

TRAINING, SKILLS, AND PRACTICES OF PARENTING COORDINATORS: FLORIDA STATEWIDE STUDY

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This report details findings from the nation's first statewide study on parenting coordination. A survey was presented to all known practicing parenting coordinators (PCs) in Florida ($N = 207$), with 67 (32%) responding. Data concerning PC demographics, how PCs do their work, and how they perceive their clients at different stages of the parenting coordination process suggest substantial similarity between mental health and family law professionals in almost every realm of questioning. Study limitations, implications for further research, and practice considerations are discussed.

Keywords: *parenting coordinator (PC); parenting coordination; post-divorce interventions*

FLORIDA PARENTING COORDINATION 2009: STATE OF THE FIELD AND IMPLICATIONS FOR FURTHER RESEARCH

For years, Family Court judges have been frustrated by high conflict cases, which comprise approximately 10% of their cases, but consume 90% of their attention (Neff & Cooper, 2004; Coates et al., 2004). Severely shrinking state and county budgets have exacerbated the concern of court administrators regarding the burden these cases place upon the system (Henry, Fieldstone & Bohac, 2009; Elrod, 2001; Coates et al., 2004; Johnston, 2000). Further, social scientists, who have substantiated the negative effects of coparenting conflict upon children (Mason, 1999; Kitzman & Emery, 1994; Hetherington & Kelly, 2002; Wingspread, 2001; Kelly, 2002; Firestone & Weinstein, 2004; McHale & Sullivan, 2008), have become increasingly aware that high conflict families require different types of assistance and support as they navigate their family court processes (Neff & Cooper, 2004; Deutsch, Coates, & Fieldstone, 2008). In response to these converging concerns, a relatively new field of professional service has developed in North America and in other countries around the world, a service called *parenting coordination* (Deutsch et al., 2008).

Although guided by statutes, rules or uniform agreements in some states and provinces, the practice of parenting coordination remains loosely defined and regulated. In 2005, the Association of Family and Conciliation Courts (AFCC) Taskforce on Parenting Coordination promulgated Guidelines for Parenting Coordinators defining parenting coordination as:

. . . a child-focused alternative dispute resolution process in which a mental health or legal professional with mediation training and experience assists high conflict parents to implement their parenting plan by facilitating the resolution of their disputes in a timely manner, educating parents about children's needs, and with prior approval of the parties and/or the court, making decisions within the scope of the court order or appointment contract (AFCC Parenting Coordination Taskforce, 2005).

Parenting Coordinators (PCs) help high conflict families learn to resolve their coparenting disputes out of court and reduce the excessive use of litigation. More importantly, their efforts are targeted toward helping parents transform and resolve conflicts so that they can stabilize new family units, thereby reducing harmful effects of parental discord upon children. Insofar as it appears that parenting

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coordination succeeds in increasing parental cooperation and reducing litigation, the process most likely also: (1) decreases the costs that high conflict families place on the court, (2) reduces the backlog in judiciary case loads, and (3) increases access to judiciary time for other cases in need (Henry, Fieldstone, & Bohac, 2009).

DEVELOPMENT OF PARENTING COORDINATION IN FLORIDA

Florida was among the first states to recognize the potential benefits of parenting coordination, and several circuits have been utilizing the process as an alternative dispute resolution process since the early 1990's (Ho, Monaco & Rosen, 2000). The Florida Chapter of AFCC (FLAFCC) began to focus on the development of parenting coordination throughout the state in 2002 in an effort to provide safeguards to the parents and families court-ordered to the process. Two additional early goals were to create uniformity between Florida circuits in the way PCs practiced and to ensure quality control of the professionals appointed and the parenting coordination process. The FLAFCC Parenting Coordination Taskforce was formed to organize and coordinate the development of a proposed statute, a rule, and standards of practice necessary for the enactment of parenting coordination legislation. FLAFCC convened other interested organizations and stakeholders in an effort to accomplish those goals; the first meetings of the FLAFCC Parenting Coordination Taskforce included representatives from the:

- Florida Academy of Professional Mediators
- Florida Association of School Psychologists
- Florida Association of Marriage and Family Therapy
- Florida Bar Litigation Support Committee and the Florida Bar Family Section
- Florida Chapter of the National Association of Social Workers
- Family Court Steering Committee on Families and Children and the Court
- Florida Dispute Resolution Center
- Family Mediators
- Florida Mental Health Counselors Association
- Florida Supreme Court Alternative Dispute resolution (ADR) Rules Committee
- Florida Psychiatric Association
- Florida Psychological Association

FLAFCC's Parenting Coordination Taskforce developed preliminary recommendations and presented them at an FLAFCC Statewide Summit on Parenting Coordination in 2003. Over 225 family law and mental health professionals attended, including participants from seven other states. The FLAFCC Parenting Coordination Taskforce was then charged to further develop the proposed parenting coordination statute for the upcoming legislative season. In a groundbreaking collaborative effort, the Florida Psychological Association and the Florida Bar Family Section committed a lobbyist to assist the passing of the bill in the 2004 state legislative process. The proposed statute, amended after recommendations by the Florida Coalition of Domestic Violence and Florida Legal Services (who joined as FLAFCC Parenting Coordination Taskforce members), was passed unanimously by the Florida Senate and with two-thirds vote of the House of Representatives. It was, however, vetoed by then-Governor Jeb Bush, citing concerns about: parties' due process rights; special training and safeguards needed to address domestic violence; funding and affordability and de-professionalization by utilizing volunteers, especially faith-based (<http://flafcc.com/graphics/pdf/VetoMessage.pdf>).

Though the statutory process was suspended, recognition of the value of parenting coordination grew throughout the state. FLAFCC continued to work with Florida circuits, other various groups and professionals, and their collaborative Parenting Coordination Taskforce partners to encourage progress in the profession. At the request of the Florida Bar Family Law Section, the FLAFCC Parenting Coordination Taskforce reassembled to consider the issues raised by the Governor and to

redraft the previously submitted statute. FLAFCC also reconvened the Parenting Coordination Taskforce, this time with the mission to develop Ethical Guidelines for Parenting Coordinators in Florida, which were eventually posted on the FLAFCC website for easy access to PCs, the court and public. Meanwhile, the Florida Supreme Court formed a Parenting Coordination Workgroup to develop a standard Administrative Order and Order of Appointment of Parenting Coordinator. The Committee's recommendations were endorsed by then-Chief Justice Barbara Pariente, who sent the proposed orders to all Florida circuits in July of 2005 to use as models in their development of parenting coordination programs.

FLAFCC continued to work with the Florida Bar Family Law Section until 2009, and members of the FLAFCC Parenting Coordination Taskforce were asked to participate in two committees to redraft both the parenting coordination statute and rule, using the previous work of FLAFCC as a guide. The Florida Bar approved the rule proposal in 2008 and endorsed the statute proposal, which was ultimately introduced to the Florida legislature midway through the 2009 legislative session. With approval by the House and the Senate, Governor Charlie Crist signed the bill into law in June 2009 with an effective date of October 1, 2009.

During the intervening years between the initial proposal and ultimate passage of the parenting coordination statute into law in Florida, the use of PCs in each judicial circuit soared. Only eight circuits offered this ADR option in 2002; however, by 2008 nineteen of Florida's 20 judicial circuits offered accessibility to the process, with the remaining circuit in planning stages at that time. Meanwhile, jurisdictions throughout the United States were continuing to develop programs and propose legislation as well. In addition to Florida, Oklahoma, Idaho, Oregon, Colorado, Texas, North Carolina, Louisiana, Maine, Vermont, and South Dakota all have parenting coordination statutes in place. Parenting coordination is authorized through related statutes in Arizona, California, Georgia, Kansas, Minnesota, New Mexico, Ohio, and Pennsylvania. There are also several states with non-statutory programs including Delaware, Kentucky, Massachusetts, New Hampshire, New Jersey and Vermont. In British Columbia, Canada, a Uniform Parenting Coordination Agreement guides practice in the province. Outside of North America, parenting coordination has not formally developed as an alternative dispute resolution process, although practitioners in several countries including Australia, Israel and Italy have expressed interest to these authors in doing so. Sweden has already begun to train parenting coordinators, inviting Robin Deutsch, Ph.D. to conduct several trainings.

Despite the surging interest in parenting coordination, there has thus far been little empirical study of the practice of parenting coordination, characteristics of those ordered to the process, or characteristics of PCs. Nothing is currently known about the impact of parenting coordination on coparenting behavior, child adjustment or family stabilization. It became clear that a great deal of research will be needed before best practice standards for parenting coordination can be established.

STUDIES OF PARENTING COORDINATION

To date, existing evidence for the efficacy of parenting coordination has been largely anecdotal. Judges have observed the reduction in court dockets as their high-conflict cases court ordered to parenting coordination resolve issues outside of their courtrooms; attorneys often chronicle increased cooperation in cases where parents were battling relentlessly before the PC was appointed; and, mental health professionals sometimes report better adjustment for children when a PC is involved with the parents (Vick & Backerman, 1996; Kirkland & Sullivan, 2008). In 1994, Johnston's informal study of parenting coordination in Santa Clara County, California (cited in a 2003 AFCC Task Force on Parenting Coordination article) showed a 25% reduction in court appearances in cases completed by the special masters who serve as parenting coordinators in that jurisdiction.

In 2000, an attorney (Victoria Ho), a judge (Daniel Monaco), and a social worker (Janice Rosen) working in Florida's Lee and Collier counties described for the Florida Bar Journal their extremely successful experiences with parenting coordination in assisting parties with child related issues, improving parental communication, and reducing children's exposure to parental conflict (Ho,

Monaco & Rosen, 2000). In their article comparing the growth of parenting coordination in Florida to that nationwide, Firestone, Fieldstone and Starnes described parenting coordination as filling the need to assist high conflict families and helping to reduce litigation in already overburdened court systems (Firestone, Fieldstone & Starnes, 2003; AFCC Parenting Coordination Task Force, 2003). More recently, researchers and programs have begun to investigate who is practicing parenting coordination and how they are trained, along with PC's perceptions of their roles, goals, and experiences. An exploratory study of 11 parenting coordinators conducted in 2005 in Pima County, Arizona (Beck et al., 2008) was the first to provide a snapshot into the background and models of parenting coordinators in a court program. The authors concluded that more focused research efforts would be needed if the field was to develop reasonable expectations of the process. Kirkland and Sullivan conducted a survey in 2006 in which they sampled 53 parenting coordinators randomly selected from AFCC membership and augmented the data provided by these randomly-chosen individuals with data provided by other PCs attending the organization's Child Custody Evaluation Symposium. The purpose of their survey was to determine norms regarding characteristics of the parenting coordination process. Kirkland and Sullivan's 2008 work laid the groundwork for more comprehensive study of parenting coordination practices and of characteristics of families that benefit from the process, and those that do not respond favorably.

A study of high conflict cases in Miami-Dade County, the largest jurisdiction in the state of Florida, substantiated the value of parenting coordination as an alternative to help high conflict parents resolve issues and reduce relitigation. The Family Court Services Unit of the 11th Judicial Circuit collaborated with the University of South Florida to conduct the first circuit-wide study of parenting coordination and court relitigation (Henry, Fieldstone, & Bohac, 2009). The researchers were able to identify 88 cases in the circuit referred for parenting coordination in 2006, as provided by the records in the Clerk of County Courts Office and the Family Court Services statistical reports. A sample of 49 cases was selected for this study based upon the degree of available information accessible in their court records for review. Examining numbers of motions filed per couple one year pre and one year post PC appointment in the 11th Circuit in 2006, the authors determined that filing of motions decreased significantly after a PC was appointed. Specifically, nearly two-thirds of child-related motions in those cases decreased by 100%, such that parties filed no further child-related motions in the year after parenting coordination participation. Also of interest is the finding that 40% of all non-child related motions decreased in the year post-parenting coordination. The authors speculated that parents may have been able to apply what they learned in the parenting coordination process to help resolve other issues as well. This study also provided one of the first glimpses of the demographics of those ordered to parenting coordination. In the 11th Judicial Circuit, parents ordered to the process in 2006 reflected diverse economic and cultural backgrounds (30.6% of the couples were identified as indigent and 69.4% were considered able to afford parenting coordination services; regarding ethnicity, fathers were 10.2% Black/African American, 30.6% Latino, 14.3% White/Caucasian and 44.9% Other/no information available; mothers were 10.2% Black/African American, 40.8% Latino, 8.2% White/Caucasian, and 40.8% Other/no information available). Most cases were referred during their second year of the family court litigation process; couples ranged from never married but raising children to married for 20 years. Unfortunately, there was no way to randomly identify high conflict cases through the clerk's office or judiciary in order to provide a control group for basis of comparison in this case study.

These groundbreaking efforts highlighted a need to explore in greater detail the training, skills, and practices of PCs. Little is currently known about PCs' perceptions of their cases, their use of particular techniques, or their differential use of interventions as a function of presenting issues. In 2008, the FLAFCC PC Research Committee (hereafter referred to as the "Committee") was formed and charged to conduct a statewide study of these issues. The Committee agreed that understanding better the training of PCs and how they viewed their clients and their work would be an important first step in informing professionals, the judiciary, court programs and family court litigants of the intricacies of parenting coordination as facilitated in Florida. It would also provide a beginning framework for later study of effective practices in parenting coordination.

INTRODUCTION TO THE STUDY: PURPOSE AND SCOPE

The Committee met to develop its overall priorities and goals, define a specific aim for an initial pilot study, and advance the proposed study to the FLAFCC Board for Human Subjects review and approval. The overall priorities and goals included conducting research studies to examine the practice of parenting coordination throughout the state of Florida, and devoting special attention to the outcomes of parenting coordination for families. In particular, the Committee articulated an interest in determining whether parenting coordination yields benefits to high conflict families in the development of coparenting skills. First, however, a canvassing of practicing PCs in the state was needed to help establish what practices were currently being used and whether PCs believed their efforts had been useful to families.

The initial focus of the Committee was to gather information concerning PC demographics, how PCs do their work, how they perceive their clients at different stages of the parenting coordination process, and how successful they believe their work has been. These data were collected with the support of Survey Monkey, an online survey company. In laying groundwork for the survey, the Committee identified its participant pool by contacting all 20 Florida circuit Family Court Managers to form a list of known practicing PCs in Florida. The e-mail addresses of PCs were also sought because the survey was to be administered via the Internet. Names of 203 PCs were obtained; 28 had no e-mail contact information and did not respond to telephone solicitations to obtain their e-mail address. However, additional names and e-mail addresses were identified by cross referencing the list with names of PCs who had attended parenting coordination trainings with the second author, yielding a final merged list containing names and e-mails of 207 PCs. These individuals were sent an e-mail notifying them of the survey.

The committee also began to conceptualize a later initiative to be guided by data from the survey of PCs. The aim of the future project would be to study linkages between parenting coordination practices and post-parenting coordination family outcomes. To set a beginning stage for this future project, PCs who completed the online survey were told about a future follow-up initiative at the end of the survey.

SURVEY DESIGN AND IMPLEMENTATION

In a series of meetings, the Committee team designed a new survey to sample the views of parenting coordinators about their work and their clientele. Additional field practitioners and university researchers with a background in item construction took part in some of the meetings during this phase of the work. The survey that eventuated sought information about relevant respondent demographics, including profession, training, court order direction and protections, and professional business practices. It also included questions about the parenting coordination process itself, from inception to case closing. Respondents were asked about initial meetings with parents, communication processes, interface with the court and court support, and termination. A set of questions inquired about the PC's perceptions of parental characteristics and behavior before the parenting coordination process began, a variety of interventions employed by the PC during their work, and factors they felt contributed to success or lack of success of the process.

Because online surveys need to be practical to administer and simple to complete and interpret, questions were designed to give respondents a choice among several response options. There were virtually no open-ended queries. The Committee was also sensitive to the time burden required of participants completing the survey. On the basis of dry runs through the survey completed by Committee members, it was estimated that the survey would take respondents between 15–25 minutes to complete. A letter was then composed inviting PCs to participate in the study. The letter included a brief explanation of the study, emphasized the importance of responding and gave instructions on how to take part in the online survey.

The survey was initiated through e-mail on April 2009, with three e-mail reminders sent over the course of the next three weeks. Sixty-seven of the 207 PCs who received the survey (32%) submitted

either fully complete surveys or surveys missing data in one or two survey sub-sections only. The Committee monitored incoming response rates weekly, responding to unanticipated difficulties as they surfaced. Overall, survey implementation proceeded without major incident. The major adjustments made were:

- In order to assure successful receipt of the first notice by all on the e-mail distribution list, the e-invitation to participate was resent a second time to ensure maximal circulation.
- A planned reminder notice was adjusted in response to feedback from a few PCs who wrote to say that they had been unable to retrieve the survey, owing (as it turned out) to their having overlooked a key directive embedded in the first notice. Recognizing that the directions in the first notice may have been confusing to some, the Committee provided a more detailed and direct set of instructions that was sent along in the reminder notice.
- Two further reminder notices were written and circulated after the first one, and the closing deadline for survey submission was extended by one week.

Once the survey officially closed, the third and fourth authors (both researchers at the University of South Florida St. Petersburg's Family Study Center) assisted the Committee in transferring the anonymous FLAFCC survey data from its Survey Monkey spreadsheet to Predictive Analytics Software (PASW) and Statistical Package for the Social Services (SPSS). SPSS was then used to complete analyses in accordance with questions of interest framed by the Committee. The Results section outlines these questions and what the survey data indicated.

RESULTS

Results are presented in three main segments: 1) basic background information on specialized training and practice standards of the 67 respondents, along with data on factors they saw as most relevant in contributing to the success of their parenting coordination cases; 2) the respondents' portrayals of their clientele at the beginning of their work with them, along with the most common methods they elected to use in their work; and 3) relationships between client characteristics in the overall caseload, and various methods that were reportedly used most often.

Certain analyses will highlight relevant distinctions in the data as a function of respondents' professional training background. For such analyses, mental health professionals (64% of all respondents, $N = 43$) were considered to include Licensed Clinical Social Workers (LCSWs) and others identifying their primary profession as social work, Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Psychologists; school psychologists, school guidance counselors, and psychotherapists not otherwise specified. Legal professionals (the remaining 36% of the sample, $N = 24$) included attorneys, Certified Family Mediators, and ADR professionals associated with court services or community agencies.¹ Because the cell sizes for the two groups are relatively limited, the results of analyses by group are presented in this report principally for heuristic purposes.

BACKGROUND AND TRAINING OF FLORIDA PCS

Survey respondents brought a wide range of experience as PCs. The average number of years of parenting coordination experience reported was 6.7 years ($SD = 4.41$), ranging from 1 to 20 years of experience. At the time of the survey, respondents reported carrying an average of 7.8 cases (range 1–20). Forty percent of the respondents had seen between 1 and 10 cases in their careers; 22% between 11 and 30 cases; 16% between 31 and 99 cases; and the remaining 22% 100 or more cases. No statistically significant differences in overall case experience were found as a function of professional background ($F(1, 65) = 0.01, ns$). There were also no overall differences found in relevant training

experiences for the two groups. Among respondents identified as family law professionals, 100% of those reporting had taken formal post-graduate coursework in Advanced Dispute Resolution and had relevant training in Family Mediation, Domestic Violence, and Parenting Coordination. Numbers were similar for mental health professionals: 80% had relevant training in ADR, 100% had PC training, 96% Family Mediation training and 92% DV education.

Eighty-two percent of all survey respondents reported that they customarily use a formal parenting coordination contract with their clients. Sixty percent charge their clients by the hour and 27% pro-rated services in increments smaller than an hour. Sixteen percent made use of a sliding scale, 28% asked for a standard retainer, 13% took cases pro bono, and 6% worked in a court program where no fee was charged. Of those charging hourly rates, the standard fee ranged from \$90.00 per hour to \$220.00 per hour, with a mean hourly fee of \$160.00. The standard retainer fee for those reporting was \$1,000.00. Seventy-eight percent reported that fees were almost always split 50/50 between parties, 20% indicated that they occasionally were based on ability to pay, and 2% indicated that fees were not typically split between parties. Respondents had varying experiences with collection issues: 18% reported never having collections issues, 35% rarely, 29% sometimes, and 18% often.

Respondents also varied markedly in the average period of time with which they saw cases. For 21% of the sample, the average case duration was 6 months or less; for 26%, 7 months to a year; for 15%, 13–18 months; for 21%, 19 months to 2 years; and for the remaining 17%, over 2 years. Most PCs met with parents either once or twice per month: 45% met once per month and 36% twice per month. Nine percent of respondents held meetings less than once monthly, on average, and the remaining 10% saw parents three or more times monthly, on average.

Respondents reported that relatively few of their cases were terminated early. Asked to estimate the percentage of cases that had terminated permanently for various reasons, 78% of respondents reported that 0–20% of cases had permanently terminated at the parties' request. Ninety-six percent reported that 0–20% of their cases had been terminated at the court's motion, and 76% reported that 0–20% of their cases had been terminated prematurely by the PCs themselves. In estimating the proportion of their cases that had successfully met goals, the largest group of respondents (56%) estimated that between 60 and 80% of their cases had succeeded. Eleven percent estimated that 0–20% of the cases they had seen had successfully met goals; 4% indicated that between 20–40% had, and 20% estimated that between 40 and 60% had. Nine percent of the respondents placed their goal success rate at 80–100%. Somewhat surprisingly, however, respondents' estimates of the proportion of their cases that had successfully met goals were unrelated to their actual years of practice as a PC. They were, however, related to respondents' personal perceptions that their years of experience as a PC mattered. Table 1 summarizes rank orderings provided by PCs of the factors they saw as most important in successful case outcomes; higher scores signified greatest importance. As shown in Table 1, four factors, led by PCs' perceptions of their own seasoning as a PC, were viewed as particularly salient in successful case outcomes (average rating scores greater than 6). Respondents who felt more strongly that it was their experience that had played the central role in successful case outcomes reported having had a higher proportion of successful cases $r(65) = .54, p < .05$. None of the other factors queried in Table 1 was similarly related to estimates of case success.

Table 1 also reveals a clear hierarchy in terms of the factors PCs believed mattered most in unsuccessful cases. They saw a lack of success as owing principally to failings of their clients (the top four factors), followed by lack of support from the court system, and interference by others involved in the case. Personal obstacles (perceived bias following testimony, lack of adequate skills or failure to employ these properly) brought up the rear. We found no relationship between actual years in practice and any of the 10 factors PCs rated as being involved in unsuccessful cases (Table 1).

Finally, we found no evidence that less experienced PCs were more likely to drop off of cases; correlations between years of experience and terminations initiated by the parties, by the court, and by the PCs were $r(65) = .07, r(65) = .03, \text{ and } r(65) = .13$ (all *ns*), respectively.

Table 1

Florida Parenting Coordinators' rank ordering of the importance of various factors contributing to successful and unsuccessful case outcomes

<i>Factors Contributing to Successful Cases</i>	<i>Average Importance Rating</i>
Years of experience as a professional	8.47
Skills and interventions as a PC	7.68
Court support for the PC process	7.60
Improved skills of the coparents	6.70
PC training that had been received	5.72
Coparents compliant participation in education, referrals, and/or treatment programs	5.00
Support provided by other professionals involved in the case	4.11
Support provided by other PC mentors	3.74
Support provided by step-parents, extended family, and other non-professionals	3.05
<i>Factors Contributing to Successful Cases</i>	
Coparents' refusal to let go of unresolved issues	8.77
Coparents' inability/refusal to pay for PC services	5.85
Coparents' untreated substance or mental health issue	5.67
Interventions of attorneys involved with the case	5.40
Court failure to enforce PC recommendations/requests	4.55
Court failure to support PC request for status or case conferences	4.33
Interference in the case by stepparents/extended family	4.00
Inappropriate intervention by other professionals involved in the case	3.71
PC's perceived bias following testimony	2.25
PC's lack of relevant skills or failure to employ these	1.53

PARENTING COORDINATORS' PERCEPTIONS OF COPARENTS AT THE BEGINNING OF THE WORK

Table 2 summarizes the perspectives of PCs concerning client characteristics at the beginning of the parenting coordination process. Not surprisingly, the main perceptions were of parties who were contentious, unwilling to compromise and prone to triangulate their children into their conflict in a myriad of ways. To reduce the number of variables for inferential analyses reported below, we completed a Principal Components Factor Analysis with Varimax Rotation. This analysis indicated the presence of three main factors with eigenvalues greater than 1. Results of this analysis, along with factor loadings for each of the three obtained factors, are reported in Table 3. We created composite scores for each factor by adding together those items with factor loadings greater than .5 (Table 3). High scores on the Triangulation variable reflected a higher proportion of cases in which the coparents actively co-opted the child and placed the child in the center of their conflict-ridden relationship. High scores on the Cooperative Dialogue variable indicated that the PC worked with a high percentage of parents who had found a way to support the child's positive relationship with the coparent and to discuss together the child's developmental needs, while lower scores on this variable indicated that only a small proportion of parents in the caseload actively did so. Finally, higher scores on the Destructive Conflict variable indicated a high proportion of cases in which the animosity between the adults was particularly volatile and had led to a breakdown in all communication.

As had been suggested by the individual item contrasts, no differences between family law and mental health professionals were found on any of these three variables. F ratios for all three between-group contrasts were miniscule— $F(1,65) = 0.01$, $F(1,65) = 0.52$, and $F(1,65) = 0.30$, all *ns*, for Triangulation, Cooperative Dialogue and Destructive Conflict, respectively. These findings indicate significant consensus on how respondents saw their clients, including their perceptions of destructive conflict and co-opting of children.

Table 2

Parenting Coordinators' Ratings of the Proportions of Parents in their Caseloads Who at the Beginning of the PC Work were . . .

	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Std. Deviation</i>
Considered to be "good"	1.00	5.00	1.87	1.12
Unable to speak to one another without hostility, arguments, and criticism	1.00	5.00	3.31	1.29
Presenting as cold and distant	1.00	5.00	2.75	1.21
Unable to control anger when communicating with one another	1.00	5.00	3.39	1.18
Failing to shield their child from conflict	1.00	5.00	3.63	1.10
Assuring child that they supported and valued the child's relationship with the coparent	1.00	4.00	1.83	.97
Able to discuss/agree about child discipline	1.00	4.00	2.19	1.00
Able to discuss/agree about child schedules/ routines (e.g. bed times, homework)	1.00	4.00	2.31	.90
Able to discuss/agree on TV/movies child is allowed to watch	1.00	4.00	2.39	.96
Regularly disagreeing about parenting style	1.00	5.00	3.23	1.24
Prone to interrogate child about other parent's private life	1.00	5.00	3.17	1.21
Having child deliver messages to other parent	1.00	5.00	3.33	1.18
Having child keep secrets from other parent	1.00	5.00	2.92	1.23
Telling child other parent was to blame for divorce	1.00	5.00	2.63	1.18
Pressuring child to align or take sides with them but do not interfere with time sharing	1.00	5.00	2.89	1.04
Campaigning to alienate child from other coparent and to hate that parent	1.00	5.00	2.23	1.09
Granting first refusal option to the other coparent to see the child if they are not available	1.00	5.00	2.42	1.05
Coordinating private telephonic communication between child and the other coparent	1.00	4.00	2.52	.99
Giving child adult information about finances, court case, their issues with the coparent	1.00	5.00	3.08	1.05
Prone to make unilateral decisions about the child's education, activities and medical issues	1.00	5.00	3.12	1.08
Failing to share information about education/ activities/medical issues with coparent	1.00	5.00	3.08	1.11
Not signing releases allowing the coparent ease of access to information about the child	1.00	5.00	2.35	1.19
Enrolling the child in school without naming the coparent as an emergency contact on forms	1.00	5.00	2.65	1.21
Failing to specify that the coparent may pick up the child from school	1.00	5.00	2.42	1.15
Supporting child calling new partner mom/dad	1.00	5.00	2.60	1.30
Following court-ordered shared time schedule	1.00	5.00	2.89	1.09

Metric: Ratings of 1 signified that 0–20% of their cases included parents who exhibited this propensity; 2 indicated that 20–40% of clients did so; 3 = 40–60%; 4 = 60–80%; 5 = 80–100%

PCS USE OF DIFFERENT INTERVENTIONS

The interventions used by mental health professionals and family law professionals with these cases were largely similar, as were their perceptions of the clients they served. The most common interventions reported by mental health and family law professionals alike (all receiving ratings averaging between 4, indicating that the PC engaged the technique with between 60–80% of their caseload, and 5, indicating that the technique was used with between 81–100%) were: educating coparents about the harm conflict has on children ($M = 4.80$, $SD = .61$ and $M = 4.82$, $SD = .53$ for mental health and family law professionals, respectively); facilitating resolution of issues on which coparents had not been able to agree ($M = 4.30$, $SD = 1.09$ and $M = 4.35$, $SD = .93$ for mental health and family law professionals, respectively); teaching coparents about win-win agreements ($M = 4.20$, $SD = 1.06$ and $M = 4.53$, $SD = .62$ for mental health and family law professionals, respectively);

Table 3

Summary of factors and factor loadings (.5 or higher) of survey items used to comprise three primary summary constructs

<i>Items</i>	<i>1</i>	<i>2</i>	<i>3</i>
Cannot communicate without hostility, arguments, criticism			.840
Cold and unable to communicate			.859
Cannot control anger when communicating			.629
Fail to shield child from conflict	.611		
Assure child they support child's relationship with coparent		.692	
Productively discuss discipline		.814	
Productively discuss child's routines and schedules		.838	
Productively discuss child's TV/movie choices		.880	
Interrogate child about coparent	.632		
Have child deliver messages	.789		
Ask child to keep secrets	.854		
Tell child other parent was responsible for divorce	.813		
Pressure child to take sides	.806		
Campaign to alienate child from and hate Coparent	.682		
Follow their court-ordered shared time schedule		.631	

Factor 1: Triangulation

Factor 2: Cooperative Dialogue

Factor 3: Hostile Conflict

teaching parents to treat their relationships as they would those they had with co-workers ($M = 4.30$, $SD = 1.02$ and $M = 4.29$, $SD = .98$ for mental health and family law professionals, respectively); facilitating agreements between parents to change their parenting plan so as to breed less conflict ($M = 4.13$, $SD = 1.22$ and $M = 4.29$, $SD = .68$ for mental health and family law professionals, respectively), teaching parents good e-mail manners ($M = 4.23$, $SD = 1.22$ and $M = 4.00$, $SD = 1.37$ for mental health and family law professionals, respectively), and being in contact with one or both attorneys ($M = 4.06$, $SD = 1.11$ and $M = 4.17$, $SD = 1.07$ for mental health and family law professionals, respectively).

Differences between professions were few; however, PCs in the mental health field ($M = 4.10$, $SD = 0.92$) were significantly more likely than family law professionals ($M = 3.29$, $SD = 1.10$) to report holding sessions in which they coached the parties on negotiation skills ($F(1,45) = 7.17$, $p < .01$), and family law professionals ($M = 4.71$, $SD = 0.59$) were more likely than mental health professionals ($M = 3.67$, $SD = 1.24$) to report advocating use of e-mail as a means of communication between the two parties, being copied on all correspondence ($F(1,45) = 10.51$, $p < .001$). No other intervention technique approached statistical significance in distinguishing between the two groups.

Perhaps more intriguingly, we also found that mental health and family law professionals reported very similar proportions of their casework in which the thrust of the work had ultimately gravitated toward realizing one of three distinctively different aims—developing a cooperative coparenting alliance, achieving a functional parallel coparenting relationship (in which the parents maintained very limited communication with one another, principally via e-mail or FAX), or settling on a fully disengaged coparenting relationship (involving no contact at all between parents, with all child-related communication vetted through the PC). In both groups, the respondents estimated that they had continued to pursue development of a cooperative coparenting alliance in just over half of their cases. Mental health professionals estimated that 54/32/14% of their cases to date had had end goals of cooperative, parallel and disengaged coparenting, respectively; family law professionals estimated the distribution of cooperative, parallel and disengaged coparenting outcomes, respectively to have been 51/39/10%.

Table 4
Correlation between frequency of problem in caseload and likelihood PC will

	DC	CD	T
Customarily hold sessions with each coparent separately	.27*	.13	.16
Hold sessions in which I coach negotiation skills	.15	-.03	.04
Teach the coparents about the harm conflict has on the child	.20	-.27*	.28**
Assist the coparents in modifying their parenting plan to facilitate less conflict	.15	-.05	.15
Teach the coparents anger management skills	.13	-.11	.11
Make referrals to mental health professionals for any member of family	-.07	.11	.16
Obtain releases to communicate with therapist of any family member	.24	.09	-.11
Work with a parent to manage an alcohol/drug abuse problem in order to manage sobriety symptoms	-.02	.16	-.25*
Monitor periodic drug screens on coparents	-.19	-.03	.06
Facilitate resolution of issues about which coparents have not been able to agree	-.03	.27*	.07
Decide for the coparents when they have not been able to agree when a choice needs to be made	-.06	.13	-.00
Teach coparents about win/win agreements	-.16	.12	-.02
Teach coparents to treat the relationship as a business or co-worker would	-.14	.04	-.03
Use email as a main means of communication between coparents/copied in on all emails between them	.01	.32**	-.21
Filter email between the coparents, and resend without inflammatory commentary	.01	.33**	.07
Teach coparents about good email manners	-.05	.15	-.07
Meet with the child involved with the case	.19	-.08	-.15
Have contact with one or both attorneys involved with case	.26*	-.21	.28*
Have contact with the guardian ad litem	.35**	-.13	.08
Obtain releases to speak with the child's teachers and coaches	.22	-.25*	.20
Work with coparents with domestic violence history/ restraining order	-.01	-.15	.13
Work with coparents separately if permanent restraining order in place	-.02	-.00	.11
Encourage coparents to attempt to resolve crisis before contacting PC	-.09	.16	-.07
Work with cases where one or both coparents have a diagnosed personality disorder	.28*	.02	.04
Work with coparents whose extended family is significantly involved in perpetuating conflict	.31**	-.15	.25*
Work with coparents whose major obstacle is adjusting to a new partner/spouse	.19	-.04	.30**
Work with coparents where one or both appear to be actively alienating the child from the coparent	.37**	-.23	.65**
Work with coparents where the best interest of the child is served by a parallel/disengages relationship	.33**	-.29	.32**

DC: Destructive Conflict

CD: Cooperative Dialogue

T: Triangulation of Child into Conflict

* signifies $p < .10$

** signifies $p < .05$

Note: For heuristic purposes, we make note of correlations where $p < .10$.

PC INTERVENTIONS WHEN CARRYING CASELOADS HIGH IN DESTRUCTIVE CONFLICT

Table 4 summarizes correlations between high levels of Destructive Conflict in the caseload, and frequency of use of different interventions. When these analyses were conducted with the entire set of respondents examined as a single group, there were few noteworthy correlates of high Destructive Conflict caseloads. When carrying caseloads involving a higher proportion of Destructive Conflict cases, respondents reported: greater contact with guardians *ad litem*; perceptions that extended family members were more frequently involved in perpetuating conflict; that one and/or both parents were obstructing the child's relationship with the other parent; and that the child's best interests were served by a parallel/disengaged coparenting relationship. However, in the case of each of these significant correlations, the group result was mirrored by a statistically significant relationship only among the mental health professionals as a subgroup—no correlation approached significance for the

family law professionals considered alone. Further, for the group of PCs with mental health training, but not those with family law backgrounds, a higher proportion of Destructive Conflict cases in the caseload was also significantly correlated with a number of other specific practices: holding less frequent first meetings with both parents; customarily holding sessions with each parent separately; more frequent coaching of negotiation skills; and more frequent efforts to meet with the child involved in the case. None of these bivariate associations approached statistical significance among the subgroup of family law professionals.

PC INTERVENTIONS WHEN CARRYING CASELOADS LOW IN COOPERATIVE DIALOGUE

When examined as a group, PCs who reported carrying a greater proportion of cases in which families did not communicate cooperatively about the child reported a lower likelihood of using e-mail as an exchange medium—indicating that they were less likely to have to filter and re-send messages between parents, and that they were less likely to promote e-mail as a method of direct communication between parents on which the PC was copied. The latter e-mail finding was obtained only for PCs with mental health training, not those with family law backgrounds; other significant correlates of low Cooperative Dialogue for PCs with mental health backgrounds included more frequent obtaining of releases to talk with teachers or coaches, and more frequent perceptions of the family as best served by a parallel disengaged coparenting relationship. Among family law professionals, significant correlates of low Cooperative Dialogue included more frequent attempts to teach the parents about the harm conflict has on children, and fewer attempts to filter and re-send e-mails between parents.

PC INTERVENTIONS WHEN CARRYING CASELOADS HIGH IN TRIANGULATION

For PCs, having a caseload in which a higher proportion of coparents triangulated the child into their conflictual relationship correlated significantly with more frequent use of one strategy: educating coparents about the harm conflict has on the child. Other significant correlations for PCs carrying more high Triangulation cases were a greater likelihood of perceiving that a major obstacle for the family was adjustment to a new partner or spouse, that one or both parents were obstructing the relationship between the child and the other parent, and that the child's best interests were served by a parallel/disengaged coparenting relationship. Each of these latter correlations was statistically significant for mental health professionals, but not for family law professionals. Among PCs with mental health training, cases with greater Triangulation were also correlated with more frequent contact with one or both attorneys. Among family law professionals, the only significant correlates in cases with high Triangulation were working with parents separately if restraining orders were in place, and (less frequent) concurrent management of a coparent's sobriety.

DATA SUMMARY

In sum, data from this study indicate that Florida parenting coordinators, as a group, believe that their casework with families has led to beneficial outcomes in the majority of their cases. Estimates of success do not appear to be related to years of experience, although PCs themselves do believe that their seasoning matters to the success of the outcomes of their cases. PCs from both mental health and family law backgrounds view their clientele similarly at the start of their casework, and they overwhelmingly draw upon very similar sets of intervention methods and practices in their work with high conflict cases. The data provides some mild, suggestive evidence that PCs with mental health training may choose certain interventions selectively as a function of the specific presenting concerns of their cases. While PCs continue to work toward promotion of cooperative coparenting alliances in just over half of their cases, they also pursue parallel rather than cooperative coparenting outcomes in a significant proportion of the families they serve, and disengaged coparenting outcomes in a smaller

minority of cases. Perhaps most striking was the finding that as the caseloads of PCs with mental health training became heavier with families high in coparental Triangulation or Destructive Conflict, or especially low in Cooperative Dialogue, the likelihood of drawing conclusions that families were best served by the establishment of a parallel or disengaged relationship (wherein coparents maintained little or no verbal or face-to-face contact) also increased. This correlation was not significant among their family law professional PC counterparts.

DISCUSSION

Survey respondents represented a broad range of disciplines and levels of seasoning as PCs, but possessed a surprisingly uniform set of relevant background training experiences. Although we found a uniformly high proportion of respondents reporting specialized training in ADR, family mediation, domestic violence and parenting coordination (both among participants in the Survey Monkey sample and those contacted separately by telephone survey), it is not known whether these results reflect the training profiles of PCs throughout the rest of the U.S. or in other countries. With respect to how often PCs saw families and how long they carried their cases, we were somewhat surprised to find no clearly-emerging consensus among respondents. However, we suspect that the variability in the frequency and duration of appointments reported by survey respondents may have reflected differences in relative proportions of cases in initial, intermediary and maintenance phases of the work. In the initial phase of parenting coordination, parents are likely to be embroiled in high conflict interactions frequently and intensely, and thereby require more appointments and interventions by the PC. During the intermediary phase, when the PC can be more focused on teaching skills for resolving disputes and communicating more effectively, parents may be able to reduce their level of conflict and, therefore, require fewer parenting coordination interventions. Accordingly, in the maintenance phase of the parenting coordination process, parents may have integrated skills and tools for resolving their disputes more constructively, or have disengaged sufficiently, to allow for the PC to serve more as a periodic monitor and resource. In turn, this would further lessen the need for parenting coordination interventions and appointments.

Overall, the variable nature of the average duration of the PC process reported by both the mental health and the family law professionals did not point toward a specific “best” duration for the process. It may even be that the length of any process may have as much to do with the jurisdiction in which the PC practices as it does a personal or professional orientation to limit the process to a finite time duration. It is interesting, however, that the number of appointments scheduled was equally varied and did not differ by professional background. Most PCs reported utilizing a formal contract with their clients. Fee arrangements and experiences with the collection of fees seems to suggest that detailed professional service agreements between the PC and parents is a critical component of service provision used to set and maintain very clear boundaries.

The results of the survey appear to show far greater similarity in the responses of both mental health and family law professionals in almost every area of questioning. Both had a range of experience with high conflict cases, and both augmented their knowledge with training in mediation, domestic violence and parenting coordination. Given the similarities in training, it is perhaps not surprising that both sets of professionals perceived their casework as successful. It is interesting, however, that respondents from both groups perceived their own prior seasoning and experience with parenting coordination cases, rather than their disciplinary background or training, to have been most helpful in this regard. Respondents reported that the greatest deterrent to success, outside of what they believe are the intrinsic failings, inabilities or inadequacies of the clients themselves, was a lack of support from the court system.

There were very few robust differences of note between mental health and law professionals. PCs with mental health backgrounds reported a greater emphasis on coaching of negotiation skills in their work than family law professionals, while family law professionals were more likely than mental health professionals to report advocating e-mail communication directly between their clients with

copies sent to the PC. There was also limited evidence that mental health professionals may have used certain practices more selectively than family law professionals when faced with certain client caseloads. One association that was significant for mental health but not law professionals involved the frequency of obtaining releases to speak with coaches and teachers. This finding may reflect their professional differences; licensure requirements and ethical guidelines governing mental health professions call for formal releases, whereas law professionals are more used to requesting information through the legal process through subpoena or court examination.

Other disciplinary differences in correlations between clientele and practices, while few and far between, suggested a possible difference in response to a high proportion of Destructive Conflict cases in caseloads. There was more reported use of meetings with children, coaching of negotiation skills, and holding of meetings with each parent separately reported by mental health (but not law) professionals when carrying caseloads more inundated with high Destructive Conflict families. To the extent that this pattern is meaningful, it could signify a strategy of gathering more in-depth information in early sessions, or pursuit of differentiated means to enhance parental communication and the coparenting process. However, these differences duly noted, the overall impression from the data is one of relatively few disciplinary differences in overall practices, or in practices as a function of clientele characteristics.

LIMITATIONS

We present the data from this study, particularly those analyses in which we drew inferences from the data, principally for their heuristic value in stimulating follow-up work on effective practices and successful outcomes. The relatively small sample size—particularly for analyses contrasting mental health with family law professionals, carries with it an attendant risk for Type II error. The anonymous nature of the reporting does not allow us to track or establish whether there was any systematic response bias among the 31% of PCs who responded to the survey. The lone reason telephone sample PCs gave for not participating in the online survey was a lack of time to participate. We do know that the online respondents represented a nice blend of experienced and less experienced PCs, that they varied markedly in the average length of time during which they actively saw cases, and that they reflected the full spectrum of success in collecting fees from their clients. We also know that despite their defining characteristics, they varied little in how they saw clients at the outset of their work, and in the range of techniques they called upon in their work.

This said, the survey was able to shed little light on the micro-events of PC work that distinguished successful from unsuccessful cases; such advances are needed and will most likely result from more careful qualitative studies of both PCs and clients. Such work, on the drawing board for the next phase of this study, should involve both interview-based and, where possible, observational data as indicators of both process and outcome. Combined approaches will ultimately be needed, however, to test effectiveness quantitatively and aid in the drawing of causal inferences. Associations described in this report reflect concurrent data, and as such, causal relationships cannot be drawn. Hence we know, for example, only that when PCs with mental health backgrounds carried caseloads with a higher frequency of Triangulation, Destructive Conflict, or poor Cooperative Dialogue skills, they were more likely to believe that families were best served by parallel or disengaged relationships. We do not know whether the weight of so many high conflict cases led to this perception, whether the perception caused the PCs to estimate that their cases were higher in destructive conflict, or whether other factors were affecting both sets of reports. At this point, we also have no external indicator of the accuracy or merit of the mental health PCs' perceptions. Nonetheless, this linkage is of considerable conceptual interest and worth pursuing in subsequent work.

Finally, we believe it is important to emphasize that some of the responses in this first statewide study of parenting coordination may be specific to PCs in Florida. Research of this nature in other states may offer insight as to whether generalities can be made and whether, or how much, results of the survey might vary as a function of differences in the practice of parenting coordination in other locations.

IMPLICATIONS

Qualifications of parenting coordinators have been a great source of debate as programs in Florida and throughout the United States have been implemented. While there appears to be a consensus that experience and training in mediation and domestic violence are crucial, the requisite professional background for successful parenting coordinator remains unclear. After much deliberation, the AFCC Parenting Coordination Task Force provided in its Guidelines for Parenting Coordinators (AFCC PC Task Force, 2005) that the "PC shall be a licensed mental health or legal professional in an area relating to families, or a certified family mediator under the rules or family laws of the jurisdiction with a master's degree in a mental health field." Florida Statute 61.125 was based, in part, upon the recommendations provided in the AFCC Guidelines for Parenting Coordinators as they related to standardizing qualifications. The striking similarity (absence of significant difference) in the general responses of PCs defined as mental health or family law professionals by origin would seem to provide a case in support of that basic logic. Others currently developing new programs might be in a position to determine how utilization of these qualifications as the standard best practice compares to qualifications that differ according to statutes and/or rules in other jurisdictions or provinces.

Since the reports of practices by mental health and family law professionals in this survey were more similar than different, there may be value in exploring whether the qualifications of PCs can be expanded to include a greater variety of professional backgrounds. A larger, appropriately trained workforce would provide greater accessibility of potential service providers to parties in need. For instance, those in rural areas in Florida have been among the last to initiate programs because PCs were not available in their areas. Moreover, with a dearth of PCs available in some locations, some parents committed to the process have had to drive to far locations for the service, spending undue amounts of time as well as money associated with travel. Additionally, increasing the possible professional fields of those who might become PCs also increases the availability of providers where there are no conflicts of interest and less potential for dual roles with the parties. Those considering an expansion of qualifications might first wish to compare the process of parenting coordination in their area, or the statute or rule governing parenting coordination in their jurisdiction, if there is one, in order to ascertain if parenting coordination is practiced similarly to the way it is practiced in Florida.

We also note that among the 207 PCs eligible for this study, 140 PCs had formal training in a hybrid approach and integrated model of parenting coordination. The approach they trained in was developed specifically to include materials that could fill in gaps in the prior professional education of both mental health and family law professionals. The integrated model of parenting coordination (Carter & Harari, 2008) emphasizes the importance of a hybrid approach including both mental health and legal skills. It would be instructive to determine whether PCs who never had such training, which was not required in most circuits prior to October 2009, define the PC role and call upon interventions in a manner similar to those formally trained in a hybrid, integrated model.

The results of this survey underscored the role of PCs as educators regarding coparenting and child-related issues. Both mental health and family law professionals recognized the importance of educating parents about the harmful effects that their ongoing conflict has on their children. It appears that regardless of professional background, PCs perceive such a role as endemic to the practice of parenting coordination. For this reason, training of PCs should help them understand how best to use empirical social science data to inform parents of the varied and most effective options they have while coparenting their children. Researchers and professional organizations should be made more aware that dissemination of pertinent research is crucial to assist PCs and, accordingly, make the most effective use of their publications, trainings and conferences.

Finally, while it is interesting that as a group PCs believed that most of their cases had successfully met goals, we were able to call upon no corroborative evidence or external criteria to evaluate the veracity of their claims. Research has yet to establish the enduring benefits of parenting coordination as it pertains to the perceptions and behaviors of coparents. The intention of this Committee is to continue this study with a Phase II initiative, which will examine both interview-based and observational data. By identifying linkages between parenting coordination practices and

outcomes derived from the parenting coordination process, we hope to be in a better position to inform PCs of the skills and interventions that are among the best practices to employ in the parenting coordination process.

NOTE

1. In order to get a read on the representativeness of the PCs who took the time to respond to the online survey, the Committee placed telephone calls to the universe of PCs whose names appeared on the initial list of 207 to ask five questions about background and training. Successful phone contact was made with 36 PCs who had not taken part in the online survey. These contacts suggested that the online survey may have over-sampled law professionals and under-sampled mental health professionals; 83% of those with whom phone contact was successfully made identified themselves as mental health professionals, compared with 64% in the online sample. In all other respects, however, the professional credentials of the 36 participants in the phone sample reconciled well with the backgrounds of PCs who took the online survey (with respect to average years of experience, average number of career cases, and relevant training), thereby enhancing confidence in the representativeness of the online sample's experience and training data. As it turned out, the oversampling of law professionals may have been fortuitous as it enabled SPSS analyses comparing the two main professional domains in the PC field.

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