Reduction of Divorce Conflicts

Introduction
Marriage and family therapists (MFTs) understand that families experience separation and divorce as a process, beginning long before and extending well beyond legal decrees. Although not always overtly present, conflict often accompanies this process, fueling the separation and divorce and/or emerging during relationship dissolution.

Poorly managed couple conflict, whether between married or divorced couples, is associated with negative adjustment of adults and children. A high prevalence of criticism, contempt, defensiveness and withdrawal during conflict is associated with marital instability and dissatisfaction (Gottman & Levenson, 2000). Such behaviors and others, such as putting children in the middle of parental conflict or taking unreasonably extreme stands at the beginning of divorce proceedings, may escalate during the divorce process, especially if encouraged by an adversarial approach to divorce and a non-systemic perspective by a mental health practitioner (Johnston & Roseby, 1997).

Numerous studies have documented an association between inter-parental conflict and children’s adjustment post-divorce. The degree of stress reported by children is related to the intensity of inter-parental anger and aggression expressed during conflict, the topic of the conflict (a child-related topic is more stressful), and if and how the conflict is resolved. Overt expressions of conflict (e.g., hostile behavior and affect), verbal aggression, unresolved fights, and withdrawal from conflict (e.g., the silent treatment) are associated with children’s pathological patterns of internalizing and externalizing behavior (Cummings & Davies, 1994; Grych & Fincham, 2001).

High-conflict parents are identified by high degrees of anger and mistrust, incidents of verbal abuse, intermittent physical aggression, and ongoing difficulty in communicating about and cooperating over the care of their children at least two or three years following their separation. Probably most characteristic of this population of failed divorces is that these parents have difficulty focusing on their children’s needs as separate from their own and cannot protect their children from their own emotional distress and anger, or from their ongoing disputes with each other (p.5).

High-conflict parents may file numerous motions, push for litigation, and jump from attorney to attorney, failing to heed the legal advice of any of them. They may voice mistrust about the former spouse’s parenting skills, deny access to and allege abuse and mistreatment of the children by the other parent (Baris et al., 2004). All the while, domestic violence, child abuse, and parental substance abuse or other mental health disorders may indeed be present (Johnston, 2000; Neff & Cooper, 2004). Such high inter-parental conflict is associated with children’s increased risk of conduct disorders, depression, substance abuse and dependence, and poor social competence and academic performance (Adamsons & Pasley, 2006; Amato & Booth, 1997; Cummings & Davies, 1994; Grych & Fincham, 1997, 2001; Hetherington, Bridges, & Insabella, 1998; Kelly, 1998).

Family courts in the US process approximately 1 million divorces a year, and about half of these divorces involve children (Amato, 2000). Even though most former partners will eventually interact in ways that minimize conflict, during the time they are involved with the court system, they are susceptible to escalating conflict between them as they address financial and, for about half, parenting issues. Inter-parental conflict traditionally has fueled litigation and stressed family court systems that were not originally designed to address the complex and multi-problem issues of contemporary families going through separation. Consequently, court systems have been undergoing change. A recently developed model, termed by Schepard (2004), “Differentiated Case Management,” takes cases coming into the system and by-passes the one-size-fits-all intervention (i.e. litigation), by directing them into specific interventions tailor-made for their needs. Moreover, an even more preventative movement to reform family law education has started—the Family Law Education Reform project (FLER) (O’Connell & DiFonzo, 2006). The intent is to teach skills to law school students that help to resolve, rather than fuel, conflict (e.g. listening, involving clients in decision-making, identifying clients’ interests), in a way that humanizes and sensitizes students to the lives of families rather than through the traditional legal method of memorizing case law (Scheperd & Salem, 2006).

In the past few decades, divorce professionals have been developing alternatives to an adversarial approach to divorce in attempts to reduce harmful couple and parental conflict. Mediation and collaborative divorce approaches can assist couples in resolving divorce-related issues in a non-adversarial manner, and coparent counseling can help couples who are still struggling after the dissolution. However, for parents who remain engaged in high conflict, courts may refer couples to parenting coordination. The following sections describe these four alternatives to litigation and how MFTs can contribute their expertise in these areas. Of the four alternatives, mediation and parenting coordination require the most additional training for MFTs.
Mediation

Mediation offers divorcing couples the opportunity to address their concerns and negotiate their interests to reach a consensus agreement with the assistance of an impartial third party. Mediation typically is a short-term, structured intervention (ranging from 1 to 10 sessions) and focuses on building agreements on identified topics (Sbarra & Emery, 2006). Mediation can be limited to custody matters (i.e., legal and physical custody, time-sharing plan, and areas of decision making), or to financial matters (i.e., child support, spousal maintenance, asset and property division), or can include both (termed “comprehensive mediation”). If an agreement is reached, the mediator may encourage the couple to have it reviewed by separate attorneys to assure that each party’s rights have been adequately protected; then, the spouses ratify and sign the document. If no agreement is reached, several outcomes are possible, depending on the local jurisdiction of the family court.

In some Family Court jurisdictions, the mediator always maintains confidentiality of the contents of each session and does not release any records or recommendations to attorneys, evaluators or the Court; in other jurisdictions, the mediator changes hats and makes custody and visitation recommendations directly to the Court. Ethics require the mediator operating in this “mediation/arbitration” (med/arb) model to inform the couple of this procedure prior to beginning mediation (Tondo, Coronel, & Drucker, 2001).

Attorneys and mental health practitioners are the bulk of mediators, both in the private sector and within court-based programs. As of the year 2000, 38 states had legislation to regulate mediation; in some states (e.g., California, Florida, Kentucky) mediation is mandatory when there are disputes about custody or parenting time, however, a majority of states allow mediation at the courts’ discretion. Mediator qualifications are usually indicated in states’ court rules (Tondo, Coronel, & Drucker, 2001).

Multiple mediation models exist. The most common model is termed “Facilitative Mediation” (Mayer, 2004) and is the “purest” model to the original concept of an impartial third person simply facilitating a process for a couple to explore common interests, generate options, and make decisions toward a full agreement. The mediator does not control the content of the discussions, or make any decisions for them, but does control and facilitate the process, leaving the outcome completely up to the design of the couple. This model operates on the assumptions of a rational, cognitive, problem-solving approach to divorce decisions.

Another mediation model, termed “Transformative Mediation,” is based upon the work of Bush and Folger (1994) who assert that mediation can and should be about more than just finding a resolution. The goal of mediation is to aim for empowerment of the individual parties and recognition of the other party. In this approach, success is achieved when the parties are “transformed” to feel empowered and to recognize and respect the other party’s perspective to the dispute, even if no agreements are reached in their dissolution. It should be noted that many in the field question whether this is a sufficient goal for mediation.

In the “Evaluative Mediation” model (Lowry, 2004), the mediator, using his or her own background knowledge of acceptable outcomes to a divorce dispute, may offer these options to the parties, sometimes trying to influence the parties to accept them. If, for example, the mediator knows how the Family Court judge would likely view the options, the mediator would mention this in an attempt to persuade the couple into the “norm” of such outcomes. Objections to this approach to mediation are mostly from the purists, who argue that the mediator should not express opinions about the content of the negotiations.

In the “Therapeutic Mediation” model (Irving & Benjamin, 2002; Pruett & Johnston, 2004), the medi-
ator uses a wide range of therapeutic techniques to encourage disputants to discuss the underlying emotional impasses of divorce disputes, with the assumption that, if the emotions are effectively dealt with openly, the negotiations will proceed more easily to agreement. Although this model may most closely resemble MFT practice, mediation is a highly structured and time-limited intervention that has the explicit goal (except, perhaps, for the “Transformative” model, for which agreement would be a secondary goal)—to help the couple reach agreements regarding their disputes.

The “Strategic Mediation” model (Kressel, 2007; Saposnek, 1983a, 1983b, 1986–1987, 1998) is solidly based in family systems thinking and is a pragmatic, problem-solving approach with an emphasis on hidden dimensions of conflict. The mediator is the strategist who develops a systemic analysis of the case dynamics and then indirectly maneuvers the participants off their positions and into a context in which cooperative problem resolution is achieved. Unlike the Therapeutic Mediation model, the goal is not to help the couple express their feelings; in fact, much of the time, the expression of feelings is actively suppressed in order to accomplish the more strategic goal of conflict resolution. This approach takes a good deal of training and expertise, since it operates on complex multi-levels, beyond simple facilitation of the dispute.

The requirements for working as a child custody mediator vary to some extent by each state. In general, mediators who work for the courts need to be licensed mental health professionals who are well versed in child development and in marital, family, and, especially, divorce dynamics. Moreover, they need to be very familiar with the legal practices and procedures of family law within their local areas of jurisdiction, and of the various legal options available to divorcing couples. They should have a solid understanding of psychopathology and be able to tolerate high levels of conflict while remaining impartial, active, directive, organized, goal-oriented, and systemic in their thinking. California’s standards of practice (Statewide Office of Family Court Services, 191, Section 26, California Rules of Court) are among the most stringent standards in the country and include the minimum requirements of a master’s degree with two years of experience in counseling, and a minimum of 40 hours of mediation training within the first six months of employment that incorporates a wide base of knowledge about mediation, conflict resolution theory, family functioning, cultural issues, and much more. Standards of Practice for public sector mediators have been developed by the Association of Family and Conciliation Courts and for private sector mediators by the Family Section of the Association for Conflict Resolution.

Early research in mediation focused on settlement rates, client satisfaction, efficiencies in time and cost, and impact on parental conflict and cooperation, and generally found mediation to be a far better alternative to litigation. However, problems in generalizing about the effectiveness of mediation from that body of research were many, including inadequate sample sizes, absence of objective measures and control or comparison groups (Kelly, 1996). More recent research studies and analyses have been more modest in their conclusions as to the benefits of mediation (Beck & Sales, 2001; Kelly, 2004), partly because of the large increase in the number of families facing multiple problems who are coming through family courts. Yet, overall, meta-analyses of mediation studies suggest that divorcing couples report greater satisfaction with mediation than with litigation, decreased conflict during the divorce and in the first year or two following divorce, are more cooperative and supportive of each other as coparents, communicate more effectively regarding their children, and are more likely to see or speak with their children more than 12 years after the divorce. However, mediation does not improve parental psychological adjustment in any measurable ways (Kelly, 2004; Sbarra & Emery, 2006).

Reaching a satisfactory mediation agreement is less likely when individuals have higher anger and when couples have greater disparity in their attachment to one another, and when couples are highly contentious and have poor skills or high disparity in problem solving (Sbarra & Emery, 2006). Other factors that contribute to failure in mediation include strong religious, moral, or culturally based convictions on the part of at least one spouse which

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**TERMINOLOGY**

**Collaborative Divorce**—Spouses and attorneys agree, by written contract, to cooperatively negotiate disputes to settlement, rather than using an adversarial approach.

**Cooperative Parenting**—Parents already exhibit relatively low conflict, characterized by frequent communication and ease in coordinating plans regarding their children.

**Coparent Counseling**—Former partners meet with a mental health professional to improve communication and develop strategies for parenting apart.

**High-Conflict Parenting**—parents exhibit a level of conflict that is characterized by great discord and unsuccessful communication and have much difficulty in coordinating plans regarding their children.

**Mediation**—An impartial third party assists separating partners in developing an agreement about parenting and/or financial matters.

**Parallel Parenting**—Parents are encouraged to maintain low conflict through minimal contact with one another.

**Parenting Coordination**—Separated or divorced parents sent by a judge to participate in an intensive and long-term intervention in which a professional acts as a go-between and arbiter, assisting parents in following the parenting plan and developing a parallel co-parenting relationship. (Note: Parenting coordinators are not always appointed by a judge. Parents may work with a coordinator based on their attorney’s recommendation, a Guardian ad Litem recommendation, or word of mouth.)
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lead to uncompromising beliefs about the needs of children, even despite research and clinical evidence to the contrary; consistent allegations by one spouse of severe misconduct on the part of the other, including violence, substance abuse, and sexual abuse; consistent allegations by one spouse of the other’s unfitness to parent for reasons of immaturity, neglectful or erratic behavior, or ambivalent intent to follow through on any mediated agreement (Saposnek, 1983b). Future research on mediation needs to focus on better and more consistent research design, conditions antecedent to mediation that are predictive of outcome, effective triage of cases up front, helpful elements of the mediation process beyond models, and more meaningful measures of outcome (Saposnek, 2004a).

For those MFTs who wish to offer divorce mediation, begin by learning state regulations pertaining to mediation. Read the current literature on mediation, attend trainings, workshops, and conferences and arrange for supervision. The amount of extra training needed to practice mediation competently should not be underestimated. Skills and competencies beyond therapeutic ones are necessary (Katz, 2007).

Collaborative Divorce

Collaborative divorce is an intervention model in which the divorcing couple and attorneys agree, by an explicit, written contract, to work toward a settlement without resorting to litigation. The practice of Collaborative Law originally was developed by Stu Webb nearly two decades ago in 1990 (Tesler, 2001), and spread throughout the US and Canada. Adapted as a Collaborative Divorce model (Fagerstrom et al., 1997), spouses are represented by specially trained collaborative attorneys who support their respective client in negotiations leading to agreement.

In four-way meetings (which include the two spouses and two attorneys), the attorneys try to clarify and present their clients’ interests and positions through problem-solving negotiation rather than in adversarial ways. Clients commit to disclose all relevant information, and a disqualification agreement precludes attorneys from moving to litigation; if either or both clients decide to pursue litigation, both attorneys are automatically terminated and then each client must hire new litigation attorneys. An exception to this rule is that if only one parent dislikes his or her collaborative attorney but is still committed to the process, there can be a provision to simply replace that attorney with another collaborative attorney and continue with the process.

Key to collaborative divorce is the use of other professionals, including mental health professionals, who are referred to as “coaches,” or “communication coaches.” Sometimes coaches are called upon to meet with a client prior to the decision to use collaborative divorce in order to determine: a) a client’s readiness and commitment to a non-adversarial resolution process; b) receptivity to the use of coaching during the negotiation process as recommended; and c) a willingness to negotiate. Clients generally meet with their coach three or four times over the span of four to six months—a common length of time for couples to negotiate a settlement. If negotiations become bogged down, and especially if secrets are revealed (e.g., infidelity, financial problems, separate accumulation of wealth), collaborative attorneys will recommend that clients visit their respective coaches. Also, clients may schedule regular appointments with coaches beyond what is recommended by the collaborative attorneys (E. Salerno, personal communication, May 2, 2007).

While there are certainly therapeutic aspects to the practice of coaching, it is not therapy. Coaching is a highly structured practice that focuses directly on enhancing communication skills within the present negotiation sessions, rather than on the reduction of symptoms, which is the more traditional goal of therapy. In coaching, there is no goal of enhancing emotional well-being, reducing emotional pain, or helping a client make lasting personal changes for improved quality of life. While these outcomes, indeed, may occur as a result of the coaching intervention, they are incidental by-products of the process. The overarching goal of coaching is simply to help the client manage the roller-coaster of feelings elicited by divorce, develop strategies for expressing concerns, and make decisions to more effectively navigate the divorce negotiations. At the point that the divorce negotiations are completed, the role of coach is over.

The main work of coaches is to help a client in “strengthening the ability...to communicate clearly and negotiate rationally...[and to enhance] the ability of clients to negotiate effectively in their own self-interest and the interests of their children” (Tesler, 1999, p. 978). To accomplish these goals, a coach may focus on identifying
and validating feelings, promoting insight into emotional reactions to divorce, practicing assertive communication strategies, and describing children’s developmentally appropriate reactions to parental separation and divorce. In addition, coaches may address the importance of warm, supportive, and consistent parenting from both parents to children’s short-term and long-term adjustment.

MFTs bring an array of skills that fit well into the collaborative divorce model. An understanding of family systems can be useful in helping clients develop clear communication, mutual understanding of each member’s perspective, and the practice of respectful interactional patterns that can be sustained post-divorce. MFTs can assist clients in developing assertive communication skills and strategies to use in their negotiations. Moreover, it should be noted that the professionals associated with each case are expected, as well, to manifest clear communication, mutual understanding, and respectful and beneficial interactions among themselves, and the MFT as part of the Collaborative team has the skills to help team members with this.

Another role for mental health professionals, who specialize in working with children, is the role of the “Child Specialist” (Fagerstrom et al., 1997). The therapist in this specially trained role works directly with the children and gives them a voice through the divorce process, allowing the children an opportunity to express their concerns and needs through the divorce. The Child Specialist, in a 4-way meeting, then informs the parents and attorneys of the unique perceptions and needs of each child that should be taken into account in formulating the parenting plan. Again, when the divorce is completed, the Child Specialist’s role is over.

Other professionals, such as financial planners, certified public accountants, and appraisers may be consulted and even attend 4-way meetings (i.e., a meeting of the divorcing couple and the two collaborative attorneys) in order to supply information needed for negotiations to continue. These collaborative professionals also commit to promoting cooperation and agreeing to discontinue if a client wishes to proceed to litigation. If mental health professionals in the roles of coaches are involved from the beginning of the collaborative divorce process with a couple, they also sign the automatic termination clause if either parent wants to take the matter to court. If coaches come in to the process later, they often will have the couple sign their own disclosure statements.

Initial research on collaborative divorce indicates that it is a promising alternative to adversarial litigation (Macfarlane, 2003, 2004, 2007). A Department of Justice Canada study noted that primary motivations for attorneys to engage in collaborative family law were to practice law in a way that was more compatible with their values and beliefs than a traditional litigation model, to serve clients better, and to offer an alternative to mediation. Clients were motivated by the hope that negotiations will be less expensive and faster than litigation, by the desire to avoid the perceived negative consequences of litigation, by the goal to model for their children appropriate behavior and encourage positive post-divorce parenting, and by the opportunity for personal growth and emotional healing. Client outcomes included “detailed and creative plans for coparenting and access, support paid in different formats, and enhanced communication...[and an opportunity to] develop ‘trial’ outcomes in a way that litigation rarely affords” (Macfarlane, 2005, p. xii).

However, the study also identified challenges to this newer approach to divorce. The cost and time may not prove to be less than litigation, depending upon the complexity of the case. Not all clients are well-suited for collaborative divorce, and not all attorneys are skilled in handling intense anger and hurt, especially when both clients are in the same room at the same time. In fact, some clients felt that their feelings were denied while in the pursuit of cooperation in the negotiation room.

MFTs interested in learning more about collaborative law are encouraged to locate local attorneys who practice this approach. Attend multi-disciplinary training in collaborative divorce and regular meetings of local collaborative professionals. Interview local collaborative attorneys and local communication coaches to better understand the local collaborative divorce model.

Questions to ask of collaborative attorneys:
- Do you use coaches for every case, or only as needed?
- What information do you share with and expect to receive from the coach?
- In what situations do the coaches participate in 4-way negotiations?
- At what point in the process and in what situations do you recommend that clients access the coach?

Questions to ask of coaches:
- What do you like and dislike about coaching?
- To what degree are coaches respected by attorneys?
- What is the fee structure?

Coparent Counseling

When parents separate or divorce and continue to have difficulty in communicating and making decisions with one another regarding their children, the Coparent Counselor meets with them either on a regular basis, or on an as-needed basis (once the parents have established a relationship with the coparent counselor). Although many therapeutic techniques are used in this role, coparent counseling is highly structured and focused on increasing communication skills and strategies for preventing or reducing conflicts that arise. The unique aspect to this role is that, unlike marital therapy, co-parent counseling has the goal of keeping couples working together who would much rather never see each other again but must continue working together for the sake of their children.

To date, there is no agreed upon model for how to do coparent counseling. It seems to have evolved from couples therapists who worked with divorced families, and, over time, the role was seen as a good resource to which courts could send parents who did not seem to settle their conflicts. In one approach, Lebow and Rekart (2007) apply an integrative family therapy approach to encourage what they term a “good-enough post-divorce climate” in which conflict and triangulation are minimized (p. 79). Couples who benefit from coparent counseling are those who remain in mild to moderately high levels of conflict after divorce. Parents in very high conflict may be better served by a parenting coordinator.

The coparent counselor helps parents make decisions together regarding their children. A coparent counselor may help parents resolve anger or grief related to the ending of the relationship so
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that both can focus more fully on parenting issues without the intrusion of destructive feelings. A systems perspective maintains a balance so the couple retains trust in the counselor and process. The skill set of a coparent counselor is very similar to that of a mediator, except that the coparent counselor does not write up parenting plans, but works largely on improving the ongoing process of communication between the separated parents. Comfort working with the judicial system, building a multipartial alliance, and establishing a detailed contract (including issues such as frequency of participation, extent of confidentiality, and payment) are key to providing this intervention (Lebow & Rekart, 2007). No studies have been identified that evaluate the effectiveness of coparent counseling.

The field of marriage and family therapy has a history of treating post-divorce families (Everett & Volgy, 1991; Livingston & Bowen, 2006). Regardless of the approach employed, it is important to note that parents who are divorced have different agendas than couples who wish to remain in and enhance their relationship. These differences are essential and contribute to the respective levels of motivation for continuing in the interventions. Divorced parents typically feel much more desperate and frustrated with each other. They must develop an alternative way of relating to one another as coparents than they had as spouses. MFTs can assist these families, and their subsystems, in redefining relationship boundaries and patterns of interaction (Bernstein, 2007).

**Parenting Coordination**

Initial conception of parenting coordination is traced to courts in California in the early 1990s, deriving from statues previously developed for “special masters” and “mediators.” In 1992, a group of Denver attorneys and mental health professionals further clarified the role (Garrity & Baris, 1994). In these and other jurisdictions, it was recognized that high-conflict families were in need of more intensive interventions than mediation or group-based education could provide. Various terms (e.g., special master, custody commissioner, wiseperson, family court advisor) were used by court systems across the country to refer basically to the same role (Coates et al., 2004). Since then, “parenting coordination” has become the accepted title and the role has spread across the country, and guidelines for conducting parenting coordination have been developed (Association of Family and Conciliation Courts [AFCC] Task Force on Parenting Coordination, 2006).

Parenting coordination (PC) is reserved for high-conflict couples who have demonstrated an inability to resolve disputes outside of the court system (Baris et al., 2001; Johnston & Roseby, 1997). Parenting coordination includes assessment, education, conflict management (e.g., mediation, negotiation, and arbitration), and case management. However, parenting coordination is different from mediation. While the PC may utilize mediation techniques, unlike mediation (at least in the confidential model), there is no confidentiality in parenting coordination. The PC essentially serves as an arbitrator of each minor dispute which the couple is unable to resolve, and makes a decision which becomes legally binding (if noted in the statute or court order) by contractual arrangement.

Moreover, anything and everything discussed in the sessions with the PC can be revealed to the Court (Boyan & Termini, 2005). In essence, the PC serves in the role of a deputized judge. As such, professionals who undertake this role need to have an exceptionally strong foundation in dispute resolution, such as family mediation, and in family dynamics, child development, working with high conflict families, domestic violence issues, and court rules, regulations, and procedures (see AFCC Task Force on Parenting Coordination, 2006). The PC is literally and directly in a forensic role, without the capacity to hide behind the traditional private and confidential veil of a mental health practitioner.

Objectives of parenting coordination include assisting “high conflict parents to implement their parenting plan, to monitor compliance with the details of the plan, to resolve conflicts regarding their children and the parenting plan in a timely manner, and to protect and sustain safe, healthy and meaningful parent-child relationships” (AFCC Task Force on Parenting Coordination, 2006, p. 165). Because of the implausibility of high conflict parents carrying out cooperative “coparenting,” parenting coordinators often encourage parents to follow a parenting model that is termed “parallel parenting” in order to halt escalation of conflict. If and until parents learn to interact in a more business-like manner, the parenting coordinator functions as the go-between, fielding separate communications from each parent. When possible, parents meet
jointly with the parenting coordinator. No studies have been identified that evaluate the effectiveness of coparenting coordination.

PC typically is long-term and is compatible with MFTs who like to engage deeply with couples for extended periods of time, with potentially small appreciable changes seen in the clients. It is a good role for MFTs who enjoy the challenge of working with long-established patterns of poorly managed conflict (including intimate partner violence) and with individuals struggling with difficulties such as substance use/abuse or mental health disorders and who are comfortable insisting on a high degree of structure in interactions with and between clients. PC is a very challenging and demanding role and a therapist must be prepared with solid training before tackling it. Once in an evaluative role within a custody dispute, such as the role of a parenting coordinator, professionals can easily become targets for displaced anger.

Comfort with Conflict

Based on years of clinical experience, Garrity and Baris (1994) developed the Conflict Assessment Scale that displays a range of behaviors associated with low to high conflict. Practitioners who are considering whether mediation, collaborative coaching, coparent counseling, or parenting coordination is a good fit for them may find the checklist a useful heuristic aid in self-reflection (see Caught in the Middle: Protecting the Children of High-Conflict Divorce).

Working with High-Conflict Parents

(This list is partially based on Zlotnik, 2006)

MFTs bring numerous clinical skills to the work with parents engaged in high conflict. The following checklist identifies important dimensions to consider when deciding whether to expand your practice into mediation, collaborative divorce coaching, coparent counseling, or parenting coordination.

You may be appropriate to work with high-conflict parents if you:

- Are trained in or training is readily available to you in clinical assessment; personality disorders; divorce dynamics, custody and parenting issues; awareness of intimate partner violence and substance abuse; legal aspects of family court, local and state court rules, and state laws.
- Have supervised experience or are under supervision with a licensed professional with these skills. After a 40-hour mediation training or workshops on divorce dynamics and other topics, supervision is critical to develop the expertise necessary to work in one of these divorce-related roles.
- Find it a challenge, rather than a trial, to work with clients who are experiencing deep pain and may come across as self-righteous and inflexible.
- Are energized by shuttle mediation and comfortable with staggered arrival and departure times for clients.
- Are adept at setting clear, firm boundaries and expectations in sessions and maintaining them throughout.
- Are able to withstand threats of lawsuits, verbal abuse, poisoned pen letters, and assault attempts. Clients can direct very intense hostility not only at each other, but, as displaced rage, at the professionals who work with them.
- Have high coverage professional liability insurance.

It is important to note that the authority of a parenting coordinator has been debated in the field for some time. Most jurisdictions address this issue very clearly in court orders that appoint a parenting coordinator; some do not. A parenting coordinator should not assume that he or she has any specific power unless it is explicitly noted in a statute or court order. Thus, the parenting coordinator, in some jurisdictions, may not be able to arbitrate or make decisions that are legally binding. It is very important for the practitioner to protect the family’s rights by strictly adhering to the responsibilities of this role as outlined in the order or stipulation of the parties.

Professional Resources

MEDIATION

Association for Conflict Resolution
www.acrnet.org

ASSOCIATION OF FAMILY & CONCILIATION COURTS
www.afccnet.org

ADR ASSOCIATES
www.mediate.org

FAMILY MEDIATION CANADA
www.fmc.ca

INTERNET MEDIATION RESOURCES, STANDARDS OF PRACTICE FOR PRIVATE SECTOR MEDIATORS
www.mediate.com

COLLABORATIVE LAW AND COLLABORATIVE DIVORCE

International Association of Collaborative Professionals
www.collaborativepractice.com
www.collaboratedivorce.com

COPEPARENT COUNSELING
www.parentingafterdivorce.com/articles/coparenting.html

PARENTING COORDINATION

The Cooperative Parenting Institute
www.cooperativeparenting.com/ParentCoordination.htm

Readings

MEDIATION


COLLABORATIVE DIVORCE


COPARENTING COORDINATION


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REFERENCES


Here is a sample of the Consumer Update brochure on Managing Conflict During Divorce. This brochure is designed to educate consumers and to market your services, with space on the back to imprint your name and contact information.

MARKETING TIPS
To market your services to individuals and families who may be faced with this issue, distribute copies of the Consumer Update brochure to:

- Physicians and nurse practitioners in family practice
- Local hospitals and urgent care facilities
- Churches, synagogues and temples
- Community resource centers
- School and university counseling programs
- Mental health agencies and health fairs

How to order
These brochures are available for purchase in packs of 25. The cost per pack is $8.75 for members and $11.25 for non-members. Contact AAMFT Member Services by e-mail at central@aamft.org or by phone at 703-838-9808. Order online at www.aamft.org.

Consumer Update brochures are also available on the following topics:

- Adolescent Behavior Problems
- Adolescent Self-Harm
- Adolescent Substance Abuse
- Adoption Today
- Alcohol Problems
- Alzheimer’s Disease and the Family
- Asperger’s Disease and the Family
- Attention-Deficit/Hyperactivity Disorder
- Bereavement
- Bipolar Disorder
- Bipolar Disorder in Children and Adolescents
- Body-focused Repetitive Disorders
- Borderline Personality Disorder
- Caregiving for the Elderly
- Childhood Sexual Abuse
- Children and Divorce
- Children of Alcoholics
- Children’s Attachment Relationships
- Chronic Illness
- Depression
- Dissociative Identity Disorder
- Domestic Violence
- Eating Disorders
- Effect of Anger on Families
- Families Living with HIV Disease
- Female Sexual Problems
- Gay and Lesbian Youth
- Gender Identity
- Genetic Disorders
- Grieving the Loss of a Child
- Infertility
- Infidelity
- Male Sexual Problems
- Marital Distress
- Marriage Preparation
- Mental Illness in Children
- Multiracial Families
- Obsessive Compulsive Disorder
- Online Infidelity
- Panic Disorder
- Phobias
- Postpartum Depression
- Post-Traumatic Stress Disorder
- Rape Trauma
- Schizophrenia
- Sexual Addiction
- Substance Abuse and Intimate Relationships
- Suicidal Ideation and Behavior
- Suicide in the Elderly
- When Your Adolescent Acts Out Sexually