, N. & Drozd, L. (2007).

16. When the child is with you and the other parent calls, what do you do?
17. When the child is with the other parent and you call to talk to the child what does the other parent do? What does the child do?
18. Describe your child's relationship to your extended family members?
19. Describe your child's relationship to the other parent's extended family members?

Appendix A: Intake Form

INTAKE

Date: _____ Court Case Number: _____

Are you court referred? Yes No Returning Court date: _____

Referred by: _____ Advanced Payment Discussed Yes No

Parent Name: _____

Address: _____

City State Zip

Phone: _____

Gender: Male Female Age: _____

The ethnic group with whom I most identify: African-American Asian Caucasian

Hispanic/Latino Native American Bi-racial Other Decline to state

The approximate annual income of my household is:

Less than \$10,000 \$10,000-\$19,999 \$20,000-\$24,999 \$25,000-\$29,999 \$30,000-\$39,999
\$40,000-\$49,999 \$50,000-\$59,999 \$60,000 and above

The other parent and I were married: Yes No Date (month/year):_____/_____

If **no**, then the other parent and I lived together: Yes No Date (month/year):_____/_____

If **no**, when did your relationship with the other parent begin? Date
(month/year):_____/_____

Date of Separation/Divorce (month/year): ____/____

Other Parent

Name:_____ Age:_____ Phone #: (____)____-

Ethnicity: African-American Asian Caucasian Hispanic/Latino

Native American Bi-racial Other Decline to state

Children

Names, Ages, and Gender:

1) _____ Age: _____ Male Female

2) _____ Age: _____ Male Female

3) _____ Age: _____ Male Female

4) _____ Age: _____ Male Female

5) _____ Age: _____ Male Female

6) _____ Age: _____ Male Female

Alternative Contact Numbers

Cell: _____ Pager: _____

Family Member: _____ Phone number: _____

Friend: _____ Phone number: _____

-----Office Use Only-----

Fee policy explained & client advised cash pay only on 1st and 3rd sessions. Yes No

Client informed that **no** children are allowed at the class. Yes No

Client informed they are **not to attend the same class** as the other parent. Yes No

Client informed if they miss the **first session**, must re-register for next class. Yes No

Group **Location**: _____ **Date**: _____

Screening call to client within one week. Yes No

Call by _____

Case ID # _____

Appendix B: Phone Screening

Phone Screening Interview

Name: _____ Client Case #: _____

Phone Screening Interview

Yes No

During the past month, have you felt particularly down, depressed, or hopeless?

Have you ever had thoughts about or hurting yourself? How recently?

In your relationship/family were you aware of any emotional abuse directed to either parent or children?

Was there any physical violence in the relationship with your child's other parent?

Do you ever get so out of control that you become physically violent?

During the past 6 months, have you begun or increased the use of alcohol or drugs?

Have you ever been referred to a domestic violence or anger management group?

Have you ever been referred to drug or alcohol treatment?

Have you ever been in trouble with the law? If yes, could you briefly explain?

Are you currently seeing a counselor/therapist?

Is your child currently seeing a counselor/therapist?

In the last 6 months have you notice any significant changes in your physical health?

In the last 6 months have you notice any significant changes in your child's physical health?

Would you be interested in hearing about any other services available at our clinic?

Do you normally carry any weapons? If so, they may not be brought to this program.

Additional Comments:

Interviewer Name Date

- 1 Evidence-based usually refers to interventions that have received controlled evaluations showing effectiveness. For Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs, of which CIM is one, the highest level of scientific effectiveness is required for this designation. This means there have been several well-controlled evaluations and an independent evaluation showing significant positive effects, and the program can be implemented with fidelity by others.
- 2 Several well-controlled studies by Carolyn Web-Stratton demonstrated the power of video to teach parenting skills, equivalent to parent education discussion groups or meeting with a clinician(Webster-Stratton, C., Hollinsworth, T., and Kolpacoff, M. (1989); Webster-Stratton, C., Kolpacoff, M., and Hollinsworth, T. (1988).
- 3 If you are interested in receiving a copy of the current version of this scale please contact Donna Smith-Burgess, Behavioral Health Manger, with Loma Linda University SACHS Norton Clinic. She may be contacted via email at dsmithburgess@llu.edu.
- 4 AtS program kit is \$329, additional parent workbooks are \$3-\$4.
- 5 This video solution is new and not currently on the CIM video.
- 6 Although the online program can be completed in less time than the typical divorce education classes, parents are required to interact with the material continuously throughout the online program. The more active online (or CD-ROM) involvement than parents experience in classes should result in substantially greater learning. When users make choices about the content they receive and the pace of the program, they take responsibility for their learning and retain and use the material better than when they are fairly passive recipients of the content.

Consultant Agreement and Fee Policies

The purpose of this Agreement is to explain the service and fee arrangements for Matthew J. Sullivan, Ph.D., who has been asked to provide confidential mental health consultation to _____, Esq., who is representing _____ in a family law matter. I understand that Dr. Sullivan may not agree with my perspectives, but will provide services and opinions within the scope of his expertise. I understand that it is not appropriate or possible for Dr. Sullivan to provide expert testimony in this case.

Consultation is confidential and unless I consent to release information will not be disclosed to anyone. I understand that Dr. Sullivan may collect and exchange information with me and my client, which is privileged and not subject to disclosure. The following circumstances, however, are exceptions to this confidentiality. I have been informed that under California statutes that designate my duties as a mental health professional, a) if an individual communicates to me a serious threat to harm an identifiable person, I must warn that person and the police; (b) if I suspects child abuse or neglect, or abuse of a dependent adult or of a person over the age of 65, a report must be made to the appropriate agency; and (c) if you seem dangerous to self or other, or is unable to care for him or herself, hospitalization may be required.

Further, I understand that information and records otherwise confidential and/or testimony concerning the case or me must be provided in the event of a court order demanding it.

If this case requires a custody evaluation, I understand that the custody evaluator may inquire whether your client is using mental health consultation services and I have discussed the possible ramifications of this inquiry with my client.

Dr. Sullivan's consultation fees are \$_____ per hour this includes all time which he spends on my case. This may include consultations, telephone consultations with third parties, drafting of written reports and letters, and travel time necessary to fulfill his role.

I agree to provide an initial retainer in the amount of \$_____. This must be received at his office prior to him commencing any work. Charges for time and costs incurred will be deducted from this retainer.

I understand I will receive a monthly itemized statement for consultation services. Full payment of fees owed are due upon receipt of this statement. Any outstanding balance is considered late after 25 days of receipt of the statement, and accrue a late fee of 1.5% per month.

I have read the above and agree to the conditions set forth

Attorney Signature: _____/Date: _____

Client Signature: _____/Date: _____

Statement of Understanding and Fee Agreement
Elena Hobbs-Minor, MA

Date:

Personal and Confidential

Re: Marriage of _____

Dear Parent:

Your family law attorney, _____, has engaged me to assist you with child custody negotiations. The purpose of this letter is to describe my role and fee agreement.

All legal advice will be provided by your attorney. **I do not give legal advice** as I am not an attorney. I will serve as a confidential educational mental health consultant. We will work together with your attorney in facilitating your child custody resolution. While my services can be therapeutic, they do not constitute therapy or counseling.

We will work on how you can be a more effective parent, co-parent, and be capable of communicating and negotiating under difficult or highly-charged situations. I will assist you in understanding the different age appropriate child parenting plan options, as well as the child custody legal process. After our initial assessment, I may recommend parenting books, educational parenting classes, individual psychotherapy, or provide appropriate resource information. You are responsible to actively participate in the educational process to get the most out of learning to negotiate and co-parent effectively.

Open and honest communication is **a must** at all times. To increase the effectiveness of our work, please provide your attorney and myself an email summarizing our sessions. I will be respectful of your privacy and privilege; however I must share all information with your attorney and abide by the ethical standards of the American Counseling Association.

Since I am hired by your attorney, our communications are protected from discovery by the attorney-client privilege and/or attorney work product privilege. I will **not** be testifying or discussing your case outside of our team. At no time will my role be disclosed during the mediation or litigation process unless agreed upon by **all** parties and your attorney gives written authorization. If your case moves from mediation to a child custody evaluation, there can be potential ramifications with confidentiality that you must discuss with your attorney.

Please keep in mind that **confidentiality may be breached** if you or your attorney reveals our work. Unauthorized forwarding of emails or faxes sent to incorrect phone numbers can endanger confidentiality. When emailing, to protect the confidential relationship, you may copy (CC) me **only** when writing to your attorney. **Never** blind copy (BCC) me or use my email address on your “joke” or “forwarding” email list. In an event of a court order, I may have to provide my files or give testimony. To maintain confidentiality, your files will be destroyed in the case of my death.

I will always bill your attorney because he/she has hired me and to preserve the attorney work product confidential relationship. Your attorney will receive the invoice and you will receive a copy for your review and records. When you receive your copy, please write a check in your attorney's name noting payment for our work, and send it directly to his or her office. You are responsible to pay your attorney immediately. Please advise me that you have paid your attorney for our work by faxing me a copy of your check or sending an email. Your attorney will pay me directly. If payment is received outside of your attorney's office, the confidentiality of our relationship may be jeopardized. If your attorney hasn't received payment for my services within thirty days, you agree to pay interest of a monthly interest rate of 1 % on the outstanding balance.

My services will be billed at the rate of \$ ___per hour, except for the initial assessment session or when we meet at your attorney's office, where services will be billed at the rate of \$ ___ per hour. Scheduled appointments may range from 1 to 2 hours in duration with a 24-hour cancellation policy. You will be billed a one hour fee for early cancelation or missing an appointment. Fees are rounded to fifteen minute increments. The unused portion of my retainer will be refunded to your attorney at termination, with a copy to you for your records. If I adjust my fees schedule, I will promptly notify you and our agreement will be subject to that increase. The retainer fee will be determined at the onset and services will not begin until I have received payment from your attorney.

This agreement may be terminated at any time in writing by your attorney or by you through your attorney's office. I also reserve the right to withdraw from your case for nonpayment or other unforeseen reasons. If you have any questions at any time regarding our work, the billing statements or want to discuss this agreement, please contact me as soon as possible. Prior to signing, please review this agreement with your attorney.

If you are in agreement, please sign and date this letter, and return it with a copy sent to your attorney. I am looking forward to working with you and your attorney during this difficult period. Feel free to call me to set an appointment or ask for clarification.

Sincerely,

Elena Hobbs-Minor, MA
Parenting Plan Advisor
www.ElenaHobbsMinor.com

cc Family law attorney

I hereby acknowledge and agree to the above stated fee and terms.

Dated: _____

Parent: _____

Parenting Coordinators: WHY?

Because parenting coordination helps high conflict families resolve their disputes out of the court and reduces the excessive use of litigation...

Because parenting coordination serves as another alternative dispute resolution method where high conflict cases with child related issues were not suitable for mediation...

Because parenting coordination helps families survive conflict with a more intact family unit, even if separated, reducing the harmful effects of conflict which jeopardizes the well-being of children.

Parenting Coordinators: WHO?

A Parenting Coordinator is defined in the 11th Judicial Circuit as a licensed mental health provider and/or a certified family mediator with a minimum of three years of extensive experience in the following disciplines: family systems theory, developmental psychology, high conflict divorce resolution techniques including mediation, children adjustment issues specific to divorce including parental alienation, domestic abuse, and knowledge of the legal facets of divorce.

Parenting Coordinators who are on the Family Court Services Resource List have also participated in a four hour training on the policies and procedures developed by this circuit.

Parenting Coordinators: WHEN?

With the consent of the parties, a parenting coordinator may be appointed by the court to provide the parents with assistance to effectively implement existing court orders on issues of shared parenting when:

- A. The parties have failed to adequately implement their shared parenting in relation to their child(ren);
- B. Mediation has not been successful or has been determined by the court to be inappropriate;
- C. The court finds that appointment of a parenting coordinator is necessary to protect and sustain safe, healthy, and meaningful parent/child relationships;
- D. The parties can afford to pay for the parenting coordinator's services or the services of the parenting coordinator can be provided at no expense to the parties; and
- E. The court has entered a temporary or final order setting out the nature and extent of the contact between the children and each parent.

Parenting Coordinators: HOW?

The 11th Circuit's Administrative Order on Parenting Coordination directs that Family Court Services assist the parties with the designation of a parenting coordinator when court ordered. The parties may agree upon a parenting coordinator who meets the qualifications or someone who, in the opinion of the parties and upon approval by the court, is otherwise qualified by training or expertise to serve as parenting coordinator for the case.

If the parties cannot agree, Family Court Services will provide the designation of a parenting coordinator based upon experience, location, language, and fee structure. Family Court Services is available to provide parenting coordination to indigent cases when directed by the Court.

Family Court Services is located on the 15th Floor of the Lawson E. Thomas Courthouse Center Building.

The Administrative Order (06-03), Order of Referral to Parenting Coordinator, and professional application to be included on the Family Court Services resource list can be found at www.jud11.flcourts.org.

WHAT IS PARENTING COORDINATION?

Parenting coordination is a process where an impartial third person, designated by a court order of appointment, helps parties implement their parenting plan by facilitating the resolution of disputes between parents and/or legal guardians, providing education, making recommendations to the parties and, with prior approval of the parties and the court, making decisions within the scope of the court order of appointment.

The parenting coordinator may assist the parties by providing education regarding the developmental needs of the children and the effects of parental separation on family members, co-parenting, and parental communication. The parenting coordinator monitors compliance with the established parenting plan and assists the parties in effectively facilitating their time-sharing arrangements. The parenting coordinator will use conciliation skills to assist the parties in resolving child related issues and reducing the potential for future parental conflict.

The process of parenting coordination is **NOT** confidential.

What a Parenting Coordinator is NOT: A parenting coordinator is not a custody evaluator, mediator, therapist, financial advisor, attorney, or guardian ad litem.

IS THE PARENTING COORDINATION PROCESS FOR ME/FOR MY CLIENT?

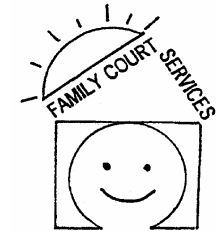
Parenting coordination is appropriate for high conflict cases dealing with child related issues, such as when:

- mediation has not been successful or has been determined by the judge to be inappropriate
- children are denied emotional and/or physical access to a parent or have severely limited parental/guardian contact
- there are restrictions on children's access to extended family members
- there is interference or refusal of access to information about child(ren)'s health, education and welfare
- the parents/guardians are unable to agree as to substantive issues concerning the child(ren)
- there is a high rate of re-litigation especially concerning non-legal issues
- there has been frequent change in lawyers

Parenting coordination is NOT for cases in which it has been determined that the process may compromise the safety of any party, the minor children, or the parenting coordinator.

PARENTING COORDINATION in the 11th Judicial Circuit Family Court:

YOUR QUESTIONS ANSWERED



Family Court Services
Lawson E. Thomas Courthouse Center
175 NW 1st Avenue
15th Floor
Miami, Florida 33128
Telephone: 305-349-5508
Fax: 305-349-5634

Information Form

Date Scheduled: _____ Case Number: _____ County: _____

Name: _____ Place of Employment: _____

Address: _____ Work Address: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____ Date of Employment: _____

Date of: Marriage _____ Separation _____ Divorce _____ Never Married _____

Children (From this marriage only, do not list children of prior marriages):

Name	Date of Birth	Sex	Living with Mother/Father/Other

Has a Guardian Ad Litem been appointed: Yes ___ No ___ If yes, Name: _____

Telephone number : _____

Please describe briefly any issues you believe need to be addressed:

What do you think it would take to improve this situation?

1. What would you say about your relationship with the other parent?

Excellent _____ Good _____ Fair _____ Poor _____ Couldn't be worse _____

2. What effect do you think this relationship has on the children?

A great deal _____ Some _____ A little _____ None at all _____

3. Are you fearful of the other party for any reason?

4. Has the other party ever threatened to hurt you in any way?

5. Has the other party ever hit you or used any other type of physical force towards you?

6. Has the other party emotionally or sexually abused you? _____

7. Have you ever called the police, requested a restraining, or sought help for yourself as a result of abuse by the other party?

8. Has the other party ever threatened to deny you access to your children?

9. Do you have any concerns about the children's emotional or physical safety with you or the other party?

10. Children for whom you are primary residential parent (Name/Age)

_____	_____
_____	_____
_____	_____

11. How often do you have contact with the children who do not live with you? _____

Describe the contact (visits, phone, etc) _____

12. How often do you have contact with the other parent? _____

13. Present use of alcohol (including beer, wine, liquor)
Daily _____ Once or twice a week _____ Once or twice a month _____ None _____

14. Have you ever been arrested for an alcohol related crime? _____ If yes, please explain:

15. Have you ever undergone treatment for substance abuse? _____ If so, please indicate when/where
_____ Please rate the effectiveness of this treatment: Very effective _____ Helpful _____ Waste of time _____

16. Are you now or have you ever been on probation or parole? _____ If yes, please explain. _____

17. Have you ever had a restraining order filed against you? _____ If yes, please explain: _____

18. Is there a restraining order in effect right now that you are involved in? _____

19. Have you or the other parent participated in domestic violence classes, batter's intervention, anger management?
_____ If so, when/where? _____

If yes, please rate the effectiveness of these classes in eliminating abusive behavior.

Very effective _____ Helpful _____ Waste of time _____

20. Have there ever been charges filed against you for physical assault, battery, domestic violence or stalking? _____

If yes, please explain: _____

21. Do you have any concerns about your physical safety during joint meetings held with the parenting coordinator?

If yes: please describe:

Is there anything else you wish to say? _____

(CONTINUE ON BACK IF NECESSARY)

**IN THE CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE
COUNTY, FLORIDA**

FAMILY DIVISION

CASE NO. 2006-DR-

IN RE:

Petitioner,

and

Respondent.

ORDER OF REFERRAL TO PARENTING COORDINATOR

This matter came before the court, on this _____ day of _____, 20____. The court has determined that this case is appropriate for parenting coordination in accordance with Administrative Order 06-03 and with consent of the parties, it is **ORDERED**:

1. The parties have been referred to Family Court Services for the designation of a parenting coordinator to this case.

The parenting coordinator is defined as a licensed mental health provider and/or a certified family mediator with a minimum of three years of extensive experience in the following disciplines: family systems theory, developmental psychology, high conflict divorce resolution techniques including mediation, children adjustment issues specific to divorce including parental alienation, domestic abuse, and knowledge of the legal facets of divorce.

2. Family Court Services will inform the Court of the parenting coordinator designated.

3. **Expense Shared Equally**

If the court determines that the parties have the financial abilities to pay the fees of the parenting coordinator and unless otherwise ordered, each parent shall be responsible for paying one-half of the costs of the parenting coordinator. The fees and costs shall be paid directly to the parenting coordinator as and when requested by the parenting coordinator. The court reserves jurisdiction to re-allocate the parties' responsibilities for fees and costs based upon the parties' ability to pay or if there is inequitable usage or abuse of the

parenting coordination process as substantiated by the parenting coordinator. The parenting coordinator shall not proceed until he/she is satisfied with the terms and conditions of the payment for his/her services and unless all of his/her fees and costs are paid by the parties in a timely manner as ordered. In the event of nonpayment, the parenting coordinator shall write a letter to the court and the court will schedule a case management conference.

4. **Parenting Coordinator's Role and Responsibilities**

4.1 For the purposes of Parenting Coordination, a non-substantive change is a modification to the Parenting Plan that does not 1) significantly change the quantity or decrease the quality of time the child spends with each parent; 2) modify the designation of primary or secondary residential parent or rotating custody status established in the Parenting Plan; 3) modify the overall designation of shared or sole parental responsibility; or 4) modify or add any terms of supervised visitation.

4.2 The parenting coordinator shall have the following roles and responsibilities:

- A. Monitor implementation of a voluntary or court-ordered Parenting Plan or parenting schedule;
- B. Facilitate the resolution of disputes regarding the implementation of the Parenting Plan, the schedule, or parenting issues, provided such resolution does not involve a substantive change to the Parenting Plan. If there is a history of domestic violence, the parenting coordinator shall not facilitate negotiation of any issue unless the court has made a finding on the record that the history of domestic violence will not compromise the negotiation process. If the court has authorized the facilitation of negotiation when there is a history of domestic violence, the facilitation process shall not involve one party negotiating directly with the other or the parties being required to be present in the same place;
- C. Recommend to parents strategies for implementing the Parenting Plan or resolving other parenting issues. Such recommendations may include that one or both parents avail themselves of accessible and appropriate community resources, including, but not limited to, random drug screens, parenting classes, and individual psychotherapy or family counseling, if there is a history or evidence that such referrals are appropriate;
- D. Recommend to the parents non-substantive changes to the Parenting Plan;
- E. Educate the parents to effectively:
 - (i) Parent in a manner that minimizes conflicts;

- (ii) Communicate and negotiate with each other and their child(ren);
 - (iii) Develop and apply appropriate parenting skills;
 - (iv) Understand principles of child development and issues facing child(ren) when their parents no longer live together;
 - (v) Disengage from the other parent when engagement leads to conflicts and non-cooperation;
 - (vi) Identify the sources of their conflict with each other and work jointly to minimize conflict and lessen its deleterious effects on the child(ren); and
 - (vii) Allow the child(ren) to grow up free from the threat of being caught in the middle of their parents' disputes
- F. Report to the court regarding compliance with the parenting coordination process which could include recommendations to the court about how to more effectively implement the parenting coordination process;
- G. Report to the court the extent of the parents' compliance with other court orders [therapy, drug tests, child therapy] without providing a recommendation on what should be done regarding any lack of compliance;
- H. Identify to the court the need for a decision on a particular parenting issue but not recommend the specific resolution of the decision;
- I. Communicate with the parents and their child(ren), separately or together, in person or by telephone;
- J. Provide information to health care providers and mental health providers for the parents and the child(ren), and to any other third parties, when reasonably deemed necessary by the parenting coordinator.
- 4.3 With the consent of the parties and provided that there is no history or evidence of domestic violence which would make any of the following inappropriate, the parenting coordinator shall have these additional responsibilities:
- A. Temporary decision-making authority to resolve non-substantive disputes between the parties until such time as a court order is entered modifying the decision.
 - B. Communication with parties, children, health care providers, psychological providers and any other third parties deemed necessary by

the parenting coordinator. The parties will cooperate with the parenting coordinator and shall execute any necessary authorizations to enable the parenting coordinator to obtain information about the children and/or their parents.

- C. Making recommendations to the court concerning non-substantive modifications to the Parenting Plan or developing an existing parenting plan when necessary.

5. **Parenting Coordinator Limitations**

5.1 A parenting coordinator may not serve in any of the following roles for any party or another member of the family for whom the parenting coordinator is providing or has provided parenting coordination services:

- A. Custody evaluator or investigator
- B. Mediator pursuant to chapter 44, Florida Statutes
- C. Psychotherapist
- D. Guardian Ad Litem
- E. Attorney
- F. Visitation Supervisor

5.2 A parenting coordinator may not:

- A. Address financial matters between the parties;
- B. Make a recommendation to court as to a substantive change in the Parenting Plan;
- C. Modify the substantive rights of the parties as provided in the parenting agreement or other valid order;
- D. If domestic violence is present or suspected, bring the parties within proximity of each other or facilitate party communication which would create the opportunity for violence or abuse or otherwise compromise the parenting coordination process;
- E. Release confidential information, which is otherwise protected, that the parenting coordinator has received from other professionals except as may be ordered by the court or expressly agreed to by the necessary parties.

5.3 A parenting coordinator is not required to provide crisis counseling or provide services during evenings or weekends.

6. **Scheduling**

Each parent is responsible for contacting the parenting coordinator within 10 days of this order to schedule an initial meeting.

7. **Domestic Violence**

If, during the parenting coordination process, the court finds domestic violence issues which appear to compromise the safety of any person or the integrity of the process, the court will terminate the process.

8. **Parenting Coordinator Reports and Appearances in Court**

8.1 Copies of all parenting coordinator's reports to the court shall be sent to the parties, their attorneys, and the guardian ad litem. The parenting coordinator's reports are not confidential and may be presented to the court by the parties or counsel according to rules of evidence. In cases where there is a history domestic violence, the parenting coordinator shall take necessary steps to protect certain personal information about the victim which may be necessary to protect the safety of the victim and integrity of the parenting coordination process.

8.2 If either party wants the parenting coordinator to testify on any matter, he or she must first file a motion and notice of hearing and show good cause in the motion and at the hearing why the court should require the coordinator to testify. The coordinator must be given a copy of the motion and notice of hearing. The requesting party shall initially be responsible to compensate the parenting coordinator for his or her attendance at court.

8.3 During the term of appointment of the parenting coordinator, the court will schedule status conferences to monitor the parenting coordination process and will assess the necessity for the continuation of parenting coordination after a period of two years from the designation of the parenting coordinator.

8.4 The parenting coordinator shall not be called as a witness in any court proceeding regarding change of primary residence except by order of court based on good cause shown in exceptional cases.

8.5 A parenting coordinator who is called to testify in a court proceeding is not automatically disqualified from participating in further parenting coordination efforts with the family. However, following such testimony, the court in its discretion may order substitution of a new parenting coordinator or the parenting coordinator may voluntarily determine that such substitution would be in the best interest of the child(ren).

9. **Terms of Appointment**

9.1 The parenting coordinator is appointed until discharged by the court. The parenting coordinator may apply directly to the court for a discharge and shall provide the parties and counsel with notice of the application for discharge. The court may discharge the parenting coordinator without a hearing unless either party requests a hearing in writing within 10 days on the application for discharge.

9.2 Either party may seek to suspend or terminate the parenting coordination process by filing a motion with the court. The parenting coordinator's services may not be terminated by either of the parties without order of the court.

9.3 In the event that the parenting coordinator is discharged, the court will furnish a copy of the termination to the parenting coordinator and the parties.

10. **Reservation of Jurisdiction or Incorporation of Negotiated or Agreed Matters into Enforceable Court Orders**

One of the goals of the parenting coordinator is to encourage parties to harmoniously resolve shared parenting issues without the need for court intervention. The parties may desire, however, to memorialize an agreement and have it ratified and approved by court order. There may be occasions when the parties deem it prudent to have a negotiated or agreed matter memorialized in an enforceable court order. The parties, or their counsel if they are represented, may accomplish this by filing a stipulation signed by both parties and a proposed order. In that instance, the court will determine whether a hearing is required.

This court specifically reserves jurisdiction to enforce the terms and conditions of this Order and to modify same according to law.

ORDERED in Miami-Dade County, Florida on this _____ day of _____, 20_____.

, CIRCUIT JUDGE

Pursuant to Rule 12.080, Fla. Fam. Law Rule, conformed copies have been mailed this _____ day of _____, 20_____, to the following:

Attorney for Petitioner
Attorney for Respondent
Parenting Coordinator

**THE ELEVENTH JUDICIAL CIRCUIT
MIAMI-DADE COUNTY, FLORIDA**

**CASE NO. 06-1
(Court Administration)**

**ADMINISTRATIVE ORDER
NO. 06-03**

**IN RE: PARENTING COORDINATION
IN FAMILY LAW CASES**

WHEREAS, children caught in the middle of high parental conflict are more likely to be harmed; and

WHEREAS, it is the public policy of the State of Florida to assure that each minor child has frequent and continuing contact with both parents after the parents separate or the marriage of the parties is dissolved and to encourage parents to share the rights, responsibilities, and joys of childrearing; and

WHEREAS, parenting coordination is a process whereby an impartial third person, called a parenting coordinator, helps the parties implement their parenting plan by facilitating the resolution of disputes between parents and/or legal guardians, providing education, making recommendation to the parties and, with the prior approval of the parties and the court, making decisions within the scope of the court order of appointment; and

WHEREAS, the use of parenting coordinators promotes the best interests of minor children and their parents in high conflict cases by reducing the duration and severity of parental conflict, thereby protecting children from the harmful effects of such conflict; and

WHEREAS, parenting coordinators provide a form of alternative dispute resolution that enhances the purposes of chapter 61, Florida Statutes, including section 61.13(2)(b)1; and

WHEREAS, the Florida Supreme Court adopted a guiding principle encouraging a family court process to “empower families through skills development, assist them to resolve their own disputes, provide access to appropriate services, and offer a variety of dispute resolution forums where the family can resolve problems without additional emotional trauma,” *In re Report of the Family Court Steering Committee (Family Courts IV)*, 794 So. 2d 518, 522 (Fla. 2001); and

WHEREAS, the adoption of the following provisions will provide for the proper administration of parenting coordination within this circuit;

NOW, THEREFORE, pursuant to the authority vested in me as Chief Judge of the Eleventh Judicial Circuit of Florida, it is hereby **ORDERED**:

1. With the consent of the parties, the court may appoint a parenting coordinator to assist them to effectively implement existing court orders on issues of shared parenting, as provided for in this Administrative Order and the Order of Referral to Parenting Coordinator [Attachment A] when:

- A. The parties have failed to adequately implement their parenting plan in relation to the child(ren) who are subject(s) of the proceedings;
- B. Mediation has not been successful or has been determined by the court to be inappropriate;
- C. The court finds that appointment of a parenting coordinator is necessary to protect the child(ren) from harm caused by the parents' failure to implement the parenting plan;
- D. The parties can afford to pay for the parenting coordinator's services or the services of the parenting coordinator can be provided at no expense to the parties; and
- E. The court has entered a temporary or final order setting out the nature and extent of the contact between the child(ren) and each parent (hereinafter the "Parenting Plan").

2. Parenting coordinators shall not be appointed in chapter 39 or chapter 741 proceedings.

3. Before appointing a parenting coordinator, the court should consider any domestic violence, injunction for protection, other known history of criminal violence, or other known indication of danger, and assess whether there appear to be any issues which might compromise the safety of the parties, their child(ren), the parenting coordinator, or any other person, or in any other manner compromise the integrity of the parenting coordinator process. The court shall consider any heightened safety risk or imbalance of power often present during the pendency of a temporary Parenting Plan. If the court finds any circumstances which appear to compromise the safety of any person or the integrity of the process, the court shall not appoint a parenting coordinator.

4. After the appointment of the parenting coordinator, the court should terminate the parenting coordination process if the court finds domestic violence issues or any other circumstances which appear to compromise the safety of any person or the integrity of the process.

5. The parenting coordination process shall be neither confidential nor privileged.

6. Within 10 days of referral to parenting coordination, the parties may agree upon a parenting coordinator who meets the qualifications listed below, or someone who, in the opinion of the parties and upon approval by the court, is otherwise qualified by training or experience to serve as a parenting coordinator for the case.

7. If the parties cannot agree on a parenting coordinator within 10 days, the Family Court Services will select a parenting coordinator who meets all of the following qualifications:

- A. Licensure as a mental health professional pursuant to chapters 490 or 491, Florida Statutes, or Florida Supreme Court Certified Family Mediator with Masters in Mental Health;
- B. Three years of post licensure practice with extensive experience in the following disciplines; family systems theory, developmental psychology, high conflict divorce resolution techniques including mediation, children adjustment issues specific to divorce including parental alienation, domestic abuse, and knowledge of the legal facets of divorce;
- C. Completion of a Florida Supreme Court Certified Family Mediation Course; and
- D. Completion of a four hour 11th Circuit Court Specific Training Course.

8. The court shall not appoint a person to serve as parenting coordinator who, in any jurisdiction:

- A. Has been convicted or had adjudication withheld on a charge of child abuse, child neglect, domestic violence, parental kidnapping or interference with custody;
- B. Has admitted to having, or has been found by a court in a child protection hearing to have, abused, neglected, or abandoned a child;
- C. Has consented to an adjudication or a withhold of adjudication of a petition for dependency; or
- D. Is or has been a respondent in a final order of protection against domestic violence.

A parenting coordinator shall report to the court immediately if any of the circumstances described in 8(A) – 8(D) occur, and the court shall appoint a new parenting coordinator if the process is to continue.

9. For the purposes of this Administrative Order, a non-substantive change is a modification to the Parenting Plan that does not:

- A. Significantly change the quantity or decrease the quality of time the child spends with each parent;
- B. Modify the designation of primary or secondary residential parent or rotating custody status established in the Parenting Plan;
- C. Modify the overall designation of shared or sole parental responsibility; or
- D. Modify or add any terms of supervised visitation.

10. The court may order the parenting coordinator to:

- A. Monitor implementation of a voluntary or court-ordered Parenting Plan or parenting schedule;
- B. Facilitate the resolution of disputes regarding the implementation of the Parenting Plan or parenting issues, provided such resolution does not involve a substantive change to the Parenting Plan. If there is a history of domestic violence, the parenting coordinator shall not facilitate negotiation of any issue unless the court has made a finding on the record that the history of domestic violence will not compromise the negotiation process. If the court has authorized the facilitation of negotiation when there is a history of domestic violence, the facilitation process shall not involve one party negotiating directly with the other or the parties being required to be present in the same place;
- C. Recommend to parents strategies for implementing the Parenting Plan, the schedule, or resolving other parenting issues. Such recommendations may include that one or both parents avail themselves of accessible and appropriate community resources, including but not limited to random drug screens, parenting classes, and individual psychotherapy or family counseling, if there is a history or evidence that such referrals are appropriate;
- D. Recommend to the parents changes to the Parenting Plan that do not involve a substantive change;
- E. Educate the parents to effectively:
 - i. Parent in a manner that minimizes conflicts;
 - ii. Communicate and negotiate with each other and their child(ren);

- iii. Develop and apply appropriate parenting skills;
 - iv. Understand principles of child development and issues facing child(ren) when their parents no longer live together;
 - v. Disengage from the other parent when engagement leads to conflicts and non-cooperation;
 - vi. Identify the sources of their conflict with each other and work jointly to minimize conflict and lessen its deleterious effects on the child(ren); and
 - vii. Allow the child(ren) to grow up free from the threat of being caught in the middle of their parents' disputes.
- G. Report to the court regarding compliance with the parenting coordination process which could include recommendations to the court concerning how to more effectively implement the parenting coordination process;
 - H. Report to the court the extent of parents' compliance with other court orders [therapy, drug tests, child therapy] without providing a recommendation on what should be done regarding any lack of compliance;
 - I. Identify to the court the need for a decision on a particular parenting issue but not recommend the specific resolution of the decision;
 - J. Communicate with the parents and their child(ren), separately or together, in person or by telephone; and
 - K. Provide information to health care providers and mental health providers for the parents and the child(ren), and to any other third parties, when reasonably deemed necessary by the parenting coordinator.

11. With the express consent of the parties and provided that there is no history or evidence of domestic violence which would make any of the following inappropriate, the court order appointing the parenting coordinator may:

- A. Provide the parenting coordinator with temporary decision-making authority to resolve non-substantive disputes between the parties until such time as a court order is entered modifying the decision;
- B. Authorize the parenting coordinator to have access to confidential and privileged records; and
- C. Authorize the parenting coordinator to make recommendations to the court

concerning non-substantive modifications to the Parenting Plan.

12. A parenting coordinator may not serve in any of the following roles for any party or other immediate family member for whom the parenting coordinator is providing or has provided parenting coordination services:

- A. Custody evaluator or investigator;
- B. Mediator pursuant to chapter 44, Florida Statutes;
- C. Psychotherapist;
- D. Guardian ad litem;
- E. Attorney; or
- F. Visitation Supervisor.

13. A parenting coordinator may not:

- A. Address financial matters between the parties;
- B. Make a recommendation to the court as to a substantive change in the Parenting Plan;
- C. Modify the substantive rights of the parties as provided in the parenting agreement or other valid order;
- D. If domestic violence is present or suspected, bring the parties within proximity of each other or facilitate party communication which could create the opportunity for violence or abuse or otherwise compromise the parenting coordination process; or
- E. Release confidential information, which is otherwise protected, that the parenting coordinator has received from other professionals except as may be ordered by the court or expressly agreed to by the necessary parties.

14. A parenting coordinator is not required to provide crisis intervention services or provide services during evenings or weekends.

15. The parenting coordinator is appointed until discharged by the court or as provided in the order of appointment. The parenting coordinator may apply directly to the court for a discharge and shall provide the parties and counsel with notice of the application for discharge. The court may discharge the parenting coordinator without a hearing unless either party requests a hearing in writing within 10 days on the application for discharge.

16. Either party may seek to suspend or terminate the parenting coordination process by filing a motion with the court. The parenting coordinator's services may not be terminated by either of the parties without order of the court.

This Order shall take effect on February 13, 2006 and shall remain in effect until further order of the Court.

DONE AND ORDERED in Chambers at Miami-Dade, Florida, this _____ day of February, 2006.

**JOSEPH P. FARINA, CHIEF JUDGE
ELEVENTH JUDICIAL CIRCUIT OF FLORIDA**

ATTACHMENT "A"

**IN THE CIRCUIT COURT OF THE ELEVENTH
JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE
COUNTY, FLORIDA**

FAMILY DIVISION

CASE NO. 2006-DR-

IN RE:

THE MARRIAGE OF

Petitioner,

and

Respondent.

ORDER OF REFERRAL TO PARENTING COORDINATOR

This matter came before the court, on this _____ day of _____, 20____. The court has determined that this case is appropriate for parenting coordination in accordance with Administrative Order 06-03 and with consent of the parties, it is **ORDERED**:

1. The parties will be referred to Family Court Services for the designation of a parenting coordinator to this case. Family Court Services will inform the Court of the parenting coordinator designated.

The parenting coordinator is defined as a licensed mental health provider and/or a certified family mediator with a minimum of three years of extensive experience in the following disciplines; family systems theory, developmental psychology, high conflict divorce resolution techniques including mediation, children adjustment issues specific to divorce including parental alienation, domestic abuse, and knowledge of the legal facets of divorce.

1.1 **Parenting Coordinator**, Whose name, address and phone number are:

Name: _____

Address: _____

Telephone: _____

Is hereby appointed as Parenting Coordinator for the parties with regard to the following minor child(ren) whose names and ages are:

Name: _____ Age: ___/___/___

Name: _____ Age: ___/___/___

Name: _____ Age: ___/___/___

Name: _____ Age: ___/___/___

2. **Parties and Counsel**

The father is: _____

whose address is: _____

and whose phone number is: _____.

He is represented by: _____, Esq.

The mother is: _____

whose address is: _____

and whose phone number is: _____.

She is represented by: _____, Esq.

3. **Expense Shared Equally**

If the court determines that the parties have the financial abilities to pay the fees of the parenting coordinator and unless otherwise ordered, each parent shall be responsible for paying one-half of the costs of the parenting coordinator. The fees and costs shall be paid directly to the parenting coordinator as and when requested by the parenting coordinator. The court reserves jurisdiction to re-allocate the parties' responsibilities for fees and costs based upon the parties' ability to pay or if there is inequitable usage or abuse of the parenting coordination process as substantiated by the parenting coordinator. The

parenting coordinator shall not proceed until he/she is satisfied with the terms and conditions of the payment for his/her services and unless all of his/her fees and costs are paid by the parties in a timely manner as ordered. In the event of nonpayment, the parenting coordinator shall write a letter to the court and the court will schedule a case management conference.

4. **Parenting Coordinator's Role and Responsibilities**

4.1 For the purposes of Parenting Coordination, a non-substantive change is a modification to the Parenting Plan that does not 1) significantly change the quantity or decrease the quality of time the child spends with each parent; 2) modify the designation of primary or secondary residential parent or rotating custody status established in the Parenting Plan; 3) modify the overall designation of shared or sole parental responsibility; or 4) modify or add any terms of supervised visitation.

4.2 The parenting coordinator shall have the following roles and responsibilities:

- A. Monitor implementation of a voluntary or court-ordered Parenting Plan or parenting schedule;
- B. Facilitate the resolution of disputes regarding the implementation of the Parenting Plan, the schedule, or parenting issues, provided such resolution does not involve a substantive change to the Parenting Plan. If there is a history of domestic violence, the parenting coordinator shall not facilitate negotiation of any issue unless the court has made a finding on the record that the history of domestic violence will not compromise the negotiation process. If the court has authorized the facilitation of negotiation when there is a history of domestic violence, the facilitation process shall not involve one party negotiating directly with the other or the parties being required to be present in the same place;
- C. Recommend to parents strategies for implementing the Parenting Plan or resolving other parenting issues. Such recommendations may include that one or both parents avail themselves of accessible and appropriate community resources, including, but not limited to, random drug screens, parenting classes, and individual psychotherapy or family counseling, if there is a history or evidence that such referrals are appropriate;
- D. Recommend to the parents non-substantive changes to the Parenting Plan;
- E. Educate the parents to effectively:
 - (i) Parent in a manner that minimizes conflicts;
 - (ii) Communicate and negotiate with each other and their child(ren);

- (iii) Develop and apply appropriate parenting skills;
- (iv) Understand principles of child development and issues facing child(ren) when their parents no longer live together;
- (v) Disengage from the other parent when engagement leads to conflicts and non-cooperation;
- (vi) Identify the sources of their conflict with each other and work jointly to minimize conflict and lessen its deleterious effects on the child(ren); and
- (vii) Allow the child(ren) to grow up free from the threat of being caught in the middle of their parents' disputes

- F. Report to the court regarding compliance with the parenting coordination process which could include recommendations to the court about how to more effectively implement the parenting coordination process;
- G. Report to the court the extent of the parents' compliance with other court orders [therapy, drug tests, child therapy] without providing a recommendation on what should be done regarding any lack of compliance;
- H. Identify to the court the need for a decision on a particular parenting issue but not recommend the specific resolution of the decision;
- I. Communicate with the parents and their child(ren), separately or together, in person or by telephone;
- J. Provide information to health care providers and mental health providers for the parents and the child(ren), and to any other third parties, when reasonably deemed necessary by the parenting coordinator.

4.3 With the consent of the parties and provided that there is no history or evidence of domestic violence which would make any of the following inappropriate, the parenting coordinator shall have these additional responsibilities:

- A. Temporary decision-making authority to resolve non-substantive disputes between the parties until such time as a court order is entered modifying the decision.
- B. Communication with parties, children, health care providers, psychological providers and any other third parties deemed necessary by the parenting coordinator. The parties will cooperate with the parenting

coordinator and shall execute any necessary authorizations to enable the parenting coordinator to obtain information about the children and/or their parents.

- C. Making recommendations to the court concerning non-substantive modifications to the Parenting Plan or developing an existing parenting plan when necessary.

5. **Parenting Coordinator Limitations**

5.1 A parenting coordinator may not serve in any of the following roles for any party or another member of the family for whom the parenting coordinator is providing or has provided parenting coordination services:

- A. Custody evaluator or investigator
- B. Mediator pursuant to chapter 44, Florida Statutes
- C. Psychotherapist
- D. Guardian Ad Litem
- E. Attorney
- F. Visitation Supervisor

5.2 A parenting coordinator may not:

- A. Address financial matters between the parties;
- B. Make a recommendation to court as to a substantive change in the Parenting Plan;
- C. Modify the substantive rights of the parties as provided in the parenting agreement or other valid order;
- D. If domestic violence is present or suspected, bring the parties within proximity of each other or facilitate party communication which would create the opportunity for violence or abuse or otherwise compromise the parenting coordination process;
- E. Release confidential information, which is otherwise protected, that the parenting coordinator has received from other professionals except as may be ordered by the court or expressly agreed to by the necessary parties.

5.3 A parenting coordinator is not required to provide crisis counseling or provide services during evenings or weekends.

6. **Scheduling**

Each parent is responsible for contacting the parenting coordinator within 10 days of this order to schedule an initial meeting.

7. **Domestic Violence**

If, during the parenting coordination process, the court finds domestic violence issues which appear to compromise the safety of any person or the integrity of the process, the court will terminate the process.

8. **Parenting Coordinator Reports and Appearances in Court**

8.1 Copies of all parenting coordinator's reports to the court shall be sent to the parties, their attorneys, and the guardian ad litem. The parenting coordinator's reports are not confidential and may be presented to the court by the parties or counsel according to rules of evidence. In cases where there is a history domestic violence, the parenting coordinator shall take necessary steps to protect certain personal information about the victim which may be necessary to protect the safety of the victim and integrity of the parenting coordination process.

8.2 If either party wants the parenting coordinator to testify on any matter, he or she must first file a motion and notice of hearing and show good cause in the motion and at the hearing why the court should require the coordinator to testify. The coordinator must be given a copy of the motion and notice of hearing. The requesting party shall initially be responsible to compensate the parenting coordinator for his or her attendance at court.

8.3 During the term of appointment of the parenting coordinator, the court will schedule status conferences to monitor the parenting coordination process and will assess the necessity for the continuation of parenting coordination after a period of two years from the designation of the parenting coordinator.

8.4 The parenting coordinator shall not be called as a witness in any court proceeding regarding change of primary residence except by order of court based on good cause shown in exceptional cases.

8.5 A parenting coordinator who is called to testify in a court proceeding is not automatically disqualified from participating in further parenting coordination efforts with the family. However, following such testimony, the court in its discretion may order substitution of a new parenting coordinator or the parenting coordinator may voluntarily determine that such substitution would be in the best interest of the child(ren).

9. **Terms of Appointment**

9.1 The parenting coordinator is appointed until discharged by the court. The parenting coordinator may apply directly to the court for a discharge and shall provide the parties and counsel with notice of the application for discharge. The court may discharge the parenting coordinator without a hearing unless either party requests a hearing in writing within 10 days on the application for discharge.

9.2 Either party may seek to suspend or terminate the parenting coordination process by filing a motion with the court. The parenting coordinator's services may not be terminated by either of the parties without order of the court.

9.3 In the event that the parenting coordinator is discharged, the court will furnish a copy of the termination to the parenting coordinator and the parties.

10. **Reservation of Jurisdiction or Incorporation of Negotiated or Agreed Matters into Enforceable Court Orders**

One of the goals of the parenting coordinator is to encourage parties to harmoniously resolve shared parenting issues without the need for court intervention. The parties may desire, however, to memorialize an agreement and have it ratified and approved by court order. There may be occasions when the parties deem it prudent to have a negotiated or agreed matter memorialized in an enforceable court order. The parties, or their counsel if they are represented, may accomplish this by filing a stipulation signed by both parties and a proposed order. In that instance, the court will determine whether a hearing is required.

This court specifically reserves jurisdiction to enforce the terms and conditions of this Order and to modify same according to law.

ORDERED in Miami-Dade County, Florida on this _____ day of _____, 20____.

, CIRCUIT JUDGE

Pursuant to Rule 12.080, Fla. Fam. Law Rule, conformed copies have been mailed this _____ day of _____, 20____, to the following:

Attorney for Petitioner
Attorney for Respondent
Parenting Coordinator

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, STATE OF FLORIDA
FAMILY DIVISION**

Petitioner _____ FAMILY SECTION:
v. _____ CASE NUMBER:
Respondent _____/

MOTION FOR DISCHARGE OF THE PARENTING COORDINATOR

Comes now the Parenting Coordinator who moves this court for an order of discharge and would show:

1. The Parenting Coordinator was appointed on _____, 200____, and has served in that capacity to date.

2. The Parenting Coordinator should be discharged because (check all that are appropriate):
 - ____ a. The parties have now achieved a satisfactory level of cooperation such that the parenting plan ordered by the court is being regularly followed by both parties and both parties are working in the best interest of the children.

 - ____ b. The parties are unlikely to achieve a satisfactory level of cooperation to implement the court's parenting plan with the undersigned Parenting Coordinator and the court may wish to consider appointing another or consider other options.

 - ____ c. The parties have not achieved a satisfactory level of cooperation, although with more intervention that may be possible; however, the parties can no longer afford the services of the Parenting Coordinator.

WHEREFORE, the undersigned requests the Court enter an order discharging the Parenting Coordinator from all duties and responsibilities in this matter.

Parenting Coordinator

Date

I certify that true copies of the motion have been served by mail to:

Father _____

Mother _____

Address _____

Address _____

Father's attorney _____

Mother's attorney _____

Address _____

Address _____

Parenting Coordinator

Sample Introductory letter

Dear

I have been appointed by the Court to act as your Parenting Coordinator. In that role I will help you make decisions intended to resolve issues relating to your children in a timely manner, in the hopes that this process will minimize the harm incurred by your children from exposure to your conflict. This is important because the research is very clear that children's functioning and adjustment is negatively affected by conflict between their parents. The Parenting Coordination process will focus on the needs and interests of your children and will assist you to maintain a safe and workable parenting plan, when disputes arise.

We may meet individually or jointly. I may talk with your children and other people closely involved in your children's lives. My focus will be to facilitate agreement between you. When that is not possible, I have been authorized to decide contested day-to-day issues. I do not have the authority to change custody or make substantial changes to existing court orders.

I have enclosed my agreement for Parenting Coordinator services. Upon receipt of both signed agreements and the retainer payment, I will set up initial appointments. I look forward to meeting you.

Sincerely,

Robin Deutsch, Ph.D.

Christine A. Coates, J.D.
4450 Arapahoe Ave., Suite 210
Boulder, CO 80303

303-443-8524
(Fax) 303-443-0119

PARENTING COORDINATOR AND DECISION-MAKER AGREEMENT

We appoint Christine A. Coates to function as both a Parenting Coordinator and a Decision-Maker ("PC/DM") for us. The terms of this agreement are as follows:

I. Role of the Parenting Coordinator

We, _____ and _____, hereby appoint Christine A. Coates to function as our Parenting Coordinator pursuant to C.R.S. 14-10-128.1.¹

A. **Court Order:** These services were ordered by the Court on _____.

B. **Functions:** We understand that the primary function of a Parenting Coordinator is to assist us in implementing our parenting plan by helping us resolve our differences regarding our child(ren) and their care in a manner that serves the best interests of the child(ren), minimizes conflict between us that could harm the child(ren) and fosters cooperation between us. The Parenting Coordinator may assess the situation and educate us as necessary regarding child development, family dynamics, and communication and facilitate communication between us and with others involved with our child(ren). The Parenting Coordinator may also facilitate negotiations between us, coach on strategies of dealing with the other parent and with the child(ren), and may refer us to other professionals, such as therapists. The Parenting Coordinator is at all times an advocate for the best interests of our child(ren).

C. **Facilitation:** The Parenting Coordinator is a trained and experienced mediator. As Parenting Coordinator she may facilitate decision-making between the parents, but she is not serving as a mediator.

II. Role of the Decision-Maker

We, _____ and _____

¹ Copy attached hereto.

hereby appoint Christine A. Coates to function as our Decision-Maker pursuant to C.R.S. 14-10-128.3.²

A. **Court Order:** These services were ordered by the Court on _____ pursuant to our agreement.

B. **Functions:** The Decision-Maker shall have binding authority to resolve disputes between us as to implementation or clarification of existing orders concerning our child(ren), including but not limited to disputes concerning parenting time, specific disputed parental decisions, and child support.

1. Additionally we agree that the Decision-Maker shall have binding authority over the following types of decisions:

2. We agree that the Decision-Maker shall NOT have decision-making authority over the following types of decisions:

C. Decision-Making Process:

1. It is our intent to resolve our issues ourselves through facilitated negotiations. In the event that we are unable to reach a mutually satisfactory resolution of the dispute, we ask that Christine A. Coates as Decision-Maker decide the issue and make a decision for us based upon the disclosures, communication, and information we have provided her. Ms. Coates shall let us know when the process shifts from facilitated negotiations to decision-making, whether written statements or other information will be required, what the timetable shall be and what, if any other procedures will be followed prior to Ms. Coates making the decision.

2. We understand that we will not have a separate meeting in the nature of an "arbitration" hearing.

3. Ms. Coates and/or either of us may also request the submission of written statements of position and facts to the Decision-Maker. Either of us may then respond in writing to the other party's statement. The Med-Arbitrator shall then review the statements and responses, and any additional information from other sources and issue a written decision regarding the issue.

² Copy attached hereto.

4. We understand that unilateral withdrawal or non-participation in the parenting coordination and/or decision-making processes shall not prevent the processes from going forward. The PC/DM shall still perform her court-ordered functions and may make a decision on information received from one of us if the other refuses to participate.

5. We understand that Ms. Coates' decisions are binding upon us and effective upon issuance pursuant to the provisions of C.R.S. 14-10-128.3.

D. Written Decisions

1. When Ms. Coates makes a decision for us, she shall issue a decision in writing and deliver a copy to each of us and to our respective attorneys, U.S. mail, postage pre-paid, or by electronic transmission, if requested by us, within 14 days, or at a later date as circumstances may control, from the date of the completion of the session, the receipt of the last written response from a party, or the completion of the DM's consultation with professionals or others.

2. In most cases, the decision sent to us will be a draft decision prior to filing the final decision with the Court. Any request for correction or modification of a draft decision shall be sent in writing, with a copy to the other parent, within seven (7) days of receipt of the draft decision. Corrections may include misspellings, omissions, typographical errors, miscalculations or requests for different wording of positions or agreements. We understand that Ms. Coates very rarely will change the substance of a decision because she will have given the decision much consideration prior to issuing a written decision. The DM's decision shall be binding upon both parties immediately upon issuance of the draft decision, subject to the issuance of the final decision. The Decision shall be filed with the District Court by the DM within twenty (20) days after the final decision is issued. We also authorize the PC/DM to include any agreements between us in a written decision to be filed with the Court.

E. Review of Decision: We understand that we each have the right pursuant to C.R.S. 14-10-128.3 to request that the Court modify the decision and hold a *de novo* hearing. Any such request must be filed no later than thirty (30) days from the date the final decision is issued.

F. Decision-Maker, Not Arbitrator: Although Ms. Coates is a trained and experienced arbitrator, she is not serving as an arbitrator pursuant to C.R.S. 14-10-128.5, but as a Domestic Relations Decision-Maker, a role distinct from arbitrator in Colorado, and as such is not subject to the Uniform Arbitration Act, C.R.S. 13-22-201 et seq.

IV. General Provisions Applying to the Combined Role of the Parenting

Coordinator/Decision-Maker ("PC/DM")

A. Confidentiality:

1. The PC/DM does not guarantee confidentiality of written and oral communications, negotiations and statements made by the parties in the course of working together. Information provided by the parents, either in discussions with the PC/DM and/or in writing by the parents, will be considered by the PC/DM when serving as Decision-Maker and may be disclosed in her written decisions.

2. It also is understood that the PC/DM may disclose the following information: (1) she has reason to believe that a child is in need of protection, (2) either parent or another person is in danger of bodily harm, or (3) she learns of the intent to commit a felony.

B. Legal Advice: Ms. Coates is a licensed attorney, but she does not offer legal advice, nor does she provide legal counsel. Each parent is advised to retain his/her own attorney in order to be properly counseled about his/her legal interests, rights and responsibilities.

C. Appointments:

1. Appointments with the PC/DM shall be scheduled at the request of either of us by phone or in person with no written notice required unless we have a Court Order that provides a different process. We agree to make a good faith effort to be available for appointments when requested by the other parent or by Ms. Coates.

2. We understand that Ms. Coates will use her discretion in choosing whether sessions shall be joint or individual depending upon the nature of the issues and her assessment of the most productive method to achieve the current goals. Ms. Coates will also use her discretion in deciding how to include spouses, stepparents, significant others or relatives in the process.

3. Telephone conferences will be available upon request. Ms. Coates will use her discretion to require in person meetings if phone conferences are not productive.

D. Communication:

1. Copies of all correspondence to the PC/DM at any time in the process must be mailed, faxed, e-mailed or hand-delivered to the other party with a "cc: ____" noted on the correspondence by the same method sent to the PC/DM. Any written correspondence that does not have such notation shall not be read or considered.

2. Because there are times when Ms. Coates may meet or communicate with each of us separately, especially for individual coaching sessions, when a high degree of conflict exists between us, and/or when no contact orders are in effect, we understand that *ex parte* communications, that is, communications without all parties involved, may occur. Ms. Coates' intention is to conduct fair proceedings, and she shall maintain impartiality toward us. Once an issue has been submitted to Ms. Coates for decision-making, she shall avoid *ex parte* communication with us on that issue.

E. Involvement of PC/DM in Litigation:

1. We understand that pursuant to C.R.S. 14-10-128.1 and 128.3 that the PC/DM may not be called to testify as a witness in judicial, administrative or court proceedings between us and that we may not request, subpoena or demand the production of any record, notes, work product or the like of the PC/DM concerning her work with us.

2. We understand that PC/DM may testify or produce records in an action by the PC/DM to collect fees from one or both of us.

F. Collateral Sources of Information:

1. We stipulate to the PC/DM consulting with professionals and others who have information about us or our child(ren), such as therapists, parental responsibility evaluators, Child and Family Investigators, school teachers, etc. We agree to sign any necessary releases of information.

2. We agree that the information received may be considered by the PC/DM in assisting us and in making a decision for us, and that Ms. Coates is not obligated to reveal the details of the information obtained.

G. Interviewing Children: The PC/DM is authorized to interview our child(ren) privately in order to ascertain the child(ren)'s needs as to the issues being arbitrated. In conducting such an interview, the PC/DM shall avoid forcing a child to choose between us or otherwise putting a child in the middle of our conflicts.

H. Time: The PC/DM is authorized to tell either or both of us if she believes that an inordinate amount of time is being taken by either or both of us in this process. We agree that the amount of time spent on resolving a dispute be in proportion to the nature of the dispute, as determined by the PC/DM.

I. Term: The term of the PC/DM's service shall be a period of _____ months from the date of the Court Order. At the end of the term, if one of us and/or the

PC/DM desires to terminate the professional relationship with the PC/DM, this agreement shall be terminated. The service of the PC/DM may be terminated prior to the end of the term if we both agree that we wish to terminate the PC/DM's service or if the PC/DM requests to withdraw prior to the termination date. A parent or the PC/DM wishing to terminate the professional relationship shall put such request in writing and transmit it by mail to each party to this agreement. If both parties desire and the PC/DM agrees, this agreement shall be renewed for another period of time, up to a period of two years. In the event that the termination date occurs and no one requests an end of the term, the term shall be extended for a term equal to the original term.

J. Evening, Weekend and Vacation Coverage: We understand that Ms. Coates does not ordinarily provide coverage for PC/DM clients when she is away from the office. Parenting coordination is NOT an emergency service. Ms. Coates will not be available before or after office hours (including after noon on Friday), weekends, or while on vacation. It is our responsibility to inform Ms. Coates of any concerns we have in this regard and to be proactive in raising issues and concerns in a timely manner.

K. Fees:

1. We agree to pay the PC/DM for all of her time and costs in working with us, including time spent reviewing documents and correspondence, meeting with the parents, phone conferences with us, our attorneys, professionals and others, reading and responding to e-mail messages, and deliberation, drafting and issuance of decision, at the rate of \$_____ per hour. We also agree to pay the costs incurred by the PC/DM, including but not limited to long-distance telephone calls, copies, fax charges, etc. This hourly rate will be in effect for at least one year, but after one year from the date of this agreement, Ms. Coates may charge her rate which is in effect at that time.

2. There will be a minimum charge of one-quarter hour per month if Ms. Coates is monitoring e-mail messages between us.

3. Ms. Coates shall bill her time in increments of one-tenth (1/10) of an hour.

4. We shall pay the PC/DM's fees and costs in the following manner: _____ shall pay _____%, and _____ shall pay _____%.

5. Each of us will pay for the individual time that we spend in person, on the phone, or in electronic communication with the PC/DM.

6. We understand that in the event we must reschedule or cancel an appointment, unless we notify the PC/DM more than 48 hours prior to the scheduled

appointment, we will be billed for one hour of the PC/DM's time. In the event that one of us does not appear for a scheduled appointment and has not given 48 hours advance notice and the other parent does appear or is prepared to appear, the parent who does not appear shall be responsible for both parents' fees.

7. Non-payment of fees shall be grounds for the resignation of the PC/DM.

8. We each shall deposit with the PC/DM a retainer of \$____ upon the signing of this Agreement. The PC/DM shall only be entitled to any or all of the retainer as she spends time on our case. Each of us shall maintain his/her retainer at the level of \$250 and shall replenish it to that amount as it is depleted below \$250.

9. Accounts past due thirty days will be charged interest at the rate of 1.5% per month compounded monthly (19.6 Annual Percentage Rate).

10. The PC/DM shall mail us monthly statements of time spent and fees owed. We agree to pay all fees owed in full within 15 days of receipt of the bill.

11. We understand that the Court has ordered us to pay Ms. Coates' fees and that she may seek the Court's assistance in collecting fees, if necessary.

L. Other Agreements:

We have carefully reviewed this Agreement and by our signatures below, we acknowledge and agree to all the terms:

_____ Date _____ Date

Christine A. Coates, Parenting Coordinator/Decision-Maker _____ Date

14-10-128.1 Appointment of a Parenting Coordinator

(1) Pursuant to the provisions of this section, at any time after the entry of an order concerning parental responsibilities and upon notice to the parties, the court may, on its own motion, a motion by either party, or an agreement of the parties, appoint a parenting coordinator as a neutral third party to assist in the resolution of disputes between the parties concerning parental responsibilities, including but not limited to implementation of the court-ordered parenting plan. The parenting coordinator shall be an individual with appropriate training and qualifications and a perspective acceptable to the court.

(2) (a) Absent agreement of the parties, a court shall not appoint a parenting coordinator unless the court makes the following findings:

(I) That the parties have failed to adequately implement the parenting plan;

(II) That mediation has been determined by the court to be inappropriate, or, if not inappropriate, that mediation has been attempted and was unsuccessful; and

(III) That the appointment of a parenting coordinator is in the best interests of the child or children involved in the parenting plan.

(b) In addition to making the findings required pursuant to paragraph (a) of this subsection (2), prior to appointing a parenting coordinator, the court shall consider the effect of any documented evidence of domestic violence on the parties' ability to engage in parent coordination.

(3) A parenting coordinator shall assist the parties in implementing the terms of the parenting plan. Duties of a parenting coordinator include, but are not limited to, the following:

(a) Assisting the parties in creating an agreed-upon, structured guideline for implementation of the parenting plan;

(b) Developing guidelines for communication between the parties and suggesting appropriate resources to assist the parties in learning appropriate communication skills;

(c) Informing the parties about appropriate resources to assist them in developing improved parenting skills;

(d) Assisting the parties in realistically identifying the sources and causes of conflict between them, including but not limited to identifying each party's contribution to the conflict, when appropriate; and

(e) Assisting the parties in developing parenting strategies to minimize conflict.

(4) (a) The court may not appoint a person pursuant to this section to serve in a case as a parenting coordinator if the person has served or is serving in the same case as an evaluator pursuant to section 14-10-127 or a representative of the child pursuant to section 14-10-116. After appointing a person pursuant to this section to serve as a parenting coordinator in a case, the court may not subsequently appoint the person to serve in the same case as an evaluator pursuant to section 14-10-127 or a representative of the child pursuant to section 14-10-116.

(b) The court may appoint a person who has served or is serving in a case as a child and family investigator pursuant to section 14-10-116.5 to serve in the same case as the parenting coordinator, upon the agreement of the parties. After appointing a person pursuant to this

section to serve as a parenting coordinator in a case, the court may not subsequently appoint the person to serve as a child and family investigator in the same case pursuant to section 14-10-116.5.

(5) A court order appointing a parenting coordinator shall be for a specified term; except that the court order shall not appoint a parenting coordinator for a period of longer than two years. If an order fails to specify the length of the court-ordered appointment, it shall be construed to be two years from the date of appointment. Upon agreement of the parties, the court may extend, modify, or terminate the appointment, including extending the appointment beyond two years from the date of the original appointment. The court may terminate the appointment of the parenting coordinator at any time for good cause. The court shall allow the parenting coordinator to withdraw at any time.

(6) A court order appointing a parenting coordinator shall include apportionment of the responsibility for payment of all of the parenting coordinator's fees between the parties. The state shall not be responsible for payment of fees to a parenting coordinator appointed pursuant to this section.

(7) In a judicial proceeding, administrative proceeding, or other similar proceeding between the parties to the action, a parenting coordinator shall not be competent to testify and may not be required to produce records as to any statement, conduct, or decision, that occurred during the parenting coordinator's appointment, to the same extent as a judge of a court of this state acting in a judicial capacity. Nothing in this subsection (7) shall be construed to prohibit a parenting coordinator from testifying or producing records to the extent testimony or production of records by the parenting coordinator is necessary in an action by the parenting coordinator to collect fees from a party to the action.

(8) The parenting coordinator shall comply with any applicable provisions set forth in chief justice directives and any other practice or ethical standards established by rule, statute, or licensing board that regulates the parenting coordinator.

Source: L. 2005: Entire section added, p. 952, _ 1, effective June 2; (4)(b) amended, p. 963, _ 11, effective July 1.

14-10-128.3 Appointment of a Decision-Maker

(1) In addition to the appointment of a parenting coordinator pursuant to section **14-10-128.1** or an arbitrator pursuant to section 14-10-128.5, at any time after the entry of an order concerning parental responsibilities and upon written consent of both parties, the court may appoint a qualified domestic relations decision-maker and grant to the decision-maker binding authority to resolve disputes between the parties as to implementation or clarification of existing orders concerning the parties' minor or dependent children, including but not limited to disputes concerning parenting time, specific disputed parental decisions, and child support. A decision-maker shall have the authority to make binding determinations to implement or clarify the provisions of a pre-existing court order in a manner that is consistent with the substantive intent of the court order. The decision-maker appointed pursuant to the provisions of this section may be the same person as the parenting coordinator appointed pursuant to section **14-10-128.1**.

(2) The decision-maker's procedures for making determinations shall be in writing and shall be approved by the parties prior to the time the decision-maker begins to resolve a dispute of the parties. If a party is unable or unwilling to agree to the decision-maker's procedures, the decision-maker shall be allowed to withdraw from the matter.

(3) All decisions made by the decision-maker pursuant to this section shall be in writing, dated, and signed by the decision-maker. Decisions of the decision-maker shall be filed with the court and mailed to the parties or to counsel for the parties, if any, no later than twenty days after the date the decision is issued. All decisions shall be effective immediately upon issuance and shall continue in effect until vacated, corrected, or modified by the decision-maker or until an order is entered by a court pursuant to a de novo hearing under subsection (4) of this section.

(4) (a) A party may file a motion with the court requesting that a decision of the decision-maker be modified by the court pursuant to a de novo hearing. A motion for a de novo hearing shall be filed no later than thirty days after the date the decision is issued pursuant to subsection (3) of this section.

(b) If a court, in its discretion based on the pleadings filed, grants a party's request for a de novo hearing to modify the decision of the decision-maker and the court substantially upholds the decision of the decision-maker, the party that requested the de novo hearing shall pay the fees and costs of the other party and shall pay the fees and costs incurred by the decision-maker in connection with the request for de novo hearing, unless the court finds that it would be manifestly unjust.

(5) A court order appointing a decision-maker shall be for a specified term; except that the court order shall not appoint a decision-maker for a period of longer than two years. If an order fails to specify the length of the court-ordered appointment, it shall be construed to be two years from the date of appointment. Upon agreement of the parties, the court may extend, modify, or terminate the appointment, including extending the appointment beyond two years from the date of the original appointment. The court may terminate the appointment of the decision-maker at any time for good cause. The court shall allow the decision-maker to withdraw at any time.

(6) A court order appointing a decision-maker shall include apportionment of the responsibility for payment of all of the decision-maker's fees between the parties. The state shall not be

responsible for payment of fees to a decision-maker appointed pursuant to this section.

(7) (a) A decision-maker shall be immune from liability in any claim for injury that arises out of an act or omission of the decision-maker occurring during the performance of his or her duties or during the performance of an act that the decision-maker reasonably believed was within the scope of his or her duties unless the act or omission causing such injury was willful and wanton.

(b) Nothing in this subsection (7) shall be construed to bar a party from asserting a claim related to the reasonableness or accuracy of any fee charged or time billed by a decision-maker.

(c) (I) In a judicial proceeding, administrative proceeding, or other similar proceeding, a decision-maker shall not be competent to testify and may not be required to produce records as to any statement, conduct, or decision, that occurred during the decision-maker's appointment, to the same extent as a judge of a court of this state acting in a judicial capacity.

(II) This paragraph (c) shall not apply:

(A) To the extent testimony or production of records by the decision-maker is necessary to determine the claim of the decision-maker against a party; or

(B) To the extent testimony or production of records by the decision-maker is necessary to determine a claim of a party against a decision-maker; or

(C) When both parties have agreed, in writing, to authorize the decision-maker to testify.

(d) If a person commences a civil action against a decision-maker arising from the services of the decision-maker, or if a person seeks to compel a decision-maker to testify or produce records in violation of paragraph (c) of this subsection (7), and the court decides that the decision-maker is immune from civil liability or that the decision-maker is not competent to testify, the court shall award to the decision-maker reasonable attorney fees and reasonable expenses of litigation.

(8) The decision-maker shall comply with any applicable provisions set forth in chief justice directives and any other practice or ethical standards established by rule, statute, or licensing board that regulates the decision-maker.

Source: L. 2005: Entire section added, p. 954, 1, effective June 2.

Screening for Domestic violence

In individual session:

1. Fear of violence or reports of violence between the parties
2. Police involvement? Protective order?
3. Potential for injury or volatility of situations
4. Other forms of abusive and controlling behavior
 - a. Level of psychological/economic coercion
5. Exposure by the children and risks to the children
6. Mental health problems
7. Drug or alcohol use problem
8. ABC
 - a. Attitudes toward use of violence, abuse and control
 - b. Behaviors or threats of behaviors that are violent, abusive and controlling
 - i. Dangerousness/lethality indicators
 - c. Consequences of violent, abusive and controlling behaviors or threats

PARENTING PLAN CHECKLIST

I. **Regular time sharing schedule** – including weekdays/weekends/who provides transportation/transfer location (i.e. parents home, neutral grounds: school, grandparent, library, McDonalds, halfway point)

Weekends: _____

Weekdays: _____

Transfer location: _____

II. **Holidays** – typically these take priority over the regular time-sharing schedule:

a. **FREQUENTLY CELEBRATED RELIGIOUS AND SECULAR HOLIDAYS (alternate yearly or shared with specific time for drop off/pick up:**

New Year's Eve/Day _____

Easter – Good Friday and Easter Sunday _____

Passover (1st and 2nd nights) _____

Rosh Hashanah (1st and 2nd nights) _____

Yom Kippur (evening and day) _____

Hanukkah (first night) _____

July 4th (overnight for fireworks) _____

Halloween (including who provides the costume) _____

Thanksgiving (Thurs., Fri., Sat., Sun.) _____

Christmas Eve/Day _____

Kwanza _____

Ramadan _____

Other religious/cultural important days _____

b. **THREE DAY WEEKENDS – specify individually (alternating yearly, shared or designate to be with parent having adjacent weekend)**

President's Day _____ Labor Day _____

Veterans Day _____ Memorial Day _____

Martin Luther King's Day _____ Columbus Day _____

c. **PARENTS SPECIAL DAYS/VACATION (exact time and person responsible for transportation)**

Mother's Day _____

Father Day _____

Parents' uninterrupted vacation periods – notice in writing?

d. **SCHOOL RECESSES**

Winter school recess - _____

Teacher workdays – may specify by adjacent weekend or alternate

Spring school recess _____

Summer school recess _____

e. **BIRTHDAYS (exact times)**

Parent's birthdays _____

Children's birthdays _____

f. **ACTIVITIES**

After school – whose choice? _____

Camp _____

Work _____

- III. Responsibility of Mother/Father with regard to:**
- Recreational activities _____
 - Discipline _____
 - Medical and dental visits _____
 - Children's gift giving _____
 - Daily supervision _____
 - Contact with extended family _____
 - On-going school activities _____
 - Significant others _____
 - Clothing _____
 - Religious activities _____
 - Haircuts _____
 - Curfews _____

IV. Alternate Arrangements – the following are provided for consideration:

- a. Both parents can reschedule upon mutual agreement (in writing).
- b. What type of alternate visitation can be arranged when one parent is in the military (active or non-active duty)?
- c. Right for first refusal: Should the designated parent be unable or unavailable to care for the children during the time listed, then the other parent will be given first option to care for the children during that time. If that parent is not available, does regularly scheduled parent make arrangements for child and notify other parent of child's alternate carecaker?
- d. No first option for care: if parent is unavailable, that parent forfeits time with the child? Or: parents are responsible to find appropriate alternate caretaker (i.e. baby sitter) if unavailable to care for child during their designated time.
- e. When are plans with one parent to be confirmed (24 hr/48 hr/one week's notice?) and how do each of parents notify one another of plans (verbally or in writing?)
- f. Alternate child care (is other parent given name and contact information of alternate caretaker/does child caretaker have both parent's contact information in case of emergency)
- g. Should there be verification before implementation of visit? Who calls whom? When? Is there a grace period if parent is late (15 minutes/1/2 hour)? Is time forfeited if parent does not call or arrive before grace period? What arrangements are there if parent is not home at return time?
- h. What if child has special activity during non-residential parent's time? Who is responsible for getting child there?
- i. Are anyone other than parents permitted to pick up and return children?
- j. What if the child is sick?
- k. If more than one child – any plans individualized time with child?

V. Who goes to child's special events? Grandparents? New Spouses? Significant others such as boyfriends, girlfriends? Does residential parent supply information regarding special events or is it non-residential parent responsibility for retrieving information?

- VI. **What information do you wish to have regarding your child?** When, where, and how will this information be exchanged?
- VII. **Telephone access** – specific days and/or times?
- VIII. **Any restrictions on medical, psychological, counseling, babysitters, dental, discipline, children’s trips, relocating?**

**ADDITIONAL PARENTING PLAN CONSIDERATIONS
(designate primary or shared responsibility)**

Education

School selection_____	Teacher Meetings_____
School attendance_____	Emergency card_____
School functions_____	Pick-up list_____

Enrichment activities

After school_____	Tutoring_____
School breaks, summer_____	Sports, music, dance, etc._____

Religious training

Medical care

Check ups_____	second opinion_____
Sick care_____	mental health_____
Dental/eyes_____	insurance_____
Birth Control_____	

Extended family and special friends

“Mom” and “Dad” references_____	Grandparents’ time_____
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Communication between parent and child

Schedule phone time_____	initiator of calls_____
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Communication between parents

Flexible_____	weekly parent calls_____
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Discipline

Who may administer?_____	type_____
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Safety/health issues (parent and child)

Smoking_____	tattoos_____
Drinking_____	piercing_____

Relocation

DECISION OF PARENTING COORDINATOR

To: Linda Smith and Rich Jones

From: Parenting Coordinator

Date: December 6, 2006

ISSUE: If either parent takes the child away overnight, what information should be given to the other parent and what contact should the other parent have with the child.

Parents' Positions

Rich states that he is a responsible parent and should be allowed to travel with Sarah (age 4) without having to report to Linda. He is concerned that Linda is trying to intrude on his time with Sarah by requesting contact information and extensive detail about their travel plans when in fact he can always be reached on his cell phone. He is not adverse to informing Linda that Sarah will be out of town, but does not want to provide more information, fearing that she will check up on him.

Linda contends that if Sarah is not going to be at her father's house, she has the right to know where she will be and to have contact with her. Linda believes that she should be aware of where Sarah is, if an accident occurred. In addition, she wants Sarah to be able to freely share information with her and not feel that she needs to keep secrets.

Decision

After discussion with both parents and review of all court orders, the Parenting Coordinator (PC) establishes the following procedure for times when either parent takes Sarah away from home overnight:

A) If either parent is going to be away **overnight** with Sarah and is **within 60 miles** from his or her residence, the following rules will apply:

1. The parent who does not have Sarah will be informed in advance that they will be away from home overnight without the need to say where they will be.
2. The parent who has Sarah must provide a contact number where they can be reached in case of emergency. The parent must keep his or her cell phone on and charged, and/or provide an additional telephone number.
3. The parent who does not have Sarah will not make phone calls unless there is an emergency. If there is an emergency telephone call and a message is left, the

traveling parent will return the phone call within a reasonable time. (This would need to be defined by the nature of the emergency but within a four hour time period.) At the agreed upon time, the traveling parent will initiate the nightly telephone call for Sarah to speak with the other parent.

B) If either parent is going to be away with Sarah **for forty-eight hours or more**, or is away overnight in a place that is **more than 60 miles** from her or his residence the following rules will apply:

1. The parent who has Sarah will inform the other parent at least 48 hours before the trip that they will be away and will provide the other parent with the location of the place where they will be and travel itinerary if on train, plane, or bus. The itinerary will include airline, flight number, times of departure and arrival.
2. When the parent arrives at her or his destination, s/he will place a phone call to the other parent with information about their safe arrival.
3. On the next day, and every day thereafter, the traveling parent will place a telephone call to the other parent so that the other parent can talk to Sarah at the agreed upon time (currently 7:00 p.m). If no call is placed by 7:30 PM (or one-half hour after the designated time) the other parent will have the right to call.
4. The same procedure as set out in paragraph A2 above will be sufficient for a contact number.
5. The same restrictions about emergency phone calls will apply as well as the return of such phone calls.

Rationale:

Most parents want to know where their child is sleeping.

I have attempted to accommodate Linda's realistic need to know when Sarah is not going to be at Rich's home and generally where she will be. At the same time, I have attempted to accommodate Rich's fear that Linda will intrude on his time with Sarah. Thus, for a single overnight within 60 miles, it will be sufficient to say that Sarah will not be at home.

Since the parents speak to Sarah each evening, this practice will continue whether Sarah is sleeping at home or not. It will be the responsibility of the parent who has Sarah to periodically check messages as well as to leave the cell phone on.

When Sarah will be away at a greater distance or for a longer time, more information is necessary so that the other parent can communicate effectively with Sarah about her experiences, and to reduce anxiety. Therefore, there are provisions for more detailed geographical information.

Finally, it is always important that the other parent be given detailed information when a child will be flying or traveling on public transportation.