

The Parenting Coordination (PC) Project Implementation and Outcomes Study Report

February 26, 2010

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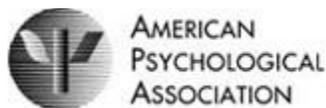
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This research was funded by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the author(s) alone.

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EXECUTIVE SUMMARY

Parenting coordination is a non-adversarial process that aims to minimize the impact of high-conflict custody disputes through parent education, mediation, conflict resolution, and intensive case management. Despite the potential of parenting coordination to help children and their caregivers grapple with the many challenges related to custody disputes, cost has limited the availability of such services. To make parenting coordination services more widely available, the DC Superior Court, the American Psychological Association (APA) Practice Directorate, Argosy University, and the DC Bar Family Law Section launched the Parenting Coordination (PC) Program as a pilot project in 2004, and it became a court-funded program in 2009. The PC Program strives to serve the needs of low-income, high conflict families involved in child custody disputes in the District of Columbia.

In 2009, APA requested that Child Trends analyze data from the PC Program and gather information from staff (including the clinical director and psychology graduate student trainees), program participants, and stakeholders (e.g., advisory board members and judges) with the aim of developing recommendations that could inform future replications of the PC Program in other jurisdictions. Child Trends analyzed survey data collected from participating parents between 2004 and 2009; conducted semi-structured interviews with staff, judges, parents, and advisory board members; and examined PC records. This report presents key findings from this work including information on the demographics of the families in the program, on the program's implementation and performance, and recommendations for replicating the PC Program. For more information about the study methods, see Chapter 1.

STUDY FINDINGS

Several findings stand out in this study. First, staff reported that a persistent focus on the best interests of children helped parents and caregivers overcome the barriers to involvement in the PC Program and enabled caregivers to shift their priorities to the well-being of their children. Stakeholders agreed that the PC Program's individualized services allowed program staff to create supportive relationships, identify service needs, and to develop and implement pragmatic solutions in many cases.

Second, although the program successfully reached its target population, program staff often found it challenging to link clients to appropriate community-based services. Staff and participant surveys indicated that the families served by the program did not have the resources to afford parenting coordination outside of this program. In addition to interpersonal conflict, however, a majority of parents faced combinations of problems related to poverty, unemployment, housing, education, health, and/or mental illness. These complex needs often required more intensive, frequent, and longer services that were not accessible to the PC Program's clients. In the absence of a staff person dedicated to this task, parenting coordinators struggled to identify and build relationships with appropriate service providers.

Third, like many pilots, the PC Program faced challenges in obtaining adequate funding. The program's use of student interns dramatically reduces the cost of the program from what it would be with full-time salaried parenting coordinators. The program's paid staff includes only a full-time clinical director and a part-time administrative assistant. Nonetheless, several stakeholders reported tensions around the program's budget and the cost per person served—tensions that the recession has exacerbated. In addition, the recession has resulted in an increase in the number of low-income families being referred for PC Program services.

Finally, analysis of the available data suggested some positive trends in terms of the PC Program's impact on families and the court. Analysis of court activities revealed several significant associations between parenting coordination and decreased use of court resources. However, statistically significant changes in parents' perceptions of their relationships and their children's behavior were generally not seen, presumably due to the small number of study participants.

STUDY RECOMMENDATIONS

This executive summary focuses on three recommendations related to replication, though several other recommendations are highlighted throughout the chapters that follow. First, we recommend that replication sites gain firm commitments from multiple stakeholders concerning the program's funding and supervisory structure. Manualizing the program—as suggested in the replication chapter of this report (Chapter 4)—would help frame the expectations and increase the knowledge of stakeholders. Prior to implementing the program, stakeholders should know the program's service capacity and long-term strategy for sustainability. While there are many possible strategies, multiple funding streams for a pilot phase might include local foundations and a network of private donors, which would provide future replications a broad base of financial and political support. Ideally, the program would eventually be adopted and fully funded by the court, as is currently the case for the PC Program in DC.

Second, the planning of new programs should include identifying and building relationships with resources that PC clients are likely to need. Planners might develop a partnership with an existing nonprofit or government agency that serves and refers a similar client population. Once these resources are identified, training for parenting coordinators should include a session on how to access referral services.

Third, we recommend developing a basic data-driven performance measurement system that will allow programs to monitor the number and types of clients, the services and referrals they receive, their length of time in the program, and their progress. The system should be in sync with forms in the program manual to monitor program fidelity and which might allow for sharing the development cost of the system across multiple sites. In Chapter 3, we discuss problems with existing instruments and recommend new ways to measure client progress.

CHAPTER ONE INTRODUCTION

1.1. Purpose and Organization of the Report

A number of studies suggest that lower conflict and greater cooperation between divorcing and separating parents results in better adjustment for their children. Several types of programs have been designed to help parents resolve conflict and manage custody disputes. There is, however, a scarcity of research demonstrating the impact and efficacy of these types of programs. One such program is the Parenting Coordination Program in the DC Superior Court (“PC Program” hereon). The PC Program aims to serve the needs of low-income, high-conflict families in child custody disputes by providing intensive case management services and parent education via a mediation/arbitration model of conflict resolution. There is growing interest in studying programs such as the PC Program with the aim of informing future replications of the program. To this end, Child Trends conducted a study to explore issues related to program implementation and program replicability and to analyze survey data related to parental conflict, co-parenting and children’s behavioral outcomes for PC Program participants between January 2004 and April 2009. This report summarizes our findings using data collected between January 2004 and December 2009.

The report is divided into four chapters. Chapter One provides an overview and a description of data sources for the study. Chapter Two addresses issues and provides recommendations related to program implementation. Chapter Three summarizes findings from the Outcomes Study, and Chapter 4 serves as a Replication Manual designed to inform future program replication efforts.

1.2. Report Sponsor

The American Psychological Association (APA) Practice Directorate has been involved in the PC Program since it was launched as a pilot project in 2004. The PC Program began as a collaboration between the DC Superior Court, the APA Practice Directorate, Argosy University, and the DC Bar Family Law Section. The Office of the Parenting Coordinator was established as a program in the DC Superior Court in 2008. In March of 2009, APA asked Child Trends to study the PC Program.

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1.3. Study Context

Parenting coordination is a relatively new field and research is greatly needed regarding its effectiveness (Bacher, Fieldstone, & Jonasz, 2005). For families involved in high-conflict custody disputes, children and their welfare often lie in the hands of family court judges, attorneys, and custody evaluators (Mitcham-Smith & Henry, 2007). A need exists for a new method of intervention for these families that blends the role of the court with the role of a counselor and a family mediator. The rapidly growing popularity of parenting coordination has arisen from this need, given that parenting coordination is a multi-disciplinary role that requires specialized psychological and legal knowledge, as well as mediation and arbitration skills. A parenting coordinator is a highly skilled professional who is agreed upon or court-appointed to help high conflict parents cooperate and collaborate regarding the care of their children and to

reduce the amount of damaging conflict to which these children are exposed (Deutsch, 2008; Kirkland & Sullivan, 2008). As the practice of parenting coordination continues to expand and develop, requirements for standardizing this practice increase. The Parenting Coordination Task Force of the Association of Family and Conciliation Courts (AFCC) has developed guidelines for the practice of parenting coordination to offer guidance in best practices, qualifications, training, and ethical obligations for parenting coordinators (AFCC Task Force, 2006). In addition, the APA is currently developing guidelines on parenting coordination that are intended to provide a more specific framework for psychologists who practice in this area.

Preliminary work examining the influence of parenting coordination services on outcomes for parents and children suggest that participating in the PC Program will benefit families and children. Similar to other court-mandated parenting programs such as parent education, parenting coordination is an intervention developed to address inter-parental conflict, to improve parenting skills, to establish cooperative co-parenting relationships, to decrease litigation and court appearances, and to indirectly improve the outcomes and well-being of children from divorced¹, separated, or never-married parents. These programs are theoretically grounded in family systems theory and developmental psychology, though in varying degrees.

Parenting coordination, however, differs from parent education in several important ways. First, parenting coordination is a longer and more intensive process than parent education and is intended for the more complex cases that would benefit from additional intervention beyond parent education. Parenting coordinators provide tailored and intensive services to parents, identify unmet needs of parents, and generate referrals for services to address those needs. Parenting coordinators are experienced in the legal and psychological issues and subject matter related to high-conflict families, child custody disputes, domestic violence, developmental psychology, child maltreatment, family dynamics, conflict resolution, and domestic relations law. Parent education is commonly provided directly by the court, whereas the PC Program in DC is the first-ever court-based *parenting coordination* program. In the review that follows, we summarize what is known about the effectiveness of parenting coordination programs, but expand our review to include findings for parent education services given the broader evidence base that exists for parent education programs.

Identifying the need for parenting coordination services

Experiencing divorce or separation and living in a single-parent family can have negative consequences for both children and parents. Children whose parents separate or divorce are more prone to academic, emotional, behavioral, and health problems, and earlier initiation of sexual intercourse than are children whose parents maintain a stable relationship (Wu & Thomson, 2001; Martinez & Forgatch, 2002; Brown, 2006; Cavanagh, Schiller, & Riegler-Crumb, 2006; Heard, 2007; Osborne & McLanahan, 2007). A 2003 review found that the children's risk for problems with academics, mental health, substance use, and social adaptation tend to be at least twice as high among children whose parents divorced compared to children in intact families (Kelly & Emery, 2003). The review cited findings that 10% of children in intact families have serious psychological and social problems, compared to 20-25% of children from

¹ Throughout this report, we sometimes use the term "divorce" to refer to parents who were married and divorced, as well as to parents who were not married but have separated and become involved in custody cases. We acknowledge that these may be distinct groups, but to improve the flow of the report, we have grouped them together.

divorced families (Kelly & Emery, 2003, p. 355). The authors report that “the largest effects are seen in externalizing symptoms, including conduct disorders, antisocial behaviors, and problems with authority figures and parents. Less robust differences are found with respect to depression, anxiety, and self-esteem” (Kelly & Emery, 2003, p. 355). The authors note that even when divorced or separated parents remarry, their children’s risk of behavioral problems remains high relative to those in intact families (Kelly & Emery, 2003). The research indicates that negative outcomes for children of divorce may persist once they reach adulthood in the form of lower income, poorer subjective well-being, increased marital problems, and a higher propensity to divorce in their own marriages (Amato, 2000; Kelly & Emery, 2003).

Children born to unmarried parents are also at risk for lower well-being. An extensive body of research confirms that children do best when they grow up with two highly committed parents (Amato, 2007) in a stable, low-conflict relationship (Brown, 2004; McLanahan & Sandefur, 1994). Children born to unmarried parents tend not to experience this living arrangement. The proportion of births occurring outside of marriage has increased dramatically. In 2006, almost 4 in 10 (38.5%) births in the United States occurred outside of marriage compared to 11% in 1970 (Bumpass & Lu, 2000; Ventura & Bachrach; Hamilton, Martin, & Ventura, 2007). Although cohabiting couples account for an increasing proportion of these non-marital births (52% in 2001), half of cohabiting parents break up by the time their child reaches age three compared with only 11% of married parents (Osborne, Manning, & Smock, 2004). These realities of family life have potentially negative implications for the development and well-being of children.

In many cases, however, children from divorced families, or from families in which parents were never married, do not suffer lasting negative effects (Kelly & Emery, 2003; Pedro-Carroll, 2005; Pedro-Carroll, Sandler, & Wolchik, 2005). Researchers have found that children of divorce who live in families with adequate income and competent parents, and who have good relationships with their parents, tend to have higher scores on well-being outcomes (Bahr, 2002, as cited in Pollet & Lombreglia, 2008). On the other hand, some factors can increase the risk to child well-being—in particular, sustained interpersonal conflict between divorced parents (Hetherington & Stanley-Hagan, 1999). One study found that child adjustment problems were significantly related only to interpersonal conflict, not to legal or attitudinal conflict between parents (Braver & Griffin, 2000, as cited in Goodman, Bonds, Sandler, & Braver, 2004).

The well-being of divorcing and separating parents is at risk, as reflected in a higher incidence of mental health problems and substance abuse among parents involved in high-conflict divorces (Goodman, Bonds, Sandler, & Braver, 2004; Wolchik, Sandler, Winslow, & Smith-Daniels, 2005). Research has found that parental distress and depression negatively affect child adjustment after divorce (Wolchik, Sandler, Winslow, & Smith-Daniels, 2005). In this way, interparental conflict may have an indirect negative impact on child well-being via its effects on parent well-being. Furthermore, parenting competency may be compromised. One researcher concluded that “The evidence indicates that interparental conflict is associated with a deterioration of positive parenting practices (i.e., responsiveness), as well as an escalation of negative parenting practices (i.e., harshness)” (Harold & Conger, 1997, p. 266; Goodman, Bonds, Sandler, & Braver, 2004). Conversely, parents exhibiting fewer mental health problems tend to have less conflict with their ex-partner (Maccoby & Martin, 1983, as cited in Goodman, Bonds, Sandler, & Braver, 2004).

Parenting coordination and parent and child well-being

Proponents of parenting coordination programs believe they can mitigate the negative effects of divorce and separation on parent and child well-being; however research is limited. A few studies examining the association between parenting coordination and court activities exist, but virtually no evidence exists on the benefits of parenting coordination for parent and child well-being. Kelly (2002) referenced one unpublished study conducted in Santa Clara, CA and consisting of 166 divorcing couples which found a reduction in the number of court appearances from 993 to 37 in the year following the appointment of a parenting coordinator. In addition, Henry, Fieldstone, and Bohac (2009) found that the majority of couples filed fewer motions after receiving parenting coordination services compared to the number of motions filed pre-PC services. Findings from Lally and Higuchi (2008) also suggest that judges and other professionals involved with the PC Project in Washington, DC had generally positive views of the program. For example, judges consistently rated the work performance of the parenting coordinators as satisfactory. A majority of attorneys were also satisfied with the program and its effect on children, and only a minority of attorneys rated the program and the work of coordinators as unhelpful. This study found mixed results for the satisfaction of guardians ad litem (GALs), with approximately 50% rating the program as helpful and 50% rating the program as not helpful.

Parent education and child well-being

Although parenting coordination differs from parent education in several important ways, the broader evidence base that exists for the effectiveness of parent education programs provides a useful starting point for understanding the need for the types of services provided by the PC Program. Many parent education programs (as well as more general court-based programs focused on improving parent and child relationships and well-being) teach parents how to co-parent more cooperatively with their former partner and therefore avoid the detrimental effects of interparental conflict (except in cases in which contact with the former partner raises safety concerns for the children or parent; Pollet & Lombreglia, 2008). Programs often focus on improving parenting skills and parent-child relationships (Goodman, Bonds, Sandler, & Braver, 2004). A 2005 review of the literature found that parenting skills (i.e., consistent and appropriate discipline and monitoring) were related to better post divorce adjustment among children (Wolchik, Sandler, Winslow, & Smith-Daniels, 2005). The same review found improved children's adjustment when relationships between the residential parent and the child were "characterized by warmth, supportiveness, effective problem-solving skills, positive communication, and low levels of conflict and negativity" (Wolchik, Sandler, Winslow, & Smith-Daniels, 2005, p. 66). Research has found that "high-conflict divorced families use a disproportionate amount of court resources" (Pruett, Nangle, & Bailey, 2000, p. 263; Goodman, Bonds, Sandler, & Braver, 2004). Thus, if parent education can reduce conflict between the former partners, then they would presumably relitigate at lower rates.

Two reviews conducted in 2004 and 2005 found no short-term parent education programs demonstrated an effect on child well-being (Goodman, Bonds, Sandler, & Braver, 2004; Wolchik, Sandler, Winslow, & Smith-Daniels, 2005). However, other programs for divorcing or separating parents conducted in experimental settings have been positively linked with child well-being outcomes (Goodman, Bonds, Sandler, & Braver, 2004; Wolchik et al., 2009; see Pedro-Carroll & Cowen, 1985, Forgatch & DeGarmo, 1999; Wolchik et al., 2000, as cited in Wolchik et al., 2009). One of the most rigorously evaluated parent education programs is the

New Beginnings Program (NBP; see Wolchik et al., 2000; Wolchik et al., 2002; Wolchik, Sandler, Winslow, & Smith-Daniels, 2005; Wolchik et al., 2009). The focus of the NBP is behavioral: about three quarters of the sessions are spent on mother-child relationship quality and effective discipline, while the remaining three sessions focus on inter-parental conflict, father-child contact, and maintenance of program skills, respectively. The NBP reduced externalizing problem behaviors among children of participating parents shortly after divorce, especially among children with higher levels of problem behaviors at the beginning of the program (Wolchik et al., 2000). Researchers found long-term effects on child well-being: six years after the intervention, children had more positive outcomes in terms of mental health, substance use, academic outcomes, and sexual behavior than those in the randomly assigned control group (Wolchik et al., 2002, as cited in Wolchik, Sandler, Winslow, & Smith-Daniels, 2005). Children identified as at risk of mental health problems who participated in NBP were 46% less likely to be diagnosed with a mental disorder in the six year follow-up than were at-risk children in the comparison group (Wolchik et al., 2002, as cited in Goodman, Bonds, Sandler, & Braver, 2004, p. 274).

A multi-component (behavioral and psychoeducational) parent management training intervention for divorced mothers of boys, Parenting Through Change (PTC), reduced boys' noncompliance 30 months after the intervention compared to boys randomly assigned to the control group (Martinez & Forgatch, 2001). Researchers attributed this result to increased non-coercive parenting and positive parenting practices found among participating parents, although other possible effects of the program (such as changes in levels of parent's emotional distress) were not measured (Forgatch & DeGarmo, 1999, as cited in Martinez & Forgatch, 2001).

Parent education and parent well-being

Parent education programs can improve parent well-being as well. A recent meta-analysis of five "multi-component" parent education programs, for example, found substantial reductions in depressive symptoms in participating mothers of children with developmental disabilities compared to those in control groups (effect size $d = 0.90$) (Singer, Ethridge, & Aldana, 2007, p. 367). These programs included both behavioral training (parenting skills to address children's behavior problems) as well as psychoeducation (teaching psychological skills to cope with feelings of stress). Relatively small but consistent effect sizes were found for the six programs that focused only on behavioral training ($d = 0.25$), as well as for the six programs that focused only on psychoeducation ($d = 0.34$) (Singer et al., 2007, p. 366). Parents have also credited parent education programs with helping them adjust to the divorce according to end-of-program surveys (see Pollet & Lombreglia, 2008, p. 380-381).

A 2004 review examined studies of four separate short-term parent educational programs and concluded that "there is some support that one of the short-term programs [Children in the Middle] affected interpersonal conflict [among parents] but only mixed support" that the other programs did so (Goodman, Bonds, Sandler, & Braver, 2004, p. 271, 273). In contrast, a review of parent education programs in Australia found that programs led to reduced conflict and increased cooperation between parents (McIntosh & Deacon-Wood, 2003, as cited in Pollet & Lombreglia, 2008). Some studies of longer-term programs conducted in research settings in the U.S. found decreases in inter-parental conflict (Cookston, Braver, Griffin, De Luse, & Miles, 2007).

Programs for divorcing or separating parents conducted in experimental settings have also been positively linked with more high-quality parenting practices (Goodman, Bonds, Sandler, &

Braver, 2004; Wolchik et al., 2009; see Pedro-Carroll & Cowen, 1985; Forgatch & DeGarmo, 1999; Wolchik et al., 2000, as cited in Wolchik et al., 2009) and improved parent-child relationship quality (Goodman, Bonds, Sandler, & Braver, 2004). Most short-term, widely available programs did not identify quality parenting as a goal or measure parenting quality as an outcome (Goodman, Bonds, Sandler, & Braver, 2004).

Unlike parenting coordination programs, most parent education programs do not explicitly focus on reducing court use, often referred to as “relitigation.” A 2004 review found that “the short-term programs do not influence relitigation rates for most families,” although “they may influence relitigation rates for high-conflict families” (Goodman, Bonds, Sandler, & Braver, 2004, p. 273). Relitigation is rarely measured in studies of longer-term programs (Goodman, Bonds, Sandler, & Braver, 2004). However, the review of Australian programs found that early attendance tended to reduce relitigation rates (McIntosh & Deacon-Wood, 2003, as cited in Pollet & Lombreglia, 2008). A recent evaluation conducted by Child Trends (Kuhfeld et al., 2009), found that participants from the Washington, DC, court-based parent education program known as the Program for Agreement and Cooperation in Contested Custody Cases (PAC) had more positive mediation outcomes than non-participants. For example, PAC participants had a greater rate of full mediation agreements and a lower rate of contested custody hearings. Indicators from this evaluation study also suggest that the PAC program had a significant positive effect on case proceedings.

Conclusions and future directions for research

In sum, parenting coordination programs for divorcing or separating parents show promise for improving child and parent outcomes, although research on the effectiveness of these programs is still limited (Kirkland & Sullivan, 2008). Although of shorter duration and less intensive than parenting coordination programs, there is a greater amount of evidence that similar programs such as parent education programs improve children’s externalizing behaviors in the short term as well as long-term mental health, substance use, academic achievement, and sexual behavior outcomes. These programs also improve the quality of parenting and parent-child relationships, as well as reduce conflict between divorced and separated parents. However, many of these studies involved only homogeneous samples of Caucasian parents (Wolchik, Sandler, Winslow, & Smith-Daniels, 2005), and have not focused explicitly on parenting *coordination* services. The more limited body of research on parenting coordination programs points to the need for additional research on the benefits of parenting coordination services above and beyond regular court services (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004; Henry, Fieldstone, & Bohac, 2009); the role of children in parenting coordination (Kelly, 2002); an examination of which components of parenting coordination are the most effective (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004); an assessment of fidelity in parenting coordination program implementation (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004); and the impact of parenting coordination services on nontraditional family configurations (Henry, Fieldstone, & Bohac, 2009), on children (Henry, Fieldstone, & Bohac, 2009), and on improving parental communication and cooperation, and reducing parental conflict (Lally & Higuchi, 2008). More rigorous research on the effects of parenting coordination programs for demographically diverse populations is also needed.

1.4. Theory of Change and Logic Model

Logic models describe the key activities or strategies of a program, reveal the underlying assumptions for a program's approach, articulate expected outcomes in a measurable way, and show the expected relationships between a program's activities and its intended outcomes. The basic components of the logic model include:

- *Problem statement:* The challenge that will be addressed by implementing core activities
- *Underlying assumptions:* Assumptions regarding the changes expected at the individual, provider, or systems-level as a result of implementing core activities
- *Resources:* Plans made, resources used, or collaborations developed to make program implementation possible
- *Activities:* Core implementation components expected to achieve program goals
- *Outputs:* Quantifiable, measurable products resulting from program activities
- *Short-term and interim outcomes:* Measurable changes that are expected to occur as a direct result of program activities and that contribute to desired *long-term outcomes*
- *Contextual factors:* External influences that may impact the implementation of core activities and, consequently, the achievement of expected outcomes

With information provided by the developers of the PC Program, Child Trends developed a logic model that identifies the framework outlined above with respect to the PC Program (see **Appendix A**).

Problem statement

There are a large number of custody cases pending in the DC Superior Court. Most litigants are low-income families who cannot afford parenting coordination services, and at least one parent must qualify as low-income in order for the family to participate in the PC Program. Divorce and separation can have long-lasting adverse effects on children. Research suggests that child well-being is inversely related to parental conflict.

Assumptions

The common assumption underlying this model is that providing pro bono parenting coordinator services to low-income parents and other involved caregivers in high-conflict divorces and custody cases will improve the long-term well-being of children and their families. Parenting coordinators can help divorcing parents resolve conflicts on day-to-day issues and teach parents communication skills so that they can eventually work through such issues on their own. This logic model provides a foundation for the identification of program activities, inputs, outputs, and outcomes for adults and children served by the program. (Please note that for purposes of this report, the term "parent" includes any legal guardian.)

Activities

The following is a list of activities and services offered by the program:

- *Case management:* Parenting coordinators facilitate communication between all involved parties; monitor child/family well-being, safety, compliance; and identify family needs and make referrals

- *Education*: Parenting coordinators provide psychoeducation and coaching (e.g., around parenting skills, communication strategies, emotional management)
- *Decision making*: Parenting coordinators mediate/arbitrate disputed matters
- *Conflict management*: Parenting coordinators protect vulnerable family members; reframe the cycle of power and control; and reduce litigious attitudes
- *Assessment*: Parenting coordinators obtain objective information for decision making purposes and facilitate a mechanism to incorporate feedback from professionals involved in the case

Outcomes

Below, we list the outcomes expected for adults and children served by the program, as well as the courts.

Short-term

- Communication among all parties involved in the case (i.e., professionals, families) increases and becomes more effective
- Families' compliance with decisions, court orders, parenting plans increases
- Families' access to support services increases
- Parents' knowledge of communication strategies, problem solving strategies, emotional management increases
- Parents' knowledge of child development and their children's needs increases
- Time needed to resolve disputed matters decreases
- Families' contribution to problem-solving process increases
- Decreased court activity
- Parents' sense of vulnerability decreases
- Parents' relationship quality improves (e.g., reduced bullying, aggression)
- Increased investigation by parenting coordination professionals into matters of dispute
- Increased amount of evidence-based information collected
- Increased feedback from allied professionals involved in the case

Interim

- Increased self-esteem (Children)
- Decreased internalizing and externalizing behaviors (Children)
- Improved educational opportunities, including access to special education services (Children)
- Improved mental health and interactions with peers (Children)
- Improved parent-child relationships (Children)
- Increased communication and decreased conflict with other parent/guardian (Parent/guardian)
- Increased co-parenting and improved parenting skills (Parent/guardian)
- Increased ability to promote the well-being of their children (Parent/guardian)
- Decreased reliance on PC in solving issues (Parent/guardian)

- Decreased unproductive litigation, including litigation not focused on the needs of the child (Courts)
- Increased satisfaction of judges and other concerned professionals (Courts)

Long-term

- Improved well-being for children whose parents are involved in a high-conflict divorce or custody battle
- Improved well-being of parents and guardians involved in high-conflict divorces and custody battles
- Improved efficiency of the courts

1.5. Data Collection Procedures and Protection of Participants

Child Trends obtained approval for its data collection procedures from Independent Review Consulting, Inc., a commercial Institutional Review Board (IRB). The procedures conformed to federal regulations for the protection and ethical treatment of people who participate in research.² All participants voluntarily consented to participate after being informed of the risks and anticipated benefits of the research and their rights as research subjects. Child Trends staff followed strict data protection protocols to insure confidentiality.

1.6. Data Sources

To learn about the program's implementation, Child Trends staff interviewed program staff, parents, advisory board members, and judges. To learn about the program's outcomes, survey data collected from participants and program staff members at two points in time were analyzed to assess changes over time. The replicability study included a core components analysis to determine intervention and implementation components necessary for replication. We provide additional information about each data source below.

Interviews with Staff, Parents, Advisory Board Members, and Judges

Interviews with PC administrative and frontline staff (including the clinical director and psychology graduate student trainees that worked directly with program participants), program participants (parents), advisory board members, and judges provided a variety of perspectives on the PC Program (**Appendix B** contains the interview protocols used by Child Trends researchers). Child Trends researchers conducted 3 semi-structured telephone interviews with administrative and frontline staff, and 7 interviews with Advisory Board Members. Additionally, Child Trends conducted 2 semi-structured in-person interviews with judges, one semi-structured in-person interview with a parent and two semi-structured telephone interviews with parents. The interviews focused on program implementation, program strengths and areas for improvement, and perceived program effectiveness. Each interview lasted approximately 45 minutes. All interviews were conducted by one Child Trends staff member. Child Trends recorded the interviews and analyzed the content for themes. Findings are summarized without identifying individual respondents to protect confidentiality.

² The federal regulations are at 45 CFR 46.

Surveys and Parenting Coordination Records

All survey data for this study were collected by APA. Data were collected from 58 parents when they began their participation in the PC Program and at one or more time-points after enrollment in the program (although complete data was not obtained from all 58 parents). All data collected on children were reported by parents. Data were also collected from other concerned professionals (judges, attorneys and GALs) involved in the PC Program. Participants all either received services from the PC Program between January 2004 and April 2009, or in the case of other professionals, worked in the court during that time period. For the purposes of the Outcomes Study, we examine outcomes for program participants with follow-up data collected at least 6 months after enrollment. All participants provided informed consent and were judged as physically and mentally able to complete the questionnaire. Child Trends was also given access to parenting coordinator records, which include current docket history, in order to analyze additional information on parents who participated in the PC Program for at least 3 months. Data on court outcomes such as court orders, hearings, trials, petitions for custody and motions filed were examined. To assess change over time, only those participants who completed pre-test and post-test questionnaires are included in the analyses. The sample sizes vary based on which questionnaires are being analyzed. Sample sizes were generally small for all analyses, resulting in few significant findings. Resources and other limitations prevented Child Trends researchers from comparing these data to a comparison or control group; thus it is not possible to suggest a *causal relationship* between the program and the outcomes of the participants. Nevertheless, the pre-test/post-test non-experimental design provides descriptive information about the characteristics of the PC Program participants and how they may change over time.

Core Components Analysis

Child Trends conducted a core components analysis to determine intervention and implementation components necessary for replication. This analysis is derived from information from interviews with staff, parents, judges, and advisory board members, as well as a review of the PC Program's core curriculum components. A replicability assessment is provided which consists of an overview of the current components of the PC Program and the development of a number of sample tools (e.g., sample curriculum plan, sample lesson plan), which are based on the types of tools often found in manualized evidence-based treatment programs (Kazdin and Weisz, 2003). Although these tools are not currently being used by the PC Program, they have been included as examples of materials that could be created to facilitate program replication.

CHAPTER TWO PROGRAM IMPLEMENTATION

2.1. INTRODUCTION

Program implementation refers to the set of policies, procedures, and practices used to execute a program (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). There are six “core components” of program implementation: 1) staff selection, 2) staff training, 3) ongoing coaching and supervision of staff, 4) staff and program evaluation, 5) internal management supports, and 6) community partnerships. For example, the policies and procedures that govern staff selection, training and supervision play a vital role in service delivery, client outcomes, and sustainability. Therefore, evaluating these program implementation components helps to determine and ensure a program’s efficiency and effectiveness.

Child Trends collected program implementation data for the PC Program through semi-structured phone and in-person interviews with frontline staff (clinical director and psychology graduate student trainees), program participants (parents), judges, program administrators, and advisory board members. Please note that the advisory board provides a high level of expertise, with members including a judge, expert family law attorneys, psychology professors, and a law professor. The data provided important insights into program implementation and service delivery. This chapter addresses five critical questions:

1. *Which strategies were most effective in engaging parents in the program?*
2. *Which services or program structures were perceived to be most effective?*
3. *What challenges were experienced in implementing the program and delivering services?*
4. *Which program characteristics facilitated the implementation of the program?*
5. *What are some program improvement strategies?*

2.2. **Question 1: Which strategies were most effective in engaging parents in the program?**

Engagement strategies refer to strategies that are designed to invest participants in the program and encourage active participation. The following summaries describe the strategies that were used to successfully engage parents in the PC Program.

- **Framing parents’ involvement as “in the best interest of the child.”** Many program characteristics helped to encourage and sustain parental involvement, including the alliance between the parenting coordinator and the parents, individualized treatment, convenient office hours, and communication via telephone, email, and text messaging. However, the most effective way of maximizing parental involvement was framing it as in the best interest of the child.

Making the children the focal point of parents’ participation helped them to overcome most of the barriers to involvement and to shift their priority back to the well-being of the children. By reframing parents’ perceptions about service utilization and engagement, parenting coordinators used the parent-child bond to motivate parents to not only fully participate but to also make child-focused decisions.

“The more that you present to parents that this is for their children that was usually enough of an incentive...Always bring it back to the children and the light bulb would go off in their heads.”
--program staff

- **Educating parents about the potential benefits of fully participating in the PC Program.** The majority of parents referred by the court lacked an awareness of the potential benefits of participation in PC services. Consequently, most held an oppositional, reluctant or indifferent stance when they began the program. To change their perceptions and make them more amenable, parenting coordinators educated parents about the purpose and benefits of fully participating in PC services. During the initial sessions, parenting coordinators described their role as mediators and case managers and the power they possessed to make decisions in the best interest of the child. They explained the different PC services, from conflict management to parent education. They emphasized the benefits of utilizing services, such as decreased court appearances and decreased interparental conflict. They also highlighted the benefits of co-parenting on children’s well-being, such as improved emotional and academic functioning, which are found in the research literature. By educating parents about PC, coordinators alleviated much of the opposition, reluctance, and indifference exhibited by parents.

“We tried to work with [parents] to educate them regarding the benefits for the children of having two parents involved in their lives and the benefits for them to be able to rely on someone else for support rather than being a single parent.”
--program staff

- **Providing intensive and individualized services.** Parenting coordinators tailored services to meet both the presenting and the anticipated needs of parents and their children. For example, depending on their assessment of the situation, parenting coordinators might coordinate with school officials to address a child’s academic functioning, provide anger management sessions to teach emotional modulation, or demonstrate effective communication skills to help parents decrease interparental conflict. Using an intensive client-centered approach facilitated parental involvement in three important ways. First, the approach increased the program’s responsiveness to the unique dynamics presented in each case. Second, it empowered parents, allowing their goals, needs, and abilities to direct the process. Third, it strengthened the alliance between the parenting coordinator and the parents, thereby increasing the parents’ willingness to seek, accept, and utilize help during and after treatment.

“We use a combination of techniques that are tailored to the family. It’s parent education on child development or how conflict affects children to improving school performance. We do mediation skills. If a working goal needs to be addressed, we may have a joint meeting to facilitate communication and agreement. Sometimes it’s modeling effective communication and cooperation.”
--program staff

- **Using psychologically-informed approaches to address interparental conflict and resistance to PC Program services.** Parents exhibited an array of emotions and reactions while receiving PC services, such as anger, frustration, and opposition. Often, impasses occurred when parents were engaged and locked in conflict resulting in an inability to

communicate effectively, to reach an agreement, or to focus on the needs of the child. Additionally, parents frequently displayed a resistance to services. Resistance arose for a variety of reasons, including parents' fears about the process or underlying mental health issues such as depression. During these times, parenting coordinators used various psychologically-informed techniques to achieve progress. They discussed the impasse or resistance with parents, addressed the underlying issues, and reemphasized the child-focused orientation. They employed a variety of techniques such as active listening, reframing, reflecting, probing, and confronting, and acted with empathy, respect, compassion, and patience. When applicable, they referred parents in order to appropriately treat mental health issues. This psychologically-informed approach allowed parenting coordinators to take into consideration the intrapsychic and interpersonal needs of parents, thereby increasing their likelihood of engaging in services and achieving positive outcomes.

“My son’s mother has a lot of mental issues (schizophrenic and drinks). It is hard if not impossible to reason with her. The program has helped her to realize she has to do what is agreed to in the program.”
--program participant

“You have to work through their resistance and...explore what their fears are and...just reminding them that everything our office does is for the best interest of their child. We’re not trying to take over their decision-making abilities. We really want to empower the parents to come to that decision that they need to make.”
--program staff

2.3. Question 2: Which services or program structures were perceived to be most effective?

Program services refer to the activities and supports that programs provide to their participants (e.g., group seminars and mediation services). Program structures refer to how these activities and supports are provided (Fixsen, Naoom, Blase, Friedman & Wallace, 2005). In this section, we discuss program services and structure. The following summaries describe aspects of program structure perceived to be most effective.

- **Mediating and decreasing interparental conflict.** The combination of mediation services and intensive case management strengthened the program’s ability to decrease interparental conflict. Parenting coordinators took on a variety of roles, such as mediator, case manager, teacher, advocate, and court representative. For example, while mediating conflict between parents, parenting coordinators modeled effective communication, taught appropriate parenting skills, clarified court obligations, and referred parents to psychological or legal services. Parenting coordinators acquired substantial knowledge of their assigned parents and children through assessments, individual and joint sessions, and court and academic records. Consequently, parenting coordinators were highly attuned to their clients’ needs and issues and capable of helping them to create and accomplish realistic goals toward reducing conflict, making child-focused decisions, and establishing co-parenting relationships.

“The process itself gave them the strength and the ability to stop avoiding. I think a lot of parents in conflict consistently avoid or attack...They are not communicating well...At the end of the process, they are happy someone took the time to sit down with them to face their fears and understand one another. Without the program the parents would not have a

vehicle to do this. The only other way is to go to family therapy and parents that are divorced don't feel like they have to." --program staff

- **Teaching parents decision making, communication, and conflict management skills.** Parent education played a critical role in the PC Program. Many parents entered the program lacking decision making, communication, and conflict management skills. Often, parenting coordinators acted like teachers, building clients' skills through direct instruction, role play, and modeling. For example, coordinators' instructions centered on teaching parents how to make child-focused decisions, manage their anger, articulate their concerns effectively, and avoid getting entrenched in conflict. They instructed the children on how to communicate their needs to their parents and cope with living and maneuvering between two different households. They worked with parents on how to stop avoiding, attacking, and misunderstanding one another and to establish a healthy communication process. These educational sessions helped to change parents' behaviors and thought processes from a conflict-focused orientation to a child-focused one.

"The one family I worked with, when they began with the program it was like two years before, they weren't able to do much co-parenting...or direct communication...When they were ready to close their case at the end of this year, they were going to school meetings together, they were making joint decisions together and they were starting to talk about college. That was an overall improvement in communication." --program staff

"The PC don't take sides... try to do what is best for the child...co-parenting...try to help us do what we need to do and what is best." --program participant

- **Being client-centered and child-focused.** Through a client-centered, child-focused approach, the needs of parents and their children significantly influenced the delivery of services. This approach had numerous benefits. It facilitated the engagement of court-referred parents, focused on the best interest of the child, empowered both parents and children, addressed unmet needs, and responded to interparental conflict more pragmatically.

"I like that [the program] is pretty much client-centered, that [the clients] are pretty much fueling how we start and where we start." --program staff

"I think it's very focused on the needs of the kid, which is important. It's very child-focused." --program staff

"When my child's [parent] and I bump heads my PC comes in and gives us a perspective, okay we really need to focus on the child. It helps to keep us from getting side-tracked." --program participant

- **Using an integrative and multidisciplinary approach to service delivery.** To appropriately address the complex needs of parents and their children, the PC Program utilized an integrative and multidisciplinary approach to service delivery. The program drew on family systems theory, developmental psychology, alternative dispute resolution techniques, case management, and parent education. Research literature related to parenting

coordination, custody disputes, high-conflict parents, divorce, domestic violence, and domestic relations law informed service provision. Parenting coordinators worked with other professionals, such as legal consultants, teachers and counselors, to coordinate and provide services. They obtained referrals for parents' and children's needs such as therapy, legal services, tutoring, or educational and psychological assessments. This multidisciplinary approach allowed the program to provide an integrated, holistic and coordinated method for dealing with interparental conflict.

"It was definitely a team approach. Each individual has their own client but everything was always discussed during case reviews...It was multidisciplinary in that aspect, you get legal consultation as well as psychological consultation. Having both sides was advantageous."

--program staff

2.4. Question 3: What challenges were experienced in implementing the program and delivering services?

Implementation refers to "a specified set of activities designed to put into practice an activity or program of known dimensions" (Fixsen et al., 2005, p. 5). Successful implementation is challenging and requires coordination on multiple levels (i.e. the frontline-level, the management-level, and the community-level). Additionally, external influences, which are not always within a program's locus of control, can impede implementation efforts. This section reports on specific implementation challenges experienced by the PC Program.

- **Addressing the complex and co-occurring needs and issues of the service population.** The program specifically targeted low-income parents who had custody dispute cases in the Superior Court of the District of Columbia. In addition to interparental conflict, a majority of parents were also dealing with problems related to poverty, unemployment, housing, education, health, and mental illness. A prior evaluation of the PC Program also identified these complex issues faced by low-income parents (Lally & Higuchi, 2008). These issues placed additional stressors on parents, and on the parent-child and interparental relationships. Consequently, their complex needs demanded more intensive, frequent, and longer services. As a result, progress was slow, varied, and nuanced.

"Program challenges I think are...the challenges that come with working with the population that they serve...All the challenges of living in poverty...So they have housing issues, they have financial issues, they have medical issues, they have mental health issues, they usually have school issues, so we've got a huge host of issues, and only so many resources...I think the program does really well...given what it's got to work with, which is people with huge needs and not much resource."

--board member

- **Finding community resources to meet families' needs.** Coordinators generated referrals to either complement or supplement program services. For example, when a parent needed therapy, a referral was made to a local therapist. Referrals were generally provided pro bono, covered under parents' insurance, or offered on a sliding scale basis. As discussed above, parents had complex and co-occurring needs. Direct service staff found it challenging to locate accessible and appropriate community resources to meet families' various needs. Contextual reasons may explain this difficulty, such as the poor economy reducing the

availability of community resources and services to aid individuals in need. Individual parenting coordinators' knowledge of and connections to community resources were helpful. However, additional time and resources are needed to help parenting coordinators find community resources to better meet families' needs.

"There just aren't that many free services out there for mental health and therapy and things like that...when you go to try to find services for poor people, there's a distinct lack of services."
--board member

- **Meeting the high demand for pro bono PC services with limited resources.** In 2008, approximately 666 domestic relations cases were referred to mediation services in the DC Superior Court (Superior Court of District of Columbia, Family Court, 2008, p. 37). Of these cases, it is estimated that a significant amount of parents were eligible for pro bono PC services. However, with current resources, the maximum number of cases the program can possibly serve is 30. Several reasons were suggested for this enrollment capacity, such as having only one licensed psychologist, a small number of part-time doctoral student trainees, and a limited budget. The program requires additional resources to meet the high demand and increase the number of cases served.

"The challenge is being able to provide these kinds of services to as many people as possible, including people who can't afford it. That's difficult. Frankly, there is a challenge for people who can afford it because there aren't that many trained people who are really good at doing this."
--board member

- **Working with high-conflict parents.** High-conflict parents pose numerous challenges to service delivery. These challenges are well documented and corroborated by other research studies. Studies have found that high-conflict parents and high-conflict divorce are characterized by entrenched conflict, ineffective and uncivil communication, antagonism, anger, and dualistic thinking (Kitzmann & Emery, 1994; Neff & Cooper, 2004). The PC implementation data mirrored these findings. Staff described the difficulties in working with parents locked in conflict. Parents locked in conflict were more oppositional and resistant and less likely to be motivated and invested in the process, make child-focused decisions, communicate effectively, manage their anger, and achieve progress. These parents required more frequent and intensive contact. When coordinators had several parents on their caseload locked in conflict, it placed considerable burden on their ability to deliver services.

"Being in conflict creates a more challenging environment...Parents caught up in this type of conflict can be really selfish and self absorbed...Parents that have a lot of mental issues sometimes make it very challenging. Sometimes they are not as responsive to change because they have so many other things they are caught up with."

--program staff

"Having an uncooperative other half makes it difficult when they are undermining everything the first parent is saying...It affects your ability to do right for your children. I attended the program for five years and I would say overall it had no impact because it did not change the outcome."
--program participant

- **Receiving the appropriate referrals for PC services.** Selecting the appropriate parents to serve is an important part of implementing effective and efficient programs. Screening criteria provide guidelines for identifying suitable participants who are most likely to receive the intended benefits. Staff and stakeholders expressed the need to establish and communicate clear referral criteria for court related personnel to follow. Often, the program received referrals for parents who had issues, such as an untreated substance abuse or severe mental health disorder, which made them inappropriate for services. Referring and engaging parents not appropriate for the program consumed scarce program and court resources that could have been used more effectively.

“One of the other challenges is that the court...has a tendency to give its worst cases to the program. So, the cases that are pretty much unsolvable and where parents are not remediable...If one of the parents is seriously mentally ill, you’re not going to fix it.”

--board member

- **Defining and measuring success given the contentious nature of custody disputes.** In order to provide accountability and deliver effective services, a program must define and measure program outcomes (Lewis, Packard, & Lewis, 2007, pp. 215-244). Given the contentious nature of custody disputes and high-conflict parents, outcomes can be challenging to define and measure. Staff and stakeholders alike conveyed the difficulty in identifying outcomes that reflect the varied and nuanced changes that can occur with parents. The program needs to define the specific outcomes it can achieve and how it will measure them, whether it is improving interparental communication or establishing co-parenting relationships.

“The trick with this is you can measure the success of this in lots of different ways. If you’re going to take getting to 10 in every case as the ultimate success, then it is not going to be a successful program. That is totally the wrong measure.”

--board member

“We need...the right tools and outcome measures that work for the courts, that work for the clients, and the work for psychologists, that work for the researchers... [T]he Court’s going to want to know...the success rates in order to continue funding it from the Courts.”

--judge

- **Maintaining the boundaries between using a psychologically-informed approach versus providing therapy.** As a model, parenting coordination does not provide therapy but uses psychologically-informed approaches to engage parents. When therapy is warranted, the coordinator generates a referral to an appropriate therapist. Direct service staff described the challenges they faced in maintaining the boundaries between therapy and a therapeutic approach. At times, staff felt compelled to more intensively apply their clinical psychology skills to address parents’ mental health or intrapsychic issues. For one staff member, the boundaries between the two were unclear and easily crossed. Since the direct service staff were students, this dilemma is understandable. Staff expressed more guidance was needed to help them navigate the boundaries between using a therapeutic approach versus providing therapy.

“A little more coaching on the difference between therapy and mediation because sometimes the lines would be skewed...Parenting coordination in relation to it being therapeutic but not therapy.”
--program staff

- **Making the PC Program sustainable.** Although the PC Program is now an official court program, plans have not been developed regarding sustainability. Staff and stakeholders were unsure about the program’s future funding. In light of the current economic state and budget cuts, addressing the program’s financial sustainability is paramount to improving and expanding services.

“The biggest external factor is budget and the extent to which this is something the court can sponsor and pay for...But the extent to which the court can fund something like this is questionable in these times. Where other monies are going to come for it, I have no idea. If psychology programs and social work programs too are interested in training people to do this, then there ought to be a way to work with them and make facilities available to them... [T]here is clearly an ongoing role for psychologists in this process. It makes perfect sense for graduate students under supervision to be involved.”

--board member

- **Defining the roles and responsibilities of stakeholders.** The PC Program experienced challenges in defining the roles and responsibilities of stakeholders. Since being adopted by the Superior Court of DC, the roles and responsibilities of the advisory board have not been clearly defined. For example, advisory members were unsure about future board meetings or the type of assistance they would be asked to provide. Similarly, the program needs to define and strengthen its relationship with the Superior Court of DC Family Division. For example, the program lacks a process of reporting and sharing information with the Family Division.

“We need to get the advisory group together to resolve some of these critical issues. So what is the role of the advisory board going forward...?”
--board member

2.5. Question 4: Which program characteristics facilitated the implementation of the program?

Implementation research has identified several “core components” that drive successful implementation, including staff selection; staff training; coaching, mentoring, and supervision of staff; and internal management support (Fixsen et al., 2005). The following summaries describe the program characteristics that facilitated the implementation of the project.

Staff Selection

- **Hiring a highly qualified clinical director and experienced clinical psychology doctoral students.** The PC Program staff were highly qualified and brought substantial knowledge, skills, and experiences to their respective positions. Staff members were highly educated and knowledgeable about clinical and forensic psychology. The director had a doctorate degree in psychology and the direct service staff were advanced clinical psychology graduate students. They had theoretical and practice-based knowledge of custody disputes, divorce and separation, developmental psychology, psychopathology, and clinical interventions for adults

and children. Staff possessed considerable clinical skills in conducting individual and group work with divorced or never-married parents and their children. They had case management, mediation, and advocacy skills as well as the ability to provide a coordinated care approach. Their professional experiences were diverse and included school-based mental health for children and adolescents, domestic violence advocacy, and family and individual therapy.

“My PC is ‘dead on,’ she addresses an issue right then and there. She says let’s see how the both of you can resolve this issue together, which is good, which is really, really good. I like her.”
--program participant

“All the students have all been advanced [graduate students] in the clinical psychology program at Argosy...they have had at least two years of practicum experience amounting to 1200 hours of training in the area of assessment and/or therapy...prior to going into the parent coordination program.”
--board member

- **Selecting staff with specific personality characteristics to function as parenting coordinators.** To ensure effective service delivery, doctoral students had to possess specific personality characteristics related to the parenting coordinator role. These characteristics included patience, empathy, compassion, dependability, composure, multicultural sensitivity, and thoroughness. Students also had to have the ability to make critical decisions, conduct assessments, serve parents and children from diverse backgrounds, engage in self-reflection, and communicate verbally and in writing.

“The staff was cordial and professional. They listened to you and acted as an advocate and gave good advice.”
--program participant

“I think for both, it’s very important to be able to deal with the public, be patient, to have the ability to communicate...very well.”
--board member

Staff Training

- **Conducting pre-service training for frontline and administrative staff.** Before delivering services, frontline staff received a training orientation that consisted of didactic sessions as well as reflective and interactive exercises. Orientation also included training on the policies and procedures for working within the court system. Didactic sessions provided trainees with knowledge of theories, values and issues related to parenting coordination. Staff from Argosy University, the DC Courts (including judges), and expert family law attorneys made presentations on domestic relations laws and court processes. Research articles and case scenarios were read and discussed. Typical problems and issues faced by coordinators were identified and talked about. Role plays and debriefings provided trainees with opportunities to engage in reflective and interactive exercises that fostered learning between staff and peers.

The clinical director’s pre-service orientation included trainings, informational sessions, and observations. The director attended two parenting coordination-related trainings offered by a local agency and AFCC and students were also encouraged to attend local parenting coordination trainings. Advisory board members also met with the director to conduct

informational sessions regarding the legal aspects of parenting coordination. The current clinical director also shadowed the former director, learning job specific duties and skills through active observation.

The clinical director and several students attended a full-day PC training workshop sponsored by APA in June, 2009. APA recently developed an introductory online PC training course (available at <http://www.apapracticecentral.org/ce/courses/1370032.aspx>) and continues to develop additional resources, including practice guidelines that can be used in the training of parenting coordinators.

- **Connecting theory to practice during training sessions.** Trainings helped frontline staff connect theory to practice. Three methods were used to make this connection explicit. First, didactic instructors related topics and discussions to common issues faced by parenting coordinators. Second, frontline staff considered the cultural implications of applying theory and the PC model to the service population. Third, through individual supervision sessions, frontline staff learned how to apply theory and research findings to address the unique needs of their assigned parents.

“A lot of times when they talked about some of the theories or topics in the didactic session, then they would say, ‘Who has a case that might have this issue in it?’ And then they would talk about it in regard to that particular case...it was very hands-on...It was very connected to the work that was being done in the program.”
--board member

- **Providing ongoing didactic and reflective opportunities for frontline staff.** To increase frontline staff’s ability to deliver services, weekly didactic sessions and reflective opportunities were provided. Didactic sessions, as previously mentioned, involved lectures and discussions on different topics related to parenting coordination, such as dealing with a parent who has a mental illness or understanding divorce and custody laws. Current research literature and techniques pertaining to parenting coordination were presented. Guest speakers, panel discussions, roundtables, community activities, workshops, and assigned readings were used to convey information in didactic sessions. The clinical director, staff from Argosy University and the DC Courts as well as advisory board members led didactic sessions.

Individual supervision and group case conference meetings allowed frontline staff to reflect on their engagements with parents, connect theory to practice, obtain feedback and suggestions, and receive support.

“The didactic portion was really important because it brought up issues of mental illness related to parents in the legal system. Also, different techniques used in parent coordination and research related specifically to females who have histories of domestic abuse and issues related to that.”
--program staff

Staff Coaching/Mentoring

- **Participating in weekly or monthly individual supervision sessions.** Weekly structured individual supervision meetings provided frontline staff with the opportunity to obtain one-

on-one coaching and mentoring from an expert parenting coordinator. These meetings allowed frontline staff to review their cases with their supervisor in order to discuss the progress of parents, to examine their service provision and engagement, to identify and address problematic issues, and to receive feedback and suggestions.

The clinical director engaged in a monthly supervision meeting with a leading national expert in parenting coordination. These meetings were conducted over the phone. The director received guidance on how to execute the parenting coordination model and to deal with challenging cases. The clinical director also consulted with advisory board members, APA psychologists, and Argosy University faculty on either legal or psychological issues related to the PC program. These consultations provide the clinical director with expert advice and feedback on service delivery and programmatic operations.

“The supervision [sessions] were helpful in learning where your boundaries were, and learning our role...and building those skills.”
--program staff

- **Engaging in weekly group case conference meetings.** Weekly group case debriefings provided frontline staff with peer support. Cases were reviewed and discussed by the group in order to create a dialogue between staff members. Cases were explored from different perspectives; ideas were shared; feedback and suggestions were given. As a result, frontline staff were provided with steps to take and equipped with interventions to apply.

“Having insight from another person is always helpful. It...adds to your tool box of interventions you can use to work with some of the most resistant clients.”
--program staff

- **Receiving legal and psychological consultation from the PC Program advisory board.** Frontline staff sought consultation for difficult psychological and legal matters. The PC advisory board (including a judge and several expert family law attorneys) and APA staff members provided legal consultation, assisting frontline staff to understand complex legal issues. Clinical consultation was provided by Argosy University faculty. Faculty helped frontline staff to deal with high-conflict parents and other psychology related issues. Consultation was offered on a scheduled, unscheduled and as needed basis.
- **Providing assistance in developing parent working plans.** Through supervision, frontline staff obtained assistance in developing effective parent working plans. Effective parent working plans contained realistic goals, tasks, and timelines, focused on the best interest of the child, identified milestones, and utilized parents’ assets and support networks. Effective parent working plans were essential in engaging parents, facilitating change, and achieving outcomes.

“...By the coaching and mentoring, by really...talking with the students about their case, and giving them advice on what to do, it helped the students have ideas about how to handle the cases.”
--program staff

Staff Relations and Communication

- **Creating an organizational culture that is child-focused.** The principle of working in the best interest of the child resonated throughout the PC Program, from the partnership between APA and Argosy University to the trainings and didactic sessions. Addressing the needs of children exposed to interparental conflict informed and directed staff's efforts.
- **Communicating and monitoring management goals and expectations through individual supervision and group case meetings.** Management and program goals and expectations were conveyed through individual and group supervision. Frontline staff received both verbal and written feedback on their performance. During weekly individual supervision and group case conference meetings, frontline staff received verbal feedback from their supervisor and their peers. Feedback was provided on their clinical skills, client interactions, case notes, reports, and court documents. The clinical director also completed a midyear and end of year evaluation for each frontline staff member. The formal evaluation was discussed during individual supervision.

2.6. Question 5: What are some program improvement strategies?

Although the PC Program has successfully utilized the strategies outlined above to engage participants; create effective program structures; and facilitate program implementation, there is still room for growth and improvement. In this section, we discuss program improvement strategies, based on the various sources of data collected, in the following areas: engagement, program services and structures, and implementation.

Engagement

- **Increase the number of parents served.** In light of the high number of divorced and custody related cases filed in the Superior Court of DC, it is estimated that a substantial number of parents would be eligible for and could benefit from pro bono PC services. To improve cost effectiveness and to reach more children affected by interparental conflict, it is recommended that the PC Program increase the number of parents served. Subsequent recommendations, such as hiring an additional clinical psychologist and increasing the number of participating graduate programs, can help to facilitate this increase.
- **Define referral criteria.** Clear guidelines and criteria will assist judges in referring the appropriate cases to the PC Program. This will ensure that program is efficiently providing services to parents most likely to receive the intended benefits.
- **Increase the participation of the children in the PC process.** Frontline staff suggested increasing the participation of children in the PC process. For example, staff recommended conducting individual sessions with children as needed and/or increasing contact with other relevant professionals (e.g., special education teachers) to monitor children's progress and to focus on their well-being.

Program Services and Structures

- **Expand the network of referral service providers.** Expanding the program's referral network will help to alleviate the difficulties frontline staff face in locating community resources for parents. Building partnerships with government agencies, nonprofit

organizations, faith-based institutions, and local businesses will ensure that the PC Program has a large network of referral service providers to meet the needs of parents and their children.

- **Decrease the treatment duration.** The PC Program is resource intensive, requiring a significant investment of time, labor, and money to implement. Under the current model, parents can receive pro bono services for up to two years. Given the high demand for services as well as diminishing court resources, the PC Program should consider decreasing the treatment duration. Instead of two years, it is suggested by a stakeholder that the service duration be adjusted to nine months. This abbreviated but structured version will allow the program to serve more parents, to address issues more expeditiously, to maintain service continuity, and to increase cost effectiveness.

“Each year we get a different person so it makes it hard to build rapport with the mediator...I don’t know if they go back to previous cases or they don’t talk to the prior mediator to get a feel for the case...It makes it hard. I feel I have to explain my side again and the other parent explain their side.”
--program participant

“I think that the model for the court would be better served by having a combination of approaches including a time-limited, short-term limited intervention model that was raised at the last advisory committee meeting...I think that would be something that would benefit a good portion of the parents as well as meet the needs of the court better.”
--board member

“If we had a finite time, not two years, not 18 months, but something much more modest and it was also consistent with [how long we had the] students. You want continuity; you want the same student working with the same family.”
--judge

- **Increase the amount of services and resources offered.** Frontline staff suggested hiring additional staff and purchasing tools, media, and other related resources to assist frontline staff in delivering services.

“[To improve outcomes for parents, the program should] offer more services...increase and expand the amount and range of interventions to cover the range of their difficulties, to give them more resources and tools to deal with the different challenges.”
--program staff

Implementation

- **Make some sessions curriculum-based.** Utilizing a curriculum during sessions will make engagements with parents more systematic, measurable, and outcomes oriented. It will ensure that the majority of parents acquire specific skills before services are terminated. Additionally, it will increase the replicability of the program.

“In order to make sure that this is an efficient program I think we need to have more curriculum sessions so we can guarantee that the skills are there that get families off the track of relying on their PC to solve the problem and empowering them to resolve the conflict.”
--program staff

- **Increase the number of participating graduate programs and students.** To meet the high demand for pro bono PC services and to adequately serve the complex needs of parents and children, the program should partner with other local academic institutions to expand its staff. The program could partner with psychology programs at George Washington University (GW) or American University as well as with social work programs at Howard University or The Catholic University of America. Recently an advanced psychology graduate student from GW began providing services in the PC Program, in addition to the Argosy students.
- **Hire an additional clinical psychologist.** Increasing the number of parents served is partly contingent upon the availability of licensed clinical psychologists to supervise frontline staff. By partnering with local academic institutions, such as the aforementioned ones, the program may be able to obtain pro bono supervision services from licensed faculty members.
- **Decrease the caseload of the clinical director.** The clinical director has numerous time-consuming responsibilities. In addition to supervising frontline and administrative staff, attending status hearings, writing reports, and directing the program, the director also manages a caseload of parents. To avoid over-extension and allow the director to adequately focus on programmatic operations and quality assurance, it is recommended that the clinical director manage a limited number of cases.
- **Establish sustainable funding sources.** The PC Program was piloted with multiple funding streams and is currently fully funded by the court. Although additional sources of funding may be needed in the future, ideally full court funding will be continued to ensure the continuity and stability of the program. In the meantime, the program should develop strategic plans to identify objectives, tasks, and timelines for pursuing grants, government funds, partnerships, and other fundraising activities that might be available in addition to court funding.
- **Clarify the role and responsibilities of the PC advisory board.** During its formative years, the PC advisory board played a vital role in guiding and conceptualizing service delivery and training frontline staff. As the program evolves under the management of the Superior Court of DC, the role and responsibilities of the PC advisory board should be clarified. In doing so, the PC Program will capitalize on the expertise and resources the advisory board has to offer.
- **Improve communication between stakeholders.** Several communication issues were noted in the PC Program. These issues related to articulating clear screening criteria, creating realistic program goals for the court, developing a sustainable program budget, and defining the advisory board after the PC Program became an established program of the court. By defining roles and responsibilities, documenting and circulating expectations and agreements, outlining the use of resources, and establishing a reporting and accountability process, the program can improve communication and strengthen relationships between stakeholders.

2.7. Conclusion

This chapter provided detailed information indicating several key findings related to successful strategies employed in implementing the PC program. Successful strategies for engaging parents included making children the focal point by framing parents' involvement as "in the best interest of the child." The program provided intensive, individualized, and targeted services such as conflict management and conflict resolution to reduce interparental conflict, increase co-parenting, and ultimately improve child well-being. Effective program services and structures included mediation and intensive case management, parent education, and utilizing a multidisciplinary approach that was client-centered and child-focused.

Challenges to program implementation centered on the complex needs of the participants which include poverty, unemployment, housing, education, health and mental health issues. Identifying pro bono and/or sliding fee scale community resources and services also presented a challenge. An often repeated concern was funding and sustainability of the program, which remains unclear.

Program improvement strategies and recommendations include increasing the number of parents served to make the program more cost effective. To effectively serve more parents, hiring an additional clinical psychologist and increasing the number of participating graduate programs is recommended. Clearer guidelines and referral criteria need to be established to ensure the program is targeting participants who can benefit from the program services. The program would also benefit from a curriculum-based approach with a specified timeframe for duration for services.

In spite of the participant and resource challenges there were several program characteristics that facilitated program implementation, such as hiring highly qualified clinical staff, providing ongoing training that connected theory to practice, having ongoing supervision and support from experts in the field, and providing the staff with a wide network of clinical and legal professional support for mentoring and consultation. Overall, the program has dedicated and committed staff and stakeholders. The services are targeted and the program has the potential to benefit a large number of families.

CHAPTER THREE OUTCOMES STUDY

3.1. Introduction

For the purposes of this outcomes study, we examine data collected by the PC Program from parents and other professionals involved in the program. Unfortunately, the small number of responses constrains the conclusions that can be drawn from the data. Except where noted in the text and on tables *all* differences were not statistically significant. We report this data primarily to show the direction of the changes and what findings might look like if a larger sample were available.

3.2. Study Design and Limitations

The study uses a pre-test/post-test design to examine changes in participants' responses to survey questions over time. To protect confidentiality and the rights of research participants Child Trends followed its strict data protection protocols and procedures and obtained approval from an Institutional Review Board for the study.³ Data were collected from participants at least twice: after the case was accepted into the PC Program and at least 6 months later. This design reveals whether or not the outcomes targeted by the program changed in the desired way (e.g., children's internalizing behavior declined after parents' participation in the program). Without a randomly assigned control or other comparison group, the design does not allow for causal inferences, as other factors outside the program may account for changes in participant outcomes.

Data Collection. The participants in this study are parents (both mothers and fathers) and other concerned professionals (judges, attorneys and GALs). All data collected on children were reported by parents. Participating parents received services through the PC Program between January 2004 and April 2009 and provided consent to participate in the study. Participating professionals worked with the PC Program between January 2004 and April 2009. To assess change over time, only those parents who completed pre-test and post-test questionnaires are included in the sample. Not all parents completed the follow-up instruments, and very few parents that did complete a follow-up questionnaire answered all of the questions on the instruments. As a result, the size of the analysis sample is small for most outcomes and thus most differences are not statistically significant. Because only three completed questionnaires for children under 6 years were received, changes over time in outcomes for this age group could not be analyzed for most outcome measures.

Interpretation of Results. Paired sample t-tests were used to analyze changes in targeted outcomes between enrollment in the PC Program and at least 6 months after enrollment. Results of these t-tests are summarized in tables throughout this chapter. When interpreting the results in these tables, it is important to note whether the post-test rating is better than the pre-test rating. A higher score at the time of the post-test indicates a positive outcome and a lower score indicates a negative outcome. If there was a statistically significant change in an outcome (i.e., the change is unlikely to have occurred by chance), the t-test column will have one, two, or three stars identifying the level at which the change is significant, with more stars indicating stronger

³ An Institutional Review Board reviews research to ensure that research protocols and procedures comply with federal regulations regarding the protection of human research subjects as codified at 45 CFR 46.

statistical significance. An outcome without a star or with “n.s.” indicates that there was no statistically significant change between the pre- and post-tests. The direction of change column is marked with a “+” to identify a favorable change or a “-” to identify an unfavorable change.

3.3. Outcomes Measured

The PC Program used a variety of survey instruments to provide outcome data to measure the effectiveness of the project’s efforts as well as potentially provide general support for the efficacy of parenting coordination. The measures have been validated in previous research and demonstrate strong psychometric properties. The full questionnaires can be found in **Appendix C – Appendix F**.

Parenting Alliance Measure (PAM): This is a 20-item instrument that evaluates co-parenting relationships between parents (see **Appendix C**). Parents rated how strongly they agree or disagree with statements such as “When there is a problem with our child, we work out a good solution together” or “I feel close to my child’s other parent when I see him or her play with our child”. Responses ranged from *Strongly Agree* to *Strongly Disagree*. A parenting alliance index was created by summing participants’ responses across all 20 items in the Parenting Alliance Measure. The PAM scores were also standardized into percentiles and sorted into interpretive categories corresponding to percentile ranges (Abidin & Konold, 1999).

Acrimony Index: This instrument is a 25-item questionnaire focused on the adult participants’ impressions of their relationships with their partner/spouse and the impact of their relationship on their child/children (see **Appendix D**). Parents reported how often the listed events occurred with responses ranging from *Almost never* to *Almost always*. An index of acrimony was created by summing participants’ response across all 25 questions.

Child Behavior Checklist (CBCL): This measure is part of the Achenbach System of Empirically Based Assessments (ACEBA) designed to obtain the caregiver’s report regarding children’s social competencies and behavioral/emotional problems. This instrument includes two checklists completed by parents or primary caregivers: the CBCL/1 1/2 – 5, designed for children ages 1.5 to 5 years; and the CBCL/6-18, designed for children ages 6 to 18. Caregivers rate their child for how true each item is now or within the past 6 months using the following scale: 0 = not true (as far as you know); 1 = somewhat or sometimes true; 2 = very true or often true. The full CBCL/ 6-18 consists of 118 items describing specific emotional and behavioral problems. This instrument includes the following subscales: a) competence subscales, which provide ratings of school, activities, social and total competence; b) syndrome scales related to domain-specific symptoms associated with a variety of diagnostic groups, including anxiety and mood disorders (portions these scores are grouped into total externalizing and internalizing scores); c) DSM-oriented subscales, intended to supplement the syndrome scales to assist with psychiatric diagnosis; and d) 2007 scales, which are intended to identify children who have problems associated with posttraumatic stress disorders, obsessive compulsive disorders, and ADHD inattentive type. The full CBCL/11/2-5 contains 99 items related to problems the child may be facing, and includes the same subscales as the CBCL 6-18, excluding the competence subscales and the 2007 subscales (see **Appendix E** for examples of items from the CBCL). Each of the subscales was created by adding parents’ responses for each behavior within the scale or subscale.

Satisfaction Surveys: Parents, judges, attorneys and GALs involved in PC cases were asked to complete satisfaction surveys which consisted of a series of questions pertaining to their perceptions of the PC intervention (see **Appendix F**). Responses ranged from *Strongly Agree* to *Strongly Disagree*. A Satisfaction Scale was created by taking the mean of each respondent’s answers across all items on the satisfaction survey. The scale ranges from zero to four, with zero representing low levels of satisfaction and four representing high levels of satisfaction.

Parenting Coordination Records: Child Trends was given access to parenting coordination records in order to analyze additional information on parents who participated in the PC Program for at least 3 months. Data on court outcomes such as court orders, hearings, trials, petitions for custody and motions filed were examined.

3.4. Study Findings

DEMOGRAPHIC CHARACTERISTICS OF PARENTING COORDINATION PROGRAM PARTICIPANTS

Demographic Characteristics of Parent Respondents

- The mean age of parents/guardians was 41 years, with ages ranging from 23 to 66 at the time they completed their first surveys.
- Of the respondents, 47.6% were male, and 52.3% were female.
- Half of respondents did not indicate their race/ethnicity. The vast majority of respondents who completed this item identified as Black (84%).
- Respondents reported a range of occupations; however, many respondents did not complete this item (28.5%). These respondents may be unemployed and did not see the check box for that status.

Table 3.1: Demographic Characteristics of Parent Respondents in the Parenting Coordination Program

	Number	Percent
<i>Parental Age</i>		
21-30	3	7.2
31-40	6	14.4
41-50	6	14.4
51-60	2	4.8
61-65	2	4.8
No Answer	21	50.0
<i>Parental Gender</i>		
Male	20	48.0
Female	22	52.0
<i>Parental Race</i>		
Black	16	38.1
Multiracial	1	2.4
White	2	4.8
American Indian	0	0.0
Asian	0	0.0
Latino	0	0.0
No Answer	23	54.8

<i>Parental Occupational Category</i>		
Management	3	7.1
Computer and Mathematical	4	9.5
Architecture/Engineering	1	2.4
Community and Social Services	1	2.4
Legal	1	2.4
Education, Training and Library Arts Design,	1	2.4
Entertainment, Sports, Media	1	2.4
Healthcare Practitioners and Technical	1	2.4
Healthcare Support	1	2.4
Protective Service	4	9.5
Personal Care and Service	3	7.1
Sales and Related	1	2.4
Office and Administrative Support Installation,	3	7.1
Maintenance, and Repair Transportation	1	2.4
Unemployed	1	2.4
No Answer	3	7.1
	12	28.5

Source: Parenting Coordination Study, 2009

Demographic Characteristics of Children

- 38.4% of respondents' children were between 6 and 10 years old; 30.7% were between 11 and 15 years; 23% were between 1 and 5 years; and 7.6% were between 16 and 18 years
- 57.5% of respondents' children were male and 42.3% were female
- The majority of respondents' children were Black (73.1%)

Table 3.2: Demographic Characteristics of Children of Respondents in the Parenting Coordination Program

	Number	Percent
<i>Child Age</i>		
1-5	6	23.0
6-10	10	38.4
11-15	8	30.7
16-18	2	7.6
<i>Child Gender</i>		
Male	15	57.7
Female	11	42.3
<i>Child Race</i>		
Black	19	73.1
Multiracial	2	7.7
White	2	7.7
American Indian	0	0.0
Asian	0	0.0
Latino	0	0.0
No Answer	3	11.5

Source: Parenting Coordination Study, 2009

OUTCOMES FOR PARENTING COORDINATION ADULT RESPONDENTS

Parenting Relationship Outcomes

Table 3.3 shows the levels of acrimony and alliance reported by mothers and fathers at the start of the program and at the time of their first follow up. Compared to normative data presented at the AFCC (Lally, 2008), mothers and fathers both reported higher than normal

levels of acrimony at the start of the program. The normal average for the acrimony index ranges from 49-51. Mothers in the PC Program reported a baseline average of 55.8 on the acrimony measure and fathers reported a baseline average of 54.2. Reported average levels of acrimony decreased for mothers and fathers after the program and reported average levels of parental alliance increased. These differences were not statistically significant.

Table 3.3: Mean Scores on Acrimony and Parental Alliance Measures

	Mother Report						Direction of change ¹	T-test ²	Father Report ³						Direction of change	T-test
	Start of Program			First Follow-up					Start of Program			First Follow-up				
	M	SD	n	M	SD	n			M	SD	n	M	SD	n		
Acrimony	55.8	10.6	16	51.6	10.8	9	+	n.s.	54.2	11.2	16	48.8	11.9	8	+	n.s.
Alliance	45.4	17.1	13	49.6	21.1	8	+	n.s.	49.9	14.7	14	61.9	14.8	7	+	n.s.

¹ + = Favorable change over time. ² Paired-sample t-tests were conducted to compare the means of two variables for a single respondent. 'n.s.' denotes that the difference is not statistically significant.
³With one exception in which the custody dispute involved a mother and a paternal grandmother, the two caregivers involved in the custody dispute were the mother and father of the child.

Source: Parenting Coordination Study, 2009

Table 3.4 provides additional detail on the parental alliance measure (PAM). Mothers were fairly evenly distributed across the four PAM categories at the start of the program with 23% of mothers in the normal range, 23% marginal, 23% problematic and 31% dysfunctional. Among mothers with follow-up data, 25% were in the normal range at the first follow-up, 12.5% were marginal, 37.5% were problematic and 25% were dysfunctional.

Two of the mothers that were within normal limits at the start of the program stayed in this range at the first follow-up (1 mother showed an improvement in her normal range score and 1 showed a decline). The third mother in the normal range at the start of the program moved down to the problematic category. One mother in the marginal range also moved down to the problematic category over time. In terms of improvement over time, 1 mother improved from problematic to marginal and 1 mother improved from dysfunctional to problematic. Two mothers in the dysfunctional category showed no change over time.

Compared with mothers, a greater proportion of fathers fell in the dysfunctional (50% vs. 31%) and problematic (36% vs. 23%) categories at the start of the program. An additional 7% of fathers were marginal and 7% were in the normal range. Among fathers with data from at least two-time points, only 14% were in the dysfunctional category at the first follow-up. 57% were problematic, 14% were marginal and 14% were in the normal range. Fewer fathers changed their PAM categories over time. Two dysfunctional fathers moved to problematic, but all other fathers stayed in their original categories: 1 dysfunctional father, 2 problematic, 1 marginal, and 1 father in the normal range experienced no change between the start of the program and the first follow-up.

Table 3.4: Parental Alliance Measure Categories

	Mother Report				Father Report			
	Start of Program		First Follow-Up		Start of Program		First Follow-Up	
	n	%	n	%	n	%	n	%
Normal Range (20-100 Percentile)	3	23	2	25	1	7	1	14
Marginal (15-19 Percentile)	3	23	1	12.5	1	7	1	14
Problematic (6-14 Percentile)	3	23	3	37.5	5	36	4	57
Dysfunctional (1-5 Percentile)	4	31	2	25	7	50	1	14
Total:	13	100	8	100	14	100	7	100

Source: Parenting Coordination Study, 2009

Program Satisfaction

Legal professionals (judges, attorneys, and GALs) involved in PC cases were asked to complete satisfaction surveys providing their perceptions of the adequacy of the coordination role, decreased unproductive litigation, and whether the PC intervention benefitted children and their families. Parents also completed satisfaction surveys.

Table 3.5 shows the average levels of satisfaction for judges, other legal professionals, and parents. Satisfaction was reported on a scale that ranged from zero to four, with zero representing low levels of satisfaction and four representing high levels of satisfaction. Ten court judges reported a high level of satisfaction with the program with a mean score of 3.8 out of 4. Six professionals who worked in the courts (including attorneys), however, reported moderate satisfaction scores (2.7 out of 4). Only one mother and one father reported on their satisfaction with the PC Program and both reported moderate satisfaction with the program (2.9 - 3.0 out of 4).

Table 3.5: Mean Scores on Program Satisfaction Scales

	Mean	SD	n	Range
Judge's Satisfaction Scale	3.8	.35	10	0-4
Other Concerned Professionals Scale	2.7	.60	6	0-4
Mother Satisfaction Scale	2.9	--	1	0-4
Father Satisfaction Scale	3.0	--	1	0-4

Source: Parenting Coordination Study, 2009

OUTCOMES FOR CHILDREN OF PARENTING COORDINATION RESPONDENTS

Outcomes for the children of participants of the PC Program were measured using the Child Behavior Checklist (CBCL). The outcomes measured assess children's mental health problems and behavior, as well as several areas of their basic functioning such as self-esteem, interactions with peers, relationships with parents, and educational outcomes.

Child Competence

Mothers and fathers enrolled in the PC Program with children between ages 6 and 18 reported on four measures of their child's competence (Activities, Social, School, and Total Competence). Although there were no statistically significant improvements in child competence, mothers reported higher levels of competence on all four measures (see **Table 3.6**). However, fathers only reported improved child competence on the School Competence subscale. Father reports on all other competence scales reflected a decline in competence over time.

Table 3.6: Mean Scores on Child Behavior Checklist (CBCL) Competence Scales (Ages 6-18)

	Mother Report						Direction of change ¹	T-test ²	Father Report						Direction of change	T-test
	Start of Program			First Follow-up					Start of Program			First Follow-up				
	M	SD	n	M	SD	n			M	SD	n	M	SD	n		
Activities Competence Subscale	9.4	3.33	15	10.4	2.09	7	+	n.s.	11.0	3.14	16	10.0	2.39	4	-	n.s.
Social Competence Subscale	7.2	3.30	13	8.1	2.20	7	+	n.s.	7.8	2.69	15	5.4	2.95	4	-	n.s.
School Competence Subscale	3.9	1.39	14	4.8	1.71	7	+	n.s.	3.9	1.74	15	5.7	.58	3	+	n.s.
Total Competence Subscale	20.3	5.09	15	23.3	4.86	7	+	n.s.	21.9	6.57	16	19.7	7.10	4	-	n.s.

¹ + = Favorable changes over time. - = Unfavorable changes. ² Paired-sample t-tests were conducted to compare the means of two variables for a single respondent. 'n.s.' denotes that the difference is not statistically significant.

Source: Parenting Coordination Study, 2009

Child Behavior Checklist Syndrome Subscales

Table 3.7 presents results from a range of subscales from the CBCL for children aged 1.5-5 and 6-18. Although not statistically significant, mothers generally reported lower levels of children's anxious/depressed symptomology, somatic complaints, social problems, thought problems, attention problems, rule-breaking, and aggressive behavior at post-test than they did at pre-test. The only outcome measure reported by mothers that reflected an unfavorable change over time was for the older children's withdrawn/depression subscale. Fathers reported several unfavorable changes over time in the younger age group, including children's emotional reactivity, somatic complaints, attention problems, and sleep problems, although these changes were also not significant. Fathers reported favorable changes for children in the older age group, although only the father-reported levels of their children's rule-breaking behavior significantly decreased between the start of the program and the first follow-up.

Table 3.7: Mean Scores on Child Behavior Checklist (CBCL) Syndrome Subscales

	Mother Report						Direction of change ¹	T-test ²	Father Report						Direction of change	T-test	
	Start of Program			First Follow-up					Start of Program			First Follow-up					
	M	SD	n	M	SD	n			M	SD	n	M	SD	n			
<i>Ages 1.5-5</i>																	
Emotionally Reactive Subscale	2.8	1.48	5	1.0	--	1	+	n.s.	2.4	2.07	5	2.5	.71	2	-	n.s.	
Anxious/Depressed Subscale	4.4	1.82	5	0.0	--	1	+	n.s.	3.2	2.77	5	5.5	2.12	2	+	n.s.	
Somatic Complaints Subscale	1.6	.89	5	0.0	--	1	+	n.s.	.8	1.3	5	7.5	9.19	2	-	n.s.	
Withdrawn Subscale	1.0	1	5	0.0	0	1	+	n.s.	1.6	1.82	5	1.0	0	2	+	n.s.	
Sleep Problems Subscale	1.0	1.41	5	0.0	--	1	+	n.s.	2.0	2	5	4.5	4.95	2	-	n.s.	
Attention Problems Subscale	2.2	1.92	5	0.0	--	1	+	n.s.	2.4	1.82	5	4.5	2.12	2	-	n.s.	
Aggressive Behavior Subscale	7.6	5.13	5	0.0	--	1	+	n.s.	5.0	2.55	5	1.2	9.90	2	+	n.s.	
<i>Ages 6-18</i>								n.s.									
Anxious/Depressed Subscale	4.5	3.71	16	1.5	1.60	8	+	n.s.	2.2	3.39	16	1.4	1.07	7	+	n.s.	
Withdrawn/Depressed Subscale	2.4	2.16	16	2.8	3.57	8	-	n.s.	1.6	2.00	16	0.9	1.07	7	+	n.s.	
Somatic Complaints Subscale	3.4	3.20	16	2.4	2.67	8	+	n.s.	1.3	1.48	16	0.7	1.11	7	+	n.s.	
Social Problems Subscale	3.8	3.02	16	2.5	1.69	8	+	n.s.	3.1	3.57	16	1.6	2.44	7	+	n.s.	
Thought Problems Subscale	3.0	2.48	16	2.1	1.96	8	+	n.s.	1.5	2.10	16	0.4	.79	7	+	n.s.	
Attention Problems Subscale	5.6	5.21	16	4.4	3.16	8	+	n.s.	5.4	4.59	16	3.7	2.75	7	+	n.s.	
Rule-Breaking Subscale	3.4	4.96	16	3.4	2.77	8	--	n.s.	2.4	1.97	16	2.0	2.16	7	+	*	
Aggressive Behavior Subscale	7.0	8.24	16	3.0	3.16	8	+	n.s.	4.8	4.92	16	2.7	2.43	7	+	n.s.	

¹ + = Favorable changes over time. - = Unfavorable changes. ² Paired-sample t-tests were conducted to compare the means of two variables for a single respondent. ‘*’ denotes that the difference is significant at p<.10 level, ‘n.s.’ denotes that the difference is not statistically significant.

Source: Parenting Coordination Study, 2009

Child Internalizing, Externalizing and Other Problem Behavior Outcomes

Overall scales of internalizing, externalizing and other problem behaviors of children were created using mother and father reports on the CBCL. **Table 3.8** shows that mothers reported lower levels of internalizing and externalizing behaviors, other problem behaviors, and total problems at post-test than they did at pre-test. However, none of these changes were statistically significant. Fathers with children aged 1.5–5 reported unfavorable changes in their children’s internalizing and externalizing problems, other problem behaviors, and total problem behaviors. None of these changes were statistically significant. Fathers with children aged 6-18 reported favorable changes on all of these measures. None of these changes were statistically significant.

Table 3.8: Mean Scores on Child Behavior Checklist (CBCL) Internalizing, Externalizing, and Other Problem Behavior Subscales

	Mother Report						Direction of change ¹	T-test ²	Father Report						Direction of change	T-test
	Start of Program			First Follow-up					Start of Program			First Follow-up				
	M	SD	n	M	SD	n			M	SD	n	M	SD	n		
<i>Ages 1.5-5</i>																
Internalizing Behavior	9.8	3.83	5	1.0	--	1	+	n.s.	8	6.89	5	16.5	12.02	2	-	n.s.
Externalizing Behavior	9.8	6.87	5	0.0	--	1	+	n.s.	7.4	3.51	5	16.5	12.02	2	-	n.s.
Other Problem Behavior	7.2	2.68	5	1.0	--	1	+	n.s.	5.4	3.51	5	14.0	15.56	2	-	n.s.
Total Problems	21.6	9.83	5	1.0	--	1	+	n.s.	16.4	7.89	5	37.5	28.99	2	-	n.s.
<i>Ages 6-18</i>																
Internalizing Behaviors	10.3	7.53	16	6.6	5.83	8	+	n.s.	5.0	6.05	16	2.7	2.21	7	+	n.s.
Externalizing Behaviors	10.4	12.62	16	6.4	5.71	8	+	n.s.	7.3	6.58	16	4.7	4.46	7	+	n.s.
Other Problem Behavior	4.4	3.08	16	2.5	1.31	8	+	n.s.	3.8	4.17	16	2.3	2.36	7	+	n.s.
Total Problems	37.4	30.04	16	24.5	16.53	8	+	n.s.	26.0	24.41	16	15.4	11.25	7	+	n.s.

¹ + = Favorable change over time. - = Unfavorable change over time. ² Paired-sample t-tests were conducted to compare the means of two variables for a single respondent. 'n.s.' denotes that the difference is not statistically significant.

Source: Parenting Coordination Study, 2009

Child Psychological Outcomes: Child Behavior Checklist DSM-Oriented Subscales

Child psychological outcomes were measured through mother and father reports on the Child Behavior Checklist DSM-Oriented subscales (Table 3.9). Mothers and fathers reported lower levels of affective problems for children aged 6-18 at post-test than they did at pre-test. This difference was statistically significant for fathers but not for mothers. Mothers and fathers both reported significantly lower levels of anxiety problems at post-test than they did at pre-test. Mothers reported favorable changes in all other DSM-oriented subscales, although no other changes were statistically significant. Fathers with younger children (ages 1.5-5) reported unfavorable changes in children’s affective problems, anxiety problems, attention deficit/hyperactivity, and oppositional defiant problems. However, no statistically significant changes were reported for children between 1.5 and 5 years, most likely due to the very small sample size.

Table 3.9: Mean Scores on Child Behavior Checklist (CBCL) DSM-Oriented Subscales

	Mother Report						Direction of change ¹	T-test ²	Father Report						Direction of change	T-test
	Start of Program			First Follow-up					Start of Program			First Follow-up				
	M	SD	n	M	SD	n			M	SD	n	M	SD	n		
<i>Ages 1.5-5</i>																
Affective Problems	2.0	2.34	5	0.0	--	1	+	n.s.	1.8	2.17	5	5.5	4.95	2	-	n.s.
Anxiety Problems	4.2	2.39	5	0.0	--	1	+	n.s.	2.4	2.19	5	6.5	4.95	2	-	n.s.
Pervasive Developmental Problems	1.8	2.05	5	1.0	--	1	+	n.s.	3.4	3.78	5	2.0	0	2	+	n.s.
Attention Deficit/Hyperactivity Problems	4.0	3.16	5	0.0	--	1	+	n.s.	3.6	1.82	5	9.0	7.07	2	-	n.s.
Oppositional Defiant Problems	2.4	2.89	5	0.0	--	1	+	n.s.	2.0	2.12	5	2.5	3.54	2	-	n.s.

Ages 6-18																
Affective Problems	4.4	4.77	16	3.5	4.07	8	+	n.s.	2.0	3.79	16	.4	.8	7	+	*
Anxiety Problems	2.4	2.37	16	.6	.74	8	+	**	1.3	1.62	16	0.0	0.0	7	+	*
Somatic Problems	2.4	2.45	16	1.7	2.21	8	+	n.s.	.9	1.39	16	.7	1.1	7	+	n.s.
Attention-Deficit/Hyperactivity Problems	4.4	4.19	16	3.4	2.20	8	+	n.s.	3.5	2.97	16	3.0	2.3	7	+	n.s.
Oppositional Defiant Problems	3.1	3.54	16	1.8	2.43	8	+	n.s.	2.3	1.99	16	1.1	1.7	7	+	n.s.
Conduct Problems	3.4	4.87	16	2.4	2.20	8	+	n.s.	2.6	2.87	16	1.6	1.5	7	+	n.s.

¹ + = Favorable change over time. - = Unfavorable change over time. ² Paired-sample t-tests were conducted to compare the means of two variables for a single respondent. ‘*’ denotes that the difference is significant at p<.10 level, ‘n.s.’ denotes that the difference is not statistically significant.

Source: Parenting Coordination Study, 2009

Child Mental Health Problems: Child Behavior Checklist 2007 Subscales

Mothers and fathers also reported on their children’s mental health problems using the CBCL at the start of the PC Program and at the follow-up. Items on the checklist were used to measure child’s sluggish cognitive tempo, obsessive-compulsive disorder, and post-traumatic stress problems (see Table 3.10). Mothers and fathers reported lower levels of all mental health problems at post-test than they did at pre-test. However, the only statistically significant difference found was for father reports of their children’s post-traumatic stress problems.

Table 3.10: Mean Scores on Child Behavior Checklist (CBCL) 2007 Scales (Ages 6-18)

	Mother Report						Direction of change ¹	T-test ²	Father Report						Direction of change	T-test
	Start of Program			First Follow-up					Start of Program			First Follow-up				
	M	SD	n	M	SD	n			M	SD	n	M	SD	n		
Sluggish Cognitive tempo	1.6	1.86	16	1.37	1.30	8	+	n.s.	1.2	2.0	16	.4	.53	7	+	n.s.
Obsessive-Compulsive Problems	3.1	2.41	16	2	2.14	8	+	n.s.	1.2	2.56	16	.7	.49	7	+	n.s.
Post-traumatic Stress Problems	6.3	5.63	16	4.12	3.68	8	+	n.s.	4.0	4.07	16	1.4	1.57	7	+	*

¹ + = Favorable change over time. - = Unfavorable change over time. ² Paired-sample t-tests were conducted to compare the means of two variables for a single respondent. ‘*’ denotes that the difference is significant at p<.10 level, ‘n.s.’ denotes that the difference is not statistically significant.

Source: Parenting Coordination Study, 2009

Court Outcomes

Parenting coordination records were used to examine a number of court outcomes for custody cases in which couples were involved in the PC project for at least three months. These activities included court orders, hearings, trials, petitions for custody, motions filed (e.g. for

modification of custody or visitation). Overall, analyses revealed that participation in the PC Program was associated with significantly fewer negative court outcomes and a greater number of positive court outcomes. However, it is not possible to establish whether these outcomes were caused by the PC Program.

The average length of a case was 39 months, whereas the average length of PC Program involvement was 18 months. The average number of court activities was significantly lower during/after PC Program involvement than it was before involvement. The mean frequency emergency hearings per month decreased during PC Program involvement, although this finding was not statistically significant (see **Table 3.11**).

Additionally, the percent of cases in which an order of contempt was filed was significantly lower during PC Program involvement than it was prior to program involvement. Prior to involvement in the PC Program, contempt was filed at least once in 37% of the cases, whereas contempt was filed at least once in only 5% of the cases after PC involvement. The percent of cases in which a participant was found to be in contempt was also lower when parents were involved in the PC Program. Before PC involvement, a participant was found to be in contempt 16% of the time, whereas after PC involvement none of the participants were found to be in contempt. Lastly, the percent of cases in which there was a resolution of issues without court orders was 32%. There is no comparison for this percentage, as we did not compare PC cases to cases in which PC was not involved.

Table 3.11: Court Outcomes

	Before PC Involvement			After PC Involvement			Direction of Change ¹	T-Test ²
	M	SD	n	M	SD	n		
Average # of months	38.8	33.2	19	18.0	13.4	14	N/A	N/A
Number of court activities per month	17.53	10.1	19	6.4	6.7	19	+	*
Emergency hearings per month	.02	.07	19	.01	.02	19	+	n.s.
Percent of cases contempt was filed	37%	--	19	5%	--	19	+	*
Percent of cases participant found in contempt	16%	--	19	0%	--	19	+	*
Percent of cases in which resolution was found without court order	0%	--	14	32%	--	14	+	*

¹ + = Favorable change over time. - = Unfavorable change over time. ² Paired-sample t-tests were conducted to compare the means of two variables for a single respondent. ‘*’ denotes that the difference is significant at p<.10 level, ‘n.s.’ denotes that the difference is not statistically significant.

Source: Parenting Coordination Study, 2009

3.5 Conclusions and Recommendations

The goal of this chapter was to provide a description of parents’ and other concerned professionals’ experiences and satisfaction with the court system, information about changes in parents’ behavior and in their perceptions of their children’s behavior, and an analysis of court outcomes over the course of involvement with the PC Program. Unfortunately, the limited information available from participants and staff involved in the PC Program make it difficult to draw conclusions about how these behaviors may have changed before and after involvement in the PC Program. Although there were some positive trends reflected in the data, overall statistically significant changes were generally not seen; presumably because of the small number of participants in the study and problems with obtaining complete follow-up measures.

With increased sample sizes and better follow-up measurement, these differences may become significant.

Our analyses of parenting coordination records revealed several significant findings which support previous research on the positive association between parenting coordination and reduced numbers of court appearances and filed motions (Johnson, 1994; Henry, Fieldstone, and Bohac, 2009). However, sample sizes were small.

One other noteworthy pattern of findings that emerged from our analyses is the apparent differences in reporting between mothers and fathers. Although most findings were not statistically significant, the direction of some of the reported changes in children's behavior was opposite for mothers versus fathers. When their reports differed, mothers tended to report improvements in their children's behavior, whereas fathers reported declines. Further, fathers with the youngest children reported unfavorable changes for many behaviors. Several hypotheses for the observed discrepancies between mother and father ratings of their children's behavior are possible. Children, especially younger children, may spend more time with their mothers resulting in more accurate reporting by mothers. Mothers may also be more attuned to the progress of children, again resulting in more accurate reporting by mothers (Grietens et al., 2004). An alternative hypothesis is that fathers may become more attuned to their children's behavior as they progress through the PC Program, and so may observe negative behaviors that they had not previously noticed. In this case, fathers' may become *more* accurate reporters after participating in the PC Program.

Although we are unable to draw any further conclusions about the results and the potential effectiveness of the PC Program based on our findings, we provide the following recommendations to improve future data collection and program evaluation efforts:

Develop a better system for data collection. Developing a standard system for how and when to administer the data collection instruments to parents, judges, and other participants may improve the quality of the data collected. The program would benefit from having a standard period of time for collecting follow-up data (e.g. one year after program enrollment), and should train program staff to be familiar with the data instruments and the necessary procedures for administering the surveys. Having longer-term staff members who are familiar with the data collection process and who were present at the initial phase of data collection for each case will also improve the programs' ability to collect more complete data. In general, a greater investment of resources in an evaluation of the PC Program (including more investment in staff training) may improve future data collection and program evaluation efforts.

Develop strategies for obtaining complete data from participants. One challenge to conducting analyses of change over time is having an adequate sample of respondents with complete data at both time points. In the current study, few parents completed both the pre- and post-test surveys, and those that did provide information at both time points did not answer all of the questions across the various instruments. As a result, we had high levels of missing data for most outcomes examined. If the program wishes to continue to use the current survey instruments, they should consider ways to increase parents' ability to answer all questions in the surveys. Program staff may need to provide parents with more detailed instructions for how to complete each instrument, and staff need to emphasize the importance of and the need for obtaining complete and accurate data. The program may also consider using shorter and more basic instruments appropriate to the cultural context and educational level of the population

being served for future evaluations of the PC Program. A number of reliable and valid scales and indices that are short and measure parental relationship quality, parental conflict, co-parenting, and a range of child outcomes are available and used widely in national longitudinal studies. Child Trends has provided recommendations for modifying the current PC Program instruments to enhance measurement sensitivity and improve potential reliability and validity (see **Appendix G**).

CHAPTER FOUR PROGRAM REPLICABILITY

4.1. Introduction

In order for a program to be successfully replicated in a different setting, it is critical that the “core components” of that program are well defined and clearly documented. Core components include both 1) core intervention components and 2) core implementation components. Core intervention components are the “what” of the program and include participant recruitment criteria, information about the referral and intake process, and program goals and activities. Core implementation components are the “how” of the program and include information about staff recruitment and selection, staff training and ongoing support for staff, as well as necessary administrative supports and community partnerships. Sites interested in replicating a program must have detailed information about both intervention and implementation core components in order to replicate the program as intended and achieve similar positive outcomes.

This format of this chapter is modeled, with some adaptations, after a typical example of a manualized evidence-based treatment program (Godley et al., 2001). The chapter is divided into three sections. In the first two sections, core intervention and core implementation components of the PC program are respectively described. Although all of these components were identified, to at least some extent, as being part of the PC Program, many intervention components are dependent upon the individual needs of participating parents; thus, not all parents participated in all program components. Additionally, while this summary is substantial, it is not exhaustive. Additional work, beyond the scope of this study, will be necessary before courts, universities, or other organizations can successfully replicate the PC program and adapt it to other settings.

The third section of this report includes a number of evidence-informed tools, which have neither been developed by nor are currently being used by the PC Program. Rather, these sample tools are intended to provide a model for the kinds of materials that could be used to facilitate replication of the program. Any materials created for the PC Program, however, would need to be refined by experts in parenting coordination and adapted for use with particular settings and populations. The following types of sample tools are included below: sample curriculum outline, sample lesson plan, sample curriculum rating form, sample parenting coordinator rating form, and sample supervision report form. These samples are based on similar tools included in manualized evidence-based approaches to family cognitive therapy (Godley et al., 2001; Kazdin & Weisz, 2003).

4.2. Core Intervention Components

General Description: The PC Program offers pro bono parenting coordination services to eligible low-income parents involved in contested custody disputes. Under intense supervision, advanced clinical psychology students provide mediation, education, and intensive case management services in order to reduce parental conflict, improve parenting skills, foster child-focused decision-making, and form co-parenting relationships.

Theoretical Underpinnings: To shift parents from a conflict orientation to a child-focused one, the program draws on family systems theory, developmental psychology, alternative dispute resolution techniques, case management, and parent education. By assisting and teaching parents to resolve conflicts, make child-focused decisions, and parent cooperatively, the model improves the ability of divorced or never-married parents to act in the best interest of their

children. Additionally, programs working with low-income, minority families may want to consider involving extended family in program activities given that there is a greater prevalence of extended family households among Hispanics and Blacks (Tienda & Angel, 1982) and extended family members are often involved in guardianship decisions within minority families (Azar & Hill, 2006).

Approach: The PC Program is client-centered, child-focused, and multidisciplinary. Although the PC Program uses a curriculum, the presenting issues and needs of the parents and their children direct the specific type, length, frequency, and duration of PC sessions and services. The program follows the principle of acting in the best interest of the child. It also utilizes a multidisciplinary approach to inform practice and to provide services.

Goals: The PC Program has the following goals:

1. Mediating and minimizing interparental conflict.
2. Decreasing children's exposure to interparental conflict.
3. Improving parenting skills.
4. Creating either co-parenting or parallel parenting relationships as appropriate.
5. Increasing parents' ability to resolve conflicts and to make joint decisions without court or outside involvement.
6. Decreasing litigation and court appearances.

Program Activities: Parenting coordinators (PCs hereon) engage parents and their children in a variety of activities. Although additional activities, based on the individual needs of participants, may be used to supplement this list, the primary program activities include:

- **Case Management**
 - Aims to assist parents by coordinating and consulting with other professionals involved in the case; maintaining fluid communication and information flow between parties; monitoring compliance with decisions, court orders, and parenting plans; monitoring children's safety and well-being; monitoring parenting behaviors; monitoring child exchanges and time sharing; identifying family needs and making proper referrals to professionals or agencies that can meet those needs; and managing violations of the PC's decisions.
- **Education**
 - Consists of providing psychoeducation and coaching related to strengthening parenting skills; protecting and sustaining healthy parent-child relationships; focusing the parents on the best interests of the child; teaching communication strategies, problem solving strategies, and emotional management; and educating parents regarding the impact of divorce on children, single parenthood, child development, step-parenting, and redefining the family unit.

- **Decision Making**
 - Involves mediating and arbitrating to help parents arrive at solutions in disputed matters in a timely manner; to create a safe and workable parenting plan; to distinguish between matters that can be resolved and those that are outside the parties' control; to make decisions regarding situations in which the parents could not reach a solution; to create a hierarchy of issues to resolve and identify the underlying issues; and to assist parties in contributing to the problem solving process and in becoming more independent of the PC in solving issues over time.

- **Conflict Management**
 - Teaches parents to balance the dynamic of power and control to protect vulnerable family members; to neutralize aggression, abuse, and bullying; to reframe the cycle of power and control; to empower family members to voice their feelings and needs without fear; to strengthen cooperative and respectful relationships; and to reduce litigious attitudes by emphasizing the need to reach decisions by consensus rather than having parties' argue or rely on the PC or court.

- **Assessment**
 - Provides objective information for decisions related to overall family functioning by identifying the needs of the children, the degree of outside influence, the degree of conflict and acrimony, and the nature of impasses. Assessment activities also consist of conducting investigations on the matters in dispute; providing evidence-based information regarding children's issues; assisting parents in assessing and investigating matters before acting on impulse; and facilitating a formal mechanism to incorporate feedback from allied professionals involved in the case.

Target Population & Eligibility Criteria: The PC Program serves eligible low-income parents involved in contested custody disputes who cannot afford private PC services. A parent can receive pro bono PC services if he/she has low income, moderate levels of conflict, and no issues related to on-going domestic violence, child maltreatment or sexual abuse, active substance abuse, or severe mental illness. The majority of parents referred from the Superior Court of DC are low-income minority parents. The conflicts exhibited by these parents are often exacerbated by problems related to poverty, housing, unemployment, education, health, and mental illness. A significant amount of parents are also in never-married relationships.

Referral and Intake Process: Parents are referred for PC services in several ways. Family Law judges, attorneys, and court volunteers may refer parents. In addition, parents can make self-referrals for services. However, all referrals to the PC Program must be processed through the Family Law judge presiding over the case.

Upon receipt of a referral, the clinical director assigns the case to a PC. Then the PC contacts the referred parent to schedule an intake appointment and to advise them that their file would be reviewed to determine eligibility. Contact with the parents is made within 2 to 3 weeks after receiving the referral. The PC meets with or contacts each parent involved in the case, either separately or jointly, to develop an intake assessment report. The report describes the reason for

the referral, the presenting issues and conflicts, the parents' history, the problems related to their children, their mental health status, and the visitation schedule. The PC team and, when needed, the advisory board reviews the report to determine the referral's eligibility for services. The advisory board provides input when there are questions or concerns about eligibility. The presence of issues such as on-going domestic violence, a history of child maltreatment or sexual abuse, active substance abuse, intense levels of conflict and a severe mental illness make a referral ineligible. Referrals can be either accepted or rejected. In any case, a report is completed justifying the decision made. Once the referral is approved, the parents sign a service agreement form and begin working with a PC to develop a working plan.

Program Phases: The PC Program is divided into four phases: initial, implementation, maintenance, and termination.

- **Initial Phase:** The initial phase of the process involves establishing a relationship with parents, describing program benefits and policies, obtaining consent and assent, administering or generating referrals for assessments, developing a working plan, and collecting baseline data. PCs build relationships with parents by understanding and validating their concerns and needs and by providing them with a place to vent. PCs use patience, compassion, empathy, and active listening to relate to parents. While building a relationship, the PC helps parents to develop a working plan that (1) identifies the conflicts and (2) establishes realistic goals, timelines, and tasks that are focused on the child's best interest.
- **Implementation Phase:** The implementation phase focuses on implementing and revising the working plan. Conflicts and goals are discussed and worked on in individual and joint sessions. Sessions can include any combination of parents and/or children. In-person sessions are generally held weekly; additional contact with parents/children is provided on an as needed basis. Education and conflict management sessions are curriculum-based. PCs can modify the curriculum to meet the specific needs and education levels of participants. Additional services are provided and referrals are made to address any unmet needs. During the implementation phase, PCs utilize the following techniques in their engagements with parents: teaching, coaching, mediating, arbitrating, modeling, facilitating, and liaising. For example, PCs may teach parents co-parenting skills, mediate conflict, model effective communication, facilitate agreement, or liaise between parents regarding their child's academic issues. As parents demonstrate progress (through program evaluation and anecdotal evidence) and require fewer services, they move into the maintenance phase.
- **Maintenance Phase:** In the maintenance phase, PCs prepare parents to maintain their progress and to function on their own after the termination of PC services. PCs follow the maintenance phase curricula to assist parents in reviewing the skills they have learned and in discussing how they will apply them to address anticipated conflicts and problems. In-person sessions with parents are reduced to biweekly or once a month.
- **Termination Phase:** During this phase, services are terminated either because parents no longer need them or have reached the end of their service agreement. Regardless, PCs

provide exiting parents with information on appropriate aftercare service providers in case they need help in the future.

Sessions: Sessions are both curriculum-based and non-curriculum based. Curriculum-based sessions follow a standard curriculum to teach and evaluate skills related to parenting, communication, conflict management, and decision making. Non-curriculum based sessions are focused on case management and mediation/arbitration activities such as reviewing progress on the working plan, mediating conflict, facilitating parental decisions and discussions, and monitoring compliance with court orders. Regardless, the needs of parents/children determine the amount, frequency, duration, and location of sessions.

During the initial and implementation phases, PCs generally conduct weekly in-person sessions and make additional contact on an as needed basis. In the maintenance phase, sessions are reduced to biweekly or once a month. Sessions are conducted in-person, over the phone, and through email. Although sessions are primarily held in the office, sessions can be conducted at court, home, or school. Intake sessions last approximately an hour and a half; joint sessions are two hours, and individual sessions are an hour.

Every session has a structured agenda to make efficient use of time. Curriculum-based sessions adhere to a lesson plan and non-curriculum based sessions follow a PC and participant generated agenda. During sessions, PCs may work with parents to mediate conflict, to teach parenting skills, to manage their anger, or to practice effective communication. Time is allotted so that each activity or topic is covered.

The frequency of contact is contingent upon the status of the parent/child. Contact is increased when a parent or child needs assistance or is involved in a conflict or crisis. In any of these incidences, the frequency of contact may range from several times a day to ten times a month.

- **Curriculum-Based Sessions:** To ensure the transference of knowledge and skills to parents, the education and conflict management sessions are curriculum-based. Since topics reflect common issues faced by high-conflict parents, they are not exhaustive. The curriculum can be complemented with additional activities to meet the unique needs of parents/children. Each session topic has either one or more lesson plans. Lesson plans consist of direct instruction, role play, discussion, reflection, and takeaway activities. Lessons are developed as stand-alone units and can be administered at any time in the process depending on the parent's phase, ability, and need. Curriculum-based sessions may be done with parents participating either individually or jointly, as appropriate.
- **Non-curriculum Based Sessions:** Case Management and Decision Making sessions are services and activities that PCs provide or facilitate. Therefore, these sessions are non-curriculum based. Decision Making sessions refer to the mediation/arbitration services provided by the PC in his/her court defined role. Case Management sessions refer to the coordinating and monitoring services provided by PCs.

Parenting Coordinator to Client Ratio: Each PC has no more than 6 families on his or her caseload. One full time licensed psychologist supervises approximately 5 to 6 PCs and monitors no more than 30 cases.

Confidentiality: PC services are generally not confidential. Since PCs monitor and report on compliance with decisions, court orders, and parenting plans, there are limitations on confidentiality. Although PCs do not share information with professionals or parties unrelated to the case, they may be required to disclose information in situations involving child abuse or neglect or the risk of serious harm to involved parties. Court documents and the AFCC describe additional limitations on confidentiality.

Enrollment Length: Parents can generally be enrolled in the program for up to 12 months.

Therapy and Legal Services: Neither psychotherapy (individual, group or family) or legal services can be provided by professionals serving in the role of PC. Referrals are generated when these services are needed.

4.3. Core Implementation Components

Direct Service Staff Recruitment and Selection: A partnership with a local for-profit university provides the program with advanced clinical psychology students who deliver pro-bono PC services. Students function as PCs, managing a maximum caseload of 6 families. Students work approximately 16 hours per week for a full academic year (from September to June). During their externship period, they receive academic credit. The PC positions are advertised through the university's externship/internship office and database.

Students are selected based on their clinical skills; their knowledge of child development, custody disputes, and parenting coordination; and their experience dealing with high conflict families and parents engaged in litigation. Specific qualifications include:

- Clinical skills to assess needs and mental health status.
- Interpersonal skills to develop a relationship with parents and children.
- Communication skills to convey information to participants, to other related parties, and to the court.
- Conflict resolution and de-escalation skills in order to mediate conflicts and arguments between parents.
- Knowledge of child and adolescent development in order to assess age appropriate behaviors.
- The ability to execute a child-centered approach.
- Experience working with families, children, and adolescents.
- Patience, compassion, empathy, composure, and thoroughness.
- Ability to use psychologically-informed approaches and to make referrals for therapy when it is needed.
- Active listening and decision making skills.
- Knowledge of and experience with high-conflict parents.
- Knowledge of research related to parenting coordination, divorce, custody, domestic violence, and child maltreatment.
- Knowledge of court processes and of challenges faced by individuals involved with the court.

Staff Training: Students are provided with numerous trainings to strengthen their skills to deal with high-conflict parents and to deliver services as intended. Trainings are divided into two categories: pre-service and in-service.

- **Pre-service** trainings orient students to the PC Program prior to beginning their work with PC families. These training sessions consist of didactic sessions as well as reflective and interactive exercises, and include an orientation to policies and procedures for working within the court system. Pre-service training provides students with knowledge of theories, values and issues related to parenting coordination. Graduate school faculty, judges and family law attorneys make presentations on custody disputes, domestic relations laws, and court processes. Research articles and case scenarios are read and discussed. Typical problems and issues faced by PCs are identified and talked about. Role plays and debriefings provide trainees with opportunities to engage in reflective and interactive exercises that foster learning between staff.
- **In-service** trainings provide students with ongoing learning and skill-building opportunities. These trainings are conducted through weekly didactic sessions. Weekly didactic sessions involve lectures and discussions on different topics related to PC, such as dealing with a parent who has a mental illness or understanding divorce and custody laws. Current research literature and techniques pertaining to PC are presented. Guest speakers, panel discussions, roundtables, community activities, and assigned readings are used to convey information in didactic sessions. The clinical director, school faculty, and court related personnel lead didactic sessions.

The clinical director also receives extensive training through attendance at numerous conferences (national and international) sponsored by the AFCC and the APA. She receives monthly supervision, coaching and support from a leading expert in the field, as well as support from a network of local experts.

Staff Supervision and Support: Supervision meetings, group case debriefings, and consultations help to monitor and evaluate student progress and to provide them with support, expert advice, and feedback.

- **Supervision meetings** are conducted weekly. These meetings provide students with the opportunity to obtain one-on-one coaching and mentoring from an expert PC. They allow students to review their cases with their supervisor in order to discuss the progress of parents, examine their service provision and engagement, identify and address problematic issues, and receive feedback and suggestions.
- **Group case debriefings** are held weekly. The debriefings offer students the opportunity to receive peer support. Cases are reviewed and discussed by the group in order to create a dialogue between staff members. Cases are explored from different perspectives; ideas are shared; feedback and suggestions are given. As a result, students are provided with steps to take and equipped with interventions to apply.
- **Consultations** are provided on an as needed basis to aid students in addressing difficult psychological or legal matters. Court related personnel offer legal consultation, helping students to understand complex legal issues. School faculty members provide clinical

consultation that helps students deal with high-conflict parents and other psychological issues.

Program Evaluation: Program evaluation data are collected at intake, as designated in the curriculum, and upon completion. Data capture skills learned, parent satisfaction, and changes in child well-being and in the interparental and parent-child relationships. At intake and termination, the following instruments are administered: Parenting Alliance Measure, Acrimony Scale, Child Behavior Checklist, and Satisfaction Survey. For curriculum-based sessions, brief skill based pre- and post-tests are administered.

Fidelity: The program conducts mid-year and end-of-year assessments of the students which evaluate their performance as PCs.

Program Adaptations: Studies examining PC services are limited but have been shown to decrease court appearances among high-conflict parents, including minority parents. One study had a considerable sample of Latinos (Henry, Fieldstone, & Bohac, 2009) and another had a majority African American sample (Lally & Higuchi, 2008). Relevant research is used to tailor PC services to meet the specific dynamics of divorced versus never-married parents, traditional versus nontraditional families, rural versus urban, low-income versus middle and upper income, well educated versus moderately educated. Cultural implications are also considered.

Community Partnerships: The PC Program model uses an innovative partnership between the court and academic institutions to provide pro bono PC services to underserved populations. Many factors influence the formation of this kind of a partnership, in which an academic institution works closely with the court to offer intensely supervised student PCs. Factors such as locality, related policies, target population, and available resources will affect the replication of this type of partnership. However, the following steps should be considered.

1. Assess the assets and strengths of the stakeholders and the environment (Cohen, Linker, & Stutts, 2006).
2. Identify obstacles and challenges and create plans to overcome them.
3. Establish a formal communication and evaluation process (Takahashi & Smutny, 2001).
4. Develop a shared vision (Cohen, Linker, & Stutts, 2006).
5. Create strategic plans that identify goals, objectives, tasks, timelines, and resources.
6. Define roles and assign responsibilities.
7. Outline decision making power (Suarez-Balcazar, Hellwig, Kouba, Redmond, Martinez, Block, Kohrman, & Peterman, 2006)
8. Create a budget that outlines how resources (e.g. money, pro bono services, office space) are used and who is responsible for them.
9. Establish accountability mechanisms to ensure deadlines are met.
10. Develop written agreements.

4.4. Sample Tools

The following sample tools are presented below: sample curriculum outline, sample lesson plan, sample curriculum rating form, sample parenting coordinator rating form, and sample supervision report form. While these tools have neither been developed by nor are currently being used by the PC Program, they offer a model for the kinds of materials that could be

included in a replication manual. As mentioned earlier, any materials created for the PC Program would need to be refined by experts in parenting coordination and adapted for use with particular settings and populations. The sample tools below are based on similar tools used by manualized evidence-based treatment programs (Kazdin and Weisz, 2003).

Sample Curriculum Outline:

This sample curriculum outline delineates a series of lessons that could be taught in a curriculum-based parenting coordination program model. The outline is based on a 12-month treatment duration. PCs would administer the lessons within the identified month based on the parents’ presenting issues. The lessons can be modified, complemented, and repeated to address the evolving needs of the parents. As parents move through the curricula, the lessons become more complex and comprehensive. Information is presented in an engaging matter, using discussions, role plays, direct instruction, and takeaway activities. The curriculum administration timeline ensures that skills are taught and acquired before termination. Pre- and post-tests can be created to measure the effectiveness of instruction and the obtainment of intended knowledge and skills.

Education Curriculum	Conflict Management Curriculum	Sample Timeline
Parenting Skills I	Balancing Power Dynamics I	1st – 4th Months
Communication Strategies I		
Problem Solving I	Decision Making Skills I	
Emotional Management I		
Impact of Divorce, Separation & Conflict on Child-well Being	Resolving Conflict I	
Child Development		
Parenting Skills II	Balancing Power Dynamics II	5th - 9th Months
Communication Strategies II		
Problem Solving II	Decision Making Skills II	
Emotional Management II		
Co-parenting Skills I or Parallel Parenting Skills I	Resolving Conflict II	
Co-parenting Skills II or Parallel Parenting Skills II	Skills Review	
Skills Review		
Termination: Review & Aftercare Resources	Termination: Review & Aftercare Resources	

Sample Lesson Plan:

This sample lesson plan provides an example of what a curriculum-based session would entail. Lesson plans, like this, can ensure that information and skills are transferred to the parent/child before the termination of PC services. The lesson plan is divided into several parts (e.g., rationale, instructional goals, preparation time). It provides a solid but flexible structure to convey and tailor information to address the parent’s presenting issues. This specific lesson would be delivered in the early stages of the PC process. It involves the PC and the parent.

Curriculum: Education Session

Session Topic: Impact of Divorce, Separation, & Conflict on Child Well-being

Lesson Title: Impact of Divorce, Separation, & Conflict on Child Well-being

Lesson Number: 1 of 1

Rationale: Studies have shown that high-conflict parents typically exhibit dualistic thinking and an inability to consider how the divorce, separation, or conflict affects child well-being (Neff & Cooper, 2004). By helping parents to understand the negative effects of divorce, separation, and conflict on children, parents become more motivated to decrease interparental conflict, to tend to their children's needs, and to establish co-parenting relationships.

Instructional Goals:

1. Facilitate a discussion about interparental conflict.
2. Present the negative effects of divorce, separation, and interparental conflict on child well-being.
3. Present the positive effects of co-parenting on child well-being.
4. Facilitate a discussion with parents on the potential difficulties of co-parenting, making sure to leave time for parents to share their concerns and to address these concerns.

Outcomes:

1. Parents will increase their understanding of the negative effects of divorce, separation, and conflict on child well-being.
2. Parents will increase their understanding of the positive effects of co-parenting on child well-being

Lesson Content:

1. Numerous studies have demonstrated the negative effects of divorce, separation, and conflict on child well-being (Kitzmann & Emery, 1994; Ehrenberg, 1996; Elrod, 2001; Ramsey, 2001). They have been associated with the following outcomes:
 - a. Poor academic performance (e.g. drop in grades or increase in suspensions and detentions)
 - b. Social and emotional maladjustment problems (e.g. withdrawal, aggression, low self-esteem, alcohol use, or engagement in criminal activity)
 - c. Stressful and anxious feelings
 - d. Erosion of sibling and parent-child relationships
 - e. Psychological disorders (e.g. diagnoses of Conduct Disorder and Attachment Disorder)
 - f. Parental Alienation Syndrome
2. Several studies have shown the positive impact of co-parenting on child well-being (Kelly, 2002; Neff & Cooper, 2004). Co-parenting has been associated with the following outcomes;

- a. Positive parent-child relationships
- b. Positive academic performance (e.g. good grades, attendance, and behavioral records)
- c. Healthy social and emotional adjustment (e.g. positive attachments, self-esteem, and sense of belonging)
- d. Healthy development (e.g. children who have both parents involved in their lives are more likely to attend college and to be employed as adults)

Additional research findings can be used to complement the above information that specifically relates to the presenting issues with the parent/child.

Instructional Procedures:

1. Begin by asking the parent to describe his/her interparental conflict. Then ask how the parent thinks his/her child is faring under these conditions and what behaviors the child has exhibited.
2. Using direct instruction, present the negative effects of divorce, separation, and conflict on child well-being. Write each effect on separate poster boards or power point slides. After each one, ask if the parent has witnessed this in their children. Refer to the effects previously given by the parent in step one. After the last negative effect is presented, display a picture of a child who represents these negative effects. Then ask the parent for their reaction.
3. Using direct instruction, present the positive effects of co-parenting on child well-being. Write each effect on separate poster boards or power point slides. End with a picture of a child who represents these positive effects. Ask the parent how he/she feels about the information that was presented. Ask how the parent could work toward creating the environment that leads to positive child well-being.
4. Role-play how the parent can assess the impact of interparental conflict and/or divorce/separation on his/her child.
5. Assign the following takeaway activity. For one week, instruct the parent to record the date, time, and a brief description of the conflict exposed to the child and how the child behaved as a result. The takeaway activity will be discussed in a follow up case management meeting.
6. Conclude with an overview of the aforementioned negative and positive effects.

Evaluation Procedures:

1. Through case notes, anecdotal evidence will be collected to determine if the lesson altered awareness and behavior.
2. Through the Parenting Alliance Measure and Acrimony Scale, administered at predetermined intervals, the interparental relationship will be assessed.

Materials:

1. Poster board or power point slides.
2. An image of a child depicting the negative effects of divorce, separation, and conflict on child well-being. An image of a child depicting the positive effects of co-parenting.

Preparation Time: 15 to 20 minutes

Total Lesson Time: 45 to 60 minutes

Below we provide examples of three different tools that may be used to monitor fidelity in future replications of the PC program. First, the Sample Curriculum Rating Form could be completed by the PC after each curriculum-based session and allows PCs to self-monitor their execution of the lesson plans. Using this tool, PCs describe the participant’s reaction, identify what areas of the curriculum were modified or omitted and why. Supervisors may then review this form and provide feedback. Second, the Sample Parenting Coordinator Rating Form would be completed by the supervisor quarterly. This form allows the supervisor to critique and provides feedback on the quality of the PC’s work, including the services provided and case notes and reports. Third, the Sample Supervision Report Form documents the supervision that the PCs receive, and could be completed monthly by the PC.

Sample Curriculum Rating Form:

This sample curriculum rating form is an example of a fidelity instrument. The form documents the delivery of and reaction to the curriculum-based sessions and helps to ensure adherence to the curricula. The PC completes it after the session. The supervisor reviews and signs it during the periodic reviews of the PC’s work.

Indicate the following:

Curriculum Session Conducted: Education Conflict Management

Session topic: _____ **Lesson Title:** _____

Lesson Number: _____ **Lesson Date:** _____ **Duration:** _____

1. Were there any parts of the lesson plan modified or omitted? If so, why?

2. What would you change about the lesson plan or do differently?

3. Rate the following.

	Not at all effective	Not very effective	Neutral	Somewhat effective	Very effective
Rate your execution of instructional goals.	1	2	3	4	5
Rate the lesson content.	1	2	3	4	5
Rate your ability to address any questions or issues that arose in the session.	1	2	3	4	5
Rate the overall effectiveness of the lesson plan.	1	2	3	4	5

Signature of Parenting Coordinator: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Sample Parenting Coordinator Rating Form:

This sample parenting coordinator rating form is an example of a fidelity instrument. Since the model uses intensively supervised students, the form provides a way for rating their service delivery and adherence to the model. It also provides valuable feedback from the supervisor in order to strengthen the student's skills. The form is concise in accordance with the supervisor's workload. The supervisor completes it quarterly. The student reviews and signs it once it is completed. They discuss it during an individual supervision session.

Rate the following:

	Unsatisfactory	Satisfactory	Very Good	Excellent
1. Quality of written documents	1	2	3	4
2. Quality of case management services	1	2	3	4
3. Quality of education services	1	2	3	4
4. Quality of mediation services	1	2	3	4

5. Quality of conflict management services	1	2	3	4
6. Ability to assess the needs of parent/child	1	2	3	4
7. Ability to engage parent/child	1	2	3	4

Recommendation:

Signature of Parenting Coordinator: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Sample Supervision Report Form:

Since intensive supervision is a critical part of the model, this sample supervision report provides an example of a fidelity instrument for this component. It is concise in accordance with the PC's/supervisor's considerable workload. Individual supervision meetings, involving the PC and the supervisor, are conducted weekly. The PC completes and signs this report at the end of each month. The supervisor reviews and signs it once it is completed.

Indicate the following for the current month:

1. Provide the dates for the individual supervision meetings. If four meetings were not conducted, then please indicate why.

2. Summarize the goals and issues that were discussed in these meetings.

3. List any unresolved issues.

4. Describe any unmet training or support needs.

5. Describe the goals and issues you would like to discuss in your upcoming supervision meetings.

Signature of Parenting Coordinator: _____ Date: _____

Signature of Supervisor: _____ Date: _____

4.5. Conclusion

Successful replication of a program requires that the program's core intervention and core implementation components are well-defined and clearly documented. This chapter attempts to summarize the current components of the PC Program. Core intervention components include: program approach and goals; target population and eligibility criteria; referral and intake process; and program activities, phases, and sessions. Core implementation components include: staff recruitment and selection, staff training, staff supervision and support, program evaluation and fidelity, program adaptations, and community partnerships. It is recommended that the PC Program further develop and document all core components before the program is replicated and adapted to other settings. However, the description of core components included in this chapter provides invaluable information for the development and implementation of new PC programs in other jurisdictions.

In addition to summarizing the core components of the PC Program, this chapter includes a number of sample tools (e.g., sample curriculum plan, sample lesson plan), which are based on the types of tools often found in manualized evidence-based treatment programs (Kazdin and Weisz, 2003). Although these tools are not currently being used by the PC Program, they have been included as examples of materials that could be created to facilitate program replication. Any materials created for the PC Program, however, would need to be refined by experts in parenting coordination and adapted for use with particular settings and populations.

REFERENCES

- Abidin, R.R. & Konold, T.R. (1999). *Parenting Alliance Measure: Professional manual*. Sarasota, FL: Psychological Assessment Resources.
- AFCC Guidelines for Parenting Coordination (2006). *Family Court Review*, 44, 164-181. Developed by the AFCC Task Force on Parenting Coordination. May 2005. Available at http://www.afccnet.org/resources/standards_practice.asp.
- Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of Marriage and the Family*, 62(4), 1269-1287.
- Amato, P. R. (2007). Studying marriage and commitment with survey data. In S. L. Hofferth & L. M. Casper (Eds.), *Handbook of measurement issues in family research*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Azar, S., & Hill, L. (2006). *Chapter 12: Adoption, Foster Care, and Guardianship in Minority Families*. (pp. 190-209). Rutgers University Press. Retrieved from SocINDEX with Full Text database.
- Bacher, N., Fieldstone, L., & Jonasz, J. (2005). The role of parenting coordination in the family law arena. *American Journal of Family Law*, 19(2), 84-96.
- Bahr, S. (2002). Social Science Research on Family Dissolution: What it shows and how it might be of interest to family law reformers. *Journal of Law and Family Studies*, 4(1), 5-18.
- Braver, S. L., & Griffin, W. A. (2000). Engaging Fathers in the Post-Divorce Family. *Marriage & Family Review*, 29(4), 247.
- Brown, S. (2004). Family structure and child well-being: The significance of parental cohabitation. *Journal of Marriage and the Family*, 66, 351-367.
- Brown, S. L. (2006). Family structure transitions and adolescent well-being. *Demography*, 43(3), 447-461.
- Bumpass, L., & Lu, H.-H. (2000). Trends in cohabitation and implications for children's family contexts in the United States. *Population Studies*, 54(1), 29-41.
- Cavanagh, S. E., Schiller, K. S., & Riegle-Crumb, C. (2006). Marital transitions, parenting, and schooling: Exploring the link between family-structure history and adolescents' academic status. *Sociology of Education*, 79, 329-354.
- Coates, C. A., Deutsch, R., Starnes, H., Sullivan, M. J., & Sydlik, B. (2004). Parenting coordination for high-conflict families. *Family Court Review* 42(2), 246-262.
- Cohen, R., Linker, J. A., & Stutts, L. (2006). Working together: Lessons learned from school, family, and community collaborations. *Psychology in the Schools* 43(4), 419-428.
- Cookston, J. T., Braver, S. L., Griffin, W. A., De Luse, S. R., & Miles, J. C. (2007). Effects of the Dads for Life Intervention on Interparental Conflict and Coparenting in the Two Years after Divorce. *Family Process*, 46(1), 123-137.

- Deutsch, R. (2008). Parenting coordination: A new practice opportunity. *Family Psychologist*, 24(2), 17-18.
- Ehrenberg, M. (1996). Cooperative parenting arrangements after marital separation: Former couples who make it work. *Journal of Divorce & Remarriage*, 26(1-2), 93-115.
- Elrod, L. D. (2001). Reforming the system to protect children in high-conflict custody cases. *William Mitchell Law Review*, 28.
- Fixsen, D. L., Naoom, S. F., Blasé, K.A., Friedman, R.M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. National Implementation Research Network, University of South Florida, Louis de la Parte Florida Mental Health Institute. Available online at <http://nirn.fmhi.usf.edu/resources/publications/Monograph/>.
- Forgatch, M. S., & DeGarmo, D. S. (1999). Parenting through change: an effective prevention program for single mothers. *Journal of Consulting and Clinical Psychology*, 67(5), 711-724.
- Godley, S.H., Meyers, R.J., Smith, J.E., Karvinen, T., Titus, J.C., Godley, M.D., et al. (2001). *The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Volume 4*. DHHS Pub. No. 01-3489. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- Goodman, M., Bonds, D., Sandler, I., & Braver, S. (2004). Parent Psychoeducational Programs and Reducing the Negative Effects of Interparental Conflict Following Divorce. *Family Court Review*, 42(2), 263-279.
- Grietens, H., Onghena, P., Prinzie, P., Gadeyne, E., Van Assche, V., Ghesquiere, P., & Hellinckx, W. (2004). Comparison of mothers', fathers' and teachers' reports on problem behavior in 5- to 6- year old children. *Journal of Psychopathology and Behavioral Assessment*, 26, 137-146.
- Hamilton, B. E., Martin, J. A., & Ventura, S. J. (2007). *Births: Preliminary data for 2006*. National vital statistics report, Vol. 56, No. 7. Hyattsville, MD: National Center for Health Statistics.
- Harold, G., & Conger, R. (1997). Marital conflict and adolescent distress: The role of adolescent awareness. *Child Development*, 68(2), 333-350.
- Heard, H.E. (2007). The family structure trajectory and adolescent school performance. *Journal of Family Issues*, 28(3), 319-354.
- Henry, W. J., Fieldstone, L., & Bohac, K. (2009). Parenting coordination and court relitigation: A case study. *Family Court Review* 47(4), 682-697.
- Hetherington, E., & Stanley-Hagan, M. (1999). The adjustment of children with divorced parents: A risk and resiliency perspective. *Journal of Child Psychology and Psychiatry*, 40(1), 129-141.
- Kazdin, A. & Weisz, J. (2003). *Evidence-Based Psychotherapies for Children and Adolescents*. New York: Guilford.

- Kelly, J. B. (2002). Psychological and legal interventions for parents and children in custody and access disputes: Current research and practice. *Virginia Journal of Social Policy and the Law*, 10(1), 129-163.
- Kelly, J. B., & Emery, R. E. (2003). Children's Adjustment Following Divorce: Risk and Resilience Perspectives. *Family Relations*, 52(4), 352-362.
- Kirkland K. & Sullivan, M.J. (2008). Parenting coordination practice: A survey of experienced professionals. *Family Court Review*, 46(4), 622-636.
- Kitzmann, K. & Emery, R. E. (1994). Child and family coping one year after mediation and litigated child custody disputes. *Journal of Family Psychology*, 8, 150-159.
- Kuhfeld, M., Ballard, F., Bronte-Tinkew, J., Whitney, C., Burkhauser, M., Mbwana, K., & Lilja, E. (2009). The program for agreement and cooperation in contested custody cases 2007-2009 implementation and outcomes evaluation report. Washington, D.C.: Child Trends.
- Lally, S.J. (2008). Expanding *the role of parenting coordination in the courts*. Paper presented at the 45th Annual Association of Family and Conciliation Courts Conference, Vancouver, BC.
- Lally, S. J. & Higuchi, S. A. (2008). The American Psychological Association parenting coordination project: Development of the project and initial review of the first two years. *Journal of Child Custody*, 5(1/2), 101-121.
- Lewis, J. A., Packard, T. R., & Lewis, M. D. (2007). *Management of human service programs* (4th ed.). Belmont, CA: Thomson Brooks/Cole.
- Maccoby, E., & Martin, J. (1983). Socialization in the context of the family: Parent-child interaction. In E. M. Hetherington (Ed.), *Handbook of Child Psychology* (Vol. 4, pp. 1-101). New York: John Wiley & Sons.
- Martinez, C. R., Jr., & Forgatch, M. S. (2001). Preventing problems with boys' noncompliance: effects of a parent training intervention for divorcing mothers. *Journal of Consulting and Clinical Psychology*, 69(3), 416-428.
- Martinez, C. R. J., & Forgatch, M. S. (2002). Adjusting to change: Linking family structure transitions with parenting and boys' adjustment. *Journal of Family Psychology*, 16(2), 107-117.
- McIntosh, J., & Deacon-Wood, H. B. (2003). Group Interventions for Separated Parents in Entrenched Conflict: An Exploration of Evidence-Based Frameworks. *Journal of Family Studies*, 9(2), 187-199.
- McLanahan, S., & Sandefur, G. D. (1994). *Growing up with a single parent: What hurts, what helps*. Cambridge, MA: Harvard University Press.
- Mitcham-Smith, M. & Henry, W.J. (2007). High-conflict divorce solutions: Parenting coordination as in innovative co-parenting intervention. *The Family Journal: Counseling and Therapy for Couples and Families*, 15(4), 368-372.
- Neff, R. & Cooper, K. (2004). Progress and parent education: Parental conflict resolution. *Family Court Review*, 42, 1-16.

- Osborne, C., Manning, W., & Smock, P. (2004). Instability in fragile families: The role of race/ethnicity, economics, and relationship quality. Paper presented at the annual Meeting of the *American Sociological Association*, San Francisco, CA.
- Osborne, C., & McLanahan, S. (2007). Partnership instability and child well-being. *Journal of Marriage and Family*, 69(4), 1065-1083.
- Pedro-Carroll, J. L., & Cowen, E. L. (1985). The Children of Divorce Intervention Program: An investigation of the efficacy of a school-based prevention program. *Journal of Consulting and Clinical Psychology*, 53(5), 603-611.
- Pedro-Carroll, J. L. (2005). Fostering Resilience in the Aftermath of Divorce: The Role of Evidence-Based Programs for Children. *Family Court Review*, 43(1), 52-64.
- Pedro-Carroll, J. L., Sandler, I. N., & Wolchik, S. A. (2005). Special Issue on Prevention: Research, Policy, and Evidence-Based Practice. *Family Court Review*, 43(1), 18-21.
- Pollet, S. L., & Lombreglia, M. (2008). A nationwide survey of mandatory parent education. *Family Court Review*, 46(2), 375-394.
- Pruett, M. K., Nangle, B., & Bailey, C. (2000). Divorcing families with young children in the court's family services unit: Profiles and impact of services. *Family & Conciliation Courts Review*, 38(4), 478-500.
- Ramsey, S. H. (2001). The wingspread report and action plan: High-conflict custody cases: Reforming the system for children. *Family Court Review*, 39.
- Singer, G. H. S., Ethridge, B. L., & Aldana, S. I. (2007). Primary and secondary effects of parenting and stress management interventions for parents of children with developmental disabilities: A meta-analysis. *Mental Retardation & Developmental Disabilities Research Reviews*, 13(4), 357-369.
- Slatin, C., Galizzi, M., Melillo, K. D., & Mawn, B. (2004). Conducting interdisciplinary research to promote healthy and safe employment in health care: Promises and pitfalls. *Public Health Reports*, 119, 60-72.
- Suarez-Balcazar, Y., Hellwig, M., Kouba, J., Redmond, L., Martinez, L., Block, D., Kohrman, C., Peterman, W. (2006). The making of an interdisciplinary partnership: The case of the Chicago food system collaborative. *American Journal of community Psychology*, 38, 113-123.
- Superior Court of the District of Columbia, Family Court. (2008). *Annual report to congress*. Washington, DC: Author.
- Takahashi, L. M. & Smutny, G. (2001). Collaboration among small, community-based organizations: Strategies and challenges in turbulent environments. *Journal of Planning Education and Research*, 21, 141-153.
- Tienda, M., & Angel, R. (1982). Headship and Household Composition Among Black, Hispanics, and Other Whites. *Social Forces*, 61(2), 508-530.

- Ventura, S. J., & Bachrach, C. A. (2000). *Nonmarital childbearing in the United States, 1940-1999*. *National Vital Statistics Reports*, 48 (16). Hyattsville, MD: National Center for Health Statistics.
- Wolchik, S. A., Sandler, I., Jones, S., Gonzales, N., Doyle, K., Winslow, E., et al. (2009). The New Beginnings Program for Divorcing and Separating Families: Moving from Efficacy to Effectiveness. *Family Court Review*, 47(3), 416-435.
- Wolchik, S. A., Sandler, I. N., Winslow, E., & Smith-Daniels, V. (2005). Programs for Promoting Parenting of Residential Parents: Moving From Efficacy to Effectiveness. *Family Court Review*, 43(1), 65-80.
- Wolchik, S. A., West, S. G., Sandler, I. N., Tein, J.-Y., Coatsworth, D., Lengua, L., et al. (2000). An experimental evaluation of theory-based mother and mother-child programs for children of divorce. *Journal of Consulting and Clinical Psychology*, 68(5), 843-856.
- Wu, L., & Thomson, E. (2001). Race differences in family experience and early sexual initiation: Dynamic models of family structure and family change. *Journal of Marriage and Family*, 63(3), 682-696.

APPENDICES – SEE ATTACHMENT