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ABSTRACT

Parenting coordination is an innovative alternative dispute resolution process that assists separating or divorced parents who are deadlocked in high levels of conflict. The primary aim of this process is to reduce conflict between parents in order to support healthier child adjustment. Parenting coordinators (PCs) assist parents in disengaging from their couple relationship and replacing it with a co-parenting relationship that enables them to continue to effectively parent their children in a cooperative, if not a coordinated, fashion.

This cross-sectional descriptive study investigates PCs' perceptions about the process and the families engaged in it with them, based on a sample of PCs (n= 18) and families (n= 98) with whom they worked. PCs completed a survey about their closed or recently inactive parenting coordination cases. The present inquiry contributes to gaps in our knowledge about this emerging area of practice for social workers and other mental health clinicians, as well as attorneys.

Results indicated that parents in this sample were highly educated, middle-aged, White and only a small number had diagnosed mental health issues. Contrary to existing literature, parents in this sample were not perceived as having significant psychopathology. The rate of personality disorders and substance abuse in this population were low. The majority of PCs did not interview children as part of the process; however results indicate that interviewing children is possibly related to parents' goals being met.

The differences between this sample and results noted in the few other similar studies, as well as the implications for training social workers on diagnosing personality disorders and developing the skills necessary to effectively interview children are discussed.

WIDENING THE LENS: A SNAPSHOT OF PARENTING COORDINATION

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

Introduction

Parenting coordination is an alternative dispute resolution process that assists parents in a high-conflict relationship who are separating, divorcing or whose entrenched conflicts continue after the legal processes of separation and divorce are concluded. This process blends both legal and psychological aspects with the goal of resolving conflicts between these parents about their children (AFCC, 2006). The purposes of this comprehensive intervention are to improve communication, resolve conflict and increase these parents' ability to effectively co-parent their children (Mitcham-Smith & Henry, 2007). Parenting coordination is a relatively new intervention and the lack of empirical studies about this practice leaves a void in the current knowledge of the family law field. Further research is needed on the processes and outcomes of parenting coordination and "additionally, analysis of various demographic factors would provide useful information for preparing multi-culturally competent parenting coordinators and for meeting the needs of diverse co-parents and their children" (Henry, Fieldstone & Bohac, 2009, p. 695). These gaps in understanding about parenting coordination support the quest for continued investigation into this topic.

Parenting coordination is multidisciplinary in nature, and practitioners of this process are from law or various mental health professional backgrounds. According to Kelly (2008), "parenting coordinators [PCs] are most often licensed mental health professionals and/or family lawyers with extensive experience and expertise in divorce and child custody matters and

particularly with high conflict parents and cases” (p. 141). Social workers are among the service providers involved in parenting coordination; thus social work-based research on this topic is necessary because of its relevance to this cutting-edge area of practice. Studying parenting coordination presently may have direct implications for this practice as it evolves, rather than after the fact. Questions that remain unanswered about parenting coordination include who utilizes this service and how social workers can be better trained to address common problems families are struggling with when they engage in this process. The current study will offer useful information about parenting coordination for social workers and other mental health professionals who are providing these services.

The purpose of this cross-sectional descriptive study is to illustrate the current state of parenting coordination based on a sample of interdisciplinary PCs and families from one geographical area. This study design was chosen to gain a better understanding of the characteristics of parenting coordination and demographics of parents utilizing this service. Although a basic definition of this practice is offered by the Association of Family and Conciliation Courts (AFCC) in their Guidelines for Parenting Coordination (2006), more specific information about the details of the process is needed first, followed by information on the efficacy of this intervention. The quest for a more complete description of parenting coordination guides this research and a review of the literature.

CHAPTER II

Literature Review

Among the many couples who divorce, there is a small fraction who engages in very damaging high conflict. In 1980 the divorce rate peaked at 50% (Cherlin, 2010), and although that number has declined somewhat, divorce is still common and continues to negatively impact about 4 of every 10 adults and their children. While most divorces are resolved quickly (Amato, 2010), some families' high conflict prolongs the divorce proceedings, continues after the legal process is completed, and injures the children long after the divorce is final. These parents, who comprise 10-20% of all divorcing parents (Kelly, 2008), are deadlocked in a cycle of vicious interpersonal conflict and continued litigation (Pruett & Johnston, 2004; Sullivan, Ward & Deutsch, 2010). This minority of divorcing families uses an inordinately large amount of the family court system's resources (Coates, Deutsch, Starnes, Sullivan & Sydlik, 2004). The atypical and pervasive conflict between these parents creates a need for specific interventions targeted to help them protect their children from their conflict, reduce it, and learn how to co-parent effectively for the well-being of their children.

The Effects of Conflict on Children

There has been significant research on the impact of parental conflict on children. Parental discord and divorce have negative impacts on children's psychological well-being (Amato & Sobolewski, 2001). This impact on children has been found in academic performance, peer relationships and mental health (Bacon & McKenzie, 2004; Emery, 1994). While other

children have the opportunity to demonstrate resilience after the de-escalation of conflict after divorce, children in high conflict families continue to experience intense conflict (Kelly & Emery, 2003) for years; which leaves little space for recovery. Parents entrenched in high conflict are often unable to separate their anger with the other parent from their interactions with their children. Accordingly those children are more likely to experience problems in adjustment when they are used as an expression of those vengeful feelings (Kelly & Emery, 2003).

When parents are in conflict, children respond in different ways depending on their developmental level. Children who are preschool-age or younger are unable to fully comprehend the meaning of their parents' conflict. Consequently these children are more likely to see themselves as the cause of the conflict which results in a sense of guilt and a poor self-image (Deutsch & Pruett, 2009; Pruett & Barker, 2009). Children in this age group can exhibit increased temper tantrums (Clarke-Stewart & Brentano, 2006), oppositional or aggressive behaviors and regression in areas in which they were once independent; such as toilet training and sleeping habits (Pruett & Barker, 2009). These children can also exhibit behaviors such as irritability, clinginess to one parent and physical resistance to the other parent (Johnston, Roseby, & Kuehnle, 2009). Parents who are engaged in high levels of conflict are often preoccupied with their conflict, resulting in less emotional availability for their children. This causes many preschoolers to exhibit a lack of emotional security (increased anxiety, fear of abandonment, uncertainty about who to trust), putting their sense of a 'secure base' at risk (Bowlby, 1973; Deutsch & Pruett, 2009; Pruett & Barker, 2009).

The effects of parental conflict on school-age children include decreased academic performance (Pruett & Barker, 2009), increased self-reliance (stemming from a diminished capacity to depend on their parents to get their needs met) and a propensity to align themselves

with one parent to avoid loyalty conflicts (Deutsch & Pruett, 2009). Due to their parents' emotional unavailability, children in conflicted divorce situations may be unable to integrate the positive and negative aspects of themselves or internalize the idea that they are loveable (Johnston et al., 2009). They rely on others to maintain a positive sense of themselves and are therefore devastated when they get into trouble or are rejected by peers (Johnston et al., 2009). School-age children receive conflicting messages from their parents about who to ally with, which is likely to result in moral confusion and inconsistent standards of right and wrong (Johnston et al., 2009).

Research on young adults whose parents have divorced under conditions of high conflict illustrate continued negative consequences for this population. Riggio (2004) found that young adults whose parents engaged in high conflict when they were children had poorer relationships with their parents than did their peers living in lower conflict families, which continued as they got older. The young adults in this study also reported less social support and higher anxiety in intimate relationships than their peers. Turner and Kopiec (2006) found that young adults who were exposed to interparental conflict as children or adolescents were significantly more likely to experience major depressive disorder and alcohol abuse or dependency than their peers from families engaging in less conflict. Additionally, the results indicated that these young adults had significantly lower self-esteem than their peers. Similar to the conclusions made by Riggio (2004), these authors also found that young adults who experienced interparental conflict had difficulty in their relationships with their parents and in their own romantic relationships.

Theories to Explain High Conflict

Different theories exist to explain why high conflict persists in certain families. These theories provide a foundation for current parenting coordination interventions. Family systems

theory states that all members of a family are connected and that one person's actions affect the rest of the family system and vice versa because they are one unit (Minuchin, 1974). Every family has subsystems comprised of individuals and dyads. There can be an executive parental subsystem, a sibling subsystem, and others based on generation, sex, or function (Minuchin, 1974). Each subsystem creates boundaries that differentiate it from the others. The need for these boundaries to be clear is paramount for healthy family functioning and families experience major challenges if they are not (Minuchin, 1974). When parents separate the entire family needs to change to accommodate this transition; new subsystems and boundaries must develop (Minuchin, 1974). Emery (1994) asserts that "the lack of clear boundaries is one of the major sources of conflict and distress in the relationships between members of the divorced family system" (p. 20).

For example, divorced parents have to separate their parenting functions from their spousal functions and when they cannot, boundaries are blurred and the children are negatively affected. In some families the boundaries between parents and children become diffuse: manifested when the parent treats the child like a peer, using the child to fulfill his/her need for companionship and support. On the other end of the extreme, the boundaries become too rigid as is the case when a parent alienates and disengages from a child based on that parent's unresolved relationship with the other parent. These unclear boundaries have devastating effects for children's sense of autonomy or belonging and increase disruption of the entire family system (Minuchin, 1974).

Another significant component of family systems theory is the concept of enmeshment, which refers to families who have little or no boundaries, constant communication and very little distance between members (Minuchin, 1974). The autonomy of highly enmeshed family

members is compromised and therefore they are compelled to continually interact with each other in order to maintain their sense of self (Minuchin, 1974). Emery (1994) asserts that enmeshment keeps these spouses tied together and "even though many separated and divorced partners vehemently deny harboring any feelings for their former spouses... contentious divorced couples... need to be less friendly, communicate less frequently, and be more distant" (p. 35). These conflicted and enmeshed couples need to learn to emotionally separate from one another, and instead of continuing to relate to each other as partners, need to learn how to be co-parents (Mitcham-Smith & Henry, 2007). One idea of how enmeshed couples can become less involved with each other and adopt co-parenting roles is to assist them in developing a more casual and less intimate relationship. In this way they are encouraged to deal with each other more like business partners who speak to each other as needed, but lead separate lives. Co-parents are disengaged from the emotional entanglement of their own relationship and instead interact solely or predominantly about the children and their best interests. The parenting coordination process aims to assist parents in developing this type of parallel parenting relationship (Coates et al., 2004).

Another pertinent theory that explains why some parents engage in high conflict is object relations theory. According to this theory, and similarly to the family systems concept of enmeshment, high conflict couples could be viewed as having problems with separation-individuation. This is a process by which people come to recognize themselves as separate, unique individuals and understand others in the same way (Flanagan, 2008). When a couple divorces, partners may be able to mourn the loss of the relationship if they previously experienced their spouse as a whole object separated from them by clear personal boundaries (Demby, 2009). Parents engaged in high conflict do not view their ex-spouse as a separate

object, but rather as part self-objects they have internalized from previous relationships (Johnston & Campbell, 1988). When they are experienced as self-objects, they are "desperately needed, cannot be let go of and cannot be allowed to live a new independent life" (Demby, 2009, p. 480). Former spouses view the other person as an extension of themselves that they should be able to subsume and thus control. They are compelled to gain power over the other person and utilize litigation and constant conflict as efforts to do so.

A relevant concept in object relations theory is that of splitting as a defense mechanism. Splitting refers to the process by which a person experiences the positive and negative aspects of another person (or themselves) as completely separate (Flanagan, 2008). Parents immersed in high conflict can view their ex-spouse as an entirely bad person, and previously experienced positive traits are denied. As this splitting occurs, these parents view themselves as being in an extreme conflict where they have to annihilate the other person or they will be annihilated (Demby, 2009). This splitting defense serves to keep anger active and the pain of the separation out of conscious awareness. The insights into the behavior of high conflict parents provided by object relations theory can be a helpful way to view these families as PCs work to assist them in extricating themselves from each other.

Finally, Margolin, Oliver and Medina (2001) discuss social learning theory when describing impacts on children living in these high conflict families. This theory suggests that "interparental hostility and aggression likely impart messages to children condoning aggression in intimate relationships. Moreover, the short-term positive outcomes often associated with aggressive behavior may teach children the functional value of such behaviors" (p. 12). Therefore high levels of conflict between parents also have implications for children's behaviors in future relationships; broadening the negative consequences for children well past the time of

the divorce. Destructive interparental conflict reduces children's emotional security by decreasing their confidence in their parents' ability to preserve the family, as well as protect and support them (Cummings & Davies, 2010). These parents tend to be "unaware and have minimal understanding regarding the effects of their high conflict behavior on the children" (Mitcham-Smith & Henry, 2007, p. 368).

Common Interventions for Divorcing Parents

As these high conflict families continue to utilize a disproportionate amount of legal resources, the family court system has tried different interventions to help them- such as parent education programs, mediation and counseling (Coates et al., 2004; Henry et al., 2009). Many family court systems work under a tiered service model, although the structure of the model differs by jurisdiction. This model funnels families into the court system starting with the least directive service (typically parent education programs and mediation), working their way up to the most directive, as needed (Salem, 2009).

Parent education programs are widespread and serve to give parents information that is intended to mitigate the effects of interparental conflict on children's adjustment (Deutsch, 2008). These programs vary according to each court system; but generally range from simply increasing parents' knowledge of the negative effects of conflict on children to augmenting parenting skills associated with staying engaged, authoritative, and focused on their children (Kierstead, 2011; Pruett & Barker, 2009). A correlational study by Sandler, Miles, Cookston and Braver (2008) concluded that in order to improve the adjustment of children with divorcing parents, parenting coordination and other intervention programs working with these families need to "include components focused on reducing conflict and improving the quality of parenting by both parents" (p. 293).

Mediation is a common alternative dispute resolution process emphasizing cooperation between parents instead of the competition inherently fostered by litigation (Emery, Sbarra, & Grover, 2005). The mediators who guide this informal process act as an impartial third party when meeting with parents and are usually mental health professionals or those with training in family conflict and dispute resolution (Beck & Sales, 2001). During mediation parents actively work together to reach agreement, rather than passively receiving settlements imposed upon them by judges. The goals of mediation are to foster ownership of these parenting agreements and satisfaction as a result of ownership; hopefully leading to self-determination and empowerment of parents in this challenging process (Salem, 2009). Mediation has been shown to be effective, often resulting in higher rates of agreement between parents and fewer court hearings (Emery, 1995). On account of this effectiveness and the beneficial outcomes both for families and the legal system, the mediation process has become widely-used and encouraged by courts and mental health professionals (Beck & Sales, 2001). Despite its effectiveness with many families, mediation is not assumed to be as useful for higher conflict families, although it can be. Emery (1995) asserts that families with uncontrolled conflict, evidenced by constant relitigation and exposure of children to constant conflict, need more intensive intervention in addition to mediation. Enmeshed couples and those locked in battle are less likely to benefit from mediation (Cohen, Luxenburg, Dattner & Matz, 1999), as these families need more direction and boundary maintenance support than mediation provides.

Referrals to psychotherapy are less common and usually reserved for specialized cases, such as those with families in which a child has extreme behaviors or refuses to see one parent (Deutsch, 2008). However, many of these parents are struggling with mental health issues and therefore might benefit greatly from therapeutic interventions. Scharff (2004) asserts that high

conflict families do not voluntarily seek therapy, but are often sent as a last resort. Often these parents enter therapy looking for the therapist to be an additional person to support them in court, which makes the process of therapy challenging (Scharff, 2004).

Another type of intervention used by family court is custody evaluations. These evaluations are more directive and intrusive in nature than previously mentioned services, and are usually ordered by the court when parents are unable to develop their own plan for co-parenting or when there is domestic violence, child abuse, or mental health issues (Deutsch, 2008). There are two types of custody evaluations- comprehensive evaluations which take on average two to six months to complete, and brief focused evaluations which are ordered to answer a specific legal question and take about five to ten hours to complete (Deutsch, 2008). Many of the families engaged in parenting coordination have already had custody evaluations completed.

Although these interventions have proven useful with the general divorcing population, a more targeted intervention is needed for most high conflict families (Mitcham-Smith & Henry, 2007) and efforts to address this specific population has resulted in the development of parenting coordination. Curbing the destructive impact of conflict for the children of these high conflict families is an important consideration for any intervention created to help them. The parenting coordination process is recommended most often for families who have shown an "inability to protect their children from the impact of their conflict" (AFCC, 2006, p. 165).

Parenting Coordination as a New Intervention

Parenting coordination is an intervention that combines aspects from the legal, mental health and alternative dispute resolution fields (AFCC, 2006). This practice evolved in the early 1990s (Coates et al., 2004) and its use has expanded since then. The growth of this field and

subsequent need for uniformity across jurisdictions was identified in 2001 when the AFCC created a task force charged with creating a set of guidelines for the practice of parenting coordination (AFCC, 2006). Recently the American Psychological Association (APA) has also published their own set of guidelines for parenting coordination, with the aim of giving direction to psychologists practicing within this multidisciplinary field (APA, 2012). Social work has yet to produce a set of guidelines, although many social workers are involved in the process.

The primary goal of parenting coordination is to assist parents in establishing effective co-parenting skills in order to create an emotionally safe environment within the new family structure for the children (Mitcham-Smith & Henry, 2007). This is different from other interventions where the focus is on the parents and their disputes, in addition to the best interests of the children involved (Mitcham-Smith & Henry, 2007). One goal of these commonly used interventions is to assist parents in developing more positive interactions with each other so they can work past the issues in their dyadic relationship, eventually and secondarily affecting their relationship with the children. Parenting coordination diverges from this model because its primary aim is to reduce conflict and support child adjustment. One way these goals are accomplished is by assisting parents in improving their relationship so they can parent their children more effectively in spite of the changes and troubles in their lives as a consequence of the separation. Reduction in conflict between parents is paramount; however improvement in communication strategies, education on dealing with each other in a business relationship, and for acting civilly when transitions are made- all have the goal of improving the co-parenting relationship for the sake of the children. These interventions aim to strengthen parent problem-solving strategies. Parenting coordination is not first and foremost a skill building intervention, but it does explicitly attempt to do so.

Participation in parenting coordination can come about in two ways: either parents mutually consent to participate or they are ordered by the court to engage in the process (Kirkland & Sullivan, 2008). PCs work with parents on implementing their parenting plan and reducing conflict about the plan. They also may make decisions for the parents when an agreement cannot be reached, and they are often asked to report back to the court (AFCC, 2006), making parenting coordination a non-confidential process. This non-confidentiality has important implications. First, it allows PCs to use all information they have (from the parents, the court and other relevant sources) to assist in quickly resolving disputes between the parties (AFCC, 2006). Additionally parents are informed at the beginning of the process that it is not confidential, which may act as a safeguard for excessively challenging behavior since the parents know everything can be reported to the court. The non-confidentiality of this process helps provide boundaries for parents, motivates them to try their best to be cooperative, and gives PCs the freedom to act with authority if the process does not go well.

Research on Parenting Coordination

Since parenting coordination is a young field, research on it is sparse. One study about parenting coordination by Lally and Higuchi (2008) describes the American Psychological Association (APA) Parenting Coordination Project which began in 2004. In this project supervised psychology doctorate students are trained to be PCs who provide free parenting coordination services to low-income families (who normally would not have access to such services). The authors of this study describe some of the unique issues encountered during the project. One issue that arose because of the complexity of the cases was that doctoral student PCs needed intensive supervision similar to the training model in law where a new attorney works closely with a more experienced attorney (Lally & Higuchi, 2008). They also faced

challenges working with low-income and ethnically diverse families including the following: most families did not have parenting plans in place so the student PCs drafted them, the PCs sometimes acted as more of a case manager for the families helping them find basic community resources, and the PCs had to be flexible in their scheduling of meetings since many of the families worked long hours without the ability to take time off work (Lally & Higuchi, 2008). These challenges combined make the population of this study different from what is known about the common population of families who use parenting coordination. Typically families who are engaged in this process are higher in their socioeconomic status, have custody evaluations already in place, can access an extensive support system, and are utilizing other interventions (Lally & Higuchi, 2008).

The authors of this study also described some initial outcome data for the project. Satisfaction surveys were given to judges, attorneys and guardian ad litem (GALs) who were involved in the cases. Judges reported overall positive satisfaction with the PCs and the parenting coordination process. Most of the attorneys reported positive ratings but some said the process was unhelpful, and the two GALs' ratings were split in half- one said it was helpful and one said it was not (Lally & Higuchi, 2008). The authors of this study concluded that parenting coordination was originally created for families with higher incomes and thus needs to be adjusted to suit low-income families. They also suggest that parenting coordination could possibly be used for cases with more moderate conflict (rather than the high conflict families it was originally created for), but advise further research to determine more about the efficacy of the process. Generalizability of this study is limited because efficacy is difficult to determine when these highly challenging families are working with trainees who have limited experience and expertise in this field.

The purpose of a case study on parenting coordination by Henry et al. (2009) was to determine if there were changes in the number of court motions filed by high conflict parents after they completed the parenting coordination process. The sample in this descriptive study was randomly drawn from the total number of couples who were court-ordered to parenting coordination in one circuit court during 2006. Then based on the amount of case material accessible, a convenience sample consisting of 49 couples who identified primarily as Latino was selected. This was a small and highly unrepresentative sample. The researchers found that 60% of the couples filed almost 50% fewer total court motions and 75% fewer child-related court motions after utilizing the parenting coordination process (Henry et al., 2009). The authors also described demographics of the families in their sample: most were married 5-9 years before separating, were in the court system for 0-2 years before being ordered to participate in parenting coordination, and had children between the ages of 5-8 years old (Henry et al., 2009). This study suggests that parenting coordination is an effective intervention with high conflict families. However the authors admit that there are some limitations to their study: they did not use a control group of couples not assigned to parenting coordination, they did not account for mediating variables as to why the number of motions decreased, and qualitative data received from the co-parents would yield more definitive data about the effectiveness of this process (Henry et al., 2009). The authors recommend further research on parenting coordination and suggest that courts, lawyers and families need to be educated about parenting coordination as an option and that PCs be trained to work with diverse families and those who have never been married, i.e. cohabitating parents (Henry et al., 2009).

According to two studies that surveyed PCs, the professionals providing these services are both mental health professionals and legal professionals (Fieldstone, Carter, King & McHale,

2011; Kirkland & Sullivan, 2008). Kirkland and Sullivan (2008) surveyed 54 practicing PCs to gather data about the field. The results of the survey indicated that this sample of PCs had been doing this work for 8 years on average and an average of 40% of their practice time was devoted to parenting coordination. Most of the PCs in this sample do the work under court order and use a written parenting coordination agreement that outlines the scope and process of the work. The majority of PCs in this study reported both individual and joint meetings with parents, mostly in their offices. Interventions utilized by these PCs include education, facilitating agreements, and teaching negotiation and conflict resolution skills (Kirkland & Sullivan, 2008). The authors suggest that additional research focus on interventions and methods of communication utilized with parents in the parenting coordination process (Kirkland & Sullivan, 2008).

Fieldstone et al. (2011) surveyed 67 PCs practicing in the state of Florida in 2009. From this extensive survey they received information on the background and training of these PCs, fees charged, frequency of meetings with parents, perceptions of co-parents and interventions utilized for specific types of families. The PCs in this sample included both mental health professionals and legal professionals, who averaged about 7 years of experience in the parenting coordination field. Responses to the survey were similar across PCs, despite differences in discipline.

Building on these two studies that investigate the role of PCs, it would be beneficial for future studies to describe more information about the problems parents face when they enter the parenting coordination process and the specific interventions utilized by PCs in their work. Although the empirical studies conducted by Lally and Higuchi (2008) and Henry et al. (2009) point to the possible effectiveness of parenting coordination, there is little published knowledge about the process rather than the outcomes of this intervention. As both of these studies suggest,

much more extensive research is needed about parenting coordination and this research project aims to gather some of that missing information.

Study Aims and Purpose

In order to better serve high conflict families, social workers need to conduct a more thorough exploration of parenting coordination. The present investigation seeks to increase accepted knowledge of this innovative process. The research question addressed by this study is the following: In a sample of cases, what can be learned about how parenting coordination is practiced? Within that overarching question, the following sub-questions will be examined: What are the professional backgrounds of PCs? Which specific parenting coordination interventions are utilized with families? What are the salient parent characteristics and co-parenting issues of parents?

CHAPTER III

Methodology

This quantitative study investigates demographic and professional characteristics of parenting coordinators, psychological characteristics of the families using this process, and how PCs work with families. These data were collected from a survey of PCs currently practicing in the field. This was designed as a cross-sectional descriptive study because the aims of the study are to identify trends and describe characteristics of the sample.

Sample

The sample for this inquiry was gathered using a nonprobability convenience sampling method. Participants in this sample were 18 parenting coordinators in a professional peer supervision group in New Jersey. My research advisor offered to work with these PCs to provide them with information from a survey they developed and she edited. She is making the data available to me for my thesis. However due to the convenience of this sample (and the inherent inability to gather a sample that is diverse in many respects), it is not representative of all parenting coordinators. However, it is representative of the caseloads of a group of PCs who practice fairly extensively in a location where the parenting coordination process is used widely.

The PCs in this study were actively working with families for whom they provide parenting coordination services; however cases included in this study are closed cases which have been completed or those in which the PC is not currently working with the family. The 98 cases reviewed for the present study were those in which the PCs worked with the families for a

minimum of three months. This sample consists of 13 females and 4 males. Ten (55%) of these PCs have a mental health background (social work, marriage and family therapy, or psychology), while 2 (11%) have a legal background (lawyer or mediator).

Data Collection

A 28-question survey (included in Appendix A) with both open-ended and close-ended questions was utilized to collect information addressing this study's research questions.

Demographic data such as sex, primary professional affiliation/license and amount of time working as a parenting coordinator were collected from this sample. Other information on the survey included the following: what interventions were used with the families, what mental health challenges and other problems the parents in these families faced, and the co-parenting issues with which the parents were dealing. This information was gleaned by the PCs from the records they have on their work with these families.

Each PC was asked to complete a written survey for at least 6-8 of their completed PC cases for a record review and to remove any identifying information about the clients. The survey was designed to take about 30 minutes per case, and was a self-report measure with the PCs completing each survey without external administration. The surveys were collected over a period of 6 months by my advisor and passed along to me. Since the data collected were not original data from human subjects, this project did not require a human subjects review and approval.

Data Analysis

In order to analyze the data received from this sample, descriptive statistics were used, both to assess the demographics of the parenting coordinators and the demographics of the families receiving services. Descriptive statistics were also used to characterize interventions

utilized by the parenting coordinators and mental health characteristics of the families in the parenting coordination process. Analyses of the data were completed using the Statistical Package for the Social Services (SPSS) program.

CHAPTER IV

Results

Parenting Coordinators (PCs)

Of the 18 PCs who completed surveys about their cases, 8 (44%) were psychologists, 2 (11%) were social workers, 2 (11%) were lawyers, and 6 (33%) checked multiple professional backgrounds of the available choices (psychologist, social worker, marriage and family counselor, lawyer and mediator).

A large majority of this sample was female (77%) and had formal training on parenting coordination (94%). The average number of years respondents had been working as a PC was 7 (mean= 7.3, SD= 3.3, range= 3-15).

Parenting Coordination Interventions

The PCs in this sample utilized various interventions with families. Six of the most common topics were: selection and coordination of children's activities (56%), management of transitions (54%), parent education (48%), development of a parenting calendar (46%), recommendation of rules for parent to child communication (42%), and making collateral contacts for the purpose of making recommendations (42%). Of these, the most commonly used intervention was the recommendation of rules for parent-to-parent communication (64%). About one-third of the PCs in this sample made collateral contacts for case management (34%) and set up a plan to divide parenting responsibilities (32%). The one intervention that stood out as being least commonly used was monitoring drug and alcohol screens, which only 4% of the PCs did.

Parent Characteristics

Age, race/ethnicity, education

In the 98 cases reviewed for this study, the average age of fathers was 46 (SD= 3.3, range 23-62) and 85% of them were Caucasian. Most of the fathers (80%) achieved a post-secondary educational level (defined as earning a college or graduate/professional degree).

The average age of mothers was 44 (SD= 5.6, range 22-54) and 87% of them were Caucasian. A large majority of the mothers (84%) also held post-secondary degrees, which is comparable to the fathers in this sample.

Diagnosed mental health issues

The number of parents in this sample who had diagnosed mental health issues was minimal. Substance abuse was noted in 7% of fathers and 5% of mothers. The percentage of fathers and mothers who had a diagnosed personality disorder was exactly the same: 10%.

Criminal background

Few fathers (5%) or mothers (1%) in this sample had criminal records, only 3% and 4% were for violent offenses, respectively. Table 1 provides statistics for characteristics of the parents.

Table 1

Parent Characteristics

	Fathers	Mothers
Age	45.7 (mean) 23-62 (range)	43.7 (mean) 22-54 (range)
Race/Ethnicity	Caucasian (85.4%)	Caucasian (87.4%)
Education	College/Graduate Degree (79.7%)	College/Graduate Degree (83.9%)
Personality Dis.	10.3%	10.3%
Substance Abuse	7.2%	5.2%
Criminal Record	5.4%	1.1%
Violent Offense	3.4%	3.6%

Co-parenting Issues

Over half of the families in these cases struggled with the following 8 co-parenting issues: hostile or critical communication (79%), disagreement on parenting style (69%), disagreement on children's rules and routines (67%), threats against each other (61%), use of children as a conduit of information (58%), inability to control their anger in talking to one another (57%), providing the children with adult information about their relationship with the other parent or the court case (56%), disparaging the other parent to the children (53%), and making unilateral decisions regarding the child (50%).

Additional co-parenting issues that were less common, but affected at least one-third of families included the following: interrogation of the children about the private life of the other

parent (44%), arguments over money (43%), refusal to share information with the other parent about the child (40%), asking children to keep secrets from the other parent (35%), and disagreements on discipline (33%).

Fewer parents struggled with issues such as are irresponsibility as exhibited by not showing up for visits with the children and not keeping agreements reached (18%), not allowing the children to have private communications with the other parent (14%), and refusal to sign releases giving the other parent access to information on the child (14%). The least common co-parenting issue in this sample was encouragement of the children to refer to a partner as mom or dad (3%). Table 2 shows the most common issues noted in descending order.

Table 2

Co-Parenting Issues Endorsed in Percentages

Issue	Percent Checked
Can't communicate with each other without hostility or criticism	79.4
Disagree on parenting style (permissive/authoritarian)	69.1
Disagree on rules and routines for the child (sleep, amount of TV)	67
Threaten each other- more court action, etc.	60.8
Use the children as a conduit of information (ask child to deliver a message, etc.)	57.7
Can't control their anger in talking to one another	56.7
Provide the children with adult information about their	55.7

relationship with the other parent, the court case, etc.	
Disparage the other parent to the children	52.6
Make unilateral decisions regarding the child such as determining the school, doctor, activities, etc.	49.5
Interrogate children about the private life of the other parent	44.3
Argue over money	43.3
Don't share information with the other parent regarding school, medical issues or extra-curricular activities	40.2
Ask the children to keep secrets from the other parent	35.1
Disagree on discipline	33
Consider their own needs	26.8
Don't comply with the visiting schedule	23.7
Actively work on alienating the children from the other parent	21.6
Are irresponsible: not showing up for visits with the children, not keeping agreements reached	17.5
Don't allow the children to have private conversations with the other parent	14.4
Don't sign releases giving the other parent access to information on the child, or facilitating picking the child up from school, etc.	14.4
Encourage the children to refer to a partner as mom or dad	3.1

Parents' Motivation and Case Outcome

Both parents were positively motivated to participate in the parenting coordination process in a little more than half the cases in this study (n= 49, 52%). One parent was positively motivated to participate while the other was not in 35 cases (37%), and of these, the father was positively motivated (23%) more frequently than the mothers (14%). Both parents were reluctant to participate in about 11% of the cases (n= 10).

When both parents were positively motivated to participate, they were more likely to meet the PC's goals for them. Out of the 11 cases in which the parents' goals were met, 8 of them (73%) were cases in which both parents were positively motivated to participate. Parents' goals were met in only 2 cases out of 11 (18%) when one parent was positively motivated and 1 case in 11 (9%) when both parents were reluctant. Therefore, even if one parent was positively motivated, parents were not likely to meet the goals set for them. If both parents were not positively motivated to participate, the parenting coordination process seems to be less helpful, while dual motivation seems to be an important element in this sample for reaching goals set for them by the PC.

Parents terminated the parenting coordination process in 7% of all cases, and of those that were terminated by the parents, 57% were cases in which both parents were motivated to participate. PCs also terminated the process in 7% of all cases, and of those, 43% were cases in which both parents were motivated to participate. Therefore, termination of the parenting coordination process does not appear to be related to the level of motivation of the parents at the outset of the process.

Interview of Children and Case Outcome

Parenting coordinators in the vast majority of the cases in this study (88%) did not interview the children. In 100% of the cases in which either the PC or the parents terminated the process, children were not interviewed. In addition, the children have not been interviewed in most of the cases that remain open (86%). PCs interviewed the children in 17% of the cases in which parents reported meeting their goals; moreover, this was the only category (i.e. goals met, terminated by parents, terminated by PC, case still open) in which children were interviewed. Although the process of parenting coordination focuses on improving the parental relationship for the sake of the children, it appears that interviewing the children is not a common practice among the PCs in this study. However, results are suggestive of the possibility that interviewing the children may be related to parents' goals being met.

Court-ordered Participation and Case Outcome

In this study, parents were court-ordered in 91% of the cases to participate in the parenting coordination process. In the cases in which the parents' goals were met, 100% of them were court-ordered to participate. It appears that being court-ordered did not preclude parents from meeting their goals. In cases in which the PC or the parents terminated the process, 86% and 71% respectively, were court-ordered.

Attorney or Judge Contact and Case Outcome

Attorneys had contact with PCs more frequently than judges in these cases; 55% and 18% respectively. PCs had contact with one or both attorneys in 86% of the cases they (the PCs) terminated. PCs had contact with one or both attorneys in 57% of cases in which the parents terminated the process. PCs had contact with judges in 57% of cases they terminated. Judges had

contact with PCs in 8% of cases in which the parents' goals were met, and not at all in cases in which the parents terminated the process.

CHAPTER V

Discussion

Results of this study illustrate the nature of the practice of parenting coordination across multidisciplinary parenting coordinators in New Jersey. In this study, 18 PCs were surveyed about 98 cases. The PCs had backgrounds in the legal field (11%), mental health field (55%), or both disciplines (33%). PCs completed surveys about closed cases, or those in which they were not currently seeing the family. The surveys were collected over a period of six months and analyzed for descriptive statistics.

These PCs used multiple interventions at high rates - the most common were recommendation of rules for parent-to-parent communication, selection and coordination of children's activities, management of transitions, and parent education. The wide number of interventions suggests that in parenting coordination there is a need to utilize many varying interventions, depending on the families' needs.

PCs' observations of co-parenting issues experienced by the families covered a spectrum of challenges, the most common being hostile or critical communication, disagreement on parenting style, disagreement on children's rules and routines, and use of threats against each other. Contrary to what is commonly discussed in the literature (Coates et al., 2004; Johnston et al., 2009) this group of parents was not considered by their PCs to have a high rate of personality disorders or character-related diagnoses.

Results also show how both parental motivation and mandatory participation can play a positive role in case outcomes. When both parents are positively motivated to participate in the parenting coordination process, they are more likely to reach the goals set for them by the PC. Most parents in this study were court-ordered to participate in parenting coordination, but interestingly, all cases in which the parents met their goals were those in which it was mandatory for them to participate. Results of this study are consistent with the widely-accepted knowledge that this field is complex and multi-faceted (APA, 2012). Additional results are discussed in further detail below.

Parent Characteristics

The families in this study were comprised of White parents in their mid-40s who have high levels of education (college or graduate/professional degrees). There is little information in research studies about the families who engage in parenting coordination. In a study of a Florida circuit court by Henry et al. (2009), Hispanics constituted the largest racial/ethnic group and fathers tended to be employed in positions that required an advanced degree. Lally and Higuchi's (2008) sample consisted of African American families in Washington D.C. with low incomes. In both of these studies, the authors acknowledged that their demographics were unrepresentative of the larger population of families involved in parenting coordination. In the present study, the majority of families represented a higher educational class. Therefore the data in this study seem to be more consistent with the accepted knowledge that the average family receiving parenting coordination services can afford to pay out-of-pocket for them (Coates et al., 2004; Fieldstone et al., 2011; Henry et al., 2009; Lally & Higuchi, 2008; Kirkland & Sullivan, 2008). The parents involved in parenting coordination in this study would seem from their educational levels to be able to pay privately. This is an important aspect of the field since the only known places in

which PC work is done for low-income families is the 9th circuit in Miami, Florida and in Washington, D.C. The high cost of parenting coordination services restricts growth of the field, since parents with financial resources are often the only ones who can consider it a feasible option. It is therefore not likely to be utilized by the the majority of separating parents. In order for parenting coordination to be a beneficial intervention to the maximum number of families and family court systems, it needs to be widely available and economically reasonable for all separating parents who are entrenched in conflict.

The literature has indicated that parents who engage in high conflict and parenting coordination are more likely to have personality disorders and other psychological challenges than are parents from the general divorcing population (Coates et al.; Johnston et al., 2009). Even if these parents behave appropriately in relationships with co-workers or friends, within the conflicted divorce their symptomology may become pronounced, such that they behave irrationally and can even appear psychotic (Johnston et al., 2009). Parenting coordination, specifically, is a process usually reserved for parents with significant psychopathology (Johnston et al., 2009). The results of the present study suggest otherwise. PCs indicated that only a small number of parents had diagnosed mental health issues, including personality disorders and substance abuse. This divergent finding raises many questions. Is this sample rarer than the general population of families involved in parenting coordination? It is unlikely that higher-functioning families were sought out by these PCs since the vast majority of these families were court-ordered to participate. It may be possible however, that a social desirability bias is present and these PCs selected their cases with the highest-functioning families for review in this study. Or are the PCs in this sample unable to observe character pathology in this sample? It is interesting that the PCs in this sample are clearly able to discern the hostility and criticism

between these parents (as seen in the number one reported co-parenting issue), but are less likely to see evidence of personality disorders. This may be a function of how the question was worded. Asking about specific diagnoses rather than the PCs' observations may have limited the PCs' ability to answer the question accurately.

Another reason may be that this sample consists of a number of PCs with a legal background, who without specialized mental health training, may be more likely to miss severe character pathology. It is possible that PCs with a mental health background may be more effective in their work with these parents because the ability to recognize symptomology allows PCs to choose interventions that can address parents' concerns. At the same time, mental health professionals may be able to address psychological needs of parents without counterproductively challenging their characterological defenses. PCs trained in mental health disciplines can recognize personality disorders more readily and can potentially intervene in the most effective way to increase the chances of positive outcomes for the children.

Interviewing Children

PCs in the field have differing opinions about the necessity of interviewing children as part of the parenting coordination process (Kelly, 2008). The vast majority of PCs surveyed by Kirkland and Sullivan (2008) reported routinely performing collateral interviews with adults as part of their work. Collateral contacts with therapists, coaches, teachers and pediatricians are specifically highlighted to show how PCs determine a child's true feelings or needs separate from the parents' assumptions (Kirkland & Sullivan, 2008). Consistent with the data in the present study, the majority of PCs did not interview children as part of the parenting coordination process, but they did also make extensive use of collateral contacts. It appears that when working with these highly conflicted parents, speaking with other people to gather more comprehensive

information about the situation aids PCs in their work. However, it is interesting that children are not usually seen as possessing significant information that could be helpful for the parenting coordination process.

This has also been the case in mediation; historically children have not been included as part of the process. However, recent research suggests that approach is misguided and may need to change. A study by McIntosh, Wells, Smyth, and Long (2008) analyzed outcomes of child-focused (children were not interviewed) and child-inclusive (children were interviewed) mediation. They found that while conflict decreased for both groups, families in the child-inclusive group had unique benefits including improved relationships between the parents and between each parent and the children, as well as increased emotional well-being in the children. Perhaps parenting coordination will evolve in a similar direction.

The results of the present study show that few PCs interview children as part of their work with families. This ability to overlook the children's opinions, in a process that is so heavily driven by the best interests of the children, raises further questions. Since children are a part of the family system, would parenting coordination be more effective if they were interviewed as part of the process? This might be especially true in families with school-age children or adolescents who are considered developmentally competent to voice their opinions, preferences and feelings.

In the present study, PCs interviewed the children in 17% of the cases in which parents reported meeting their goals; and this was the only category of case outcomes in which children were interviewed. This finding suggests the possibility that interviewing children is related to parents' goals being met.

Interviewing children may assist with the educational piece of parenting coordination that focuses on informing parents of the consequences of their conflict on their children by detailing for the parents the specific ways in which children are hurt by ongoing conflict. There also may be situations in which interviewing the children can be ineffective or even damaging. Protecting the children from involvement may be the priority in cases in which there is domestic violence, child abuse or when parents use their children as pawns of their conflict. Additionally, if a PC is not trained to interview children in a supportive, developmentally appropriate manner, it may be inappropriate to do so. As the field of parenting coordination evolves, the complex question of whether or not to interview children needs to be addressed more fully to determine if it will indeed, aid the process, and in which situations.

Contact with Judges

There is little research on the role of judges in the parenting coordination process. Coates et al. (2004) assert that there is usually judicial support for parenting coordination. The authors also discuss the importance of judicial oversight; suggesting that PCs should be able to request a case management conference with the judge at any time in the case, especially if the family is being resistant to the PC process (Coates et al., 2004). The impact of having collateral contact with the judge on the outcome of a case has not yet been studied.

PCs in the present study had minimal contact with judges. It is possible this is because these PCs did not feel they needed to consult with the judge. Another possibility is that contrary to the assertion of Coates et al. (2004), not all judges are supportive of the parenting coordination process.

Of all the cases that were terminated by the PCs in this study, over half of them were cases in which the PCs had contact with the judge. Does contact with the judge help or hinder the

parenting coordination process? Both the AFCC (2006) and APA (2012) Guidelines on Parenting Coordination outline the necessity of PCs making collateral contacts, but neither requires that contact be made with the judge. The results of the present study suggest that contact with a judge does not occur for most parenting coordination cases. However contact with the judge may help the process, providing accountability for both PCs and parents. More research is needed to determine the utility of collateral contacts with judges.

Limitations of this Study

The sample of PCs used in this study was not randomly selected. This was a convenience sample of PCs in a specific geographic location in a professional consultation group. The cases reviewed for this study consisted of a majority of parents who were Caucasian and highly educated. Therefore the ability to generalize the results of this study is limited. Additionally, the data from these geographically-restricted cases may have unique demographics, which are not consistent with national averages of families who utilize parenting coordination. Without more diversity in the sample, the results have limited generalizability.

The survey that yielded the data for this study was created by the PCs themselves. More comprehensive information targeting specific gaps in the literature may be discovered if the research emanating from the current study is used to suggest additional studies. Moreover, rich data could have been gathered from a survey of the parents involved, especially as it relates to the co-parenting issues they experience, to examine how their perceptions are similar or different from those of the PCs.

Clinical Implications for Social Workers and other Mental Health Practitioners

The findings of the present study provide important information for the training and practice of parenting coordinators. The vast majority of PCs in this study have professional

backgrounds in mental health and as the field of parenting coordination grows, more social workers are becoming involved. In order for social work schools to better train clinicians, there need to be more classes on conflicted divorce and the practice of parenting coordination. This training should include comprehensive information on personality disorders, especially within highly conflicted families. The results of this study suggest that personality disorders may need to be more specifically defined, particularly as distinguished from hostility and criticism. Training in this area will better equip social workers to diagnose character pathology within the population of parents entrenched in conflict.

This study provides a comprehensive list of co-parenting issues with which these conflicted families are struggling. Based on this list, additional in-depth parenting coordination interventions that specifically address these challenges could be developed. Social workers would be especially suited to designing and implementing such interventions because of their integration of systems theory into their clinical formulations. Social workers consider parents' behavior as being partially shaped by their environment and therefore, attempt to intervene within the family system to encourage change.

The results of this study indicate that dual parental motivation plays a substantial role in the outcome of parenting coordination cases. PCs currently practicing might directly use this information in their initial meeting with parents. Having a clear conversation at the outset about motivation and the benefits of being positively motivated may assist PCs in having goal-directed communication with the families with whom they work, which in turn could positively affect the process.

The findings of this study show that children were only interviewed in cases in which the parents' goals were met. This suggests that interviewing children may be related to parents' goals

for the parenting coordination process being met. Therefore more PCs might consider interviewing the children as part of their collateral contacts. Additional training might be necessary for practicing PCs to learn how to effectively interview children of various ages. Social work and other mental health curricula may need to be expanded to include theories and interviewing techniques geared specifically to children of different ages and stages of development. Young children, especially, can present challenges to clinicians who are not trained to interview them through direct questioning and/or play.

Overall the present study makes a significant contribution to the parenting coordination literature in at least two important ways. First, it describes interventions used by PCs in the parenting coordination process. This knowledge can provide a consistent base for training PCs across disciplines on how to work with families. Second, it details the challenges with which families who enter the parenting coordination process struggle. With this information, PCs can better and more specifically tailor their interventions in order to help the parents with whom they work become more effective co-parents for their children.

Future Research

Although this study contributed to the field, it also raises additional questions about parenting coordination for future research. One area that should be addressed for future study is the rate of personality disorders in the population of families who participate in parenting coordination. Further research is needed to determine if these parents do in fact have a higher rate of character pathology, or if the opposite is true, as this study suggests. It also suggests studying the roles of attorneys versus mental health professionals more closely to determine how different ways of working may emanate from different professional competencies and lead to different outcomes.

Additional research should also focus on the role of interviewing children in the parenting coordination process. The prevalence of and barriers to the use of this practice, as well as the effectiveness of it, should be investigated to give direction on this matter to PCs in the field.

Future studies should also investigate collateral contacts with judges by PCs. Further research could determine if this is a necessary or effective practice and if it affects the outcomes of parenting coordination cases. Findings of the present study lay the foundation for the development of further questions about parenting coordination that can be answered by subsequent studies.

Finally, it is important for future research to focus on learning more about all types of families who utilize parenting coordination, including those diverse in socioeconomic status, race/culture, as well as geography.

Conclusion

Parenting coordination is a new intervention in the field of social work and as it continues to develop, descriptive and evaluative research is helping to shape it. The cutting-edge data presented in the current study provides insight into who the PCs and families are and how the process of parenting coordination works.

It is the hope of this clinician and researcher that the exciting findings of this study will be used to improve the standard of this essential area of practice. Children in highly-conflicted families nationwide are depending on us to get it right.

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Appendix A

Parenting Coordinator Survey

Purpose: The purpose is to develop existing knowledge on the use, effectiveness and impact of parent coordination services.

Instructions: Please fill out the following survey for the last 8-10 cases that you have had where you have worked with your clients for a minimum of 3 months. You only need to complete page two, the Parent Coordinator Information Survey, once. Please complete one copy of the Parent Coordinator Case Review Survey, which begins on page 3, for each of the 8-10 cases you review. Please assign each case a number from 1-10 when you begin your case review. Once you have completed the case reviews, please place the Parent Coordinator Information Survey on the top of your Parent Coordinator Case Review Surveys and mail the surveys to: Marsha Kline Pruett, Smith College School for Social Work, Lilly Hall, Northampton, MA 01063

Thank you for your time!

Parent Coordinator Information Survey

Parent Coordinator: _____

Please fill out the background questions below **once** only and include a copy of this form with the parent coordinator case review surveys that you complete.

1. Please indicate your sex: Male Female

2. What is your primary professional affiliation/license? (Check all that apply)
 - Psychologist
 - Social worker
 - Marriage and family counsellor
 - Lawyer
 - Mediator

3. Have you had formal PC training?
 - Yes
 - No

4. If you checked yes to question 2 (above), then please list type of training:

5. Please estimate how many hours of formal PC training you've received in total?
 - <10 10-25 25-50 50 or more

6. How many years have you been working as a PC?

7. Please estimate the percentage of your caseload from 1-100% that includes PC?
_____ %

8. How confident of the above estimate are you? Certain Very Confident Uncertain
 It's a guess

Parent Coordinator Case Review Survey

Parent Coordinator: _____ Case #: _____

For each question below, answer individually for each case/family.

1. How did the family enter the Parent Coordination process?
 Court order (parents chose PC court chose PC)
 Mutual consent with no court order
 Stipulated in PSA

2. When was the Parenting Coordination process initiated?
 During the divorce
 At the time of the divorce in the PSA
 Post divorce – How many years? _____.
 At the time of separation in the PSA (couple never married)
 After separation (couple never married) –How many years? _____.

3. How would you describe the parents' level of motivation to participate in PC at the outset?
____ both parents were reluctant to participate
____ the mother was positively motivated and the father was not
____ the father was positively motivated and the mother was not
____ both parents were positively motivated to participate

4. How many previous Parenting Coordinators did the parents have? _____.

5. How long have you been working with these clients? _____years _____months

6. How often did you see the parents at the outset?
____ weekly ____no regular interval
____ alternate weeks
____ monthly
____ alternate months

7. How often do you see the parents now?
____ weekly ____ no regular interval
____ alternate weeks ____case is closed
____ monthly
____ alternate months

8. Please indicate the type and frequency of contact you had in working with the family.

Type (Check all that apply)	Frequency (% of time you spent in each type of contact out of 100%)
<input type="checkbox"/> Home visits	_____
<input type="checkbox"/> Joint parent sessions:	
<input type="checkbox"/> in person	_____
<input type="checkbox"/> conference call	_____
<input type="checkbox"/> email	_____
<input type="checkbox"/> Individual parent sessions	_____
<input type="checkbox"/> Step-parents	_____
<input type="checkbox"/> Other household members (eg. Grandparents)	_____
<input type="checkbox"/> Others not living in the home	_____ Specify relationship to parents_____
Total	100%

9. Please estimate the number (#) of collateral contacts you had with each of the following professionals during your work on the case:

_____ judge	_____ school personnel
_____ attorneys	_____ evaluators
_____ adults' therapists	_____ step parent(s)/significant others
_____ children's' therapists	_____ other _____

10. How is parent contact managed?

Type (Check all that apply)	Frequency (% of time spent in each type of contact out of 100%)
<input type="checkbox"/> Parents talk by phone or in person	_____
<input type="checkbox"/> Parents communicate by email or text	_____
<input type="checkbox"/> Parents communicate to me and I talk to the other parent	_____
<input type="checkbox"/> Other: please indicate	_____

Total	100%

11. Please check all the PC interventions that you have made with this family and indicate the frequency of each?

(Check all that apply)

Frequency (% of time you spent on each type of intervention out of 100%)

- | | |
|---|-------|
| <input type="checkbox"/> Recommended rules for parent to parent communication re: emails/texts | _____ |
| <input type="checkbox"/> Recommended rules for parent /child communication re: phone/texts | _____ |
| <input type="checkbox"/> Set up plan to divide parenting responsibilities | _____ |
| <input type="checkbox"/> Parent education | _____ |
| <input type="checkbox"/> Made collateral contact for the purpose of making recommendations | _____ |
| <input type="checkbox"/> Made collateral contacts for case management | _____ |
| <input type="checkbox"/> Monitored drug/alcohol screens | _____ |
| <input type="checkbox"/> Developed yearly (periodic) parenting calendar | _____ |
| <input type="checkbox"/> Selection and coordination of children's activities (who attends, transportation etc.) | _____ |
| <input type="checkbox"/> Management of transitions from parent to parent | _____ |
| <input type="checkbox"/> Made referrals to other professionals eg. therapy | _____ |
| <input type="checkbox"/> Made recommendations about medical decisions | _____ |
| <input type="checkbox"/> Other: | _____ |
| <input type="checkbox"/> Other: | _____ |
| Total | 100% |

12. Did either parent's attorney remain actively involved with the Parenting Coordination process?

Attorney for father

- Yes
- No

Attorney for mother

- Yes
- No

If yes, was their involvement?

- useful
- had no impact
- detrimental

If yes, was their involvement?

- useful
- had no impact
- detrimental

13. How many motions have been filed in the case since the parents started working with you in parenting coordination? _____

14. How many of these motions related to parenting issues? _____
15. How many motions were filed in the year prior to beginning parenting coordination?

16. What was the outcome of this case?
- Parents' goals were successfully met
 - Parents terminated the process
 - Court terminated the process
 - I terminated the process because it wasn't appropriate or effective
 - Case is still open
17. If the case is still open, describe its status
- In a maintenance phase
 - Making slow but gradual progress
 - Making great progress, hopeful of resolution
 - Making no progress
 - Highly contentious, things are getting worse
18. How much has the PC process cost to date? \$_____
19. Has a child protective services report ever been made for this family? Yes No Don't know
20. Did an investigation find parental abuse or neglect? Yes No Don't know
21. Has either parent ever expressed being afraid of the other? Yes No Don't know
22. Did either parent ever report instances of domestic violence? Yes No Don't know
23. Did the police ever have to be called? Yes No Don't know
24. Did either parent ever need medical attention after an argument as the result of violence between them? Yes No Don't know
25. Was someone arrested? Yes No Don't know
26. Is there an evaluation or a court report for this family? Yes No Don't know
27. If there is an evaluation or court report, did you use it in your work with the family? Yes No

28. Parent demographics

Father	Mother
<p>1. Age: _____</p> <p>2. Race/Ethnicity:</p> <p><input type="checkbox"/> White or Caucasian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Native American/American Indian</p> <p><input type="checkbox"/> Arab American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Some other race or ethnicity (please specify:)</p> <p>_____</p>	<p>1. Age: _____</p> <p>2. Race/Ethnicity:</p> <p><input type="checkbox"/> White or Caucasian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Native American/American Indian</p> <p><input type="checkbox"/> Arab American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Some other race or ethnicity (please specify:)</p> <p>_____</p>
<p>3. Highest educational level achieved:</p> <p><input type="checkbox"/> Grade school</p> <p><input type="checkbox"/> High school</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> College/university degree</p> <p><input type="checkbox"/> Graduate/professional degree</p>	<p>3. Highest educational level achieved:</p> <p><input type="checkbox"/> Grade school</p> <p><input type="checkbox"/> High school</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> College/university degree</p> <p><input type="checkbox"/> Graduate/professional degree</p>
<p>4. Does this parent have diagnosed mental health issues? (Check all that apply)</p> <p><input type="checkbox"/> Substance abuse</p> <p><input type="checkbox"/> Problem gambling</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Bi-polar</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Intermittent Explosive Disorder</p> <p><input type="checkbox"/> Personality disorder:</p> <p>(Other): _____</p>	<p>4. Does this parent have diagnosed mental health issues? (Check all that apply)</p> <p><input type="checkbox"/> Substance abuse</p> <p><input type="checkbox"/> Problem gambling</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Bi-polar</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Intermittent Explosive Disorder</p> <p><input type="checkbox"/> Personality disorder:</p> <p>(Other): _____</p>
<p>Who diagnosed? _____</p>	<p>Who diagnosed? _____</p>

<p>5. Does this parent have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. If yes, was it a violent offence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. What is the nature of the offense? _____</p>	<p>5. Does this parent have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. If yes, was it a violent offence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. What is the nature of the offense? _____</p>
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29. Co-parenting issues (Check all that apply).

The parents:

- Can't communicate with each other without hostility or criticism
- Can't control their anger in talking to one another
- Threaten each other - more court action etc.
- Use the children as a conduit of information (ask child to deliver a message etc.)
- Interrogate children about the private life of the other parent
- Ask the children to keep secrets from the other parent
- Provide the children with adult information about their relationship with the other parent, the court case, etc.
- Disagree on rules and routines for the child (sleep, amount of TV)
- Disagree on parenting style (permissive/authoritarian)
- Disagree on discipline
- Disparage the other parent to the children
- Actively work on alienating the children from the other parent
- Make unilateral decisions regarding the child such as determining the school, doctor, activities
- Don't share information with the other parent regarding school, medical issues, or extra-curricular activities
- Don't sign releases giving the other parent access to information on the child, or facilitating picking the child up from school etc.
- Encourage the children to refer to a partner as mom or dad
- Don't allow the children to have private communications with the other parent
- Consider only their own needs
- Don't comply with the visiting schedule
- Are irresponsible: not showing up for visits with the children, not keeping agreements reached
- Argue over money

30. Parenting deficits and common problems unrelated to co-parenting issues: Check all that apply in this case. If the statement applies to both parents, check off both boxes.

	Father	Mother
Uses coercive discipline tactics	<input type="checkbox"/>	<input type="checkbox"/>
Overly permissive or rigidly authoritarian	<input type="checkbox"/>	<input type="checkbox"/>
Reverses roles with child	<input type="checkbox"/>	<input type="checkbox"/>
Violates child's emotional boundaries (sexual abuse perpetration)	<input type="checkbox"/>	<input type="checkbox"/>
Minimizes or denies that own violence negatively affects child	<input type="checkbox"/>	<input type="checkbox"/>
Intolerant/impatient at child's developmentally appropriate behaviour or special needs, symptoms of trauma	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally abuses or degrades child - uses mind games, put downs, pits sibs against one another, isolates child socially	<input type="checkbox"/>	<input type="checkbox"/>
Corrupts child by encouraging immoral or criminal behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Pre-occupied with custody dispute	<input type="checkbox"/>	<input type="checkbox"/>
Physically and emotionally exhausted and unavailable	<input type="checkbox"/>	<input type="checkbox"/>
Lacks warmth, empathy	<input type="checkbox"/>	<input type="checkbox"/>
Acts irrationally, or with apparent poor judgment	<input type="checkbox"/>	<input type="checkbox"/>
Negligent, fails to protect child from abusive or harmful situations	<input type="checkbox"/>	<input type="checkbox"/>
Lacks confidence in own parenting and has poor self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty setting age-appropriate limits	<input type="checkbox"/>	<input type="checkbox"/>