

Exploring Competency and the Role of the Mental Health Professional in
Interdisciplinary Collaborative Family Law:
What Do “They” Do?

by

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by

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This dissertation was submitted by Randy J. Heller under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment for the degree of Doctor of Philosophy in Family Therapy at Nova Southeastern University.

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Dedication

To Lexi

You are my inspiration, my motivation, and the impetus for everything that I do. I am so proud to be your mother. Your love and respect has kept me going through every challenge that has come our way. I only hope that my passion for my work has contributed to “making your life work.” I love you to the moon and back!

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Abstract

Interdisciplinary Collaborative Family Law (ICFL) is an alternative means of dispute resolution utilizing a specially trained team of family law, financial, and mental health professionals (MHPs) working together with couples to resolve issues related to the dissolution of their marriage, the co-parenting of their children, and the restructuring of their lives—without involving the court system. Macfarlane (2005) found that having an MHP involved in the process could prove useful; however, she identified potential challenges regarding the wide-range acceptance of the participation of an MHP, as well as with the implementation of the team model. Current research suggests that although there may be advantages to their participation, both attorneys and clients expressed concerns about the appropriateness, necessity for, and additional cost incurred by this practice (Lande, 2011). Additionally, there is a gap in the research substantiating how the MHP must join together with the Collaborative team to integrate the discipline-specific and shared competencies of the various professionals to ensure a successful process and positive client outcomes.

This qualitative research study employs a grounded theory methodology to explore the expectations that team members hold about competency and the role of the MHP in ICFL. Interviews were conducted with four “Pioneers” in the movement of Collaborative Family Law (CFL) and 25 multi-disciplinary Collaborative practitioners from across the United States and Canada.

A theory was developed from the findings: Success in ICFL is predicated on competent professionals from multiple disciplines (MH, Law, and Financial) who effectively develop and integrate their shared attitudes, complementary skills and

knowledge on the interdisciplinary team. In a subsequent comparison of this theory with the existing Protocols of Practice for ICFL and the domains of the Core Competencies outlined for mental health practitioners (Nelson et al., 2005; Sperry, 2010), the researcher identified the professional competencies required to deliver quality care in Interdisciplinary Collaborative Divorce. Recognition of these findings has the potential to set the standards for education, advanced training, and uniform practice, as well as lay the foundation for future research in this highly specialized field.

CHAPTER I: INTRODUCTION

As I entered the courthouse, the air felt dense and thick. Going through security, I found the tone and intensity of the people in this context daunting; policemen, lawyers, and others made everything about this environment appear *wrong* for handling family matters and relationships.

The long, narrow hallways seemed never-ending. When I arrived outside the judge's chambers, I saw the husband, his lawyer, and two witnesses sitting on a bench in one hallway, while the wife and her entourage were waiting around a corner on the other side. There was no interaction, no communication with each other; only tension that permeated the thickness of the air. Both groups welcomed me, each perhaps secretly hoping that I would weigh in on their side, as we waited to go before the judge. This is a typical scenario for a divorce in the court system, a traditional litigated divorce. However, the courts do not provide the best or only model for divorcing couples and for the future of families.

In preparation for this hearing, attorneys for both sides made numerous efforts to convince me that their position, their actions, and their goals were the *right* ideas. To my mind, each person's story made sense to him or her and in some ways even made sense to me. However, given the notion that these two parents were going to have to leave this courthouse and raise their children jointly, none of this made sense. I wondered how they could possibly raise their children together if the adversarial process required that they did not even speak to each other and made it necessary for them to have two attorneys and witnesses fighting to prove their point to a judge about what would be best for *their* children.

I had worked with these parents for several months prior to this daunting day, attempting to facilitate the development of respectful communication and co-parenting strategies between them. I educated them about child development, parenting in divorce, and the benefit of their building an amicable relationship for the advantage of their children and their future. I discussed with them the necessity of keeping the children out of the middle of their conflict and putting their anger and pain aside. I talked with them about the importance of doing this so they could share decisions about their children, whom I believed they both loved. I stressed the idea of *having peace instead of needing to be right*.

Over the months they worked with me, the parents seemed to understand this more and more. They appeared to be dedicated to coming together in the midst of their differences to parent the two children they brought into this world. This was the one thing they could hold onto from the now-shattered vision they shared when they married: raising healthy, happy children. Somehow, though, when they left my office and moved into the world of litigation, blame, and doubt, they lost sight of what could most impact their children for the rest of their lives.

I become emotional as I remember working with a beautiful little girl who was not yet four when her parents separated. At the time, she was living with her father in a hotel and visiting with her mother. When I asked her what it was like for her now that her mommy and daddy did not live together anymore, she jumped off my couch and ran to the doorway. She then ran back and forth between the couch and the doorway several times, increasing in speed as she did it until she fell to the floor in exhaustion. She looked up at me from the middle of the floor with tears and said, "I feel like a suitcase!" This

little girl's parents could not be together long enough to have a conversation about how to share their time with her. She clearly was suffering because of that.

For the sake of a better future for families such as these, I write about this research from my heart, through the eyes and mind of an adult child who was raised in the line of fire of my own parents' divorce war.

Through a Personal Lens

I was 12 when my parents were getting divorced, and I experienced all of the anger, the secrets, the guilt, and the shame. Who did I love more, believe more, trust more, and want to be with more? The answer was really neither! I remember feeling torn between them, not wanting to be with one for fear of alienating the other; not wanting to return from visits only to be confronted by the rush of questions, negative comments, and rage about a person that I was a part of. I used to wonder, "If they hated that person so much, they must hate a part of me too, because I'm a part of each of them."

Nearly 40 years later, as I research and write this dissertation, and each day as I work with families going through divorce, the scars of living through my own parents' divorce are ever-present. Back then, I wished there was a better way.

When I was 20 years old, I married my high school sweetheart. In my early thirties I had a miraculous baby girl and was determined to create a life for her that was different than any I had known. After 16 years together, however, my then-husband decided he "did not want to be married anymore." I was devastated by the idea of being divorced. More than that, I was distraught that I had brought my long-awaited baby girl into a world of divorce. I was afraid I did not know a better way. I was angry and I was hurting. I wanted him to hurt too.

I knew I did not want my daughter to suffer because of our misfortune. How could I set aside my emotions and do what was right for her? How could I create the space for her to be free to love us both? With all I had lived and all I had known, this was much easier said than done. Acting on what I knew was right did not happen immediately. I had to continually work at staying grounded and managing my distress, sadness, anger, and fear while letting go and realizing my baby was not solely my possession. She was ours to love, honor, and cherish, together, “till death do us part.”

Although I managed to outwardly set aside my rage in an attempt at sharing my daughter with her father—allowing and even encouraging overnight visits and attempting respectful interaction—a part of me didn’t feel ready to let it all go. There was no fighting over money and assets (because there were none of either). The only thing I had left to hold onto from the vision I had created was our child. I attempted to control the where, when, and how of the visits. I was also attempting to create a new life – a new vision – that he would not be a part of.

Whose Best Interest?

My daughter was nearly 2½ years old when I met my next husband. We were planning to move into a new apartment where we would begin a new life and manifest a vision that my first husband would not be a part of. My divorce agreement said that we had “shared parental responsibility,” and I was the primary custodial parent. I believed I was in control. The agreement also said that I had to allow and encourage visits, keep him informed about what I did with our daughter, and share decisions with him. It did not say that he had to know where we lived, be invited into our new home or into our new life.

Then came the moment of truth. Was I going to live up to the promise that I made to myself and to my daughter when she was four months old? Was I going to repeat the family patterns of high-conflict, rage, and distress that began with my maternal grandmother and grandfather? Or, was I going to put my hurt, anger, and pain aside and do what clearly was in the best interest of my daughter and create the space for her to grow?

At about 6:00 p.m. on a Sunday, I was going to meet my then ex-husband at our mutually agreed upon pick-up/drop-off spot, the local McDonald's parking lot. As I was taking my daughter out of her father's arms, she looked at me with her big brown eyes and said, "Mommy, I want Daddy to see my room!" My heart began to race and my eyes began to tear up as I looked into hers and into the eyes of the man who had shattered my dreams. This could be an opportunity for healing, for letting go. At that instant I decided to keep my promise and my dignity. I invited her father to follow us home. It was at that moment that I truly understood the meaning of *best interest*, recognizing that what was best for her could ultimately be best for all of us. I could now let go and move on.

Patterns

A few years later I remarried and spent the next ten years developing my vision of family, easily and happily sharing my daughter with her father, his second wife, his new baby—and all that came along with that. We were the epitome of yours, mine, and ours. We shared holidays, birthdays, celebrations, school events and extra-curricular activities, whatever was in her best interest. We sat in the same row at dance recitals; we even took family pictures together. We attended parent-teacher conferences, shared information, religious holidays, and birthdays; she thrived. In her mind she had two families that came

together to love and cherish her. To my mind, this was the way it was supposed to be ... until it wasn't.

As the years went on, I became acutely aware that although I had created the life and family that I wanted for my daughter, my marriage was not working. After much time spent in marriage counseling and intense efforts to make it work, I realized this was not going to be the reality. Because of the conflict that had ensued for many years between my then-husband and me, I feared that this would not end amicably. My daughter's step-father had now raised her with me from the time she was four-years-old. She was then thirteen and, in her mind, had two daddies. I was extremely anxious about ending this relationship and fearful of the impact it would have on my daughter. I hoped we could maintain the connection to the extended family we had developed over the years. I wanted to protect our financial future and thought I needed to seek guidance from an attorney. I believed we could benefit from counseling to help us to get divorced, but my husband would not be a part of that. He believed that since the process did not help us to remain married, it would not help us to become divorced.

Decisions and Non-Decisions

I was distressed and overwhelmed and was not thinking clearly. I was unable to make any good decisions at this point. I was not attending to what I knew from my experience could result from this kind of "protection," and did not listen to my own voice. Instead, I listened to the advice of an attorney who I thought had my and my daughter's best interest in mind. What I realized later was that how each of us defined my daughter's best interest was very different. Ultimately, our very acrimonious divorce case ended up in mediation with the constant threat of litigation. We finalized the mediation

agreement (outside of mediation at the valet stand of the hotel near our family residence), but we did not resolve anything. Unfortunately, our relationship ended there as well; not only mine and his, but also the relationship between him and my daughter, and the relationship between us all as a family. At mediation, my attorney instructed me not to speak to him, and I listened—quite ironic in a client-driven process that is supposed to promote communication.

I cannot fully blame my attorney for my passivity. At that time, I was plagued by all of the emotions flooding me from all of the past and present experiences in my life. I was frozen and unable to make any coherent decisions about my circumstances. I really needed someone to guide me toward managing my intense emotions and being able to think clearly. No one was helping me remain focused on what was most important: my daughter, our family, and the future of our family relationships. Since that day, my ex-husband and I have never spoken again. The family we had was destroyed. All of our promises were broken. I knew there had to be a better way.

Finding a Better Way

I reflect back on the couples that I have worked with over the years. Saddened by the reality that their marital relationship was not going to survive, they sought help from me to guide them through the transition into divorce. We would develop a plan for sharing their children, communicating about parenting and other child-rearing issues, and in some cases, how they wanted to handle financial matters. We would discuss: the recognition that their relationship did not have to end when their marriage did; the ways they would be together for important events in the lives of their children; how they would share birthday parties and other significant occasions; and how they would share their

children overall. They would often leave my office feeling that this “bad thing” was perhaps “less bad,” and that they were doing whatever they could to have a “good divorce” that would leave all of them in a place where they could move forward in their lives.

This seemed like a great solution until they would go back and review the plan with their respective lawyers. That is when things would fall apart. Inevitably, these clients would be counseled by their attorneys to *fight* for what was rightfully theirs. Ironically, all this created was a lose-lose situation for all, except possibly the attorneys who were profiting from their opposing client’s loss (Ahrons, 2007ab; Tesler, 2008; Webb, 2008). I wondered how to create a win-win situation instead.

I struggled with this dilemma. I began to think about the possibilities for the future of families if I were to team up with other professionals who had expertise in the law and finances and to work together with them and divorcing couples to move through the transition of divorce in a better way. To pursue this notion, I went on a search for like-minded professionals who were as passionate about this as I was.

My Quest for Alternatives

I attended conferences on the local and national level, took trainings, and joined both the Association for Families and Conciliation Courts (AFCC) and the International Academy of Collaborative Professionals (IACP). AFCC is an international organization of interdisciplinary professionals dedicated to the resolution of family conflict. AFCC members are judges, mediators, researchers, counselors, custody evaluators, court administrators, parent educators, lawyers, psychologists, academics, court commissioners, parenting coordinators, social workers, and financial professionals.

As stated on the AFCC website, “AFCC members share a strong commitment to education, innovation and collaboration in order to benefit communities, empower families and promote a healthy future for children . . . The ripple effect can be seen in courts and communities throughout the world” (AFCC, 2010).

The International Academy of Collaborative Professionals (IACP) is the umbrella organization for Collaborative Divorce professionals throughout the United States, Canada, and Europe. Members are from the legal, mental health, and financial community throughout North America and Europe, who join together to create client-centered processes for resolving conflict (IACP, 2010).

At my first AFCC conference in 2006, I discovered that others had already pioneered a movement called Collaborative Divorce. While Ahrons (1994) was writing *The Good Divorce*, Minnesota attorney Stuart Webb (with R. Ousky, 2006) and California attorney Pauline Tesler (with P. Thompson 2006, 2008) were pioneering a movement called Collaborative Family Law (CFL). Webb and Tesler believed that there was a better way. Both were litigating family law attorneys who had seen time and time again the devastation of families as a result of the adversarial court system that generated divorce wars. On January 1, 1990, Webb (2008) termed a new process: “Collaborative Law” (p. 156). He reflected: “I saw the possibility of creating a settlement specialty bar consisting of lawyers who would take cases for settlement only” (p. 157). According to DiFonzo (2009):

More than any other ADR process, collaborative practice aspires to alter the culture of lawyering by challenging the expectation that the lawyer’s role is to solve the client’s problems. Collaborative lawyers are engaged in shifting power

in the legal system from lawyers to clients. The goal is to empower clients to achieve the resolution they view as most appropriate. (p. 103)

In CFL, the attorneys experience a *paradigm shift* (Tesler & Thompson, 2006; Tesler, 2008; Webb, 2008). They “represent their clients as advocates with a collaborative mindset” (Webb, p. 158). These attorneys must believe that they will be able to settle these matters amicably or withdraw from the case at the threat of litigation. Webb points out that “the disqualification requirement is the engine that drives Collaborative Law. . . The disqualification provision provides the positive settlement tone and a check on the lawyers’ mind-set and activities” (p. 168).

Becoming Involved

I worked for almost two years on the IACP research committee. This committee was formed in 2005 with the expressed goals of identifying variations in conducting the process; professionals’ training and definition of roles; length, outcome, and cost of cases; determining client satisfaction with the Collaborative Practice Model and assessing the long-term effects of using this model with families. Initial research suggested that the numbers of satisfied participants implied that people thought this was a better alternative (IACP, 2010).

Working on the research committee led me to realize that in order to understand the ways in which this model of practice could be useful to professionals and clients alike, I would have to immerse myself in the process. For me, that meant reading the literature, developing relationships with “Pioneers” and professionals in the field, continuing to take trainings, attending practice group meetings, and participating on cases. Doing so allowed me to discover that the Collaborative Community needed more

information about how the mental health professional could be accepted as a useful and beneficial participant in the interdisciplinary process.

This process of exploration ignited my interest and desire to delve further. I believed we needed more rich descriptions of people's experiences; I wanted to understand precisely what made this a better way, as well as how implementation of the model might best be accomplished. I also hoped to gather more information about how the interdisciplinary team process worked, what was not working, and what would create the possibilities for success and more widespread acceptance of this model. Most of all, I wanted to explore how I, as a trained systemic thinker, could facilitate all of these parts coming together for the greater whole. I decided this would be my quest: my journey of collaboration, for clarification.

Becoming involved in this movement on a multitude of levels further solidified my belief in the potential of this process for promoting the future of families and relationships. I became engrossed in every aspect. I connected with other professionals in the field; asked questions and spoke about what I was learning; presented on this topic at local, state, and national conferences; joined community practice groups; and worked on as many cases as possible to gather as much knowledge and experience through *in vivo* learning as I could. This was only the beginning.

In continual conversations and brainstorming sessions, I found that the lawyers in our practice groups theoretically believe that including a mental health professional (MHP) on their team seems like a great idea: an ideal way to facilitate communication, promote peaceful resolution, and regulate emotions within and between the members of the divorcing couples and the team. They agree with the notion that an MHP could assist

parents in developing and implementing an effective parenting plan in order to share responsibilities and time with their children; they even go on to acknowledge that the financial aspects of a divorce are as emotional as all other aspects, if not the most highly charged, and they welcome the support of an MHP to facilitate conversations around these matters.

With all of that said, I continually noticed that many remain skeptical and are hesitant to offer this opportunity to their clients. A substantial number of attorneys suggest that their clients do not believe that they need the assistance of an MHP. One of many in a group of attorneys said, “They say they are not crazy, do not need it, and probably cannot afford it!” (E. MillerPonn, personal communication, July, 2008). In sum, it appears that although the other professionals see the potential value in our work, they continue to be uncertain about how to communicate that worth to their clients. Because of the ambiguity around our role, many professionals seem unable to explain how this service is not only beneficial, but necessary to the success of the process.

Searching for clarity and an opportunity to unify our practice, I became chair of the South Florida committee writing the Protocols of Practice for the MHP. I worked with a committee of four MHPs (three clinical psychologists, one of whom is also licensed as an MFT) and four family law attorneys, for almost a year, hashing and rehashing guidelines for appropriate implementation of the MHP in Interdisciplinary Collaborative Family Law (ICFL). We had numerous discussions about appropriate practice guidelines, facilitation of the team process, the specifics and delineations of our roles, and who should do what, when, and how. Our challenges centered around the tasks that were appropriate for the MHP in this role; the knowledge, skills, and attitudes that

were required and desired for the MHP to perform these tasks; and the legal and ethical dilemmas inherent in the team process. Because of the variations in our educational backgrounds, training, philosophical orientation and skills, we agreed on the necessity for each MHP to default to the guidelines set forth by their individual professional regulation boards when making decisions about ethical practices.

Several months later we attempted to propose these Protocols to the Collaborative Council of Florida for statewide adoption. The Collaborative Council is an interdisciplinary group of Collaborative practitioners from around the state who share information and ideas related to best practices. We found different views among participants in various parts of the state about uniform practice. In the interim, the legal community all over the United States, Canada, and many countries in Europe were seeking to establish a uniform practice for Collaborative Law. The Uniform Collaborative Law Act (U.C.L.A.) has been adopted in Utah, Texas and Nevada. It has also been introduced in Oklahoma, Ohio, the District of Columbia, and Tennessee (DiFonzo, 2009; IACP, 2010). Although the Uniform Collaborative Law Act oversees the practice of Collaborative Law in the legal profession, there still remain unclear guidelines about models of practice for the interdisciplinary team of professionals, including but not limited to the role of the MHP.

Understanding “Core Competence”: A Step Toward Uniform Practice

The movement toward alternatives is progressing, and my fervor has not diminished. However, when participating with different professionals on a multitude of cases, I have continued to experience a lack of understanding about what is the most competent way to participate in my role as an MHP in ICFL, as well as what is expected

of the MHP from the other members of the team. I also continue to be curious about who is best suited for this role by virtue of their theoretical orientation, background, and training. I explored both of these issues in this study.

Competency and the Role of the Mental Health Professional

When exploring the role of the Mental Health Professional (MHP) in ICFL, it appears necessary to more clearly define what is meant by the term “role.” For the purposes of this study, I suggest it is necessary to make distinctions between the role of the therapist in the therapy room and the therapeutic skill sets that are utilized by MHPs in the various processes of alternative dispute resolution, including but not limited to ICFL. There appear to be many similarities in the skill sets brought forth by MHPs in the role of therapist, the role of family mediator, and the MHP on the Collaborative team (Katz, 2007; Tesler, 2008; Tesler & Thompson, 2006; Webb, 2008). This will be further explored in Chapter II. Macfarlane (2005) and other proponents of CFL (Nurse & Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006; Webb & Ousky, 2006, 2008) suggest the potential benefits of the inclusion of a neutral MHP or “coach” in this process. In a review of the research that has been conducted to date, Lande (2011) suggested that although there might be some advantage to their participation, both attorneys and clients expressed concerns about the additional cost, necessity for, and appropriate use of MHPs in Collaborative cases. There is a gap in the literature when it comes to documenting the expectations that the team members hold for MHPs in their role on the team, as well as how to best integrate the MHPs into the process toward a successful outcome. There also appears to be divergent thinking about the implementation of the various models of practice for including an MHP on the team (Collaborative Law, 2005; Tesler, 2008; Tesler & Thompson, 2006; Webb, 2008).

My intention in conducting this study was to investigate the competencies that the members of the team look for when selecting an MHP to participate on the team, and to consider how these coincide with the core competencies set forth by the American Association of Marriage and Family Therapists (AAMFT) (Nelson et al., 2007) and Sperry (2010). (See Appendix A). Additionally, I examined how these competencies intersect with the already established Protocols of Practice from three regions across the country—Texas, the D. C. Metro Area, and South Florida (See Appendix B). I wanted to learn how all of the parts of the system come together to co-create a successful outcome.

Collaboration Seen Through a Systemic Lens

A cloud masses, the sky darkens, leaves twist upward, and we know that it will rain. We also know the storm runoff will feed into groundwater miles away, and the sky will clear by tomorrow. All these events are distant in time and space, and yet they are all connected within the same pattern. Each has an influence on the rest, an influence that is usually hidden from view. You can only understand the system of a rainstorm by contemplating the whole, not any individual part of the pattern. (Senge, 2006, p. 6)

Ideas of mutual influence, interconnectedness, and relationships are found throughout the family therapy literature. These concepts stem from Gregory Bateson (1972) and Don D. Jackson, John Weakland, Jay Haley, Paul Watzlawick, and Richard Fisch, who corroborated with Ludwig Von Bertalanffy's systems thinking as they began working with schizophrenics and their families, studying their *patterns of communication* (Lawson & Prevatt, 1999). Bateson's work contributed to this group's nonnormative, nonpathologizing view of their clients, and the perspective that all behavior makes sense in context. Lawson and Prevatt suggest that "in light of communication and systems

theory, the origins of problems were no longer sought intrapsychically but in the interaction between people” (p. 147).

Interdisciplinary Collaborative Family Law and systems theory share the same philosophy. It is based on the ideas of interconnectedness and relationship (Bateson, 1972; Webb, 2008): the notion that the sum of the parts is greater than the whole (Bateson, 1972; Rose, 2007), and the suggestion that if we listen to and utilize the multiple perspectives of individuals, build on the strengths and the expertise inherent in all of the various parts of the team, we can influence each other toward the greater good (Satir, 1985). In the development of this process and through her teaching, Tesler espouses these same ideas (P. Tesler, personal communication, July, 2010).

Interdisciplinary Collaborative Family Law is about envisioning possibilities (de Shazer, 1982; O’Hanlon & Beadle, 1997; Tesler, 2008; Webb, 2008). It combines beliefs about the client as the expert, a lack of judgment, and unconditional positive regard (Rogers, May, Satir, & Sasz, 1985; Tesler, 2008; Webb, 2008). This process takes into consideration the reciprocal interactions of family members, the significance of multigenerational family patterns, and the implications of triangulating a third party into a dyad to regulate and deflect the anxiety in the system (Kerr & Bowen, 1988, Tesler, 2008; Webb, 2008). It understands the benefits of attending to interactional cycles and helping people to creatively find a way to do something different (Tesler, 2008; Watzlawick, Weakland, & Fisch, 1974; Webb, 2008).

Interdisciplinary Collaborative Family Law provides empathy, compassion, and hope while focusing on the present, the future, and the discovery of solutions (de Shazer, 1982; O’Hanlon & Beadle, 1997; Tesler, 2008; Webb, 2008). It attends to the

significance of the co-construction of language to discover a more viable reality, with the understanding that as problems can be organized through language they also can be dissolved through language (Anderson & Goolishian, 1988; Gergen, 2009; Monk & Solomon, 2008). Interdisciplinary Collaborative Family Law sets the context for transforming relationships between and among people and their problems (Green & Flemons, 2004; Tesler & Thompson, 2006) by offering different ways for people to think about and manage the challenges they face.

Lankton (1987) discusses previous studies and reports that prominent researchers believed in the individual's potential toward growth. Erikson and Rogers (as cited in Lankton) state:

There is one central source of energy in the human organism. This source is a trustworthy function of the whole system rather than some portion of it; it is most simply conceptualized as a tendency toward fulfillment, toward actualization, involving not only the maintenance but enhancement of the organism. (p. 20)

Research suggests that as professionals from various disciplines begin to work together, they can share knowledge and skills that will be useful to each other and divorcing couples, as they promote personal growth and the restructuring of families (Monk & Solomon, 2008).

My historical, personal, and professional perspectives, as well as my curiosity related to divorce and its impact on families, led me to conduct this research study. Further, my belief, combined with the ideas of all the Pioneers in the multiple disciplines of this newly evolving field that the Collaborative process provides a better way, have provided the foundation for the goals and questions outlined in the following sections.

Purpose and Goals of this Study

The purpose of this study was to explore participants' experiences working in the interdisciplinary process of Collaborative Divorce in order to gain a better understanding of the knowledge, skills, and attitudes that deem an MHP competent to practice in this arena. Additionally, the relationship between the ideas of the Pioneers and professionals in this field hold about the competencies required of an MHP to engage in this work, the existing Protocols of Practice for MHPs, and the core competencies identified by the AAMFT task force (Nelson et al., 2007) and Sperry (2010) were investigated.

By documenting the experiences of the Pioneers and varying members of Collaborative teams, I developed a theory about *competency* of the MHP integrating into the Collaborative process in ICFL. It was my intention to utilize this theory as the basis for new guidelines for education, skill building, competency development, advanced training, and effective practice.

Overview of Chapters

In Chapter I, I discuss how my experiences with divorce on both a personal and professional level have influenced me and driven me toward “finding a better way” for families to move through and beyond this process. I also describe the purpose and goals of my study.

In Chapter II, I outline the various perspectives in the literature about the impact of divorce on children and talk about the history of the consequences of divorce litigation on children and families. I also depict the ways in which various forms of Alternative Dispute Resolution have been a positive step toward developing more beneficial outcomes and hope for divorcing families. Additionally, I highlight the intersection

between the legal, mental health, and financial communities who work with divorcing families to create possibilities for positive change in the divorce process.

Next, I portray the history and development of the movement of Collaborative Lawyering, CFL, and ICFL where the team approach has been introduced. Different perspectives on the skills that have been identified as necessary components for successful mediation and effective “lawyering” have also been offered. The current roles of the neutral MHP, coaches, and child specialists, as well as guidelines for the Protocols of Practice currently in place for MHPs participating in these various roles have also been described.

Finally, I explain the statutes regarding shared parenting and discuss the necessary components of a viable parenting plan. Notions of the ways in which an MHP can assist in the development of these plans have been included in this section for review. I continue with a brief history of the development of the core competencies for MHPs and explore the primary domains of these competencies (Nelson et al., 2007; Sperry, 2010). I discuss the way I utilize the domains of the core competencies as data to compare and contrast with the information provided by the participants when asked about their perspective about the role of the MHP in ICFL and the *competencies* that are required to meet the demands of that role (Nelson et al., 2007; Sperry, 2010).

In Chapter III, I present my methodology for exploring Pioneers’ and team members’ experiences and expectations when working with an MHP on the Collaborative team. I explain and justify my choice of utilizing a grounded theory methodology, combining the approaches of Strauss and Corbin (1998) and Charmaz (2006) to gather my data and explore my research questions.

In Chapter IV, I discuss my choice of participants, the way that I gathered and rigorously analyzed the data that emerged to formulate a theory about competency and the role of the MHP in ICFL. I present a data map that I created to guide me through this process and how that progression led to the development of this theory (See Table 5). The interview data is then presented to substantiate the theory that I developed about the role of the MHP in Interdisciplinary Collaborative Family Law and successful team practice.

Additionally, I identify how I attempted to ensure confidentiality and the ways in which ethical practices were followed. I explain how, throughout the research endeavor, I maintained an awareness of myself as the researcher. To that end, I have disclosed how I continually and critically examined my own role, potential biases, and influence in this research process. I repeatedly explain the way that I maintain awareness that my own experience of divorce as a child, spouse, therapist, family mediator, and Collaborative MHP impacted the questions I asked, my interpretations and responses to them, and development of the theory that evolved from the data I gathered. With that in mind, I have also discussed how all of these criteria and processes ensured the development of a sound qualitative methodology in this research study—its reliability, validity, confirmability, and trustworthiness—through the use of constant comparison of the data, member-checking, and peer debriefing (Charmaz, 2006).

Finally, I explain how I conducted a subsequent comparison to contrast the emergent themes from the interview data with the identified list of domains of the core competencies and with the Protocols of Practice for MHPs that were established in Texas, the D.C. Metro Area, and South Florida. By comparing these multiple

data sets, I explore the intersection between perceptions of competent practice in the field of mental health and the arena of ICFL. My conclusion is then presented with my interpretation of the implications suggested by the data.

In Chapter V, my discussion continues with the inherent strengths and limitations of this methodology, as well as implications for training, and the development of an advanced training to promote *competent* practice of the interdisciplinary team. I conclude with ideas about future possibilities for research and effective practices regarding the collaboration between attorneys and mental health and financial professionals to create an arena that may provide for the most positive outcome for all involved. Ultimately, it is my goal that the theory developed through this qualitative inquiry will help provide guidelines for competency development, advanced training, and uniform practice standards for the team in ICFL.

CHAPTER II: LITERATURE REVIEW

The Revolution of Divorce from War to Peace

The real and lasting victories are those of peace, and not of war.

– Ralph Waldo Emerson

There never was a good war or a bad peace.

– Benjamin Franklin

Beyond Surviving to Thriving: Does Divorce Have to Leave Scars?

Statistics show that the divorce rate has steadily increased since the late 1960s (Ahrns, 1994; Coontz, 2007, Maccoby & Mnookin, 1992; Pearson, 1999; Ver Steegh, 2008; Wallenstein & Kelly, 1980; Wallerstein, Lewis, & Blakeslee, 2000). As the divorce rate continued rising, states began adopting the principle of no-fault divorce and changing their laws related to spousal support, division of property, and child custody (Coontz, 2007; Maccoby & Mnookin, 1992; Pearson, 1999; Ver Steegh, 2008).

Varying perspectives emerged regarding child support, and states began to abandon the assumption that mothers should automatically be given physical custody of the children and fathers should be the primary source of financial support. States also began to abandon the perspective that fathers do not need to be involved in their children's care and that the mother would typically remain at home and not work while she cared for the children (Maccoby & Mnookin, 1992; Schoonmaker & Schoonmaker, 2008; Ver Steegh, 2008). Shifts in attitudes began to occur, and there was less shame and stigma attached to divorce (Maccoby & Mnookin, 1992).

In 1979, California was the first state to change its laws about child custody by imposing arrangements for joint custody. These changes created a need for researchers to

examine and report about the potential benefits of co-parenting in divorce for the future of children (Ahrons & Rodgers, 1989a, 1989b; Ahrons, 1994, 2004, 2007; Arditty & Prouty, 1999; Bernstein, 2006; Clarke-Stewart & Brentano, 2006; Cowan & Pruett, 2007; Eldar-Avidan, Haj-Yahia, & Greenbaum, 2009; Emery & Emery, 2008; Gamache, 2005; Hetherington & Kelley, 2002; Karph & Schatz, 2005; Kelley, 2007; Maccoby & Mnookin, 1992; Maldonado, 2008; Portnoy, 2006; Schatz, 1999; Ver Steegh, 2008; Tesler & Thompson, 2006; Wallerstein & Blakeslee, 1989; Wallerstein & Kelly, 1980; Wallerstein, Lewis & Blakeslee, 2002).

In the early 1970s, psychologists and researchers Judith Wallerstein, Julia Lewis, and Sandra Blakeslee (2002) began to study the effects of divorce on children. They studied a group of 131 children from 60 families who were going through the divorce process over a period of 25 years. In their book, *The Unexpected Legacy of Divorce: A 25 Year Landmark Study*, they reported that children will experience severe emotional and behavioral problems during the separation period and aftermath of divorce, and that there will be long-term negative consequences resulting from divorce. The results of this study were daunting and left traces of hopelessness for the individuals and families experiencing divorce (Ahrons, 2007).

Wallerstein et al.'s (2002) study has been widely criticized by some because of its focus on negative findings (Ahrons, 2007; Hetherington & Kelly, 2002). Additionally, the findings were based on a sample of families with a significant degree of psychological problems and mental illness at the time of the study. There were also no control groups of intact families, which led critics to suggest there was no way to glean whether the severe disturbances in these children were a result of their experience of

divorce or because the sample consisted primarily of parents with an existing diagnosis of psychopathology (Ahrons, 2007; Hetherington & Kelly, 2002; Kelly & Emery, 2003).

Wallerstein and Kelly (1980) suggest that children and adolescents experience distress during the divorce process and beyond. They punctuate, “The family rapture evoked an acute sense of shock, intense fears, and grieving which the children found overwhelming. Over one half of the entire groups were distraught, with a sense that their lives had been completely disrupted” (p. 35). Kelly (with Emery, 2003) suggests that because of the sample, data collection, and methodology utilized by Wallerstein et al., “sweeping generalizations” could not be accurately made (p. 360).

In their book *The Unexpected Legacy of Divorce*, Wallerstein et al. (2002) also imply that children will carry this distress into their adult relationships. Wallerstein points out:

A central finding to my research is that children identify not only with their mother and father as separate individuals, but with the relationship between them. They carry the template of this relationship into adulthood and use it to seek the image of their new family. (pg. xxxix)

Conversely, many studies indicate that the long-term outcomes for children of divorce do not have to be so daunting. Alternative perspectives suggest that constructive, respectful communication, which leads to less conflicted relationships between divorcing couples and more stable co-parenting agreements between parents after divorce, can result in lasting and positive interactions between children and their parents, and that children are not predisposed to aberrant behavior and conflicted relationships in their future – specifically divorce (Ahrons, 1994, 2004, 2007; Ahrons & Rodgers, 1987;

Arditty & Prouty, 1999; Baum, 2003; Bernstein, 2007; Clarke-Stewart & Brentano, 2006; Cowan & Pruett, 2007; Eldar-Avidan, Haj-Yahia, & Greenbaum, 2009; Emery & Emery, 2008; Gamache, 2005; Hetherington & Kelley, 2002; Karph & Schatz, 2005; Kelly & Emery, 2003, 2007; Maccoby & Mnookin, 1992; Maldonado, 2008; Nurse & Thompson, 2006; Portnoy, 2006; Schatz, 1999; Tesler & Thompson, 2006).

In 1972, Hetherington and Kelly (2002) began to study children of divorcing families in a two-year project with pre-school aged children. They reported in their book, *For Better or For Worse: Divorce Reconsidered*, that “after two years, something unexpected happened. The 72 men and women in [the] divorce group began to remarry and form stepfamilies, and the 72 married couples began to divorce” (p. 12). This implies that families are constantly evolving and are not pre-destined.

Hetherington went on to expand her study and followed these families for more than two decades. She studied children of all ages, partners, married and divorced couples, and stepfamilies, as well as the adult relationships of children of divorce. She compared these participants with intact families. Although a normative comparison, Hetherington’s research began to create a new story about divorce that was not focused on pathology and despair (Hetherington & Kelley, 2002). Her findings supported others who discovered information not only about the distress and challenges associated with divorce, but with exemplary ways that the participants in her study managed and dealt with those challenges (Hetherington & Kelly, 2002; Nurse & Thompson, 2006; Tesler & Thompson, 2006).

Hetherington (2002) attempted to debunk some of the common myths about divorce and create stories that implied hope and possibility. She suggests, “Divorce is too

complex a process to produce just winners and losers . . . People adjust in many different ways, and these patterns of adjusting change over time” (Hetherington & Kelley, p. 5).

Maccoby and Mnookin (1992) set out to study the divorce process itself, as well as the feelings about the decisions made during that time with approximately 1,100 California families. They explored circumstances such as the division of parental responsibility, custody and visitation, legal conflict, co-parenting relationships, and how these situations were being handled. The findings of this study set the context for the changing needs of families in divorce and the need for revisions in the system. Ultimately, these researchers discovered that there is no ideal way for families to be divided, “no cookbook recipe for an ideal arrangement applicable to all, or even most families” (Maccoby & Mnookin, p. 296). What these results did suggest however is the considerable need for families to be provided with the opportunity to work together with professionals to create the solutions that are going to fit and work for them, and not be decided by others outside of their system. The adoption of various forms of alternative dispute resolution has been a movement in that direction (Lande & Herman, 2004; Pearson, 1999).

Constance Ahrons (2004) drew from the information in both Wallerstein et al. (2001) and Hetherington and Kelley’s (2002) studies and conducted a longitudinal study following families for 20 years after divorce. Although much of the information is outdated, what remain unchanged from the findings in the research are the notions that families in divorce will experience distress; however, families who work together with each other and professionals to create the most amicable circumstances through this time can, and do, emerge stable (Ahrons, 2004, 2007; Hetherington & Kelley, 2002; Karpf &

Schatz, 2005; Schatz, 1999; Wallerstein, 2000). The information gleaned from these studies forged the understanding of parents and professionals alike that parents can work together to develop relationships that benefit their children post-divorce (Schatz, 1999).

Being Together: For the “Children’s” Sake

Schatz (1999), building on the research of Ahrons (1994; 1996), studied the collaborative post-divorce, co-parenting relationship of four couples. This research revealed significant results about these couples and their ability to separate their parenting issues from their marital issues in order to function as effective co-parents for the benefit of their children. The stories of these couples illuminated the possibilities for families to remain families after divorce. Schatz suggests that it is necessary to look at the divorce process and the way it encourages or discourages setting the tone for effective co-parenting and a different kind of relationship between divorced parents. Schatz asserted that “information gleaned from [the] study could be utilized by family therapists to help divorcing couples structure their co-parenting partnerships and to define joint-related goals” (p. 152). She went on to state that “the way in which parents communicate with each other often defines their relationship” (p. 152).

Ahrons (2004) interviewed more than 200 adults, ranging in age from 21 to 47, whose parents and step-parents she had interviewed 20 years prior, during their divorces. Ahrons emphasized:

Not only did these adult children survive their parents’ divorce, the vast majority of them thrived, despite the upheavals that are common in the early stages of

parental divorce. The majority told us that they felt that their families were normal and their relationships with each of their parents had actually improved. (p. xvi)

Ahrons (2004) discusses the outcomes of her longitudinal study from years past, which provide significant information on children's perspectives. She points out that of great importance to adult children in her study was their perception that they had wished they had provided more input about the visitation arrangements. These findings are consistent with research cited in Kelly (2003), suggesting that children's experiences of divorce were more positive if they perceived that their voice was heard and that they had a role in the decision-making process.

In her introduction to a special issue on divorce in *Family Process*, Ahrons (2007) reiterated the idea that "parents were actually capable of sharing parenting after divorce" (p. 3). According to Ahrons, the earlier literature was filled with reports from mental health professionals and attorneys "presenting divorced parents as battle-scarred warriors who were incapable of having a civilized relationship" (p. 3). She went on to note the suggestion from the legal and mental health communities that "an ongoing relationship between ex-spouses was considered pathological" (p. 3).

In this introduction, Ahrons cited Kressel and Deutch (1977), who published an article reporting on an in-depth survey of the attitudes toward divorce held by therapists, lawyers, and clergy. The findings of this study revealed a "general distrust of the ex-spouses' continuing involvement with each other . . . largely on the grounds that such attachments reflect separation distress . . . and they drain emotional and physical energies that would more productively be spent in forming new relationships" (Ahrons, 2007, p. 3). Ahrons suggests that on the contrary, continued relationships are beneficial to the

divorced couple and the children. She points out that the ability of divorced parents to establish a supportive, low-conflict parental unit will impact positively families throughout their lives. She explains that most divorcing parents do not accurately perceive the long-term impact a contentious divorce can have on their children.

According to Ahrons (2007), therapists can help divorcing parents to broaden their image of their post-divorce family, set goals, and be hopeful. She states, “It can be a powerful intervention to ask each parent to imagine some years ahead and envision some future event like a graduation or a wedding of a child and then to ask them how they will participate in that shared happy occasion” (p. 62).

In an article about children’s potential for resilience in divorce, Kelly (2007) discusses *protective factors* ameliorating risk for children of divorce that include competent and warm parenting, absence of depression and other psychological disorders in parents, lower conflict, and certain aspects of living arrangements after separation.

Coming Around Again

Of late, there is a significant body of literature that documents childrens’ resilience after divorce because of their parents’ positive interactions (Ahrons, 1994, 2004, 2007; Ahrons & Rodgers, 1989a, 1989b; Arditty & Prouty, 1999; Baum, 2003; Bernstein, 2007; Clarke-Stewart & Brentano, 2006; Cowan & Pruett, 2007; Eldar-Avidan, Haj-Yahia, & Greenbaum, 2009; Emery & Emery, 2008; Gamache, 2005; Hetherington & Kelley, 2002; Karph & Schatz, 2005; Kelley, 2007; Maccoby & Mnookin, 1992; Maldonado, 2008; Nurse & Thompson, 2006; Portnoy, 2006; Schatz, 1999; Tesler & Thompson, 2006). Research also suggests that when parents interact in an amicable way, the children’s relationship with their fathers improve (Ahrons, 2007;

Cookston, Sanfordi, Braver, William, Griffin & DeLusel, 2006; Pearson, 1999). In a study conducted by Cookston et al. (2006), non-custodial fathers were provided with group and individual counseling as well as parent education in the Dads for Life project (DFL) for two years after divorce. Both mothers and fathers reported reduced interrelational conflict as well as improved relationships between non-custodial fathers and their children.

Interrelational conflict has also been known to lead to familial patterns of conflict and violence. Elrod (2001) reports research that shows that children exposed to violence and high levels of conflict “bear an acutely heightened risk of repeating the cycle of conflicted and abusive relationships as they grow up and try to form families of their own” (p. 497).

Eldar-Avidan, Haj-Yahia, and Greenbaum (2009) conducted a study with 22 young adult Israeli children of divorce (20-25 years old) whose parents divorced during their childhood, and explored the factors that led to resilience, survival, and vulnerability for these individuals. The most significant indicators of a positive outcome for these adult children was the relationship that they held with their parents and the degree to which their parents took responsibility for providing a stable environment for them growing up. This study provided implications for mental health professionals to facilitate positive interactions between divorcing parents in order to aid in the future adjustment of their children.

Till Death Do We Part: Together in Divorce

Though force can protect in emergency, only justice, fairness, consideration and cooperation can finally lead men to the dawn of eternal peace.

–Dwight D. Eisenhower

There are three ways of dealing with difference: domination, compromise, and integration. By domination only one side gets what it wants; by compromise neither side gets what it wants; by integration we find a way by which both sides may get what they wish.

–Mary Parker Follett

Susan Gamache (2005) wrote about four ways to get divorced. She described the “Kitchen Table Divorce,” referring to spouses who are able to “sit around the table and work out the details of their divorce without any professional advice or support” (p. 6). In this approach, couples work without attorneys, and in most cases there is minimal conflict coupled with ability for parents to resolve issues and be able to parent their children in an amicable way. The alternative approaches she refers to are litigation, mediation, and Collaborative Divorce. Gamache contends, “Collaborative Practice provides a fourth alternative in the dispute resolution continuum” (p. 6).

The Casualties of Divorce War: The Case Against Litigation

Abraham Lincoln (1850) in his “Notes for a Law Lecture” advises young lawyers: Discourage litigation. Persuade your neighbors to compromise whenever you can. Point out to them how the nominal winner is often a real loser—in fees, expenses, and waste of time. As a peacemaker, the lawyer has a superior opportunity of being a good man. There will still be business enough. (p. 327)

Emery and Emery (2008) punctuate that courts do not intervene in decision-making for married parents because of the negative impact on the individuals and the children. They suggest that courts consider the benefits of alternative dispute resolution and the detrimental impact on children's psychological well-being when allowing parents to litigate. They further suggest that litigation diminishes the opportunity for parents to cooperate.

Ahrons (1994) discusses the ramifications of litigation. She writes in her book, *The Good Divorce*:

The American way of divorce is war by proxy. Steeped in the stereotypical model of fiery-foes, each spouse hires a gladiator to do battle for them—a litigator. Those battle-hardened warriors treat spouses as angry enemies who need protection from the tricks and maneuvers of their ex-partners. (p. 178)

Litigation thwarts the communication process. The members of a couple will talk through their attorneys and make accusations and demands of each other, which intensifies their anger and continues to intrude on the welfare of their children. One of the major consequences of litigation is that ultimately the decisions about the presenting issues will be made by a judge and may not be what either parent might want. The parties give up all control over the process and must live their lives by the decisions made by a judge who may not know anything about them or their children (Hedeen & Salem, 2006; Pruett & Jackson, 1999; Tesler, 2008; Tesler & Thompson, 2006; Webb, 2008). With this loss of control, increased conflict, and lack of privacy also comes a loss of dignity and self-respect. The impact of litigation can be financially and emotionally devastating and destroy the future of family relationships (Macfarlane, 1997; Pruett & Jackson, 1999;

Pruett & Arthur, 2007; Tesler, 2008; Tesler & Thompson, 2007; Webb & Ousky, 2006; Webb, 2008).

In the pilot project, *The Culture of Litigation*, conducted by Pruett and Jackson (1999), the experiences of 41 parents and 22 children from 10 Connecticut towns who had gone through a litigated divorce were examined. The researchers also explored the perspectives of the attorneys and MHPs who had worked with these families. As part of a larger research project, Pruett and Jackson (1999) conducted interviews with these participants and utilized a grounded theory methodology to identify themes about their experiences in the legal process. Although they interviewed a socioeconomically diverse population, the results were consistent and predominantly negative. They pointed out, “parental comments exuded disappointment, disillusionment, and frustration that permeated across all aspects of the divorce process . . . “ (p. 294). Pruett and Jackson (1999) go on to explain, “Thirty-four percent of the parents said that no aspect of the legal process helped bring about resolution, with the most prevalent feelings being that the process left parents out of the decision making and fueled anger and conflict between the parties” (p. 295). The authors cited a quote from a parent:

It’s a business . . . After everything was pretty much decided we were given the results of the process. We weren’t included in the process. I would have liked to have been asked to sit in the room, to go into chambers with them. It’s my life and I’m paying for this process. I would have liked to have been included. (p. 297)

According to Pruett and Jackson (1999), findings suggest that “existing feelings of distrust and conflict were exacerbated by the legal process in a manner that was described as ‘putting salt on the wounds’” (p. 298). The participants in the study reported

that their attorneys were pitting them against one another, which led to a lack of trust and increased conflict. Pruett and Jackson (1999) state:

The role of attorneys was perceived as contributing to parental rivalry and conflict by encouraging less communication between parents. According to the parents, they were told not to communicate directly, but rather to speak through their attorneys in order to reduce manipulations by the other party. (p. 298)

Pruett and Jackson (1999) also point out that more than a quarter of the sample did not perceive the litigation process to make things worse, just that it did not do anything to make it better. Parents in this study reported the difficulty that they experienced in attempting to co-parent with ex-spouses that they were not speaking to. Pruett and Jackson cite Wolman and Taylor's (1991) research, which punctuates the detrimental impact on children whose parents had an adversarial divorce. Wolman and Taylor's research suggests that psychological effects on the child can persist with sufficient severity to require psychotherapy or medical treatment five years after divorce disputes, and further contends that that children of a litigated divorce will (a) either consciously or unconsciously develop an involvement in their parent's marital hostilities, (b) engage in parent-child role reversals, (c) have increased stress from living in a situation for a long period of time where the parents and the children have little control over the legal events, (d) develop confusion resulting from two parents who have very different views of reality, and (e) develop disillusionment that accompanies the discovery that many family values that have been taught have no bearing on the current situation.

Pruett and Jackson (1999) go on to state that "although, these circumstances can occur in intact families, the litigation process can and will exacerbate existing

circumstances” (p. 285). Ten years later, Elrod (2001) cites qualitative and quantitative research conducted over the past 30 years and summarizes:

Highly conflicted custody cases are detrimental to the development of children, resulting in perpetual emotional turmoil, depression, lower levels of financial support, and a higher risk of mental illness, substance abuse, educational failure, and parental alienation. (p. 510)

Baum (2003) conducted a study with 50 couples in Israel and identified a correlation between the initiation and responsibility for the divorce, the degree of difficulty and duration of the process, and a negative impact on the co-parenting relationship. It is not uncommon for people, especially parties who have been embroiled in contentious divorce proceedings, to return to court for enforcement issues or modification of the terms of the divorce decree (Tesler, 2008; Webb & Ousky, 2006; Webb, 2008).

Ahrons (1994) commented on the attorneys’ responsibility for these consequences:

Although I would like to see the adversarial process replaced by a more cooperative, spousal decision-making model, I don’t blame the lawyers themselves, or even the legal profession. They are only responding to our social norms. (p. 179)

Ahrons (1994) asserts, “The legal profession as a whole will not take the lead in stopping this vicious cycle; they are not about to give up this lucrative specialty called family law” (p. 179). To her apparent dismay, Ahrons suggests that the only ones who could change this cycle are the spouses themselves, which would lead the lawyers to

discard the traditional model. She says, “They’ll either leave the specialty of family law or redefine it with more family-enhancing models of dispute resolution” (Ahrons, 1994, p. 179). Resulting from their research, Pruett & Jackson (1999) followed Ahrons’ suggestions and said, “Change in the system will require that all participants re-examine their role and that attorneys do so against the backdrop of their responsibilities to their client” (p. 308).

Pauline Tesler (2008), co-founder and first President of the International Academy of Collaborative Professionals, and a prominent writer and trainer, points out that The California Family Code (4271) states that Collaborative Law:

...allows the family law court to base an award of [an] attorney’s fees and costs on the extent to which the conduct of each party or attorney furthers or frustrates the policy of the law to motivate settlement of litigation by encouraging cooperation between parties and attorneys. (p. 139)

She goes on to cite Supreme Court Justice Warren Burger, who urged lawyers to become healers, not warriors, saying, “The obligation of our profession is, or long has been thought to be, to serve as healers of human conflict” (as cited in Tesler, 2008, p.139).

Responding to the Call for Change

Since the early 1970s, family law has transformed its approach of pitting one party against the other to a more collaborative approach (Hedeen & Salem, 2008; Herrman, 2006; Lande & Herman; 2004; Macfarlane, 1997; Schoonmaker & Schoonmaker, 2008; Tesler, 2008; Ver Steegh, 2008; Webb, 2008). Over the past several decades, alternative methods for resolving disputes have been adopted by many. Most states now require that

parties mediate their cases before they are able to get a hearing in court (Lande & Herman, 2004). There are several different intervention options for lawyers and their clients to choose from (Hedeen & Salem, 2008; Herrman, 2006; Lande & Herman, 2004; Macfarlane, 1997; Schoonmaker & Schoonmaker, 2008; Tesler, 2008; Ver Steegh, 2008; Webb, 2008).

Recent research explored the preparation of lawyers and their ability, skill, and desire to engage in alternative dispute resolution processes (Hedeen & Salem, 2006; Scott, 2008, Ver Steegh, 2008). O'Connell & DiFonzo (as cited in Ver Steegh, 2008) point out:

Today's family lawyers need a thorough understanding of many issues and practices that traditional family law courses rarely touch upon. Among these are the appropriate—and inappropriate—uses of dispute resolution processes, new case management techniques in the family courts, the key roles played by professionals from other disciplines in the court system, and current research on the effects of conflict and loss of parental contact on children. (p. 667)

In an attempt to gain more insight into the preparation of lawyers for these emerging needs, an online survey was conducted of more than 600 lawyers, law professors, and students from various universities and organizations addressing questions about skill, training, and practice development (Hedeen & Salem, 2006). The analysis of the survey and results suggest that all participants prioritized interpersonal, negotiation, and collaborative skills as necessary to possess. The responses also suggest that more attention needs to be paid to ethical development when educating law students. Additionally, Hedeen & Salem (2006) note that there were distinctions between law

students, professors, and practicing attorneys. It appeared that the students valued a “win-at-all-costs mentality” and depicted less of a concern for clients’ emotional issues and involvement in decision making” (p. 6). The source of these values was not clear from the research.

Mosten (2009) discussed values that lawyers who prioritize peace possess:

A peacemaker is one who makes peace, especially by reconciling parties in conflict. Reconciliation is defined as restoring or creating harmony in the family. Family lawyer peacemakers come from all backgrounds, have very diverse personalities, and offer services ranging from litigator to parent educator. Being a peacemaker is not defined by what role one plays in helping families but by how one provides for reconciliation and harmony in interactions with clients, colleagues, opposing parties, children and other members of the family, judges, court staff, witnesses, experts, and many others. (p. 492)

One Step Toward a Better Way: Wanting Peace Instead of Needing to be Right Mediation as a Peaceful Alternative

Macfarlane (1997) suggests that mediation emerged out of the outpouring of research on the damaging effects of litigation and led to the realization that legal standards do not provide perfect solutions for people whose lives are severely disrupted by divorce. Walker (as cited in Macfarlane, 1997) says:

The case for family mediation in most countries has rested on two claims: firstly, that it provides a more cost-effective way of settling disputes; and secondly, that it reduces conflict, improves communication, and so positively impacts on those experiencing family breakdown. (p. 62)

The goal of family mediation is to negotiate and resolve matrimonial issues between disputing parties by means of a neutral third party (Katz, 2007; Kovach, 2001; Lande & Herrman, 2004; Macfarlane, 1997; Ver Steegh, 2008; Walker & Hayes, as cited in Herrman, 2006;). Mediation is a client-centered, self-directed process whereby all of the decisions are made by the participants and memorialized in a written agreement that is legally binding (Ver Steegh, 2008). Ver Steegh (2008) cites *The Model Standards of Practice for Family and Divorce Mediation* and describes mediation as a voluntary decision-making process whereby a neutral third party facilitates communication, understanding, and resolution as s/he explores options with participants to reach a settlement.

Many states require that parties attend mediation prior to a court hearing, particularly in cases involving children (Lande & Herrman, 2004). Katz (2007) conducted a review of the mediation literature over the past 20 years and found that family mediation was consistently successful in resolving custody and access disputes and comprehensive divorce disputes with a high degree of client satisfaction in both process and outcome measures (p. 15).

In a review of the research, Kelley (with Emery, 2003) punctuated the benefits of mediation for reducing parental conflict both in the immediate and in the future. Additionally, the results of their research suggested that reduced conflict between parents led to improved parent-child relationships, more specifically the relationships between children and their fathers.

Emery, Sbarra and Grover (as cited in Katz, 2007) conducted a 12-year longitudinal study comparing mediation and litigation and found that, in the sample

studied, mediation led to long-lasting benefits for the relationships between the parents and their children.

Pioneers of family mediation traditionally became involved in the field to protect the best interests of the children (Walker, 1997). In the 1980s, a study on the effectiveness of mediation showed that although it proved successful for settling disputes between divorcing couples related to their children, challenges remained regarding couples' ability to settle matters related to finances and the division of property. As a result of this project, it was recommended that mediators not only handle issues related to children, but that they handle all other matters as well (Walker, 1997).

Numerous researchers have studied the necessary skills for effective mediators (Herrman, 2006; Herrman, Hollett & Gale, 2006; Raines, Hedeem, & Barton, 2010). In a review of the literature conducted by Raines et al. (2010), the general conclusions were that among many things listed, developing rapport, showing respect, compassion, empathy, caring, neutrality, integrity, and trustworthiness are significant aspects of successful outcomes. Much of this research cited suggested that the personality characteristics inherent in the mediator led to positive outcomes as well.

A mediator/research team involved in the Mediator Skills Project (MSP) explored the meaning of effective mediation as well as the behavioral manifestations of effectual mediators. This team reported a lack of consensus about the circumstances that lead to successful problem solving (Hermann, Hollett & Gale, 2006).

The researchers in the MSP proposed a model that explores a multitude of factors and variables that could lead to useful training, practice, and further research in the field of mediation. The project looked at three factors in successful mediation: (a) the

negotiators' mindset, (b) the process used, and (c) the goal or end product. Their model investigated the personal characteristics of the disputants and the mediator; their beliefs and attitudes, as well as antecedent and procedural circumstances involved in the mediation. Researchers also looked at outcomes from a multitude of perspectives. Hermann et al. (2006) suggest that all of these factors and the relationships between them are significant when analyzing the effectiveness of a mediation program.

Kelley and Emery (2003) noted that among the hierarchy of interventions available that strive toward peaceful resolution are education programs for parents and children, divorce mediation, Collaborative Lawyering, judicial settlement conferences, parenting coordinator or arbitration programs for chronically litigating parents, and family and group therapy for children and parents (p. 380).

A need for more research on these types of alternative dispute resolution is evident. At present, only mediation appears to have a body of research supporting the benefits of collaborative efforts to divorcing and divorced families (Emery, Kitzmann, & Waldron, 1999; Kelly, 2007, 2000; Kelly & Emery 2003).

According to Katz (2007), although mediator skills and those of a family therapist may perhaps be similar in nature, there are "real differences between the professions" (p. 94). Katz proposes:

Mediators are trained to identify and organize the topics at hand; provide basic legal information (without giving legal advice to either one against the other); ensure that the mediation supports each person's understanding of the issues; generate options for consideration; and establish and maintain a balanced and respectful process to reach a workable agreement. (p. 94)

Tesler (2008) commented on the differences in the practice of mediation and Collaborative Law. She said, “For many traditional family lawyers and mediators who have not had experience with it, Collaborative Law looks to them a lot like what they are already doing” (p. 99). She went on to point out that “...some mediators in conversation about Collaborative Law assert that they can do exactly what Collaborative lawyers and Collaborative divorce teams do but more quickly and with less expense” (p. 99).

Contrary to that notion, Tesler (2008) expanded on this distinction. She pointed out that in mediation there is one neutral mediator working alone in meetings with the couple to help them reach an agreement. The mediator provides no legal advice and no advocacy. Individuals participating in mediation must get legal advice outside of the mediation process from independent attorneys who are not part of the conflict resolution process. Tesler suggests that mediators are not fully aligned toward settlement because there are no consequences for them if they don't reach settlement.

Many Collaborative lawyers perceive that mediation is simply a step before litigation in which the parties are provided with no advocacy and no communication skills or problem solving skills development that will extend after the divorce process (Tesler 2008; Tesler & Thompson, 2006; Webb, 2008; Webb & Ousky, 2006). According to the Pioneers of this practice, Collaboratively trained attorneys experience a “paradigm shift” in the way they advocate for their clients. Although it is not aggressive, it takes into consideration multiple perspectives, and considers a “win/win” not a “winner takes all” approach to resolution (Tesler, 2008, p. 127). The following is an excerpt from a chapter discussing these distinctions. In the chapter entitled “New Skills for the New Advocacy,”

Tesler (2008) writes:

So what do advocates bring to the process? If we use the above definition of outcome, our role takes on a number of functions:

- Working individually with a client
- Educating the client
- Assisting a client to articulate and prioritize her needs
- Giving legal advice
- Building a good relationship with the other advocate
- Facilitating process
- Co-managing the four-way meetings with the other advocate
- Identifying when independent, objective criteria are needed and developing processes for gathering them
- Exercising self-awareness so that we do not become the problem
- Offering process-specific skills
- Empathetic listening
- Moving from debate to dialogue
- Reframing
- Creating space (see p. 127)

Collaboration–Mediation: What’s the Difference?

The Emergence of Collaborative Law

Collaborative Law is an emerging field, and as the movement continues to grow, more research is needed to fully explore the process. As this approach has become more widely utilized, scholars and practitioners have been trying to create parameters and definitions that are applicable to the practice, in order to distinguish it from other forms of alternative dispute resolution.

Mosten (2009) asserts that there are many similarities between the two processes. Both processes are client-centered and encourage participants to make their own decisions. Both encourage negotiation, communication, flexibility, and creativity. There are, however, significant distinctions between the Collaborative Divorce Process and mediation (Lande & Herman, 2004; Tesler, 2008; Tesler & Thompson, 2006; Ver Steegh, 2008; Webb, 2008; Webb & Ousky, 2006).

In Collaborative Family Law (CFL), each member of the couple is represented by his or her own attorney. Tesler (2008) states, “Unlike mediators, however, Collaborative lawyers function as active legal advisors and negotiators alongside their clients at the center of the dispute-resolution process rather than on the sidelines, as is generally the case in family law mediation” (p. 10). It may be so that in mediation, parties have their own attorneys; however, the difference oftentimes lies in the “mindset” of the attorney. Collaborative attorneys undergo specific training that enables them to work together with other professionals in the process while they advise their client. In the settlement meetings, the lawyers sit together—they ask questions, brainstorm, share information,

evaluate alternatives, offer proposals, and problem solve (Tesler, 2008). Rose (2007) describes the focus on the clients' needs in CFL. He writes:

Regardless of the model utilized, Collaborative Divorce is a client-centered process. A process can be defined as client-centered when it is *of, about, and for* the clients. It begins by identifying the shared goals of the clients; the subsequent design and structure of the process becomes the map that will enable the clients to navigate towards those shared goals. "Client-centered" becomes the litmus test by which the design of the process is measured. It is the lens through which to examine the implementation of a process to test all strategies and interventions to ensure that they support and facilitate the clients' abilities to achieve their most important goals. "Client-centered" means that we address the whole client, as well as the family dynamic that the couple brings to the process. It challenges us in our roles as professionals, daring us to let go of our conditioned urges to control the process, or worse, to attempt to control the outcome. It honors the clients by having them experience their professionals as partners in the task, rather than as masters. Whether we are working as mediators or as Collaborative practitioners, it is our common concern for the welfare of the clients—and specifically their children—that is the shared macro-goal of professionals of every stripe. (para. 17)

In discussing the stance of the Collaborative lawyer, Webb (2008) contends that lawyers in this process experience a different approach, and their goal moves from settlement with the possibility of litigation to settlement only. He shares his experience of how the Collaborative law concept came about:

In the late 1980s, after practicing traditional civil law for eight years and family law for an additional seventeen years, I was approaching burn-out. I had come to hate the adversarial nature of my practice and hated to go to work. It was becoming harder and harder to tolerate family practice. Incivility seemed on the increase rather than the decrease. I was prepared to stop practicing law. In preparation to change careers, I began started taking psychology courses at a local university. It did not take too many courses to convince me that my future did not lie in becoming a psychologist. So then I started thinking: Rather than stop practicing law, maybe I could continue my family law practice by developing a model that would allow me to do those parts of my practice I enjoyed and eliminate the parts I did not like. I felt that there had to be a better way to help people resolve their divorcing issues. I developed the insight that lawyers needed to be working with and representing clients for settlement. (p. 155)

Defining Successful Collaborative Law

Proponents of Collaborative Law specify the uniqueness in Collaborative Lawyering (Tesler, 2008, 2009; Webb, 2006; Webb & Ousky, 2008). Webb (2008) lists the characteristics associated with successful *Collaborative Lawyering*:

- Subvert, if not totally abandoning the urge to litigate.
- Guarding against adversarial instincts. One adversarial statement can subvert 20 collaborative ones.
- Maintaining an outlook of total unconditional respect to all the participants.
- Dispelling negativism.

- Listening with understanding and can respond appropriately.
- Encourage clients to participate fully.
- Do not bring elaborate unilateral proposals designed by him/her to the table.
- Not being the center of attention.
- Keeping an open mind.
- Using metaphors when helpful to explain the process.
- Assist clients in bringing their interests (not positions) to the table.
- Letting go of personal attachment to the outcome.
- Developing multiple problem solving strategies.
- Using natural sense of honesty and integrity to the process (see p. 159)

In the executive summary of her report on CFL, Macfarlane (2005) explains the evolution of Collaborative Lawyering over the past 25 years. She emphasizes the significance of the agreement between the lawyers and the participants not to go to court and to resolve issues amicably.

The single most distinguishing factor between CFL and any other form of alternative dispute resolution is the withdrawal provision, which is a stipulation that is written into the participation agreement and is signed at the very first collaborative meeting. This document specifies the protocols that will govern the Collaborative process (Fairman, 2005; Macfarlane, 2005; Tesler, 2008; Tesler & Thompson, 2006; Webb, 2008; Webb & Ousky, 2006). The participation agreement is a contract between the attorneys (oftentimes the entire team) and the clients, and has specific components that ensure the sanctity of the process (Webb, 2008).

The participation agreement will cover, at minimum, the following topics

(Webb, 2008):

- Agreement to Collaborate
- Basis for Collaboration
- Agreement Not to Go to Court
- Agreement of Full Disclosure
- Utilization of Settlement Conferences
- Communication Issues
- Commitment to Use Collaborative Process
- Role of Attorneys
- Attorney's Fees
- Use of Neutral Experts
- Children's Issues
- Negotiation in Good Faith
- Abuse of Collaborative Law Process (p. 161)

Cooperative Law adheres to many of the same ideas and principles as Collaborative Law, with the exception of the disqualification agreement (Lande & Herman, 2004; Ver Steegh, 2008). Lande (2008) suggests that there is a lack of clarity about Cooperative Law. In Cooperative Practice, attorneys work toward settlement by agreeing to participate in peaceful negotiation. The major distinction between Cooperative Practice and Collaborative Law is that in Cooperative Practice, the participation agreements are inconsistent. Lande goes on to explain:

The participation agreements vary and may include terms committing to negotiate in good faith, act respectfully toward each other, disclose all relevant information, use jointly retained experts, protect confidentiality of communications, and refrain from formal discovery and contested litigation during negotiation. Participation agreements may provide for use of a mediator or a “cooling off” period before engaging in contested litigation. They may also state that if the parties do litigate, the lawyers would focus solely on the merits of the issues. (p. 1)

The Pioneers of CFL perceive the withdrawal clause to be what separates it from all other forms of alternative dispute resolution (Tesler, 2008; Webb, 2008). In both of these processes, if there is no agreement reached and either of the parties intends to litigate, the lawyers must withdraw from the case and the parties must hire new attorneys to pursue this matter in court. Additionally, none of the work product from prior Collaborative settlement negotiations can be utilized in the litigation process.

A conference was held in November, 2009 at Hofstra University’s School of Law Center for Children. The purpose of this conference was to assess the practice of Collaborative Law since the adoption of the Uniform Collaborative Law Act (UCLA). The stated goal of the UCLA is “to encourage the continued development and growth of Collaborative Law as a voluntary dispute resolution option” (Foran, 2009, p. 815), by standardizing and making a more uniform and accessible dispute resolution for parties. The conference participants reviewed all aspects of the UCLA and discussed policies and procedures for the implementation of ICFL. Included in these reviews were stipulations related to the withdrawal clause. DiFonzo (2009) stated:

The theory of collaborative practice holds that the best way to guarantee interest-based negotiation and to avoid positional bargaining is to put the courtroom beyond the reach of the lawyers. The disqualification requirement is thus the enforcement mechanism that parties create by contract to ensure that problem-solving negotiations actually occur. (p. 111)

Macfarlane (2005) conducted a study from 2001-2004 to assess the practice of CFL. Her qualitative research involved interviewing lawyers and clients during the Collaborative Divorce process. The participants were administered questions at the beginning, middle and end stages of the process. The project also included focus groups at all of the pilot sites to evaluate the impact of CFL on the participants. The purpose of her study was to answer the following questions:

Can CFL enable open disclosure and the development of sufficient knowledge-based trust to produce less hostile negotiations? Do CFL clients enjoy qualitatively better outcomes than those generated by litigation or traditional negotiation? And more generally, do CFL clients experience a more complete and authentic sense of closure at the end of the divorce process? (p. 27)

Christopher Fairman (2007), in his paper on the ethics of Collaborative Law, says that “not only did the Macfarlane study confirm that Collaborative Law is a distinct and separate ADR process, the research also bolsters many of the claims of Collaborative practitioners” (p. 7). He cites Macfarlane’s report that the “clearest evidence of success relates to the satisfaction–joy even–of family lawyers who have embraced Collaborative Law as an alternative to litigation” (p. 7). He goes on to point out that the outcome of the Macfarlane study suggests that lawyers and their clients are satisfied with this process.

According to Fairman (2007), Macfarlane concludes that “this increased personal satisfaction certainly provides evidence for the rapid spread of Collaborative Law”

(p. 24). Fairman points out:

The study found that the primary motivator for lawyers embracing CFL was personal value realignment—in other words, finding a way to practice law that fit better with their beliefs and values than the traditional litigation model did ... client satisfaction with CFL is generally high. Many clients emerge from the traumatic process of divorce with the clear sense that the Collaborative process has enabled them to behave honorably toward their ex-spouse and their family. Most also feel positive—some very positive—about their relationship with their lawyer. (p. 7)

Macfarlane (2005) also revealed many attorneys’ realization that they are not adequately prepared with the skills necessary to manage the intense emotions that arise as a result of the divorce process. From the results of her study, Macfarlane recommended more training in this area for attorneys, as well as the utilization of a team approach. She states, “The team approach to CFL, using the expertise of not only lawyers but also MHPs (in the role of a “coach”) and sometimes financial advisors and child welfare specialists, is attracting much attention” (p. 51).

The outcomes of the study additionally pointed out that training in CFL is being developed. At the time of this study, the team model did not appear to be widely used (e.g., just two of the cases cited in the Macfarlane study were team cases), but Macfarlane (2005) suggested at that time that the development of a team approach may be the wave of the future, at least for those clients able to carry the additional up-front expenses of retaining both a lawyer and a coach.

Sharing the Vision: Interdisciplinary Team Practice

We cannot live only for ourselves. A thousand fibers connect us with our fellow men.

–Herman Melville

The interdisciplinary team approach of CFL incorporates the expertise of lawyers and MHPs, as well as financial professionals and child specialists when needed, *collaborating* to reach a peaceful resolution of issues between the divorcing couples (Nurse & Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006; Webb, 2008).

The proponents of ICFL suggest that MHPs who are trained in understanding both the dynamics of relationships and the interactions between multiple systems are well equipped to facilitate communications throughout the process (Nurse & Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006; Webb, 2008). Tesler (2008) suggests that when multiple disciplines work together, there is a checks-and-balances system in place:

There is nowhere for the blunderer or the momentarily inept practitioner to hide. In integrated team practice, every lapse of awareness, every unskillful or counterproductive effort to move the process forward, takes place in the presence of not only both clients and the other lawyer, but also the coaches, the financial neutral, and sometimes the child specialist. This is trapeze artistry without a net. Awareness, attention, listening, and transparent communications become the currency of the integrated team's planning and debriefing sessions, where lawyers who are looking for better ways to work at the collaborative table will have plenty of help from their colleagues in figuring out how to do so. (p. 660)

The supporters of this model assert that these communications go beyond the signing of a divorce decree, and that continued support should be available to assist the

couple to continue to share and co-parent their children in an effective way (Nurse & Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006). According to the literature, stability is a life-long responsibility that does not end when the documents are finalized (Ahrons, 2007; Karpf & Schatz, 2005; Nurse & Thompson, 2006; Schatz, 1999; Tesler, 2008; Tesler & Thompson, 2006).

In the early 1980s, Nurse and Thompson (2006), who worked as child custody evaluators in California, recognized the necessity of bringing professionals together—integrating the knowledge, skills, and support—from the legal and financial, and mental health communities to help families discover a “better way” through the divorce process and beyond. They commented on the ways the litigation process emphasized a win/lose mentality, with nobody winning at all. They became acutely aware of the emotional and financial destruction of families. Nurse and Thompson (2006) stress the way that parental conflict creates a ripple effect and affects the children. There is much research in the literature about the integration of multiple disciplines working together to assist and guide divorcing couples toward an amicable relationship during the divorce process and beyond, as well as to assist them in ways to co-parent their children (IACP, 2010; Karpf & Schatz, 2005; Lebow & Rekart, 2007; Lee & Kaufman, 2010; Pike & Murphy, 2006; Pearson, 1999; Riley, Hartwell, Sargent & Patterson, 1997; Schepard, Salem, & Schlissel, 1996; Tesler, 2006, 2008; Webb, 2008; Yingling & Hance; 2001).

Since 1990, courts in most states provide parent education programs for separated and divorcing parents. Additional courses are also offered for children in divorcing families. According to Shepard, Salem, and Schisel (1996), “The objective is not to

resolve specific disputes, but to provide parents with an incentive to resolve conflicts collaboratively” (p. 53). It is suggested by these authors that “these programs need the support of lawyers and courts to help families—and especially children—adjust to the difficult transitions that divorce and separation create” (p. 57).

Universities throughout the country are recognizing the importance of combining their law and mental health curricula (Applegate, D’Onofrio, Holtzworth-Munroe, 2010; Freeman & Hauser, 2006; Riley, Hartwell, Sargent & Patterson, 1997). In 1997, Riley et al. (1997), of the University of San Diego, wrote about the increasing necessity for marriage and family therapy programs to incorporate coursework in family law into their curriculum. At that time, coursework related to legal issues was solely focused on topics such as malpractice, legal liability, ethical codes, confidentiality, and privileged communication. They go on to reflect on previous research saying, “Mental health professionals must be knowledgeable about diverse areas of law if they are to provide much assistance in the law’s response to the needs of children and families” (p. 464). They also assert that:

The goals of each profession, the process employed to pursue such goals, and the role of the professional in the process differ significantly between law and family therapy. In family therapy the goal could be broadly defined as helping the client to function better . . . in contrast, the goal in the legal process is most often to solve a practical problem in a concrete manner, one which can be applied consistently to similar situations. The legal process focuses on

individual rights and obligations and operates on the basis of concepts of fairness, objective views of right and wrong, and precedents. (p. 464)

Even in light of this perspective, there is an acknowledgement that members of both communities can learn a great deal from each other (Applegate et al., 2010; Riley, Hartwell et al., 1997). Many years later, collaborating faculty in law and psychology at Indiana University-Bloomington (IU) developed a program for the interdisciplinary training of law and psychology students to be educated about family law and mediation ethics and provide mediation services in a university-based mediation clinic. In addition to the coursework, two co-mediators mediate between five and ten mediations with low- income families over the semester (Applegate et al., 2010). The developers of this program state:

The principles aim to train students to work with the parties through a principled, preferably collaborative problem-solving process designed to identify the interests of the parties and their children, develop possible options to resolve the parties' disputes, and using reasoned and reasonable criteria, assess the options, and reach agreements where possible and appropriate. (p. 473)

In 2001, the Family Court of Western Australia started an initiative called The Columbus Project and began to work with 157 families that had been referred for allegations of domestic violence and child abuse. The Columbus Project studied a multidisciplinary approach to dealing with these matters (Pike & Murphy, 2006). With the facilitation of “registrars and counselors” the parents reported that “they had a clear understanding that the program focused on the children first, and that the parents had a

continuing duty to support their children” (p. 279).

Given their shared perspective about the benefits for families of the implementation of Collaborative and Cooperative Divorce procedures, the faculty at Barry University Dwayne O. Andreas School of Law worked with the legal community in Florida to teach and prepare law students in these approaches. At Barry University, the law school joined with a psychologist and developed an upper level family law course called Making Divorce Work. Freeman and Hauser (2006) developed this program with the understanding that divorce is both an emotional and a legal process and believed that integrating multiple disciplines for teaching and learning would be the best approach to fully prepare students for working in this field.

Other programs that adhere to the principles of professionals working together for the benefit of the family—particularly the children—in domestic-related issues continue to be launched (Lee & Kaufman, 2010; Pike & Murphy, 2006; Portnoy, 2006; Pruett, Arthur & Eblin, 2007; Silver & Silver, 2010). Pruett et al. (2007) discovered the necessity of the legal and mental health community working together as a team to support and aid divorcing families. These researchers studied families involved in the Collaborative Divorce Project (CDP). The CDP is an intervention program wherein divorcing families with children under the age of six are guided through the divorce process in an amicable way and provided with parent education and skills for co-parenting in divorce. This intervention model includes the use of legal and mental health professionals to draw on their expertise and provide support and information to everyone in the divorcing system including the other professionals.

Pruett et al. (2007) discovered that “maternal gatekeeping” (the degree to which mothers encouraged and held a positive attitude toward fathers’ participation in time sharing and child rearing) was a significant factor in the development of the parent-child relationship after divorce (p. 737). In a longitudinal study, they found this intervention to be effective in increasing parent-child relationships, decreasing conflict between parents, and increasing the incidences of shared parenting arrangements over time, and better child adjustment.

In 2007, a pilot program was implemented in Marin County, California utilizing volunteer MHPs who had experience working with high-conflict divorcing families and family law attorneys. The professional volunteers worked together in judicial settlement conferences before a case went to trial (Lee & Kaufman, 2007). These cases were referred to the program from a docket of cases related to child abuse, domestic violence, substance abuse, young children, children with special needs, or mentally ill parents. A multitude of approaches were utilized, ranging from parent education to mediation to brainstorming about possible solutions. According to Lee and Kaufman (2007):

This program has been very successful in terms of achieving excellent settlement rates, facilitating a creative interdisciplinary approach to settlement and providing gratifying experiences for the professionals who have donated their time. (p. 8)

Recently, a judge, family law attorney, accountant, and clinical psychologist developed a model called The Child Focused Facilitation Team (CFFT). The CFFT was developed with the intention of working with divorcing families in order to facilitate a better resolution to marital disputes (Silver & Silver, 2010). According to Silver and Silver (2010), “the commitment to making the child the ‘first order of

business' has the effect of reorienting the usual focus of what the parent wants that commonly thwarts constructive problem solving with divorcing parents, while enhancing ameliorative dynamics" (p. 8). They go on to suggest that "it is not the role of these professionals to provide therapy, or specific accounting, or legal advice . . . The team exists to empower parents with information" (p. 10).

One of the major distinctions between this program and the Interdisciplinary Collaborative Divorce Model is that the CFFT model incorporates the utilization of a judge outside of the courtroom to weigh in on positions. Silver and Silver (2010) assert, "The judge's participation is integral to the success of this process . . . Opinions and perspectives of other team members are imbued with greater validity for parents when confirmed by this ultimate arbiter" (p. 7). Portnoy (2006) suggests:

Effective preventative interventions are needed for a system that fails to protect families, that fails to train lawyers to be helpful to people who are experiencing emotional and psychological turmoil (an apt description of a high proportion of clients), and courts which are rigidly constrained in their foci. This is where psychologists trained in divorce coaching and client management training comes in. (p. 16)

Portnoy (2006) also acknowledged the benefits of the coach's role in Collaborative Divorce; however, he also suggested that the coaching role has considerable potential as a significant tool to reduce turmoil in all types of legal divorce, perhaps most advantageously in litigated divorce, where the feelings and psychological reactions can reach maximum potential. Zeytoonian and Faxon (2009) suggest:

Within the framework of resolving disputes collaboratively, the skill sets and insights of these two disciplines within the law not only are allowed to complement each other, they bring out the best in each other and their practitioners. The result is a synergy in which the sum is greater than each of its parts, and the elusive win-win resolution of a dispute. (p. 132)

The Expert: Whose Side are You On?

The Neutral Expert in Collaborative Divorce.

In the Collaborative process, all professionals—with the exclusion of the attorneys—are working as neutral experts (Webb, 2008). Various models have been created using one or more MHPs as neutral experts in many different roles on the team. If agreed upon by the team and thought to be in the best interest of the family, one systemically trained MHP may participate in all of the roles simultaneously (Collaborative Law, 2005). Even in the Two Divorce Coach Model, in which each member of a couple has a divorce coach that is aligned with him or her, the goal is neutrality and an interest in collaboration (Nurse & Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006; Webb, 2008). Webb (2008) notes:

Neutral experts are important in collaborative cases. When we need expert opinions to supply information or an informal opinion, we ask the parties to agree on one expert—an expert with “no axe to grind” and no interest in favoring one party or the other. (p. 163)

Much of the literature regarding the role of the MHP on the interdisciplinary team is specific to guidance for the team regarding issues related to parents sharing their children (Collaborative Law, 2005, 2006; Tesler & Thompson, 2006). The literature

suggests that it may be useful to the team to have a mental health professional present to facilitate communication during negotiations and regulate emotions, however, documentation of these benefits is largely unsubstantiated to date (Macfarlane, 2005). In a review of the current research on Collaborative Practice, Lande (2011) suggests that professionals and clients continue to question the advantages of their participation.

Pauline Tesler (with P. Thompson, 2006) developed the Collaborative Divorce Team Model in Northern California. Tesler joined with Thompson, a family psychologist who was working in the court system as a custody evaluator and high-conflict counselor. Thompson, like many working as MHPs, saw firsthand the damage of adversarial divorce that extended way beyond the final divorce decree. She also saw the devastation of children whose voices were not considered in the divorce process. More than two decades ago, Thompson began a small “think tank” of practitioners who would maximize the chances of minimizing the pain of the divorce process while creating positive solutions to family problems. The “full team” model that they developed utilizes the expertise of a multitude of professionals to address all of the unique needs of each member of the divorcing family (P. Thompson, personal communication, July 14, 2010).

Tesler and Thompson (2006) promote the inclusion of two MHPs as divorce coaches—one for each member of the couple—a child specialist, a financial professional, and two attorneys. The Collaborative Financial Professional is trained as a CPA, a Certified Financial Planner and/or a Certified Divorce Financial Analyst. The Financial Professional (FP) collects all important financial information and documentation and explores options with the couple regarding ways to divide their resources that will benefit the entire family (Tesler & Thompson, 2006).

According to Tesler and Thompson (2006), the coaches are appointed to be aligned with their respective clients as are their attorneys in order to provide the individual support that they need to move through this divorce process in the most productive way possible and to ease the transition into their future. The proponents of this model suggest that “coaching” divorcing spouses to communicate and parent their children in an effective way via the Collaborative process leads to a more peaceful co-existence between family members (Nurse & Thompson, 2006; Tesler & Thompson, 2006).

Tesler and Thompson (2006) assert that having a child specialist on the team will assure that the child’s voice gets brought into the room. The child specialist also works with parents to develop the co-parenting skills necessary to address arrangements regarding time-sharing and other activities. According to Tesler and Thompson (2006):

The goal of this plan is to minimize discrepancies and differences in parenting approaches and increase positive decision-making and smooth transitioning into the family restructuring process. Collaborative Divorce teams work expressly with divorcing couples to keep them focused on the positive, on the future, on solutions, on half full rather than half empty. (p. 21)

The following is an excerpt from Tesler (2008) explaining her position on the necessity of an MHP to participate on the team in the best interest of the child:

At a time when children need more and better attention than ever from their parents, divorcing spouses have less time and energy than ever before for parenting their children.

Children are the forgotten parties in most divorces. Research shows that

most children receive less than 10 minutes' worth of information from their parents about why the divorce is taking place and what will happen to the children in its wake.

Parents may have fought bitterly over how to parent the children during their marriage. These differences do not disappear simply because the marriage ends. But, parents who may be exhausted from the stresses accompanying the divorce, or wracked with guilt because of leaving the marriage, may lack the energy to have essential conversations about how the children are doing and how they might be helped better . . . or the divorcing couple may feel hopeless about ever agreeing on parenting matters and simply give up on any coordinated efforts to provide consistent rearing of their children settling instead for unilateral control while the children are in their home. These parents may simply “cut a deal” that ends the disputes without regard to what the children need in order to flourish. Many lawyers and mediators believe that any agreement the parents are willing to accept regarding parenting the children during and after the divorce is ipso facto good enough for the children. Few collaborative mental health professionals would agree. (p. 113)

According to the guidelines set forth in the Texas Protocols of Practice (2005):

The term “neutral expert” currently is in wide use and is intended to distinguish from an expert who is hired by one side in a litigated dispute. In Collaborative process though, mental health professionals are expected to be neutral regardless of their specific roles. (p. 12)

Less Certainty and More Ambiguity About the “Role” of the MHP: What is the Next Best Set of Questions?

As researchers, we come to understand that the antithesis of certitude is ambiguity (C. Burnett, personal communication, 2006). The following is stated in the Texas Protocols of Practice (2005) regarding the multitude of roles for MHPs involved in CFL:

As a new frontier for mental health professionals, Collaborative Law carries hopes, opportunities, and hazards. The risks and uncertainty of navigating in uncharted territory temper the lure and excitement of new forums for seasoned skills. Without sufficient direction and tools, early enthusiasm for pioneering ventures often gives way to insecurity, ambiguity, inertia, and resistance to change. (p. 6)

There are various roles and responsibilities for the MHP in ICFL, many of which overlap and may be unclear (R. Nurse & P. Thompson, personal communication, August 2010). The existing Protocols of Practice set forth the guidelines for the multitude of roles and responsibilities for the MHPs in the Collaborative process (See Appendix B). Other regions may adapt these Protocols to fit their own geographic area and practice needs. The IACP does not promote one model over another and suggests that ICFL must meet the needs of diverse groups of people with varying needs. According to IACP, as long as the key components are present in the process, ICFL can vary according to the needs of the culture (“About IACP,” 2010).

Sharing the Children: Creating a Plan

MHPs on the team may assist parents in developing a plan to share their children in a way that fits the restructuring of their family. In doing so, they develop a parenting

plan in accordance with the legal statutes regarding support of children, parenting, and time-sharing. For example, the Florida Statutes, Chapter 61, section 61.122 institutes provisions for a plan that includes specific delineations of roles and responsibilities for parents to share, care for, enjoy, and provide for their child(ren) according to what is in their best interest. The statutes are very specific about the notion that unless there are mitigating circumstances of abuse, neglect, or incapacity on the part of a parent, both parents will have an equal opportunity for child rearing and co-parenting. For a full review of the recommendations, see Appendix C.

In a review of the literature on co-parenting, Arendell (1996) refers to co-parenting as an “anomaly.” He suggests that if co-parenting relationships were to maintain success over time, certain factors would have to be in place. Among many things, Arendell discusses the importance of parents being motivated to cooperate and collaborate, to plan, communicate, and avoid conflict. Additionally, he reports that co-parenting is much more likely to be successful if parents enter into the arrangement voluntarily.

It seems clear from the current statutes that notions of co-parenting and timesharing are no longer an anomaly. The MHP, along with the help of the Collaborative team, can guide parents toward creative ways to develop this relationship such that it can sustain over time. These plans will likely require modification as families change and evolve. Through this process, co-parents can learn ways to communicate about issues that will inevitably arise and amendments that will be necessary beyond the finalization of the couples’ divorce.

The MHP and the Team in Collaborative Divorce

The Dance: Being in Sync as a Team

Thinking in terms of choreography provides a way of understanding the changing behavior and experience of individuals, as well as the interactional dances embodying them. Systems of choreography indicate how lower orders of pattern are connected. Hall (as cited in Keeney, 1983) concluded that “people in interactions move together in a kind of dance, but what they are not aware of is their synchronous movement and they do not do it without music or conscious orchestration” (p.128). Keeney (1983) adds:

In this manner, therapists can learn to discern systems of choreography that connect people’s action and interaction. In general, all orders of process, as well as their organized relations, should be our focus. Like the director of a symphony, we can be responsive to the individual instruments, the various ways of relating different instruments in diverse patterns of harmony and cacophony, and the music arising from the entire ensemble. (p.128)

According to Gamache (2005), “Collaborative Law holds a positive view of human nature, assuming that clients are essentially good and that given the appropriate tools and opportunities, they will move in a positive direction” (p. 9). MHPs working in this process can guide both the Collaborative teams and families in this movement. Tesler (2008) proposes:

No other dispute resolution modality presently available to divorcing families matches Collaborative Law in its ability to manage and resolve conflict, elicit creative out of the box solutions, facilitate respectful communications and self-

determined outcomes, protect children, and support parties in realizing their highest intentions for their lives after the legal process is over. (p. 5)

“Divorce is both a legal and a family system restructuring process” (Yingling & Hance, 2001, p. 1). In order to facilitate the most effective reorganization of the family, MHPs working in Collaborative Divorce must have an understanding of the interrelatedness of multiple systems (P. Tesler, personal communication, June 2010). Yingling and Hance suggest that “family therapists must understand the functioning strengths of each system separately as well as in the partnering relationship in order to build on strengths and not be blindsided by ignored weaknesses” (p. 1). According to Bowen (1985):

An emotional system is usually the family, but it can be a larger work group or a social group. The major characteristic to be examined here is that the successful introduction of a significant other into an anxious or disturbed relationship system has the capacity to modify relationships within the system. (p. 342)

It is implied that the introduction of an MHP into the system may allow for the de-escalation of emotion and lead to productive resolution. Yingling (2001) asserts:

Family Therapists are the specialists from mental health who are parallel to the Certified Family Law Specialist in the legal field. We already have a common frame of reference, meeting the needs of families. As Family Therapists have evolved from traditional linear models of mental health language, goals and procedures, so have Family Law attorneys evolved from a traditional linear litigation model. (p. 2)

Solomon (2009) points out that although the professionals in the Collaborative process may have a common goal, they may have difficulty communicating because there are differences in the *languages* of the profession. This suggestion is supportive of McFarlane (2005), pointing out that data gathered from the professionals in her study suggested that there were some difficulties associated with the working relationships between the various professionals on the team because of their different languages and the meaning that they attribute to what is being said.

Anderson and Goolishian (1988) assert that “meaning and understanding are socially and intersubjectively constructed. By intersubjective, we refer to an evolving state of affairs in which two or more people agree . . . however, it is understood that agreement is fragile and continually open to negotiation” (p. 372).

The MHP trained in communication patterns may be able to facilitate the synergy necessary to assist the members of the team and the couple (Nurse & Thompson, 2006; Tesler & Thompson, 2006). The founders of the Interdisciplinary Collaborative Divorce Model (Tesler, 2008; Tesler & Thompson, 2006) propose that the MHPs on the team be licensed as psychologists, social workers, or marriage and family therapists and are equipped to orchestrate the negotiation process. Their role is to assist the parties in recognizing their emotional triggers, be able to manage their emotional reactivity and the obstacles to a positive outcome, and provide them with tools and skills necessary for coping with the transition from a nuclear family to a reconstructed family. Because emotional conflict is inevitably a part of what leads to divorce and what is likely to take place during divorce, the MHPs work with the team and the divorcing couples, together, to identify the immediate here-and-now challenges to a successful resolution with a

positive outcome. Recent research also suggests that Collaborative Practitioners can also assist couples in managing their emotional escalations by developing an understanding of the neurophysiology of conflict and utilizing skills and techniques to minimize reactivity (Tesler, 2009).

Several researchers have written about the skills and competencies required for professionals to be most useful and effective in the various methods of alternative dispute resolution (Hedeem & Salem, 2006; Herrman, 2006; Herrmann, Brolette & Gale, 2006; Katz, 2007; Kovach, 2001; Lande & Herrman, 2004; Macfarlane, 1997; Scott, 2008; Tesler, 2008; Ver Steegh, 2008; Webb, 2008). It is suggested that many of these skills and competencies overlap with those deemed necessary in the field of mental health to ensure best practices (Miller, 2009).

In 2003, a task force comprising 50 marriage and family therapists who are actively knowledgeable, experienced, and engaged in the education, training, and supervision of marriage and family therapy was commissioned to develop a comprehensive list of competencies that would define the entry level skills for effective independent practice of Marriage and Family Therapy (MFT) (Nelson et al., 2007). Through a series of brainstorming sessions utilizing resources from a multitude of sources in the field of mental health as their guide, the primary domains and sub-domains of competencies were identified.

After much interaction with AAMFT members providing feedback about the development of these competencies, an Educators Summit was held in Reno, Nevada in 2004 to discuss the incorporation of these competencies into the curriculum of accredited MFT programs throughout the country. It is suggested that in many universities this

practice is already in place and needs to be refined. This is a work in progress, and much needs to be done regarding the continued teaching and learning of these competencies (Nelson et al., 2007). However, it appears that the development of these core competencies is a step towards ensuring best practices in educating, training and supervising students entering the field of mental health, and offering a higher level of quality mental health care (Miller, 2005; Nelson et al., 2007). Nelson, Chenail, Alexander, Crane, Johnson and Schwallie (2007) explain, “The task force also was responding to a call for outcome-based education and the need to answer questions about what marriage and family therapists do” (p. 417).

The MHPs: What Do “They” Do?

As has been discussed throughout this chapter, developers of ICFL suggest that the MHPs on the team not only regulate emotions but also attend to the personality dynamics, interactional patterns, communication skills, parenting skills, and emotional needs of all of the participants in order to best prepare them and guide them through this process (Nurse & Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006; Texas Protocols, 2005; Webb, 2008).

In carrying out these tasks, MHPs are required to: (a) sign a participation agreement prior to engaging in activities with the entire team, (b) interact with all of the participants on the team and facilitate the direction of the process, (c) develop possible interventions for changing patterns based on the clients’ interest, and (d) assist to resolve challenges and overcome obstacles while maintaining awareness of the legal and ethical standards associated with the various professions as well as their own. Additionally, the MHP, along with the team, must analyze the process for effectiveness (Nurse &

Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006; Texas Protocols, 2005; Webb, 2008). Although MHPs are not acting as therapists, it does appear that the interdisciplinary process necessitates that the MHP develop the competencies to incorporate their discipline-specific knowledge, skills, and attitudes to effectively complete this process.

Nelson et al. (citing Graves, 2005, p. 15) state, “Core competencies are defined as the collection of the basic minimum skills that each practitioner should have in order to provide safe and effective care” (p. 419). As Nelson et al. (2007) suggest, “Core competencies are the first step in a recursive process that will eventually shape the list, inform educational processes, and determine assessment strategies” (p. 420).

The present Protocols of Practice for MHPs referenced above provide suggested guidelines for best practices in terms of what MHPs “do” in the Collaborative process. As stated, these are guidelines; and although they do address education, training, and action on the part of the MHP, they do not clearly specify the *competencies* needed for how the MHP will integrate with the team and carry out those roles and responsibilities collectively (Collaborative Law, 2005).

The literature describes both the lack of competency, confidence, and desire of the legal profession to deal with mental health issues, as well as the lack of training for the mental health profession to work in the legal system (Pruett et al., 2007). Harris (as cited in Miller et al., 2009) asserts that many MFT training programs encourage an avoidance of the legal system with a “cover your tail” orientation/emphasis (p. 458).

Researchers point out that there are many issues in common between the professions of Family Law and Family Therapy (e.g., divorce, child custody,

mediation, domestic violence, and child abuse). They also propose that both fields train students to practice utilizing similar methods (i.e., role play, mock cases, and case examples). Further, they argue that many of the MFT core competencies relate to legal, ethical, and professional issues and should be incorporated into MFT training programs (Miller et al., 2009; Pruett, 2007; Yinling & Hance, 2001).

To address this need, Miller et al. (2009) developed a training program utilizing mock trials to provide *in vivo* experience with law and marriage and family therapists at Oregon University, in order to prepare and assist them in developing the competence and confidence necessary for working in the field of law. Emerging programs such as these are significant in guiding the preparation of students to effectively work in a multitude of circumstances once they leave the university setting (Miller, 2010).

In this literature review, I have described the potential outcomes for families in divorce based on the way that the process is carried out. I have explored many options for working with families in divorce. The consequences of polarization of the systems involved in the fields of law and mental health, as well as the potential benefits of these multiple systems coming together to work toward a common goal of peaceful resolution has been explained. The information I have provided regarding the potential benefits of the MHP to join with other disciplines to assist families in divorce has set the context for this study.

The IACP research committee has been conducting surveys with professionals and clients since 2007. The Client Experience Survey was intended to explore clients' experiences of the Collaborative process as it related to them personally. This survey was more quantitative in nature yet helps us understand the impact of our actions as

professionals. The research was formally launched in 2009 and closed in 2010. It suggested that according to the clients surveyed, along with many other variables, professional conduct and skill are related to the client experience and the outcome of the cases (IACP, 2010). As Tesler (2009) points out:

Unlike the incompetents, “real experts . . . are intellectually honest and brutally self-critical with themselves. They examine their mistakes squarely, deconstruct them, and relentlessly search for the impeccable. Some professions force this contemplation, even if it isn’t welcomed or pleasant.” A smoothly-oiled, integrated interdisciplinary collaborative team works in just that fashion, examining mistakes promptly and forcing contemplation of one’s own failure to master the choreography or to perform the dance skillfully. (p. 662)

In her study, Macfarlane (2005) suggested that many professionals remain uncertain of the substantial benefits of including an MHP in this process. The research continues to speak to this issue (Lande, 2011).

To date there has been no research conducted exploring the expectations that other professionals hold about the effective integration of MHPs on the Collaborative teams. To address the questions and concerns about what MHPs *do* in this process and *how* those functions are best carried out, I have explored the perspectives of the Pioneers in this field and compared them with 25 other legal, financial, and mental health professionals. As a result of the data analysis, I have developed a theory about the competencies needed for the MHP to do this work most effectively, in conjunction with the interdisciplinary team, toward successful practice and client outcomes. Additionally, from the findings I have gained an understanding of the components of the education and advanced training needed to ensure best practices for the professionals to work together

in this process. I propose that success in ICFL is predicated on competent professionals from multiple disciplines (MH, Law, and Financial) who effectively develop and integrate their shared attitudes and complementary skills and knowledge on the interdisciplinary team. This will be further documented in the next three chapters.

CHAPTER III: METHODOLOGY

It is impossible for a man to learn what he thinks he already knows.

–Epictetus

The goal of this study was to develop a theory about the skills, knowledge, and attitudes—the core competencies—necessary for the mental health professional (MHP) to effectively practice in Interdisciplinary Collaborative Family Law (ICFL). It further explored the intersection between the competencies that the team members (mental health, legal, and financial) deem important, and their relationship to the AAMFT core competencies identified by the AAMFT task force (Nelson et al., 2007) and those defined by Sperry (2010). Additionally, I investigated the connection between that relationship and the existing Protocols of Practice identified by Collaborative Communities in Texas, South Florida, and the D.C. Metro Area (See Appendix B). To that end, my research questions were as follows:

Research Questions

1. What expectations do participants hold about the necessary competencies for MHPs to successfully do this work?
2. What other skills, knowledge, and attitudes will MHPs have to possess and exemplify in order to be considered competent to participate and integrate effectively into the Collaborative team?

The emergent theory was based on several variables:

1. What do the Pioneers say about competent Collaborative practice in light of their intentions for ICFL?

2. What do other participants (mental health, law, and financial) say about competencies of the MHP working on the interdisciplinary teams?
3. How does that compare to the domains of the core competencies as defined by the AAMFT task force (Nelson et al., 2007) and Sperry (2010) for mental health practitioners?
4. How do those ideas fit with the already established Protocols of Practice for MHPs in this field? (See Appendix B).
5. What more needs to be done in order to develop the competency of participants working together in this process to move toward successful outcomes?

Although there is a body of information published in the literature about the potential benefits of MHPs working in conjunction with other disciplines to settle marital disputes (IACP, 2010; Karpf & Schatz, 2005; Lebow & Rekart, 2007; Lee & Kaufman, 2010; Pearson, 1999; Pike & Murphy, 2006; Riley, Hartwell, Sargent & Patterson, 1997; Schepard, Salem, & Schlissel, 1996; Tesler, 2006, 2008; Webb, 2008; Yingling & Hance; 2001), there is a gap in the research documenting the application of specific competencies that guide best practices for the MHP working in conjunction with the team of professionals in ICFL.

To address this gap, I chose a grounded theory methodology to research this phenomenon, because “grounded theory studies generally ask about concepts that have not been identified or explored, or whose relationships are poorly understood or conceptualized” (Glaser & Strauss, 1967, as cited in Echevarria-Doan & Tubbs, 2005, p. 46). Strauss and Corbin (1998) explain, “Grounded theories, because they are drawn from

data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action” (p. 12).

Utilizing the ideas of Glaser & Strauss (1967), and Strauss & Corbin (1998), my intention was to build a theory based on the data that conceptualizes the working relationship between the MHP and other professionals on the interdisciplinary teams, which will serve as the basis for a meaningful “guide to action” toward the development of advanced team training and successful practice.

According to Strauss and Corbin (1998), “Developing a theory is a complex activity ... that entails not only conceiving or intuiting ideas (concepts) but also formulating them into a logical, systematic, and explanatory scheme” (p. 21). They go on to specify that, for them, “theory denotes a set of well-developed categories (e.g., themes, concepts) that are systematically interrelated through statements of relationship to form a theoretical framework that explains some relevant social, psychological, educational, nursing or other phenomenon” (p. 22).

In conducting this analysis, I identified the way that the emergent themes from my interview questions were related to the domains inherent in the AAMFT core competencies (Nelson et al., 2007), as well as those identified by Sperry (2010). I also conducted a crosswalk between that information and the existing Protocols of Practice to learn about what preparation is necessary for the MHP to provide safe, effective, quality care in this process (See Table 6).

The MHP working in ICFL is required to integrate a wide variety of skills, knowledge, and attitudes. When practicing in this role, MHPs are required to sign a participation agreement prior to engaging in activities with the entire team, interact with

all of the participants on the team in order to determine the direction of the process, develop possible interventions for changing patterns based on the clients' interest, and resolve challenges and overcome obstacles while maintaining awareness of the legal and ethical standards associated with the various professions and their own. Additionally, the MHP, along with the team, should analyze the process for effectiveness in their debriefing sessions. (Nurse & Thompson, 2006; Tesler, 2008; Tesler & Thompson, 2006; Texas Protocols, 2005; Webb, 2008).

Although MHPs are not acting as therapists, the interdisciplinary process necessitates that MHPs master discipline-specific core competencies as a basis for doing this work and then further develop competencies that incorporate the shared skills, knowledge, and attitudes of professionals from multiple disciplines (legal, financial, and mental health) to successfully complete this process.

Nelson et al. (citing Graves, 2005, p. 15) states, "Core competencies are defined as the collection of the basic minimum skills that each practitioner should have in order to provide safe and effective care" (p. 419). As Nelson et al. (2007) suggested, "Core competencies are the first step in a recursive process of informing educational processes and determine assessment strategies" (p. 420).

Sperry (2010) defines competency as "the capacity to integrate knowledge, skills, and attitudes reflected in the quality of clinical practice that benefits others, which can be evaluated by professional standards and developed and enhanced through professional training and reflection" (p. 7). To this point, I explored the relationship between the domains of the above-identified theories of competency and the competency of the MHP working in ICFL—defined for the purposes of this study as the discipline-specific and

shared skills, knowledge, and attitudes that contribute to the MHPs effective team collaboration and potentially successful outcomes in ICFL. With this definition in mind, it is my theory that success in ICFL is predicated on competent professionals from multiple disciplines (MH, Law, and Financial) who effectively develop and integrate their shared attitudes and complementary skills and knowledge on the interdisciplinary team.

Strauss and Corbin (1998) state, “Generating theories about phenomena, rather than generating a set of findings, is important to the development of a field of knowledge” (p. 23). To my mind, developing a “field of knowledge” will lay the foundation for the application of theory to more useful, relevant, and productive training and practice of the MHPs and the entire Collaborative team. Strauss and Corbin (1998) state that “theory means a set of well-developed concepts related through statements of relationship, which together constitute an integrated phenomenon that can be used to explain or predict phenomena” (p. 15).

Adhering to the process of grounded theory developed by Glaser and Strauss (1967) and Strauss and Corbin (1998) as the basis of my analysis, I chose to implement the constructivist orientation to conducting grounded theory set forth by Charmaz (2006). Charmaz points out that Strauss and Corbin acknowledged interpretive views. She further explains that “the very understanding gained from the theory rests on the theorist’s interpretation of the studied phenomenon. Interpretive theories allow for indeterminacy, rather than seek causality, and give priority to showing patterns and connections, rather than linear reasoning” (p. 126).

Charmaz (2006) contrasts her constructivist approach with the objectivist approach of Corbin and Strauss (1990), Glaser (1978), and Glaser and Strauss (1967). According to Charmaz, an objectivist approach suggests that the discovered meaning emerges solely from the data and implies that the researcher is merely an outside, unbiased observer. From this perspective, objectivists suggest that careful application of grounded theory methodology will result in an external reality or truthful representation of the data.

Charmaz (2000) also combines both the objectivist and interpretivist points of view. She suggests that both the objectivist and interpretivist positions move into post positivism because they give voice to their respondents and recognize art as well as science in the analytic process and product. Consistent with the ideas set forth by Keeney (1983), my epistemology accepts that we, as therapists and researchers, must consider both the aesthetics and pragmatics in our work.

In keeping with my worldview, Crotty (1998) states that “In the constructivist view, as the word suggests, meaning is not discovered, but constructed. Meaning does not inhere in the object, merely waiting for someone to come upon it . . . what constructionism claims is that meanings are constructed by human beings as they engage with the world they are interpreting” (p. 43).

According to Charmaz (2006), “Objectivist grounded theorists remain separate and distant from research participants and their realities, although they may adopt observational methods . . . they assume the role of authoritative experts who bring an objective view to the research” (p. 132). As a therapist and a researcher, I believe that what I see, hear, understand, and surmise is directly related to the fact that I am in

relationship with whomever and whatever I am interacting. As Charmaz (2006) states, “Our assumptions, interactions—and interpretations—affect the social processes constituting each stage of inquiry” (p. 132). I selected Charmaz’s constructivist approach because I perceived it to offer me more flexibility and freedom in my analysis. Throughout each interview I found myself engaged in conversation with the participants and in relationship with the emerging data.

I am aware that the assumptions that I bring to this study as a child of divorce, a divorced parent, a mental health professional, a Collaborative practitioner, and a researcher, have influenced my interpretation of the data and the ultimate theory that I have developed. Given my relationship with divorce and the Collaborative community, my passion for the Collaborative movement, my belief in the benefit of the participation of a mental health professional, as well as my experience working in this process, my perspective is consistent with Charmaz’s point of view that the data that I gather and my interpretation of it will have much to do with my shared experiences and relationships with participants and other sources of data (2006).

I chose to combine these approaches to grounded theory because they fit with my personal and professional style, skills, theoretical orientation, and curiosity (Sandelowski, 2000). According to Sandelowski (2000), “Qualitative descriptive designs typically are an eclectic but reasonable combination of sampling, and data collection, analysis, and representation techniques” (p. 334).

Based on Strauss and Corbin’s (1998) approach to conducting a grounded theory study, and incorporating the variations set forth by Charmaz (2006), the following sections will describe how I chose my sample, conducted my inquiry, implemented a

constant comparative analysis of the data through specific coding methods, saw categories emerging as I went through my data, and sorted out the data as I studied the experiences of the participants. As I progress, I also share how I maintained an awareness of my role of the researcher in this process to ensure the trustworthiness of my findings as I developed my theory.

As I conducted my analysis, I did not want to lose sight of the intention of Glaser and Strauss (1967) when they developed this method, which was to “provide researchers with a formalized framework for generating theory from empirical data (Sprenkle & Piercy, 2005, p. 44). It is my perception that utilizing this formalized methodology has enhanced the credibility of my study by providing me with a pragmatic, rigorous, step-by-step process and guide for my data analysis, which was “designed to ensure robustness” (Lyons & Coyle, 2007, p. 84). In following the steps set forth by these Pioneers of grounded theory research, I was able to constantly compare and reflect on my data, my interpretation of the data, and the meaning that ensued.

Methodology

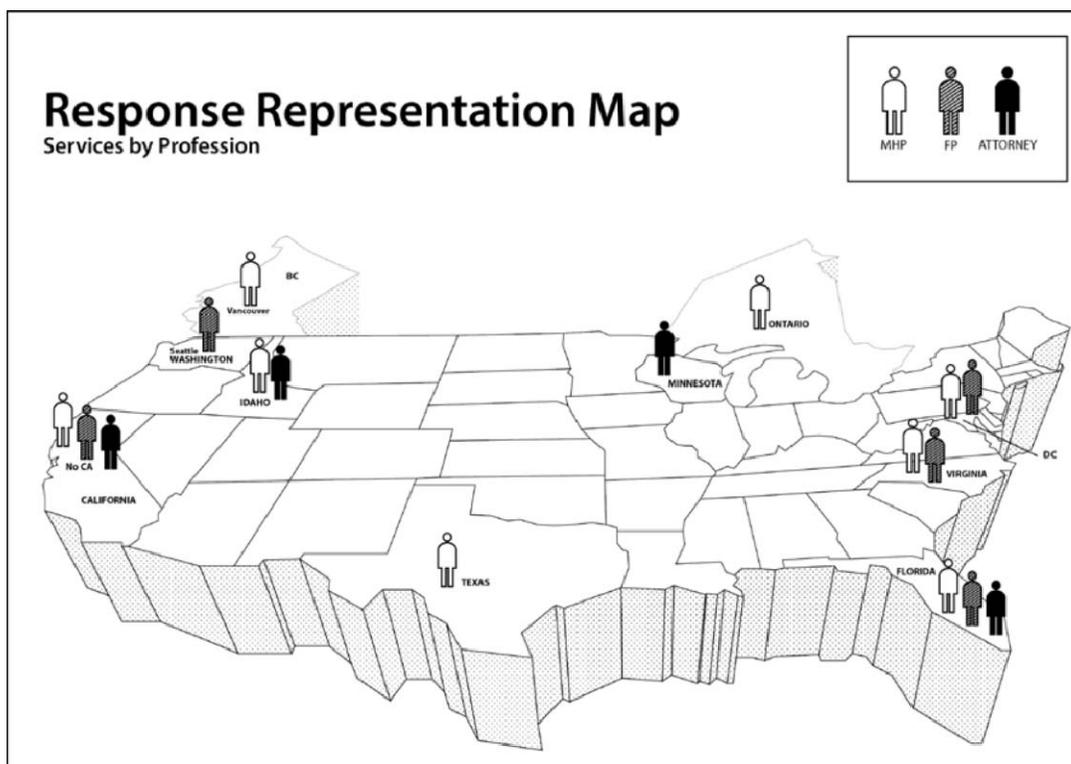
Participant Criteria

Twenty-nine interviews were conducted with representatives from Collaborative practice groups from four states where CFL and ICFL were developed and are widely practiced. Included in this group of 29 participants were four Pioneers (two lawyers and two MHPs) in the field of Collaborative Practice: Stuart Webb (Founder of CFL) from Minnesota and Pauline Tesler (Co-founder of Collaborative Practice) from California; Peggy Thompson, Ph.D. (Co-founder of Collaborative Practice and co-developer of the

Two-Coach Model) from California; and Linda Solomon, LMFT (Pioneer developer and trainer for the Neutral MHP model) from Texas.

The Pioneers constituted a special research group whose interviews served as a reflection and comparison point for data collected from the other 25 participants. The other participants in the interviews were attorneys, MHPs, and FPs who were recruited from across the country via a recruitment letter that was sent to the listservs of their ICFL groups, as accessed from the IACP website (<http://www.collaborativepractice.com>). (See Figure 1; Appendix D).

Figure 1: Response Representation Map



These participants are professionals who have participated in the Collaborative process utilizing the interdisciplinary team approach including at least one MHP on the team. The lawyers, MHPs, and FPs have received the specialized training that meets the

standards developed by the IACP Collaborative Practice standards, have concluded a minimum of three cases, and are an active member of a local practice group (See Appendix E). Participants were selected and interviewed in the order they responded to the recruitment letter. I discontinued taking participants as I reached a level of saturation in the construction of the grounded theory and its components. I was mindful of accepting a large enough sample to ensure that the responses were not skewed in any one direction. I also actively recruited enough professionals from each discipline in order to incorporate the voices of all of the professionals who work on the teams in ICFL.

In some regards these groups were alike, but there were inherent differences among the groups. The groups differed in geographic region, culture, state law, general perspective, experience in ICFL, personalities, facilities, and core case issues (Strauss & Corbin, 1998). (See Table 1).

Interview Process

The interview used semi-structured, open-ended questions (See Appendix F). Charmaz (2006) states, “The structure of an intensive interview may range from a loosely guided exploration of topics to semi-structured focused questions” (p. 26). Additionally, they “ask about concepts that have not yet been identified or explored, or whose relationships are poorly understood or conceptualized” (Glaser & Strauss, 1967, as cited in Sprenkle & Piercy, 2005, p. 46). Because I ultimately developed a theory about the perspectives of effective practice of the MHPs on the interdisciplinary team, the interview questions were both action-oriented and process-oriented (Sprenkle & Piercy, 2005). As the interviews proceeded, I asked for clarification if needed and reflected back on my understanding of the participants’ experiences to ensure that I understood the

intended meaning of their response. Through my questions, I invited and encouraged rich descriptions to “shift the conversation and follow hunches” (Charmaz, 2006, p. 26).

Table 1: Participant Demographics

	Profession	Age	Geographic Location of Practice Area	Years in Practice	Years in Collaborative Practice	#of Collaborative Cases	#of Interdisciplinary Collaborative Cases
L1	Lawyer	55	Florida	26	10	55-60	10 both 20 one or other MHP/FP
L2	Lawyer	52	Texas	28	10	“Unknown lots – 60?”	“All but one”
L3	Lawyer	66	California	30	13	UK	UK
L4**	Lawyer	UK	Minnesota	30	20	UK	UK
L5*	Lawyer	67	Florida	40	10	140	50
L6	Lawyer	UK	Florida	UK	10	10	5
L7	Lawyer	57	Florida	23	23	18-20	12-15
L8	Lawyer	UK	Idaho	5	UK	UK	UK
L9	Lawyer	49	California	24	8	18	UK
L10*	Lawyer	56	Florida	31	7	18	4
L11	Lawyer	60	Florida	30	4	10	9
L12**	Lawyer	68	California	37	18	“Best estimate is more than	“Best estimate” is about 50 or 60
MHP1**	MHP	59	Texas	25	8	200 “approx.”	200 “approx.”
MHP2	Therapist	57	Washington	15	4	53	53
MHP3*	Psychologist	54	Vancouver, BC	28	12	Approx. 100	Approx. 100
MHP4	Psychologist	59	California	16	6	16	16
MHP5*	Social Worker	UK	Maryland	30	11	“a lot”	“a lot”
MHP6	Social Worker	UK	Canada	15	7	17	14
MHP7	Psychologist	UK	Tampa	21	UK	10	10
MHP8*	Psychologist	60	Virginia	31	UK	UK	UK
MHP9	Therapist	59	Idaho	14	2	10	5
MHP10**	Family Psychologist	70	California	37	20	Over 100	“Most of them in one configuration or another.”
*MHP111	Psychologist	65	Florida	27	6	10	10
*FP1	Financial Specialist/ Mediator	52	Seattle, Washington	25	4.5	100+	100+
*FP2	Financial Planner	59	California	29	10	75	75
FP3	CPA/CDFA	57	Orlando	30	3	13	13
FP4	CPA, CVA	40	MD,VA, DC	14	3	3	3
FP5	CPA	55	Florida	UK	UK	UK	UK
FP6	Financial Planner/ Financial Neutral	44	Washington	13	2	22	22 – (20 with coaches)

* Indicates a trainer

**Indicates a trainer and member of the core Pioneer group

***UK – (unknown) – did not respond or did not want certain demographic information published to maintain anonymity.

Charmaz (2006) lists the importance of intensive interviews. She states that intensive interviews allow an interviewer to:

- Go beneath the surface of the described experience(s)
- Stop to explore a statement or topic
- Request more detail or explanation
- Ask about a participant's thoughts, feelings, and actions
- Keep the participant on the subject
- Come back to an earlier point
- Restate the participant's point to check for accuracy
- Slow or quicken the pace
- Shift the immediate topic
- Validate the participant's humanity, perspective, or action
- Use observational and social skills to further the discussion
- Respect the participant and express appreciation for participating. (p. 26)

According to Charmaz (2006), following these guidelines will open the door for a different kind of conversation.

The questions for the attorneys and FPs focused on how all participants experienced this process utilizing an MHP and the competencies/skills that they look for/have experienced in the MHP that made their participation useful or not. They also queried how/if they found that the participation of a mental health professional made a difference, perhaps in comparison to cases where there had been none. Other questions focused on what did not work for them, and what, if anything, they would have liked to see happen differently with the participating MHPs on the teams and in ICFL in general.

The questions for the MHPs were also semi-structured and open-ended. These questions addressed their background, training, degree(s), and licenses, as well as their theoretical framework. The inquiry was also designed to gain an understanding of what core competencies they believe they have mastery over and bring to the interdisciplinary teams, as well as what additional preparation was required of them in order to effectively participate. According to Strauss and Corbin (1998), “Every type of inquiry rests on the asking of effective questions” (p. 73).

Methods for data collection were fully explained to the participants (i.e., digital recording and note taking). Because these interviews took place with participants across the country, interviews were conducted either face-to-face, by telephone, or via Skype. It was made clear to all participants that confidentiality was attempted to be maintained, since all names were de-identified in the transcripts and subsequent reports. It was also explained that confidentiality could not be guaranteed, as a remote possibility existed that a practitioner could be identified by another participant with whom they practiced, through the supporting data that might appear in the final research document. One MHP did decide not to participate because of this possibility. Due to this circumstance, there is one fewer MHP than attorney participant in the final analysis. At that point in the study, I believed that I was approaching saturation, and I did not deem it necessary to add another MHP for the analysis.

It was also explained that the recorded interviews would be stored on my password-protected computer along with any associated data, and that ultimately all data gathered from the study would be secured behind locked doors in locked file cabinets. The participants were also informed that the data would not be heard or discussed,

except by myself and those individuals directly involved in the study. Additionally, participants were reminded that they could withdraw from the study at any point in time, and that there would be no consequences for doing so. They were reassured that all data would be destroyed three years after the conclusion of the study.

Data Preparation and Analysis

Coding and Category Development. As I conducted each interview, I began to analyze my data and attempt to paraphrase my interpretation of what was being said. I made notes of particular words that were punctuated by the participant and also identified words that held particular meaning for me. I discovered that each question and response led me to another question or additional clarification. Although I followed a semi-structured interview guide, I deviated from that each time I needed or wanted additional clarification.

My first interview was with a colleague with whom I work very closely in the Collaborative process. I paid careful attention to my questions, her responses, and the conversation that ensued. I also made sure to clarify my understanding of what was said, and my interpretation of her responses. I checked-in with her about the notations I was making as I was making them. When the interview was over, I asked her about her experience during the interview, her experience of me as a researcher, and about anything that I had not asked that she wanted to contribute. This interview served as the basis for the future development of subsequent interviews as well as my reflections about my part in the process. I began writing memos after each interview about the meaning that was being generated as well as my experience of the process. I continued to do this with each interview that followed. I also began to compare and contrast the notes I was making

during each interview, the memos I was making to myself, the words that were being emphasized, and the ideas that were developing. I made every attempt to remain very close to the data. As suggested by Charmaz, (2006, p. 47), during this phase I asked:

- “What is this data a study of?” (Glaser, 1978, p. 57; Glaser & Strauss, 1967)
- What does the data suggest? Pronounce?
- From whose point of view?
- What theoretical category does this specific datum indicate? (Glaser, 1978)

This process was my initial step in coding the data, and many of these words and phrases served as my initial open codes. This process is referred to as open coding (Charmaz, 2006; Glaser, 1978; Strauss & Corbin, 1998). As suggested by Charmaz (2006) and developed by Glaser (1978), “detailed observations of people, actions, and settings that reveal visibly *telling* and *consequential* scenes and actions lend themselves to line by line coding” (Charmaz, p. 50). This initial coding allowed me to see where I needed and wanted more information, which I pursued in subsequent interviews. During this phase I was attentive to remaining open, staying close to the data, keeping my codes simple and precise, constructing short codes, preserving actions, comparing data with data, and moving quickly through the data (Charmaz, 2006, p. 49).

As I listened to and transcribed the interviews, I continued to analyze my data. Based on my interpretation of what was said, I compared the notes that I made in the margins of the interview questionnaires with the codes that were emerging from the transcribed data. I also compared the codes from one interview to another and noted those

that were similar and those that were new and different. I did this by examining each transcript from every interview and making notes according to the conceptual content that included categories of “events, acts, and outcomes” (Strauss & Corbin, 1998, p. 66).

These codes were developed from participants’ extensive descriptions about the skills, knowledge, and attitudes of the MHP as they integrate with other professionals on the teams. Charmaz (2006) points out as she discusses initial coding, “When grounded theorists conduct initial coding, we remain open to exploring whatever theoretical possibilities we can discern in the data” (p. 47). She further points out, “The initial step in coding moves us toward later decisions about defining our core conceptual categories” (p. 47). Charmaz cautions the researcher, saying “make your codes fit the data you have rather than forcing the data to fit them” (p. 6).

As I coded the data, I attended to the language of the participants, as well as my own. Charmaz (2006) discusses the way that *in vivo codes* “help us to preserve participants’ meanings of their views and actions in the coding itself” (p. 55). Throughout the process, I continually made notations to myself about the meaning of the codes and the rising theoretical ideas, as well as my own reflections about the relationships that appeared to be up-and-coming related to the development of my theory. From the onset, I made constant comparisons of the information to identify similarities and differences in the data in order to categorize it. As described by Strauss and Corbin (1998), I utilized the “flip-flop” technique to “obtain a different perspective on the event, object, or action/interaction” (p. 94).

With each interview, I gathered more and more data and coded the same and new meaningful units from the notes I made on the questionnaires, the transcripts, and in the memos to myself. I began to collapse the codes into categories (See Table 2).

Table 2: Categories and Codes

<p><u>Strong Sense Self</u> Confidence Assertiveness Self-Respect Experienced Years/Cases Mature Grounded "Who You Are" Trust/Self</p>	<p><u>Got Involved Because...</u> Family Background/Values Relationships with Other Professionals Importance of Helping Families in Divorce History of Own/Families Divorce Perils of Litigation</p>	<p><u>Qualities</u> Proactive Pace/Time Parallel Process/Development Understand/Trust/Sensitive To Each Other</p>
<p><u>Good Communicator</u> Open Assertive Able To Give/Receive Feedback Understands Core Issues Perceives Non-Verbals Resourceful/Referrals Share Multiple Perspectives Facilitator "How You Are"</p>	<p><u>Strong Values</u> Honesty/Trust Integrity Respect Safety Commitment</p>	<p><u>Training and Experience</u> Basic Interdisciplinary Collaborative Advanced Interdisciplinary Collaborative Mediation Interest-Based Negotiation High-Conflict Significance of Training Continued Learning Process</p>
<p><u>Team Building-Rel. Bldg.</u> Trust Feedback-Open to Giving/Receiving Context of Safety Work Collaborator Social Familiarity Checks and Balances Collaborator</p>	<p><u>Ethics/Legal Issues</u> Confidentiality/Transparency Multiple Roles/Dual Relationships Boundaries</p>	<p><u>Clinical Skills</u> Connection/Joining/Fit Attunement Assessment Intervention Non-Judgmental Non-Biased Non-Pathologizing Strength-Based Well-Informed Mindful</p>
	<p><u>Professionalism</u> Available/Present Organized Responsible Resourceful Team Player Practice Groups/Team Trust Neutrality/Bound "What You Do" Accountability Active</p>	<p><u>Circumstances</u> High Conflict Emotional/Financial Issues Fit Proactive Children</p>
<p><u>How/Who Chooses/Decides</u> Clients Attorneys MHPs Financials</p>	<p><u>Cultural/Ethnic Background/Influence</u> Helper/Kind/Diversity/Family Team Importance of Children's Needs Other Professionals</p>	<p><u>Team Process/Client Process/Who/How</u> Debriefing/Educate Clients/Each other Shared Knowledge, Skills, Attitudes</p>

Much of the same data appeared in different categories. At the conclusion of the first week of ten interviews and multiple iterations of the data, I had accumulated well over 75 codes and 14 categories. I noted that at the end of the first week I had not yet interviewed any FPs. I believed it was important to include their voices and compare their responses with other FPs and those of the other legal and mental health professionals.

Theoretical Sampling and Selective Coding Procedures. I progressed to utilizing “selective coding” as I discovered a theme or themes emerging from the data. Although my initial sample was an “open sample” from initial respondents to my recruitment letter, as more data was generated, I developed my theoretical samples and recruited additional participants. According to Strauss and Corbin (1998), “theoretical sampling is important when exploring new or uncharted areas because it enables the researcher to choose those avenues of sampling that can bring about the greatest theoretical return” (p. 202). Charmaz (2006) adds to this idea and suggests, that “initial sampling in grounded theory is where you start, whereas theoretical sampling directs you where to go” (p. 100).

An example of this theoretical sampling is the way I explored with new participants what happened when the process fell apart, when couples ended up going to litigation or terminating the process for some other reason or, conversely, when it was successful. Strauss and Corbin (1998) point out that “guiding data collection during theoretical sampling are analytic questions and comparisons” (p. 203). As they suggest, I asked questions such as: “What would happen if . . . ?” “When, how, and where?” The answers to these questions served as the basis for sampling and then the making of comparisons across various conditions. In this case, the various conditions explored were

the different kinds of cases (i.e., high, medium, low conflict; cases with children and no children; and cases utilizing various configurations of professionals).

The process of theoretical sampling was initiated as I more actively recruited additional FPs to further explore my research questions. According to Glaser and Strauss (as cited in Seale et al., 2004):

Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and then decides what to collect next and where to find them, in order to develop his theory as it emerges. (p. 83)

As I continued to conduct my interviews, I noticed that the same ideas continued to emerge related to the perceived roles and responsibilities of the MHP working with the teams: the skills, knowledge, and attitudes perceived necessary and desired for MHPs to do this work, the qualities and characteristics that professionals were looking for in an MHP as they participated in this process, and the beliefs about these qualities and characteristics as they related to effective team functioning.

Concurrently, I utilized axial coding to develop and test the relationships between the categories that I identified. According to Strauss & Corbin (1998), the coding occurs around the “axis” of a category (p. 50). In doing so, I made comparisons between the categories and subcategories and identified links between the codes (Strauss & Corbin, 1998). Throughout the interviews, I maintained an awareness of my questions in context, so as not to lead the participants toward any particular response. As I interviewed more and more FPs and compared their responses to the other professionals from various disciplines, I found that their perspectives were quite similar to those of the MHPs and

the attorneys that I had interviewed. I continued to compare and contrast the interview data and further collapse the categories as I defined these categories (See Table 3).

Table 3: Definitions of Themes, Core Categories, and Categories

Definitions		
<i>Discipline-Specific Competencies:</i> Those competencies that are necessary to lay the foundation for the MHP To engage in ICFL.		
<i>Shared Learning</i>		
<i>Shared Competencies:</i> Those competencies that are deemed necessary to set the context for successful outcomes in ICFL as they are integrated and further developed through interaction and participation with competent professionals from other disciplines.		
Themes	Core Category	Categories
<i>MHP Competencies:</i> The necessary skills, knowledge, attitudes, and actions required of an MHP to provide safe, effective quality care in ICFL.	<i>Clinical skills:</i> The entry level skills necessary for the MHP to have a foundation to do this work.	<i>Self of the Therapist:</i> The therapists' ability to maintain an inherent awareness of themselves that enables them to assert themselves, be clear in their convictions, be self-reflexive, and act accordingly.
		<i>Assessment and Evaluation:</i> The ability to understand and explain the dynamics of people and situations in context; an interpretation of "where and how they are, as well as how and why they do things" (i.e., relate, communicate, interact, behave).
		<i>Communication:</i> The ability to share information and give feedback to the team and the couple.
		<i>Relationship Building:</i> Helping the couple and the team, as well as The team members with each other, develop and maintain positive working relationships together.
		<i>Intervention planning and Implementation:</i> Identifying the needs of the family and the team and facilitating communication between all members to develop and execute an action plan.
		<i>Understanding Legal/Financial Terminology:</i> Understanding of the legal and financial issues and terminology related to the divorce process.
<i>Shared Skills:</i> The skill sets of each Professional that are integrated to facilitate successful ICFL.	<i>Integrated Skills:</i> The ability of the MHP to utilize their clinical skills in conjunction with the skill sets of competent professionals from multiple disciplines to successfully collaborate with divorcing couples to complete this process.	<i>Fit:</i> This is an <i>in vivo</i> code defined by participants' understanding of how the MHP matches the needs and expectations of the clients, as well as the other professionals by virtue of their personality, attitudes, knowledge, and skill sets.
		<i>Team Communication Skills:</i> Ability to give and receive feedback, be assertive, talk about content and process, and discuss problematic situations in a directive way.
		<i>Team Organizational Skills:</i> Ability to manage and delegate tasks of the team and direct the process.

<p><i>Shared Knowledge:</i> The ability of the professionals to combine discipline-specific competencies with shared competencies to promote a positive learning environment and the potential for successful practice.</p>	<p><i>Shared Learning:</i> The process of integrating skill sets, sharing information, and acquiring knowledge from interaction with each member of the team.</p>	<p><i>Background and Education:</i> Perceived relevance of the MHP's educational degrees and training in relationship to their ability to successfully participate on the team.</p>
		<p><i>"Seasoned Professionals":</i> This is an <i>in vivo</i> code about the perceived significance of extensive experience working in this field.</p>
		<p><i>Collaborative Training:</i> Perceived significance of specialized Collaborative training in enhancing the practitioner's ability to contribute to the success of the team process.</p>
		<p><i>Cultural Influences:</i> Anything about participants' cultural and ethnic background that led to their interest and ability to effectively contribute to Collaborative Practice.</p>
		<p><i>"Team Player":</i> The ability to share knowledge and information in a way that promotes joint efforts in decision making and problem solving to resolve cases.</p>
<p><i>Shared Attitudes:</i> Ideas and behavior related to the development of trust, honesty, integrity, professionalism, And ethics that contribute to the potential for successful ICFL.</p>	<p><i>Common Values:</i> Shared beliefs in the benefits of the process and about what it takes to create a positive Collaborative environment and safe environment for professionals and clients.</p>	<p><i>Trust:</i> Familiarity and safety that creates the context to take risks and explore possibilities.</p>
		<p><i>Professionalism:</i> Going beyond ethical codes, professional rules and regulations, and sense of personal and professional responsibility—for the clients and the team.</p>
		<p><i>Honesty and Integrity:</i> Upholding the shared values of the process with truth, transparency, openness, and respect.</p>
		<p><i>Commitment to the Collaborative Process:</i> A pledge to the spirit, philosophy, and mission of ICFL.</p>
		<p><i>Ethical Responsibility:</i> Allegiance to a moral philosophy including and beyond one's professional code of ethics that upholds the mission statement of Collaborative Practice as defined by the IACP.</p>

At that point, I became aware that coding new data yielded no new information and no new examples. Charmaz (2006) states: "The quality—and credibility—of your study starts with the data" (p. 19). With that understanding, I attempted to evaluate the richness of my data by asking myself the following questions, as outlined by Charmaz:

- Have I collected enough background data about the persons, processes, and settings to have ready recall and to understand and portray the full range of contexts of the study?
- Have I gained detailed descriptions of a range of participants' views and actions? (Do the data reveal what lies beneath the surface?)
- Are the data sufficient to reveal changes over time?
- Have I gathered multiple views of the participants' range of actions?
- Have I gathered data that enables me to develop analytic categories?
- What kinds of comparisons can I make between the data? How do these comparisons generate and inform my ideas? (p. 19)

When I arrived at the point at which the “interrelationships between categories were analyzed until [I] found the one that is complete enough to encompass all that has been described in the story” (Glaser & Strauss, as cited in Sprenkle & Piercy, 2005, p. 49), I realized I had reached saturation. The data analysis from the participants had depicted a “story” about the components necessary for potential success in ICFL.

Charmaz (2006) writes:

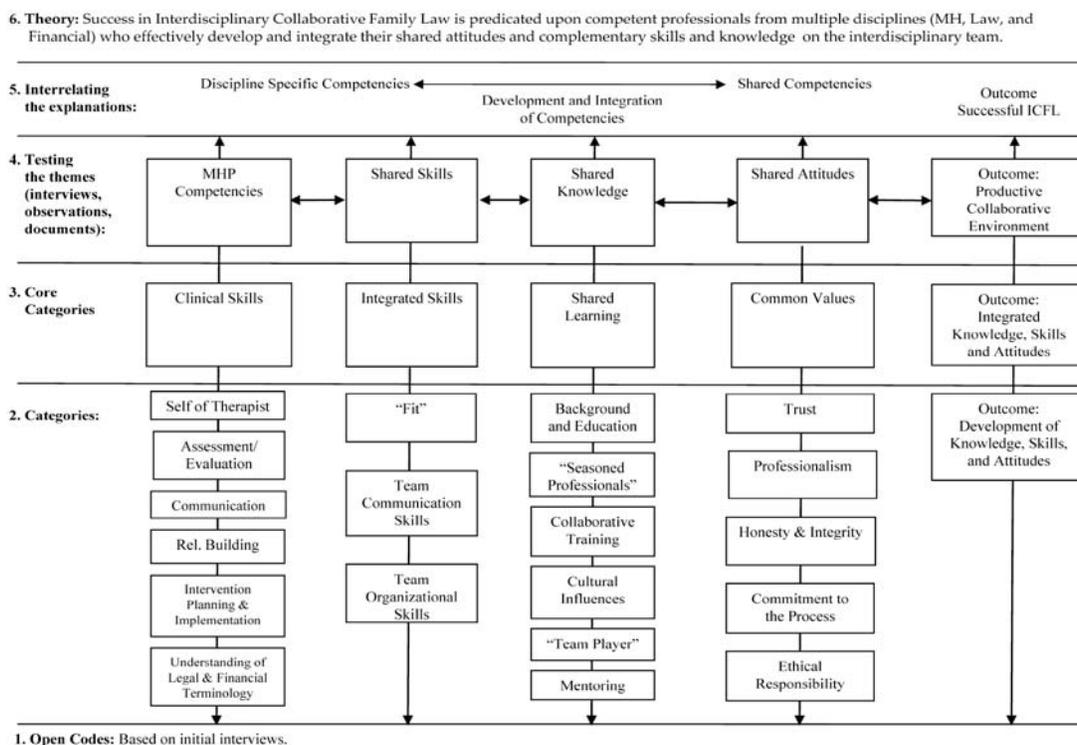
Saturation is not seeing the same pattern over and over again. It is the conceptualization of comparisons of these incidents which yield different properties of the pattern, until no new properties emerge. This yields the conceptual density that when integrated into hypothesis make up the body of the generated grounded theory with theoretical completeness. (p. 191)

On multiple occasions during the data collection and analysis phases, I met with members of my dissertation committee to review the data and check my interpretations. I

developed a data map (adapted from Harry, Sturges & Klingner, 2005) to organize the relationships between the codes, categories, core categories, and themes (See Table 4). Continuous scrutiny of the data resulted in the development of a core category. The core category was related to all of the other subcategories and was a compilation and integration of my interpretation of data that was collected.

Table 4: Data Analysis Map

Table 5. Data Analysis Map. The numbers on the far left represent the 6 levels of analysis, moving upward from the bottom. Two-dimensional arrows indicate non-linear connections among items. See Tables 1 and 2 for more information. Table adapted from Sturges & Klingner (2005).



When categorizing participants' perspectives *about competency* on the teams, I also remained mindful of the domains of core competencies for mental health practitioners identified by AAMFT task force (Nelson et al., 2007) and those identified by Sperry (2010). I was interested to see if there was a relationship between these and the discipline-specific and shared competencies that were identified by participants as

requisites for successful team practice. I also compared this data with the existing Protocols of Practice for MHPs that were developed in Texas, the D.C. Metro Area, and Florida (See Table 5). The expanded Protocols of Practice can be found in Appendix B.

Table 5: Comparison Matrix

Discipline-Specific \longleftrightarrow Shared Competencies

	Discipline-Specific Clinical Skills	Shared Skills	Shared Knowledge	Shared Attitudes
<i>MHP Competencies :</i>				
Conceptual Foundation	X	X	X	X
Relationship Building and Maintenance	X	X	X	X
Intervention Planning	X	X	X	X
Intervention Implementation	X	X	X	X
Intervention Evaluation and Termination	X	X	X	X
Culturally and Ethically Sensitive Practice	X	X	X	X
<i>AAMFT Core Competency Domains:</i>				
Admission to Treatment	X	X	X	X
Clinical Assessment and Diagnosis	X	X	X	X
Treatment Planning and Case Management	X	X	X	X
Therapeutic Interventions	X	X	X	X
Legal Issues, Ethics, and Standards	X	X	X	X
Research and Program Evaluation	X	X	X	X
<i>Protocols</i>				
Assess Client Appropriateness and Readiness	X	X	X	X
Develop Relationships with Clients and Professionals	X	X	X	X
Identify Interests/Set Goals/Brainstorm Solutions	X	X	X	X
Model/Teach Respectful Communication	X	X	X	X
Maintain Ethical and Legal Awareness	X	X	X	X
Evaluate Process and Outcome	X	X	X	X

Quality Control. This study was approved by the Nova Southeastern University Institutional Review Board (IRB) prior to its inception. This step was important to ensure that the study met all of the ethical standards of the IRB and that all participants were protected.

When Strauss and Corbin (1998) use the term *grounded theory*, they mean that the theory is derived from the data, systematically gathered, and analyzed through the research process. In this method, data collection, analysis, and eventual theory stand in close relationship to one another, so that the theory more closely resembles reality than would a theory based on a series of concepts derived from direct experiences or mere speculation. Strauss and Corbin explain that “analysis is the interplay between researchers and data” (p. 13). These specific procedures can account for the rigor of the analysis and the accuracy of the theory that has been developed from the data.

As Charmaz (2006) points out, “Just as the methods we choose influence what we see, what we bring to the study influences what we can see” (p. 15). Because I have been affected by divorce through my lifetime and have been working in the field of divorce for more than 20 years and Collaborative Divorce for the past five years, it was essential for me to maintain an awareness of my thoughts and expectations regarding my research questions. To that point, I initially interviewed myself, to gain a deeper understanding of the research questions and the data that emerged. I also listened to the recorded interviews and questioned myself about my responses to the participants, as I attended to my assumptions, thoughts, and biases about the divorce process—specifically ICFL. As Charmaz states, “researchers, not participants, are obligated to be reflexive about what we bring to the scene, what we see, and how we see it” (p. 15).

Ensuring Internal Validity: Utilizing Multiple Data Sources and Triangulation. Inherent in grounded theory are the processes of making memos, keeping a journal, constantly comparing and reviewing the data and notes, providing information to the reader about sample selection, coding the emerging categories, and explaining how

theoretical sampling was developed based on the categories that were formulated and how those theoretical formulations guided the further questions that were developed. This rigorous analysis is the basis for theory development. Charmaz (2006) states that “memo writing is the pivotal intermediate step between data collection and writing drafts of papers. When you write memos, you stop and analyze your data and codes early in the research process” (p. 72). My memos were “free floating” ideas that guided me toward an understanding of the comparisons that I made and the categories and themes that emerged. I continued to make memos to myself throughout the interviews about the transcription process, any communication that I had with participants, as well as about conversations I had with myself. I compared my responses to the questions I was asking myself about the responses I was getting to the actual responses that were being provided.

External Validity: Generalizability. In order to establish external validity and generalizability of these findings from case to case, I maximized comparisons across and between different groups of participants, as well as data sets in differing contexts and situations, through the use of theoretical selection and saturation (Sprenkle & Piercy, 2005, p. 58). As suggested by Sprenkle and Piercy (2005), it was my responsibility as the researcher to provide the reader with enough explanatory data such that they can determine the validity of my analysis and the appropriateness of its generalizability to other situations. To that point, the generalizability of my theory about competent practice when integrating the MHP on the teams in ICFL will provide the opportunity to develop standards for advanced training and successful practice for the MHP across cases.

Because of my particular bias about the subject of divorce; I “checked-in” with participants about my understanding as I developed my inquiry, gathered and interpreted my data, and reviewed the transcripts and my own notes. I also consulted with members of my dissertation committee who were serving as de-briefers, to ensure the most accurate representation of responses. As discussed by Charmaz (2006), my research questions evolved and changed through my process of data collection. With each question I asked, new questions emerged as I invited participants to elaborate on their responses. Charmaz cautions:

Grounded theorists evaluate the fit between their initial research interests and their emerging data. We do not force preconceived ideas and theories directly upon our data. Rather, we follow leads that we *define* in the data, or design another way of collecting data to pursue our initial interests. (p. 17)

This theory will be significant in the field of ICFL because it will provide the information necessary to develop advanced training programs for the MHP in various roles on the team, as well as for the effective functioning of various teams in a multitude of situations.

Strengths and Limitations. Echevarria-Doan and Tubbs (2005) suggest that grounded theory methodology has its strengths and limitations when applied to family therapy research: “The inductive nature of therapists’ inquiry, their processes with clients, and the hypothesis-driven conclusions they (may) develop, are very similar to steps taken by grounded theorists” (p. 55). These authors further make an association between the way in which a family therapist and a researcher conducting grounded theory research would be inclined to ask open-ended questions and make discoveries. Some of the

limitations of this process are discussed by these authors as well. Grounded theory methodology is rigorous, time consuming, and can possibly intrude on clients' confidentiality and privacy (although appropriate steps have been taken to attempt to avoid this).

Additionally, as I have experienced in conducting the research for this study, there is much ambiguity and disagreement in the literature about the "best practices" for carrying out grounded theory research. In my mind, and in conjunction with Echevarria-Doan and Tubbs (2005), this debate warrants further exploration, edification, and clarification.

In order to prepare myself to adequately research this topic and utilize this methodology, I studied information about the effective implementation of grounded theory to answer my particular research questions. I studied in-depth, as mentioned in Charmaz (2006), the various leaders in this area of methodology such as Glaser (1967), Strauss, and Corbin (1998), and Charmaz (2006) to determine which, if any, of their proposed methods would be most useful to me in my process.

Charmaz (2006) points out that Glaser and Strauss (1967) invite their readers to use grounded theory strategies flexibly in their own ways. Similar to Charmaz, "I view grounded theory as a set of principles and practices, not as prescriptions or packages" (p. 9). As I moved through this research process, I gained a continued understanding of the grounded theory methods I utilized and the justifications for each. Charmaz continues:

Even the most regimented process may contain surprises because the present arises from the past but is never quite the same . . . thus the experience and

outcome of a specific process has some degree of indeterminacy [sic], however small it might be. (p. 10)

In my research, I gathered exemplary data to understand “how people make sense of their situations and act on them” (Charmaz, 2006, p. 11).

Findings and Implications. In conducting this qualitative inquiry utilizing a grounded theory methodology, I developed a theory about the role of the MHP integrating with the team of professionals in ICFL. I also investigated the competencies viewed as necessary and expected for the MHPs by professionals of other disciplines on the teams. To my mind, it was important to develop an understanding of whether these competencies intersected with the core competencies set forth by the AAMFT task force (Nelson et al., 2007) and Sperry (2010). I also made comparisons between that information and the Protocols of Practice established by practice groups in Texas, the D.C. Metro Area, and South Florida (See Appendix B). The connection between the themes that emerged from these multiple data sources is depicted in Table 6. I propose that success in ICFL is predicated on competent professionals from multiple disciplines (MH, Law, and Financial) who effectively develop and integrate their shared attitudes and complementary skills and knowledge on the interdisciplinary team.

Utilizing this theory as a basis, tremendous possibilities exist for the development of more comprehensive preparation, advanced training, and assessment for the mental health practitioner working in a multitude of roles with other professionals on the team in the interdisciplinary process. Information from this study may also establish more clear guidelines for the Protocols of Practice and pave the way for newcomers to the process.

This advanced knowledge could lead to a more cost-effective, efficient, and useful team process that is beneficial to all involved. Chapter V contains a thorough discussion of the strengths, limitations, and implications of this study. Recommendations for future research endeavors are also suggested.

CHAPTER IV: RESEARCH FINDINGS AND DISCUSSION

This study explored the experiences of 29 lawyers, mental health, and financial professionals who are Collaborative practitioners throughout the United States and Canada. The purpose of this study was to gain an understanding about the expectations Collaborative practitioners hold about the competency of mental health professionals (MHP) participating on ICFL teams. Further, it was my intention to utilize that information as the basis for developing a theory to inform Collaborative Practitioners about best practices when engaging in this process.

The participants in this study were selected and recruited through their practice groups. Included in the sample were four Pioneers in the movement of CFL whom I personally contacted and invited to participate. The Pioneers constituted a special research group whose interviews served as a reflection and comparison point for data collected from the other 25 participants. Interviews were held with the four members of the Pioneer group made up of attorneys Stuart Webb from Minnesota and Pauline Tesler from California, as well as MHPs Peggy Thompson from California and Linda Solomon from Texas. The data from these interviews were constantly compared with the data that had emerged from the interviews held with the other Collaborative practitioners.

The data is based on in-depth interviews with these 29 participants who are living and practicing ICFL throughout the United States and Canada (See Table 1). I used a questionnaire with a series of 15 semi-structured, open-ended questions to guide the interviews. The interview questions were intended to facilitate an understanding of the respondents' experiences and expectations of the MHP working on the Collaborative divorce teams. The questions focused on the professionals' background, education,

training, models and methods of practice, and ideas about competencies that were required of MHPs to effectively and efficiently do this work (See Appendix F).

For the purposes of this study, competency was defined as the skills, knowledge, and attitudes required for MHPs to effectively and efficiently do this work in conjunction with the other professionals on the Collaborative teams. The interviews were conducted via Skype, telephone, and in person and lasted approximately 1 to 1½ hours each. The participants provided rich descriptions of their experiences working on teams in this arena with a focus on what has worked, what has not worked, and what they perceive needs to happen differently to enhance the success of this practice.

Digital recordings and transcriptions of the interviews were repeatedly studied over the seven-week data collection time frame. As each interview progressed, I began to identify codes that were emerging from the responses (See Table 3). I constantly compared the data that emerged from each interview and then compared the relationships between the data sets as the study developed. I continually made memos to myself as I compared the participants' responses and began to develop categories that identified the codes. I then began to define the codes and categories (See Table 4). New questions emerged with each response during each interview, as the participants elaborated on their answers. After a series of six iterations themes began to emerge. I began to more actively recruit additional participants to further explore and expand upon my research questions in order to gain additional understanding. From this rigorous data analysis, a core category and themes emerged which ultimately led to the development of a theory about the competencies expected and required of Collaborative practitioners to work successfully with MHPs on interdisciplinary Collaborative teams (See Table 5).

Subsequent to establishing a theory, I returned to the data to test it for accuracy. I utilized exemplars from the transcripts to examine their relevance to incoming data from interviews, observations, and documents. I then developed a matrix to compare and contrast themes from the interview data with the responses from the Pioneers in the field. I compared and contrasted the emergent theory with common threads found through an analysis of existing theories across mental health disciplines for “competency” by the American Association of Marriage and Family Therapy (AAMFT) and those identified by Sperry (2010), as well as the existing Protocols of Practice for mental health professionals that were developed in Texas, the Washington D.C. Metro Area, and South Florida (See Table 6; Appendix A; Appendix B).

The theory developed from this research has served as the basis for the development of an advanced training program in ICFL to be utilized for teaching and training practitioners how to effectively come together and function as a team (See Appendix G).

Characteristics of the Participants

The participants who took part in this study varied in professional training, education, professional affiliation, and orientation, as well as geographic location, cultural and ethnic background, and age. They also differed in terms of their family backgrounds, years and experience in practice, and years working in ICFL.

The participants included 12 attorneys, 11 MHPs (i.e., clinical psychologists, marriage and family therapists, and social workers), and six financial professionals. They ranged in age from 40 to 70 and all had been practicing ICFL from two to 20 years. The majority of participants had been practicing between five and ten years and had anywhere

between three and 200 cases. Most practitioners had completed between ten and 20 cases. Approximately 1/3 of the participants had completed more than 50 cases. Many had been participating in the process since the early 1990s and all met the highest standards of practice as set forth by the International Academy of Collaborative Professionals (IACP) (See Table 2; Appendix H).

The participants were required to meet the inclusion criteria that I developed utilizing the standards for training and practice established by the IACP. Several of the participants were trainers who also met the requirements for trainers set forth by the IACP (See Appendix H).

Predominantly, the participants were recruited via a letter sent to the e-mail addresses listed for their practice groups posted on the IACP website (<http://www.collaborativepractice.com>). (See Appendix D). Several participants were recruited by other participants with whom they were affiliated through their practice groups. The participants practice in the following states and regions: California, Florida, Idaho, Maryland, Minnesota, Texas, Washington, Virginia, and Ontario and Vancouver, Canada. Most, but not all, of the represented states had participants from at least two of the three disciplines interviewed (See Table 1).

To maintain confidentiality, participants in the study are identified by the letters MHP (Mental Health Professional), L (Lawyer), and FP (Financial Professional), depending on their profession. A number is attached to each participant, to further distinguish the responses. The number was assigned based on the order in which the participant responded to the recruitment letter. It holds no other value. For example, MHP1 is a mental health professional and is assigned the number 1.

Data Collection, Analysis, and Discussion of Categories

I collected the data for this study between January 21, 2011 and March 25, 2011. My analysis began as soon as I began to collect the data (Sprenkle & Piercy, 2005). As I conducted the interviews, I made notes next to each question about the responses provided by the interviewees; highlighting specific words, phrases, and segments of the text that appeared to have specific relevance to the phenomenon being studied or was somehow connected to another practitioners' response. At times, I used the words of the participants, if they exemplified a point in a central way (e.g., words such as fit, strong, professionalism, and communication). These are known as "in vivo" categories (Charmaz, 2010, p. 92). Throughout this initial process, I asked myself questions about information that was emerging. I would note those questions and make memos to myself about them. Additionally, I asked the participants to expand on their responses in order to enhance the meaning that was being interpreted, provide examples, or give additional clarification. I also questioned them about something they had said that was similar to or different from something someone else had said. I paid close attention to whether their responses compared with the views and intentions of the Pioneers. As I noted the responses, I identified certain codes that reflected my interpretation of their meaning.

This initial method of analysis is described in the literature by Strauss and Corbin (1998) as open coding. As I gathered more data, I continued to code the responses while constantly comparing them with the data that had already been accumulated. The codes were further developed through repeated iterations of the data that I conducted using this process of constant comparison (Glaser & Strauss, 1967).

According to Charmaz (as cited in Sprenkle and Piercy, 2005):

The constant comparative method of grounded theory means (a) comparing different people (such as their views, situations, actions, accounts, and experiences), (b) comparing data from the same individuals with themselves at different points in time, (c) comparing incident with incident, (d) comparing data with category, and (e) comparing a category with the other category . . . ” (p. 50)

After the first week of data collection and ten interviews, I identified more than 75 codes and 14 conceptual categories. To accomplish this, I moved back and forth between the data comparing and contrasting the responses from attorneys and mental health professionals (MHPs) while noting similarities and differences within and between the groups of professionals.

From the beginning of this process, I noted many more similarities in perspectives than differences among and between the group members. I found that although many of the MHPs worked in diverse roles and had various responsibilities on the Collaborative teams, as well as a preference and perspective about the different models of practice used, they all had the same goal in mind: to support and assist families with peaceful resolution of the issues related to the dissolution of their marriage in order to preserve relationships while restructuring their family system.

Concurrent with the literature review, many of the participants in this study became involved in this movement because of their personal and professional experiences with the casualties of the litigation process. For example, the following highlights an exchange with one participant who explained why she became involved in

this process and her intentions when working with divorcing couples. She spoke of the benefits for her and the participants:

Interviewer: What led you to Collaborative Practice?

L1: This was exactly what I always wanted. It was like a dream come true, honestly, and every case I had from the very first one confirmed that this is the only way to practice family law ... this just really fit my temperament and the way that I want to leave the office every day and go home and feel about myself. It just fits who I am.

Interviewer: What is it that fits? Can you talk about that?

L1: The fact that a couple wants to end their marriage or the relationship has never meant to me that they need to destroy each other. They in many cases have had many, many years of closeness—sharing children, family together, and it just never made sense to me that the only process available was to go to court and litigate as if they were fighting over something commercial, as if they were fighting over a corporate interest. It just didn't fit. To me a couple should never have to go to court, should never have to be in front of a judge except for the five minute hearing at the end to get the final judgment entered because the judge has no real ability to figure out what's best for the people. It seems to me that the couple should be able to do what's best for them and their family . . . (L1)

The following are exemplars from various professionals depicting the way that participation in litigation has affected them and their clients. The format used for the presentation of this data is also indicative of the comparisons that I made within and between the groups of professionals and categories during my analysis.

One attorney discussed his own experience of a litigated divorce and the way that it impacted him and his family:

That's an easy question because having been through the litigation and the divorce wars I was glad to see that somebody put their finger on the button that said there is a better way, and Collaborative is by far the better way! (L6)

A mental health professional discussed the impact of litigation on families that she was seeing in her practice. She pointed out, "My general experience working with divorcing families has led me to believe that the litigation system is incredibly destructive to the reorganization of the family post-divorce . . . (MHP7).

Another mental health professional shared a personal experience of her own divorce and spoke about the ways in which this process could have helped her, had it been available:

I got divorced in 2003. It was not expected. There was nobody to talk to. You can get the legal information with no problem at all, but the emotional support and the validation that what I was feeling was normal and okay . . . I really could've used that. So when I found a way to help other people with it I jumped on it. (MHP 4)

Similarly, a financial professional spoke about the way her own divorce led her to want to do "something different than was done to her":

I'm not saying I was perfect, but I certainly could have gone through it without the bitterness of drawing the children into it, but having seen what that did in my own family and then when I see what it does with other people I really am convinced and passionate and committed to helping people avoid that whenever possible.

(FP3)

An attorney provided a summary of the hazards of litigation from both his personal and professional experience:

I'm getting old and tired. I was a criminal lawyer, a prosecutor, and following that, divorced. I've tried a lot of cases and it does two things: Hopefully, as you get older and wiser you realize that you are destroying families if you are promoting litigation; and I did my share of that, I'm ashamed to admit . . . Court is not the place or forum to solve these kinds of disputes when people get into these problems . . . for the most part they have kids and they owe it to their kids to resolve it in a dignified fashion with people who know the most about their kids and themselves, not a stranger in a black robe. (L7)

At the end of the first week, I had not interviewed any financial professionals (the data collection period was in the height of tax season). I wanted to be cautious and ensure that the codes from the data were not skewed in any single direction. I paid careful attention to the way in which I asked the questions so as not to influence the responses, particularly since I am a Collaborative practitioner. I acknowledge that these codes and categories were developed based on my interpretation of the meaning in the data. Throughout the interviews, I checked in with the participants to clarify the intended meaning of their responses and my interpretation of them.

By the beginning of the second week, I began to develop more codes and placed them into existing categories that appeared to be relevant. I reviewed the recordings and my notes for clarification. Some examples of codes that emerged include:

professionalism, confidence, assertiveness, basic knowledge of law and finances, team player, "I to We", facilitator, ability to connect, fit, assess, understand, work with high

conflict, be a neutral presence, give and take feedback, communicate, strong, co-equal, flattened hierarchy, ability to diagnose/assess/interpret/read cues, red flags, consultant, case manager, referral source, open-minded, non-judgmental, non-biased, know when to stay back, know when to step up, boundaries, attunement, awareness of non-verbal communication, parallel process, team dynamics, work/play together, ethics, communication, relationships, and learning.

Throughout this process, I noted which of these codes could be grouped together into conceptual categories to reflect the common ideas and relationships between them. I developed definitions for the categories based on my understanding (See Table 4). Strauss and Corbin (1998) refer to this process as *axial coding*. I began looking at which codes were predominant in the data and continually appearing. Each week thereafter, I held approximately two to four additional interviews; with each interview, I returned to the list of categories and subcategories, adding new information from the data as codes and further collapsing the groups of data, placing them in the conceptual categories.

At the end of the third week and after an additional six interviews, I had almost doubled the number of codes and had developed 14 conceptual categories (See Table 3). This next iteration is known as *selective coding* (Strauss & Corbin, 1998; Sprenkle & Piercy, 2005). According to Sprenkle and Piercy, (2005), “In selective coding, the sorting of the theoretical memos leads the researcher to an integrated theory” (p. 50). With each iteration of the data, I constantly compared and contrasted the codes and categories that were being developed from the responses within and between the Pioneer group, the groups of other professionals, and the individual professionals. These similarities and differences are implied throughout the data; however, for the purposes of this study, they

will not be elaborated on. This decision to exclude specific data related to the diverse models of practice will be further discussed in Chapter V.

I shared all of this information with a member of my dissertation committee. A discussion was held about themes that were emerging. As the themes began to emerge, I went back into the data to test the codes in the categories for clarification and reliability. I read the notes and memos to myself that I had been making, and reviewed the themes that seemed to be showing up as I transcribed the interviews. After reviewing the full set of interview codes in categories, I began to compare each category with the next set of codes and categories that were emerging. I then revised the codes and grouped them according to similarities and differences.

I continued the interview process while I simultaneously analyzed the data and continued to listen to each of the recorded interviews. As I did that, I recognized information that was repetitive and new information that was emerging. I repeatedly read the transcriptions carefully and made notes in the margins about ideas that were resonating with me. At the same time, I compared my notes from the initial interview questions with my notes from the transcripts and highlighted the information that exemplified the codes and the categories that were continuing to stand out.

Unintentionally, I interviewed two members of the Pioneer group at the beginning of the data collection process, one in the middle, and one at the end. This sequence provided me with interesting data, as I continually compared their responses with the other data that was developing. I kept in mind the existing Protocols of Practice for Mental Health Practitioners in ICFL and the lists of core competencies for the mental health professions for comparison as well (See Appendix E; Appendix F).

Several more times during this process, I met with members of my dissertation committee for peer debriefing, and discussed what was being discovered and how I was proceeding. According to Lincoln and Guba (as cited in Sprenkle and Piercy, 2005), “The trustworthiness of findings in grounded theory study increases if multiple sources of data are utilized, if multiple methods of data collection and analysis are used, and if multiple investigators are involved” (p. 48).

Additional participants were selected to enhance my understanding about my research questions. I wanted to know whether all professionals viewed competent practice of the MHP on the team in the same way or differently, and under what conditions. This process of theoretical sampling provided me with the additional information necessary to contribute to my evolving theory. By the final week of data collection, saturation had been reached, as there was no new information being provided by the participants. Themes clearly emerged and a theory was developed.

In order to make sense of the vast amount of information that was provided by the respondents, I incorporated the information from the chart into a visual display, in order to map the process of analyzing the data (Harry, Sturges, & Klingner, 2005). This visual display represented the six levels of analysis moving up from the bottom of the figure to represent the themes that were being developed from the ground up. Throughout the data analysis process, I moved categories around the map to see where they fit best based on the meaning that they held for me in conjunction with the expressed meaning of the participants. The final categories and themes are depicted in Table 5. For example, initial codes such as *confidence*, *assertiveness*, *self-respect*, *mature*, *grounded*, *trust in self*, and *who you are* were all placed in a category labeled Self of the Therapist. That category

then developed into a core category labeled MHP Competencies, which headed the theme labeled Clinical Skills.

It is important to note that throughout the process of writing the analysis section of this document, I continually rearranged, collapsed, and integrated the codes and categories as I found them to be significantly interrelated. To my mind, this is metaphoric of the interrelationships and connections that exist when describing ideas about competent practice in ICFL. These interrelationships are also depicted in Table 5.

The following section provides definitions of the categories and exemplars from the data that served to develop what ultimately became the category Self of the Therapist under the core category of Clinical Skills. The core category Clinical Skills fell under the theme of MHP Competencies under the umbrella of Discipline-Specific Competencies.

- Clinical skills: The entry-level skills necessary for the MHP to have a foundation to do this work.
- Self of the Therapist: The therapists' ability to maintain an inherent awareness of themselves that enables them to assert themselves, be clear in their convictions, be self-reflexive, and act accordingly.

Linda Solomon, a member of the Pioneer group, discussed her strong sense of self and the way that enhances her ability to practice on the team:

I've always had a mindset from day one that lawyers are wonderful and confident, but I'm just as wonderful and confident. I just chose to do another kind of graduate school than they did . . . nobody's better than the other, just different.

(MHP1)

That statement was then compared with an idea presented by an FP who said, “I like to work with a strong mental health practitioner who is calling timeouts, or will say, ‘Hey, wait a minute we need to be here for our clients,’ and gets us back on track” (FP6).

A lawyer who was describing her expectation of an MHP with a strong sense of self on the team said, “I want somebody who is confident and assertive and will call me out and let me know when I am doing something that may not be productive. I want that kind of feedback” (L11).

As I progressed through the interviews, I found it helpful to conceptualize the responses in a way that told a story about how professionals became involved in this work. I explored where they came from, where they were in their professional development as Collaborative practitioners, and where they wanted to go in their future development. The initial interview guide asked for basic demographic information (e.g., where they predominantly practiced, the number of cases they worked on, etc.).

I discovered during the interview process that many of the participants began to tell me more about the cultural influences that led them to do this work. After the first few interviews, I incorporated a question about their cultural and ethnic background and how that might have influenced their work. Cultural influences ultimately became a category under the umbrella of a core category labeled Shared Learning.

- Shared Learning: The process of integrating skill sets, sharing information and acquiring knowledge from interaction with each member of the team.

- Cultural influences: Anything about participants' cultural and ethnic background that led to their interest and ability to effectively contribute to ICFL.

I thought it was notable that the founder of CFL, as well as a lawyer and an MHP who entered the process many years after its inception, were influenced in similar ways early on in their lives leading to their involvement in this movement. To my mind, that speaks to the shared attitudes and values of participants in this process, which are depicted in the dialogues that follows:

Interviewer: What is your cultural and ethnic background?

L4: I grew up in a small country town in Iowa with about 1,000 people and did all my high school and elementary school there.

Interviewer: Do you have any idea how that might have influenced your intentions and your ideas about Collaborative Practice?

L4: I think so, because in that particular small town the whole idea was to get along with each other and like each other—even me in the drugstore we operated—your main job was to treat people equally, serving people and serving the community was really an essential part of my upbringing” (Stuart Webb, Founder, Collaborative Family Law).

A mental health professional spoke about the way that her family values impact the way that she responds to clients and other professionals:

MHP 11: I was raised in a small farming community. I think I have small town family values. I am not a big city girl. I think that has a lot to do with how I see life in general. I don't see my life as an entitled life . . . I think I keep my

expectations very realistic. I have to work hard for everything that I do. There's no entitlement in my view of the world.

Interviewer: How do you think that helps with your work in Collaborative?

MHP 11: I think it helps me when I am dealing with the personalities . . . when I do see people that have a lot of entitlement and expectations. I think it's helpful to present another viewpoint. I think it's the entitlement and the unrealistic expectations that create a lot of problems . . . and that goes for the parties and the professionals as well.

One of the attorneys shared ideas about the way in which his religious orientation influenced his work with people:

Interviewer: In what ways has your ethnic or cultural background and/or cultural background has influenced your interest in Collaborative Family Law?

L10: I believe in the concept of *tikkun olam*, which is a Yiddish phrase that basically means trying to make the world a better place . . . and that is a very important Jewish concept . . . I think that fits right in with the collaborative movement.

The data from the interviews were organized into three sections, based on the interview questionnaire. The first section is related to demographic and personal information (i.e., cultural and ethnic background and influence, educational background, professional orientation, years practicing, geographic region, number of interdisciplinary Collaborative cases, as well as licenses and certifications held). The second section explored the participants' experiences and expectations when working with an MHP on the interdisciplinary teams, and the third section is related to perspectives about what

could be further developed to improve and solidify the model of ICFL. After gathering information using this format as a guide, the final conceptual categories that emerged ranged from discipline-specific competencies to shared competencies (See Table 5).

These categories were identified as follows:

1. Clinical Skills
2. Integrated Skills
3. Shared Learning
4. Common Values

After examining the content of the above categories and collapsing them even further, the following themes emerged:

1. MHP Competencies
2. Shared Skills
3. Shared Knowledge
4. Shared Attitudes

In the final stage of analysis, after continuous comparisons, scrutiny, and revision of the categories, the core categories emerged that were the building blocks of my theory about competency of the MHP in the context of ICFL.

Discipline-Specific and Shared Competencies

According to the data analysis, I identified discipline-specific and shared skills, knowledge, and attitudes that made up the core categories. The data suggest the importance of the MHP having the background and training that meet the requirements for licensure as a basis to engage in this practice. Additionally, the data suggest that doing this work effectively requires knowledge, skills, and attitudes that are beyond

what is obtained from a formal degree, and are learned through direct experience, continuous practice, and shared learning. The data imply that team functioning is a recursive process, whereby the effectiveness of the mental health professional is reliant on the successful integration of the MHP into the team as an equal and necessary participant—the whole being greater than the sum of its parts.

- **Discipline-Specific Competencies:** Those competencies that are necessary to lay the foundation for the MHP to engage in this work.
- **Shared Competencies:** Those competencies that are deemed necessary to set the context for successful outcomes in ICFL as they are integrated and further developed through interaction and participation with competent professionals from other disciplines.

From examination and analysis of the core categories and emergent themes, I developed the following theory: Successful ICFL is predicated upon competent professionals from multiple disciplines (MH, Law, and Financial) who effectively develop and integrate their shared attitudes and complementary skills and knowledge.

I drafted a definition for success in ICFL by incorporating my understanding of *success* with the ideas of the participants in this process.

- **Success in ICFL:** The effective interaction of competent professionals from multiple disciplines joining together with the common purpose of utilizing their discipline-specific and shared skills, knowledge, and attitudes to set the context for the peaceful dissolution of marital disputes without the involvement of the court system.

In the next sections, I will define each core category and theme. I will then present exemplary data, which represents the initial categories that led to the development of the theme. The exemplary data from members of the Pioneer group are continually compared and contrasted to the data gathered from other professionals for each category that support my theory development. Further, I will depict a comparison of responses between groups of participants from various professions. Each member of the Pioneer group has given me permission to use his or her name in the presentation of this data.

It is important to note that although these categories and themes are presented in a linear fashion, this is not intended to imply causality. As depicted in Table 5, these categories and themes are interrelated and appear in a continuum of discipline-specific and shared competencies necessary for successful practice in ICFL. Under the umbrella of Discipline-Specific Competencies is the theme of MHP Competencies.

MHP Competencies

MHP Competencies refer to the necessary skills, knowledge, and attitudes required of an MHP to provide safe, effective quality care in ICFL. Under the theme of MHP Competencies is the core category of Clinical Skills.

Clinical Skills

Clinical Skills are defined as the entry-level skills necessary for the MHP to have a foundation to do this work. Under the core category of Clinical Skills are the following categories:

- Self of the Therapist (See page 115)
- Assessment and Evaluation
- Communication

- Relationship Building
- Intervention Planning and Implementation
- Understanding Legal/Financial Terminology

Self of the therapist. This category was exemplified earlier in the chapter.

Assessment and Evaluation. This category is defined as the ability to understand and explain the dynamics of people and situations in context; an interpretation of where and how they are, as well as how and why they do things (i.e., relate, communicate, interact, behave).

Linda Solomon, developer of the Neutral MHP Model and a Pioneer trainer, spoke about being open-minded and not making assumptions about people when making an assessment:

What I don't need to bring to the table is the evaluator in me where I might want to bring out the DSM and say this is a bipolar, this is this, this is that. I don't need to bring the part of me that would then want to put them into categories and assume that because of that diagnosis . . . (MHP1)

The following excerpt depicts the ideas of an MHP discussing her understanding of her role in assessment about human dynamics when participating on the team:

Interviewer: When you speak about human dynamics and the MHP being able to assess human dynamics, can you talk about that and the skill sets that foster their ability to do that?

MHP 11: When I speak about dynamics, I am speaking about the emotional readiness of the parties, how they process information, how they communicate. I'm talking about communication skills on a different level—the meta-level.

When it comes to personality, I'm not talking about diagnosis; I am talking about personality style. That has a lot to do with how they interact. I also think it's important to think about where they are in the mourning process. I think about divorce as the death of a marriage. Often one person is ready and the other one is not. We have a saying, "You can only go as fast as the slowest member of the couple."

Another MHP spoke about the importance of assessment in identifying the family dynamics and formulating a team that will best meet that family's needs:

I think understanding at the very beginning more about the family and the needs of the family will help us better construct the team that is customized to deal with the needs of that specific family over time. (MHP6)

The following is a statement from a financial professional discussing his perspective about the potential pitfalls of assessment. He said, "I did a case a couple years ago with a psychologist who just wanted to diagnose the client and it seems to me that divorce is not a disease ... I think it was not helpful or effective" (FP2).

An attorney spoke about the importance of an MHP being open minded and unbiased when assessing the dynamics of a couple:

I want to work with someone who's going to be objective, non-prejudicial; to not allow their personal preferences, their personal thinking, their personal values, their own sense judgment in any way interfere in being completely objective, so that they are able, and I am able to give everyone their best shot. (L5)

Communication. This skill is the ability to share information and give feedback to the team and the couple.

Linda Solomon, an MHP from the Pioneer group, discussed the importance of communicating with the professional team and the clients. She said, “As a team member I have accountability, I have to communicate with them, I have to think with them, I need to ask them, we need to brainstorm together . . . ” (MHP1).

An attorney concurred about the necessity of an MHP to speak directly: She is able to communicate to people, particularly clients in a way that you won't be offended by, and she'll be able to call you out and call you on the carpet in a way that's non-confrontational or in a way that you can accept it. I have heard from clients who have expressed that kind of idea that she doesn't mess around or mince words, but when she speaks there is some sort of inherent authority about it . . . and so I also think that is the way that she views her role and she's very clear that she is there for the group. (L8)

Another lawyer spoke about the way teaching and modeling respectful communication can lead to successful resolution:

I have no doubt those people would have gotten into a knock-down, drag-out screaming match in those meetings if she [the MHP] wasn't there because they would try a little bit even with her there . . . I mean they both knew how to push each other's buttons but I think they really moderated themselves just simply because she was there and she did a lot of work with them in the meetings as far as helping them to communicate more effectively. She would literally stop and say, “Hey can I suggest maybe a different way of saying what I think you just said.” (L2)

A financial professional talked about his expectation that a mental health professional would assist him in understanding what is important to the clients, what their goals are, and what they hope to get out of the process. He spoke about assisting clients to “find their voice”:

It’s being able to ask questions, it’s the ability to communicate with the clients and with the team members in such a way that draws out what they are trying to say or what they need to say and acknowledging it . . . It’s the interpersonal communication skills. Most of the mental health professionals have that to some extent. I think the thing that stands out is when they’re asking the right probing questions and they are helping to get to the core of an issue in such a way that it is put out there for everyone to see and is able to be addressed. (FP6)

All of the participants addressed the importance of developing relationships with other professionals in order to have an indication of their level of competence. It was also suggested that the MHP has a significant impact on developing the working relationship between the divorcing parties with each other and the team.

Relationship Building. This skill involves helping the couple and the team, as well as the team members with each other, develop and maintain positive working relationships.

Stuart Webb, the founder of Collaborative Family Law, stated, “When we have our social gatherings, we meet people [professionals] who we never met before and maybe sit next to them and talk to them and find out about them. When I have more of a personal relationship with somebody I know whether I could work with them” (L4).

One attorney spoke about the confidence that he develops with an MHP by interacting with them outside of the Collaborative arena:

Initially there has to be a level of confidence that the attorney has in the MHP that's built up outside of the Collaborative environment. It's not likely for an attorney to agree to use the MHP—someone who theoretically could have a devastating effect upon the process—without having confidence in that person. Part of that is the confidence in them professionally; part of it is the personality. (L10)

An MHP suggested that socializing with other Collaborative professionals is somewhat new to her, and she is beginning to realize the importance of establishing relationships outside of the workplace. She said:

I haven't been someone who had spent a lot of time going out to lunch or that sort of thing [with colleagues]. I've always wanted to be careful about professional boundaries of not having any particular alliance with someone . . . but I'm shifting that in this Collaborative process. It has become more important to me and I realize if you're going to be effective on the team you must get to know people. (MHP7)

A financial professional discussed the way in which MHPs develop their reputation and the opportunity to be invited to participate on cases. He said, "My experience is that people who want cases—it is a confidence issue, it is an interpersonal skills issue, and it is a networking issue" (FP6).

In addition to socializing, all of the participants in the study spoke about how beneficial it is to participate in practice groups together in order to develop the relationships necessary to facilitate trust and a positive working relationship.

An MHP discussed the significance of her involvement with her practice group. She said, “That’s why I stay in the group. It’s not just my clients; it’s the collegial relationships I’ve developed in this group. If I’m going to be part of this group I want it to function as best it can” (MHP 9).

When asked about her role in the development of positive relationships, this MHP spoke about the relationship between the divorcing couples:

I will also work with the client on self-identifying their parenting strengths and weaknesses, where they are in their co-parenting relationship, and what they are going to need to do to move that co-parenting relationship forward in a positive manner. I don’t do the work to get them there, it’s just an identification process that’s all done with both parents together and getting them dialoguing about how they see their co-parenting relationship, how they see each other as parents, and where they are in developing the kind of co-parenting relationship they want.
(MHP7)

An attorney pointed out the ways that an MHP can assist the couple to move beyond the emotional issues in their relationship that can thwart the process of resolution:

It’s not a substitute for therapy . . . it is having someone who is really there to help them do their best at getting through this process, to identify and deal with the emotional issues that might stand in the way of their working with their ex and

with the team as effectively as possible to get to an agreement that's a good agreement for both of them. (L9)

Interventions: Planning and Implementation. This skill involves identifying the needs of the family and the team and facilitating communication between all members to develop and execute an action plan.

An MHP from the Pioneer group was asked about the way in which she intervenes that is different than what she does in the therapy room:

Interviewer: Can you talk about the difference between doing therapy and being a coach?

MH10: Well what I say to people—I say any intervention is a therapeutic not destructive construct. That's where I am with that. So, whether we call it therapy or not, we are doing something. Surely we are intervening in these peoples' lives. Then how am I get to make the most constructive intervention for this person, give them the opportunity for growth? I explained to my clients, crisis is a great time to grow and change, and as a coach I want to help you attain what your vision is of your future. (Peggy Thompson, Ph.D., Divorce Coach, Trainer, and co-creator of the Two Coach full team model)

A lawyer from this same group was asked about the ways in which MHPs intervene that are most useful:

Interviewer: When you have been involved on cases with mental health professionals, what has worked and what has not worked?

L4: Some mental health professionals are very proactive and will come to a conference with the attorneys and the clients and actually have a role of carrying on the energy of it and being able to have the skills to see what's going on and actually carry the day. Other professionals come to the meeting, but just to be there just in case something happens . . . but the clients get kind of nervous with that because they're paying big bucks and then not seeing the payoff right away and that causes some problems . . . (Stuart Webb, founder, Collaborative Family Law)

Another MHP discussed what she takes into consideration when intervening in a case:

My role is predominantly as the team leader and facilitator of the process. I assist all team members to communicate with one another effectively. I assist clients in improving their negotiation and problem-solving skills and I identify where they need to go to do that. I might assist the client in identifying their goals and interests, as well as understanding the goals and interests of the other person.
(MHP7)

A lawyer shared his ideas about an MHP intervening when there are problems between the members of the couple:

Interviewer: So you're really looking to them [the MHP] to jump in and diffuse the situation . . .

L7: . . . and prepare in advance, have meeting sessions with both spouses, and in advance of meetings making sure that he or she is anticipating the problems that can arise and calling me and talking to me about it if my client is the problem . . .

An FP discussed his notion of the MHP intervening not only with the couple, but with the team. There are two things he viewed as very important:

. . . One thing is being able to be a guardian of the process and keeping it on track, and the second thing is being able to ask the questions that uncover somebody's ultimate needs and concerns so they can be addressed and dealt with during the meetings. (FP6)

The interviews prompted interesting discussions about the relevance to other professionals of the MHPs being versed in finances and in the law. The data analysis depicted a discrepancy on the part of the professionals about how important this was. The majority of professionals agreed that the MHPs needed to have basic knowledge of both the law and finances so they could contribute to conversations and assist clients in making decisions related to these matters.

Understanding Legal/Financial Terminology. This skill refers to understanding of the legal and financial issues and terminology related to the divorce process.

Stuart Webb suggested the importance of each professional remaining within the boundaries of their area of expertise:

Interviewer: How important do you think it is that mental health professionals be informed about the law?

L4: Sometimes the client asks the therapist about the law and they ask the lawyers about the emotional issues. They've got it backwards. No, they don't really [have to be informed]. They really don't have to . . . It is their [the MHP] job just to keep the communication going, and the attorneys need to sort out that other stuff.

Peggy Thompson spoke about a coach's role in incorporating matters of the law into her practice:

I think knowing where the pitfalls are [is important]. It's like cross training in terms of not getting engaged in legal stuff. It's helpful to know what the rules are. The attorneys get upset if you make certain statements where you can throw things off by your statement, and I think that's particularly right in the beginning where people want to know things, and when you hang out with lawyers you know a lot of legal phrases . . . so stay out of those areas and always refer them [clients] back [to their lawyers]. (MHP10)

Another MHP in that group spoke about the different terms that are utilized by the various professionals and how not understanding those terms could interfere with the success of the process:

Interviewer: How important is it to you as a trainer that MHPs are versed in financial and legal matters?

MHP1: That's a great question. If we were going to view it on a 1 to 10 point scale of not important to extremely important, I probably put it around a 7, that's just my own opinion. What I've learned is that is not my job nor will it ever be appropriate to advise regarding the law, though I've learned a lot now—and regarding finances—but for me, in order to facilitate the process during legal conferences, it benefits me to understand the concepts . . . (Linda Solomon, MHP1)

When making comparisons between the core group of Pioneers and the other groups of professionals, it appears that most agree that having this knowledge, and

knowing when and how to use it, is important. The following are responses from a member of each group of professionals discussing the importance of MHPs being informed about legal and financial terminology, as well as knowing how and when to utilize that knowledge to promote effective communication around those issues:

Interviewer: How important do you think it is that the MHP be versed in finances and the law?

MHP 7: I think it's extremely important to have a good knowledge and understanding of the litigation process and of the law in divorce. I think it's helpful to understand what happens in the litigation model, what happens logistically and financially, the time frame, and how judges interact with families, and what opportunities and options are within the family law model. I think it's important to have a good understanding and background of negotiation. I happen to think that the mediation training is extremely valuable and should be required for Collaborative professionals because it covers a number of these areas I am talking about.

An FP discussed some of the perils that could occur if the MHP were to share information related to financial matters.

Interviewer: When you consider the concepts that you want the mental health professional to have, how important is it to you that they understand finances?

FP 2: It's irrelevant; that's not what they're there for. In fact, that was the problem in the case that I told you about when the guy thought he could do it all, and it was awful. I mean there are cases where he was giving advice to clients that was just dead wrong—information that should have been coming from the lawyer or the financial professional. This particular case fell out of collaboration.

So it was actually counterproductive in many ways. I believe that it is important that all the different professionals understand the basic process of divorce and have experience with all important aspects relating to their divorcing clients within their field. In fact, having the knowledge is not the issue; in my experience it is when we fail to defer to our colleagues in their field of specialty that boundary issues occur. This can be extremely detrimental to a team functioning effectively. I would ask any lawyer how comfortable they would be if another professional on his team started quoting the law.

An attorney had a very different perspective. He thought it was essential for the different professionals to be knowledgeable about all areas of the law and finances that could impact a divorcing couple and the process:

My personal opinion is that it is very important they know them [legal terms]. A lot of them are difficult for you. To be involved in this process and not know what is being discussed, it really creates a problem. If, for instance, there is a joint meeting and we are talking about mandatory disclosure, equitable distribution, division of assets and liabilities, and maybe there is a discussion about the house and there may be an emotional tie to the house, that's important. You have to have some level of knowledge to be able to help. You can understand the emotional issues, but if you do not understand the legal issues and the financial issues you are sort of working in a vacuum. (L10)

Conversely, this attorney also thought that it was critical for each discipline to be aware of concepts related to mental health:

Similarly, I feel that I cannot do my job unless I have some knowledge of mental health issues and being able to see that the parties have “issues.” Listening and being able to determine that this person is not functioning properly and maybe there are some underlying issues, and maybe they need some other things as well . . . We do a much better job for clients if we have some knowledge of all these issues so we can take everything into consideration. I know an attorney who refused to talk about emotional issues with his client and he would tell them, “I’m not your therapist, go talk to a therapist.” It is completely wrong. Yes, you could talk to a therapist, but I’m not going to ignore those issues. I have to pay attention to them; they are going to affect what happens in this case. (L10)

Another attorney agreed that basic knowledge is important. However, he expressed concerns about each profession staying within the boundaries of their specific area of expertise:

Interviewer: If you had to come up with a checklist, what would you be looking for in an MHP? What kinds of things would you expect?

L6: Well, initially I would say they would know how to handle the legal issues that come up come up in a divorce case. I think they have to have sufficient knowledge of the law regarding time-sharing and shared parental responsibility. They don’t need to have any expertise in numbers about child support or how to calculate it, but all issues of parenting.

This attorney also suggested that the MHP should utilize that knowledge, as it is relevant to their role in the process. He expressed concerns about MHPs stepping outside

of their area of expertise because of the impact it could have on the clients' level of confidence:

MHPs have to realize their borders. Everybody has an opinion, but I don't want a client saying to me, "You're the lawyer, why is she saying that?" That undermines the attorney-client confidence. When you pick your team, you want to know that the person will stay on the issues—the mental health issues, the parent-child issues. I would say the sometimes it's better to say nothing. (L6)

Interviewer: What about [legal and financial] terminology?

L6: I don't look to an MHP for that any more than I would ask a business professional about, "what's your opinion on time-sharing?" He's not the expert or she's not the expert on the legal issues.

Interviewer: So that's the benefit of the team?

L6: Yes everybody compliments the other.

Shared Skills

It became evident from the data collection that mastery of Discipline-Specific Skills was not enough to promote competent and successful practice. The data suggested the necessity of each professional integrating their independent skills, as well as sharing their knowledge and attitudes on the team toward productive outcomes. The next theme of Shared Skills that emerged from the data fell under the umbrella of Shared Competencies.

- Shared Skills: The skill sets of each professional that are integrated to facilitate successful ICFL.

Under the theme of Shared Skills was a core category of Integrated Skills.

Integrated Skills

Integrated Skills is defined as the ability of the MHP to utilize their clinical skills in conjunction with the skill sets of competent professionals from multiple disciplines to successfully collaborate with divorcing couples to complete this process.

The following excerpts provide data that suggest the importance of professionals from multiple disciplines integrating skill sets for a successful outcome.

One of the attorney Pioneers discussed the significance of the team in sharing and expanding their skill sets:

The threshold requirement is for each member of the team to be very skilled at doing what you did before you started doing teamwork and then, committing to go beyond skill in your own discipline to become skillful at integrated team-based service delivery, which goes way beyond that. (Pauline Tesler, L12)

Stuart Webb spoke directly to the benefit of multiple disciplines joining together to help the clients:

Collaborative practice is to get people back together, and working together to solve their problems. I think it's just a wonderful thing to get the other disciplines as part of the process and to bring their expertise into the situation ... so you've got your mental health professionals, you've got the neutral financial people, you've got the child specialist . . . and they all add a unique piece to the puzzle of resolving disputes . . . It's all about forming relationships. (L4)

An MHP spoke about a new awareness on the part of the attorneys regarding the benefits of integrating expertise from various disciplines. She said, “There are a lot of very highly skilled people in this profession and it draws and attracts professionals who are the best in their own individual fields—be that legal, financial and mental health” (MHP 6). Categories that came under the core category of Integrated Skills are:

- Fit
- Team Communication Skills
- Team Organizational Skills

Fit. This is an *in vivo* code that is defined by participants’ understanding of how the MHP matches the needs and expectations of the clients, as well as the other professionals by virtue of their personality, skills sets, knowledge, and attitudes.

The literature supports a model that espouses the benefits of the therapeutic alliance extending beyond the therapist and individual client to the multiple systems operating within the client’s world (Rosenfeld, 2009). To that point, it appears logical that the better the connection—or fit—between the MHP and the client, the MHP and the other professionals on the team, and the clients with the entire team, the higher the likelihood of a successful outcome.

Linda Solomon suggested that fit is about being attuned to what is being said and also what is not being said in meetings. She said that it comes from developing a relationship with all of the participants and understanding the “meta-communication” in the room:

Interviewer: So it’s important for the MHP to be attuned to the team, the clients, the dynamics, and the circumstances. Can you elaborate about that?

MHP1: It really is. I mean part of that of course comes from getting to know the clients and developing a relationship with them, and a big piece of it is really paying attention to the non-verbals . . . particularly in a joint meeting when all the professionals are together with the client. I'm super focused on what isn't being said. I really see that as a big part of what I am being paid for.

One of the attorneys supported Solomon's perspective and discussed his expectation that the MHP be trained to identify the core issues so that a productive settlement meeting can take place:

L10: I think that the mental health professional from their training should have better skills at listening and viewing body language and paying attention to tone of voice so that when things are being said in a meeting the underlying issues can be seen and discussed. Even if they're not being discussed in a joint group meeting with the parties, they need to be discussed with the professionals so that the professionals are aware of the underlying issues and act accordingly . . .

Interviewer: So being in tune with what's going on overtly and covertly would you say?

L10: Yeah that's an accurate statement. Those are the skills that you bring to the table.

Peggy Thompson spoke of her decisions about which lawyers she refers to when she has clients who will be pursuing a Collaborative Divorce, based on her idea of a fit and who will make the best connections:

MHP10: When I have a client, I refer them to an attorney that I think fits them.

Interviewer: So how does that work? A client comes to you, and you refer them to the attorney?

MHP10: I'm their coach and I say, "Here are three attorneys." I try to pick people that I think will fit them, and I tell them why I think this will fit. I say, "I think you might match well with them. You interview them and then let me know." I think that bond is really important . . . you know in therapy that's a critical part. . . our relationship with this person.

Interviewer: So it's that connection . . . the fit . . . I think that's what you are you talking about with clients and with the team.

MHP10: Absolutely!

One of the attorneys spoke about determining a fit between all members of the team. She also spoke about difficulties that occur when her idea of who fits may not match with the other attorney on the case:

It's a real challenge to figure out which mental health professional would work best with which attorney—not just clients . . . what I feel verses what the other attorney feels the role of the MHP should be, and even what I feel the role of the MHP versus what the client thinks it should be . . . (L1)

This attorney shared factors that contribute to her choice of an MHP as a fit for her clients:

Maybe there are some particular mental health issues and you think of this other person from this other group because they're really good on this kind of thing . . . and then in our group we've got a man and so sometimes it's just based on gender. (L2)

Another lawyer explained how he decides who might be a fit for his clients, based on both his and his clients' needs:

For me, it just depends so much on what the case is about, and who the people are, and what their personalities are. In a case I've got right now I'm representing a woman who is among the neediest of people I have ever worked with and without our psychologist . . . she's not a psychologist, she's a licensed mental health counselor—without her, I'd be suicidal. I couldn't deal with this woman day in and day out, dealing with all of her issues . . . listening to the same stories over and over again about her husband's girlfriend. I couldn't do it. I'm not skilled enough to deal with it or patient enough to deal with it. It really is way outside my area of expertise, but she [the MHP] is funneling all of this into effective communication. (L7)

An MHP discussed her ideas about being appropriately matched, in order to connect with all people involved in a case:

Until recently, the lawyers would be determining who should be at the table . . . I have my skills and my processes and dovetail my skills with Collaborative practice. Those cases I take now feel more like a decision . . . I first have a conference call with the two lawyers, because if I don't feel like I could work with the two lawyers successfully, I'm not going to be able to provide good service to the client. I want to know what the expectations of the lawyers are of me and I want to know if I can successfully have a reasonable chance of meeting their expectations. If I can, we will talk about those expectations and skills I bring to the table, and if there's a match of skills with what they're seeking . . . if it is, I

will have their clients give me a call. (MHP 6)

An FP spoke about the long-term ramifications for clients when professionals or clients do not perceive that an MHP fits on the team:

FP4: In my opinion, maybe I'm wrong, they neglect the mental health side because they don't think they need it. They think that mental health professionals are just hocus-pocus. I'm sorry, I am not trying to be disrespectful . . . they [some attorneys and clients] think that they [MHPs] don't fit in, that they're not required. Whereas in my opinion this probably is a critical part of the whole divorce because it's often neglected and will come back to haunt the individuals because they haven't dealt with the whole mental health side of it, and those issues will stay with them forever . . .

Team Communication Skills. These skills incorporate the ability to give and receive feedback, be assertive, talk about content and process, and discuss problematic situations in a directive way.

The following is an excerpt from an interview with a Pioneer trainer who stresses the importance of being mindful of the team process when giving feedback:

The first thing that comes to mind is that it is the team that I have a commitment to, as does every other team member . . . and that if another team member is saying or doing something that in my opinion is having a negative impact either on the process or the on the clients' comfort level, I have to step up and say or do something about it. I have to—that's my job. I think the art is what I say,

when I say it and where I say it . . . in the debrief, in front of the clients, in private, in an e-mail—that’s the art of it all . . . that’s my job. They look to me to facilitate and keep things moving and they all have an expectation that I’ll deal with the elephants in the room . . . (MHP1)

It appeared from the data that the FPs I interviewed were functioning as participant observers and were acutely aware of the necessity for the MHP to provide feedback that would prompt the attorneys to be mindful of maintaining the integrity of the process. One FP said:

The Collaborative process doesn’t work unless you have a mental health person. You’ve got to have somebody who can make the professionals take that step back. You’ve got to allow the parties to do what they want to do without the attorneys feeding into the anger. The parties may have an attorney who is trained to take that stand . . . the hardest part of this process is getting the attorneys to step back and say, “No you can’t run with that.” (FP5)

Some discussion arose with the FPs about the MHPs’ being intimidated by the attorneys and being concerned that there would be ramifications for speaking up and calling an attorney out for inappropriate behavior:

The main thing I’ve noticed with the mental health professional is that it has to be someone strong and somewhat assertive, and they have to be the ones to sort of run the show to keep everyone on track . . . not only the parties but professionals when they’re not behaving collaboratively . . . But the most important thing of this is that it is a client’s process . . . (FP3)

This FP stressed the importance of information-sharing among all members of the team:

Interviewer: You said that she really facilitated respectful communication and managed all of the personalities. Can you talk about how she might have been beneficial to the team as well . . . not only to the clients but to the team as well?

FP4: She explained what's going on to the whole team. For me, that's why they play such an important role, because they are able to decipher the information that's coming from the thought processes of each of those individuals and they are able to convey it . . . they are able to share that information, and dissect that information for the team so that the team now has an understanding of the thought process and the way each individual may or may not be in their lives, and why they're doing certain things. So that for me is why they play a critical part for both sides . . . managing the clients and the professionals.

Many of the attorneys acknowledged the difficulty in making the change from being an adversary to being a Collaborative practitioner. The literature review identifies this as one of the most critical aspects of the Collaborative approach. Stuart Webb and Pauline Tesler refer to this as a *paradigm shift* that must occur in order for this process to work (Tesler, 2006; Webb, 2008).

All of the participants in this study agreed that it was helpful for the MHPs on the teams to point out to them when they were stepping over the line and into "litigation mode." One attorney explained why that is important to him:

You have a mental health professional on the team who needs to not only address the client, but that needs to address the attorney who may be acting out and has

not made the full paradigm shift and their litigator traits are coming out . . . the offending professional or the offending party is not to be insulted . . . they're going to understand that you know something happened here and they might say, "I wonder if you can help me understand what happened here because I don't understand how this happened . . ." (L5)

Another lawyer talked about being open to constructive feedback. He said, "I certainly view myself as being a participant in the process and therefore subject to critique and criticism and to being called out on something that's not appropriate. I hope that the other people would say that that was a true statement" (L8).

One attorney illustrated how much she appreciated the MHP stepping in and providing her with feedback that ultimately helped her client:

This person will be a team member and will work with the other professionals on the team to guide and assist us through the process. I expect the mental health person to help when I'm running off into the ditch. It's usually the coach that brings me back helps me see it. There is a case that I had where my client was so victimized by a situation and I kept empathizing with her situation and the coach said, "You know, you're highly empathetic but it did end up crippling my client. What she needs is to hear that we have to get back to business and your job is XYZ and to hold out for her a vision of her as a confident person" . . . and I went, "Oh my God," and I immediately tweaked my approach to that particular client and it was way more effective. I was so glad to have the coach who could put that in perspective. I think since then I have paid attention to my clients. If I have a client who is expressing feeling victimized, I empathize with that and then

tell them that, “Now I have great confidence in your competence because I’ve seen it in this, this, and this . . . I am confident that you will be able to make smart, wise decisions in the future going forward now.” (L3)

Conversely, another attorney expressed her perspective that most MHPs that she has worked with were more passive and not willing or able to give attorneys the feedback that they might need to “stay on track”:

I’ve had situations where the attorney representing the other spouse was really out of hand . . . just out of hand . . . out of control and saying things and doing things that ended up being the reason the process did not work. There was [an MHP], but she could not handle the strength and aggressiveness of the attorney . . . and I’m not saying that I am exempt from that. It’s very possible that something could rile me and that I might just start; my voice might take on a tone that I’m not happy with or that I might not notice. I would very much like the MHP to be sort of the gatekeeper of the emotional content of the meeting, especially of the professionals—both attorneys and financial professionals, especially both attorneys, would need to agree to this . . . and again that’s where it’s important to have a practice group and have them understand that that is your [the MHP] role and be willing to allow you [the MHP] to play that role . . . because many attorneys don’t understand that, they really resent that and are not going to allow that to happen. So I would love for that to be the motto and to be one of the main roles of the MHP, but I’m not sure that everyone who’s practicing is on board with that. I don’t know . . . (L1)

The interview data suggested that the team members often looked to the MHP to provide direction for the development and flow of the meetings and the process.

Team Organizational Skills. These skills include MHPs' ability to manage and delegate tasks of the team and direct the process.

In this segment, Linda Solomon, an MHP from the Pioneer group, discussed the ways in which she takes on roles and responsibilities that facilitate team organization:

Case management skills and the ability to do quick assessment, not evaluations and offer a quick assessment of the situation. Crisis management is a big one.

Human behavior arises, and we bounce from one crisis to another in a divorce process. The team often looks to the MHP to intervene in crisis management.

Group facilitation skills are also very important. (MHP1)

An MHP working as a neutral MHP in this process discussed her expectations of herself, as well as others' expectations of her, when working on the team. She said:

I take on sort of case management tasks. Again, I don't mind doing that . . . I think it fits very well for us to pay attention to the pacing of the process. I also pay attention to, if we are ready for a meeting, are we having meetings too soon, too far apart, what is the proper agenda for this meeting and the addressing of issues between meetings? (MHP7)

As the data analysis developed, it became evident that discipline-specific and shared competencies are important to successful team practice. It was also perceived that the success of the interdisciplinary process depends on the degree to which the professionals from various disciplines share their knowledge and experience with each other and work well together.

Shared Knowledge

Under the umbrella of Shared Competencies, which emerged from the data, came the theme labeled Shared Knowledge and the core category of Shared Learning. Shared knowledge refers to the ability of the professionals to combine discipline-specific competencies with shared competencies to promote a positive learning environment and the potential for successful practice.

Pauline Tesler writes about the importance of shared knowledge and learning to successful ICFL:

Collaborative team practice offers the dynamic potential to function as a learning laboratory in which collaborative lawyers and their colleagues build clearer understandings of best practices, become more aware of each professional's journey to achieve them, and discover ways to bridge the gap. It provides what Paul Brest and Linda Hamilton Krieger call a "kind" learning structure, in which people receive prompt, reliable feedback that is then used "advertently." Team practice provides a practical means for learning from our own mistakes, a notoriously difficult challenge. (P. Tesler, personal communication, March 7, 2011)

Peggy Thompson emphasized what Tesler said in her comments about this topic: I have to be a learner. I think that's a qualification—you have to be curious, you have to be open. It's an ongoing learning process. I don't need more continuing education . . . it [learning] is a personal growth process. (MHP10)

Shared Learning

This is defined as the process of integrating skill sets, sharing information and acquiring knowledge from interaction with each member of the team.

The following excerpts depict the ways in which professionals perceive that they learn from one another in this process. This attorney discussed the importance of being open to others' perspectives:

I mean I work with all kinds . . . a number of people, and I so much appreciate what they have to offer . . . they see things from their perspective, and sometimes we have a different perspective, but most of the time I find it adds value to how I'm looking at the situation, and how I could be more effective with this particular client or in this particular situation. (L3)

Another lawyer shared the benefits of the team being able to "debrief" about a meeting and learn from each other about what had transpired:

From a personal perspective that's the part I enjoy the most . . . that it's such a team setting and that the goal is to get these people together and settle. I like that fact a lot. I like the fact of the post-meeting briefing . . . the debriefing . . . I think that's a very valuable process and solidifies the team. We can sit there and laugh about things that have happened. We can work on how to get better at our next meeting and add a better focus, how to do this better, and it's valuable for the team and it's something that I'm very interested in doing in this process . . . This is all just an educational process. Just like lawyers have to learn by trial and error, we all have to learn by trial and error. Interdisciplinary Collaborative Law is in

place for reason . . . it is a three-legged stool. (L7)

In contrast, this attorney believed that further learning must be developed around how to work together on challenging cases in order for this process to be successful. He said, “We need to learn better together to work with high-conflict couples . . . We need to learn how to work better together. We have a long way to go” (L5).

The following categories fell under the theme of Shared Knowledge and contributed to the development of the core category of Shared Learning:

- Background and Education
- “Seasoned Professionals”
- Collaborative Training
- Cultural Influences (See page 117)
- “Team Player”
- Mentoring

Background and Education. This category includes the perceived relevance of the MHPs’ educational degrees and training in relationship to their ability to successfully participate on the team.

Most of the professionals who were interviewed suggested that the background and education of the MHP on the teams did not matter to them as much as other qualities and qualifications that have been identified. When choosing an MHP to participate, what was common understanding to all attorneys was that an MHP must be licensed to practice in their state and possess the necessary knowledge base needed to contribute to

the process. Many did not appear to have a clear understanding of the distinguishing factors between a Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, or Clinical Psychologist. The MHPs discussed whether their background, education, and training prepared them to enter this arena. The following excerpts depict the perspectives of members of the Pioneer group about the importance of background and education to successful ICFL:

Linda Solomon from the Pioneer group discussed her post-graduate work experience and the ways in which that prepared her to do this work:

I always say, and I believe this, and I'm so grateful . . . my background for me is the perfect mixture to bring me to this point. It's like the spokes of the wheel all converge to the center of the wheel. I mean think about it . . . training in child development and elementary education teaching—and I do a lot of teaching—a lot of psycho-educational work in co-parenting. I've worked in agencies at facilitating groups. I know all about casework management from my agency work . . . All those years as a clinician . . . What I think that gave me that's crucial in this work on this road particularly is two things: Number one, for the most part the comfort level that whatever shows up in this room, I either know what to do or I know how to access someone in the community who knows what to do. Number two: This is really important, the second one. That [my experiences] gave me the confidence with the lawyers that I am an equal team member and that my contribution matters as much as theirs does . . . and particularly the lawyer . . . and a lot of MHPs have been intimidated or uncomfortable with that. I think the

mixture [of experiences] has brought me that. That's the gift my background has given me. (MHP1)

Peggy Thompson, also from the Pioneer group, spoke about her experience and training and the way they contributed to the development of this model and her practice:

I worked as a child therapist, if we go back to the beginning. I have a minor and a degree which was community psychology, which was really a broader systems approach . . . and my major was in family psychology with an emphasis on the children, so I have a child specialist part . . . and I did an internship as a child specialist and an internship with families and couples, so I have that background, which I think helped . . . and the whole idea of the system which is so critical . . . and at that time we were working with high-conflict couples . . . we had no training here and I had not had any for working with high-conflict couples because they didn't offer it here. It wasn't on the radar . . . so we were kind of working as family therapists working with high-conflict couples. By the time we'd get to a custody evaluation most of those are pretty high conflict and they also have personality traits that are exacerbated . . . I think that we evolved . . . we evolved partly because of our group dynamics and having a great big mix in our group dynamics and being evaluative and using diagnostics to be more descriptive . . . I think the diagnostics are important . . . not in terms of the labeling, but in terms of having a description and thinking about how best to work with that person given that description of their personality. Everybody has personality traits and under pressure those get exacerbated. And the pressure of the divorce is

certainly going to exacerbate them and certainly they appear to be a disorder that doesn't mean it's always going to be that way . . . (MHP10)

Pauline Tesler from the Pioneer group shared her perspective about educational background and training. The general consensus found from the participants' responses clearly reflects Tesler's ideas and intentions:

I don't think the specific credential of the mental health professional matters very much . . . what does matter is having plenty of experience in family systems, and ideally experience in high-conflict divorce work . . . so it's a combination of particular kinds of education and experience. (L12)

The following excerpts are a comparison of what the other professionals deemed important in terms of the background and education that an MHP should "bring to the Collaborative table."

An FP suggested that he did not make his choice of an MHP based on their degree:

I am ignorant when it comes to being able to discern the credentialing of the mental health practitioner and their ability to function well on the team. What I do know is how well they communicate with people prior to going on a team, and how their interaction is in the team meetings . . . Someone can go to school and they can get a license as a mental health professional and even have a Ph.D. and that doesn't mean that they're prepared to do this work. (FP6)

One of the MHPs discussed her background and training, and the ways in which they prepared her to work in this process:

It [her education] sort of gave me a general foundation in interviewing, in basic counseling skills . . . just because we're not doing counseling doesn't mean you won't use a skill or two . . . diagnostic issues, family systems issues, all of these basic foundations are necessary. (MHP 7)

She also discussed how essential ongoing training and professional development is to her performance:

Would I have been prepared coming out of school to do this work? I don't believe it would have been enough. It just sets the foundation, and then you start the work in the process of doing the work. In working with these families you find quickly major areas of knowledge and skill that you don't have. It's a process of then taking the mediation training. In addition, everybody has to take the continuing education so I took many of those around family law mediation, divorce, family systems, all of those issues . . . (MHP 7)

This MHP went on to point out how additional training in specific content areas is needed. She stated, "If you have no training in addictions or you have no training in domestic violence or in child abuse, you are not going to know what to do with those issues that crop up within this process . . ." (MHP7).

Another MHP and trainer punctuated how her extensive background and training in Systems Theory provided a critical foundation to do this work:

I think that a lot of people say they don't know what to look for in terms of experience and background and training, in so much as what you're talking about is really very subtle . . . when I'm training I stress that in my view Marriage and Family Therapy is an essential discipline for divorce coaching. If you're not

trained as a marriage and family therapist, then you need to access the training. You must have a systemic view of your families and not just being in an individual psychology frame. That's not helpful. I reference the Systems perspective throughout. I urge attorneys to give up their fiction that these are individuals with no connections to others and to see the family as a group . . . that is essential. (MHP3)

One of the attorneys had more of an understanding of the similarities and differences among the various mental health professions, and explained how she considered those differences when making a choice about which one to have on her team:

I have worked with Psy.D.s, Ph.D.s, Licensed Social Workers, and Marriage and Family Therapists . . . I even worked with one that had no licensure. I don't examine their credentials so to speak, but I have learned to give more credence to Marriage and Family Therapists and Social Workers than Psychologists; unless I really know the psychologist well and have seen reason to believe that they have some of those same stronger traits that I'm looking for in the other mental health professionals. I don't like to generalize . . . I guess I just have a sense that the training is more family oriented and more systems . . . a systems approach—and there's much less labeling, and less categorizing; its less didactic and less academic and feels more like it flows more with the family . . . the family and the couple who we're working with . . . It's not every psychologist, but I've sensed that . . . (L1)

One attorney suggested that educational background and degrees were not her priority when choosing an MHP. She viewed knowledge and training in a specific area that fit her client as more important to her choice:

I would say sometimes that is important [background and education] but that's not the case most of the time. Sometimes you have a client who needs somebody with a certain set of credentials so that person will have credibility in the client's eyes . . . so you might want someone with more advanced degrees or something in a situation like that. I would say it's important to me sometimes if I know some coaches might also have some clinical medical background. I'm thinking of one woman who is an LCSW but she's also an RN and if there are health issues with the parties, or sometimes there are medical issues pertaining to the child of the parties, she'll be somebody who comes to mind first because of that sort of outside expertise. There's another man in our group who has a lot of background in working with kids and educational issues and so he's somebody I would go to if there were a child who had educational issues or autism or some particular issue like that that the family is dealing with. (L9)

An FP discussed his perspective about why he may have a preference for an MFT with certain training over another. He discussed why he perceived that certain kinds of training could interfere with the process:

For those that are MFTs, LCSWs, they seem to have an easier time than the Ph.D.s do . . . I think it's because some Ph.D.s were looking for pathology and tended to diagnosis the clients . . . that's just what they do . . . and that doesn't mean we don't have some wonderful psychologists who do great

work, we certainly do. I think they have a little more to overcome in terms of changing and in understanding the paradigm shift necessary to do this work well.

(FP2)

Another attorney spoke about the background and training of all of the professionals on a team. He suggested, “Across the board in every single profession, it’s not your background, it’s not your training; rather, it’s basically how you’re involved as a professional in this process . . . that’s the key.” (L5)

Seasoned Professionals. This category refers to the perceived significance of extensive experience working in this field. “Seasoned professionals” is an *in vivo* code. Many of the participants used this phrase to describe those professionals who had many years of experience working in their field, specializing in working with high-conflict couples and families in divorce. Others used this phrase to describe professionals who had extensive experience working in ICFL. The interview questions led to contrasting responses.

The participants in this study had all been practicing in their respective fields anywhere from 13 to 40 years, ranged in age from 40 to 70, and had brought a wealth of both professional and personal experience to their work. Some participants discussed the importance of being experienced enough to do this work beyond a graduate degree and license to practice. However, as is depicted in the following segments, it was also deemed important by some who are interested in the expansion of this movement to provide newcomers with the opportunity to develop the experience to become effective doing this work.

One MHP said very succinctly, “This is a job for the senior therapist” (MHP3).

Another MHP explained the way her extensive experience working with couples enables her to time and pace her interventions:

Interviewer: Would you talk with me about the kind of experience that it takes for a mental health professional to be able to do this work?

MHP2: You have got to have a solid grounding. In having a lot of experience with couples, I know from all the work that I’ve done there’s a way you can hear the rhythm of their arguments, so you know when to intervene and you know whether to let them go.

An MHP who is also a trainer talked about an extensive background in mental health and family therapy being a necessity:

MHP 8: I know there are people that have never been a therapist that are doing this work. I think some of them are good, but generally you need a mental health background. It’s not therapy, but all the dynamics are there and you need to understand them. If you’re going to be a neutral you need tons of time as a family therapist and so you’re comfortable being in the neutral position.

Interviewer: You just stressed tons of experience. Can you speak more about that?

MHP 8: I think that the protocols are great, and they’re a great framework, and the team trainings are a great framework, and there’s always good information.

We have the structure of Collaborative, but they don’t just fit into a simple framework. If you’re not very experienced or you don’t have very much mental health experience, it’s harder to do the work and you rely on that structure a lot more, which I think can be limiting. You have to use

yourself. I say it's about my presence. Also, all the family therapy that I've done and taught—I am an approved supervisor—has helped me just breathe into this role.

One MHP also spoke of both life experience and professional experience being important components for success in this role:

Interviewer: Would you speak more about what you said about “knowing enough to know what you don't know?”

MHP9: It takes practice. I don't think this is the kind of work a 24-year-old should be doing. That's my experience. I think this is the kind of work you need to have some kind of seasoning. You need to be in the field for a while, and I'm going to stop short of saying you need to have had children or that kind of stuff, but you need to have some experience under your belt and to understand number one how life-altering divorce is even when both parties wanted it. Even in the best circumstances, divorce is life-altering.

A lawyer spoke about the importance of an MHP having training and experience working with families in divorce:

We really want professionals who are going to be very experienced in dealing with family members in the divorce process. We want folks who engage in a lot of counseling. It could be even all types of family counseling; working with kids, working with families, working with individuals. We definitely will want therapists who are Systems oriented. (L5)

From the following excerpts, it became apparent that some professionals have concerns about excluding those without experience from the process, thereby running the

risk of preventing them from becoming experienced. An FP had a different view. She felt it was very important to open the practice to all qualified professionals and not develop small groups who solely work together:

I've never worked with the same team twice. I'm on the board now and I think the attorneys on the board are really trying to work with different neutrals. If you want this thing to go you can't just limit it to a few neutrals because there is the perception that there is a small clique of people who get all the work. I know at first I felt that that was the way it was. I was so gung ho about Collaborative and I got my first case. It was a difficult one. Not only was it my first, but the clients were so bitter and angry and out of control. Then I didn't get another case for a long time and was feeling frustrated. I thought, "Why am I going to these meetings, getting further education, and paying my dues when this business is only going to a handful of people?" Now I think I'm one of those people who is perceived as being "in the clique" and I see that there's a conscious effort to use different financials and different mental health professionals in the teams, and I think this is a good thing. (FP3)

A Collaborative lawyer and president of his practice group shared the same sentiment:

It's being willing to try and use our new people. Some attorneys are not going to do that, and I feel an obligation to do that in part because of who I am—my personality, and in part because of the role I serve as the president of our group. I like giving other people an opportunity. (L10)

Collaborative Training. This refers to the perceived significance of specialized Collaborative training in enhancing the practitioner's ability to contribute to the success of the team process.

The members of the Pioneer group were the first to join together and train other practitioners to participate in ICFL. The following segment illustrates their philosophy about the necessity of specialized interdisciplinary training to do this work effectively. When asked about the importance of Collaborative training and professionals learning from each other in an attempt to increase the effectiveness of this process and develop competency to do this work, Pauline Tesler had this to say:

I think the same qualities are required for any professional who is going to do team practice—transparency and a willingness to be authentic and vulnerable (which is the ground for learning something new), and a willingness to develop the skills ... they are communication skill sets that allow for learning conversations to take place on the team as they work together. (L12)

Stuart Webb spoke about his experiences in training and why he thinks it is an essential component to successfully doing this work:

We had Linda Solomon coming from Texas and had full day training. She's got her own point of view and she brings an energy that people can leave that room and they feel energized ... they want to do the right thing. (L4)

With the ongoing growth in the number of professionals that desire to participate in the Collaborative process, there is an increasing need for qualified trainers. The IACP has established protocols and requirements for trainers and training that qualifies a professional to engage in this work (See Appendix H).

Most practice groups require that all of their members be specifically trained in this process. Mandatory training requirements for membership in ICFL groups are being strongly considered. Twelve of the professionals interviewed are well-established and well-known trainers of ICFL. Several had comments related to training and experience that contributed to efficient and effective preparation of professionals to do this work.

One of the MHPs who has begun to develop her own training programs in conjunction with an attorney spoke about how she designed her training based on what they learned from other training programs, and what they thought they had missed:

The difference in my training, and I think that's why people really liked it, is that I kept everyone together . . . Because we work together in this process, I just knew that was right thing to do . . . I focused on the mental health professional and the role that we play. (MHP 11)

When asked about training programs that he attended, an FP spoke about why he thought it offered him and the other professionals a unique learning opportunity:

Mental health professionals I've worked with all have had a fairly solid understanding or background in family law. I think most of them have worked in the area for a while and they have an understanding of the financial piece. I think this has improved with the training . . . and the fact that in the trainings we emphasize all three roles and give fairly significant training in the financial area. It's critical that the training requires that we don't segregate the training . . . and it's funny, I asked about that early on in the process when we started putting together education. That issue came about as to, "How do you get the mental health professionals to understand that they need to listen to the financial

professionals [talk about finances]?” . . . they need to. I think that is critical and people have learned a lot more by staying in there. I think the fact that we require all three disciplines to be there for all of the training has brought everybody up to a much higher level. (FP5)

Another FP spoke about his experience as a trainer and the things he thought were important to be skilled at and incorporate into his training programs. He spoke not only about his considerations for the trainees, but he also spoke about his relationship with his co-trainers:

Well number one, your training better match what you're practicing. You can't train somebody in the team model if you're practicing the One-Coach Model or the One-Coach Model if you're practicing the Two-Coach model. You better be trained in what you're training. Although it could be an ideal example of what you would do in a perfect world. I think that also you need a wealth of experience and I think you also need to work very effectively with the other team members. It's just as important. Team trainings are very, very difficult. They're very, very draining and require a lot. You've got to be confident. (FP2)

This trainer also spoke about his focus on developing the confidence of MHPs to work on this process via training:

I think that one of the most important things with respect to mental health professionals is they have got to get over their inferiority complex when it comes to lawyers and to some degree financial advisors. I had a mental health professional say to me one time, I'm so glad you're here. Finances to me are an alien landscape . . . And I said, "We became what we are because we move in the

direction of our skill sets and our preferences.” We hope for the professional [we train] that we are doing something that works for them. (FP2)

In addition to specific Collaborative training, one FP suggested that additional training in areas outside of their area of expertise contributed to their ability to practice in the Collaborative arena:

I find, for myself, I did a lot more mediation training and a lot more dispute training, and a lot more mental health sort of training, but rarely do I go get trained in finance. I’m always getting more training in psychology and systems and what’s going on with people. (FP1)

Team Player. Being a team player was another category that contributed to the theme of Shared Knowledge under the core category of Shared Learning (For definition of Shared Learning, see page 149). Shared Knowledge is defined as the ability to share knowledge and information in a way that promotes joint efforts in decision making and problem solving to resolve cases. “Team Player” was an *in vivo* category: a term utilized by many of the participants when speaking about the way that the MHP could enhance the effectiveness of the interdisciplinary team.

Pauline Tesler spoke to the benefits of the team working and learning together:
. . . Also having a gift, I suppose, is a better way to talk about it—a willingness to be a beginner . . . this work calls on us in all three professions to be beginners and to be willing to share the sandbox and learn a whole new set of concepts and skills, including the mental health professionals. Just like the lawyers, they need to learn teamwork . . . (L12)

Although the participants may have different practice modalities and differing opinions about which model is most useful and for what purpose, they were all in agreement about the benefits of including an MHP on the team. It is apparent from these professionals that the notion of competency to practice in this forum requires a successful integration of knowledge, skill, ability, and attitudes among team members. The following section will provide the perspectives of the various professionals about what they perceive to be the added value of including an MHP on the team.

Tesler discussed the necessity of MHPs' being part of the team from the inception of a case. She utilized a metaphor to describe her perspective:

. . . if you're a firefighter delivering a baby that's getting born in the ambulance and all of a sudden the person starts hemorrhaging . . . you might be perfectly capable of delivering a baby if all goes smoothly, but nobody would choose an ambulance and a firefighter as the best option for giving birth because there are no resources available, no expert backup . . . that's why people go to the hospital to deliver . . . you just don't know what can happen. (L12)

Peggy Thompson described the way in which the MHP can offer alternative ways of thinking about a client, a situation, and the process of resolution:

Interviewer: You seem to be speaking about how that mental health professional can bring ideas into the meeting and how that changes the whole tone of the meeting . . . I think the preparation of the team is really critical so that we all have a common understanding of what we're doing; that we're really willing to listen to the other person and to make adjustments in our own way of being biased on what we're talking about as the team . . . I think the team preparation

is maybe even more important than the actual meeting. (MHP10)

This FP spoke about how the MHP is useful to the divorcing couples and the team of professionals:

Interviewer: You said that she really facilitated respectful communication and managed all of the personalities. Can you talk about how she might have been beneficial to the team as well . . . not only to the clients but to the team as well?

FP4: She explained what's going on to the whole team. For me, that's why they play such an important role, because they are able to decipher the information that's coming from the thought processes of each of those individuals and they are able to convey it . . . they are able to share that information, and dissect that information for the team so that the team now has an understanding of the thought process and the way each individual may or may not be in their lives, and why they're doing certain things. So that for me is why they play a critical part for both sides . . . managing the clients and the professionals.

Another attorney explained how the MHP can successfully utilize their clinical skills to integrate with the team, including the couple, and be useful to all participants:

They must be willing to work with other people and have teambuilding skills.

You can't be so independent . . . and you can listen to other people's opinions . . . especially for an attorney that's really important for them to be able to give up the control that we've traditionally had in the Collaborative cases. I want to see how that person is going to share the responsibilities and avoid stepping on toes—letting people express themselves . . . also, being able to rein in people when they're inappropriate. (L10)

Mentoring. This category includes seasoned professionals sharing the skills, knowledge, and attitudes gleaned from their experience in ICFL with others, to foster learning and promote successful practice.

An MHP who works as a trainer in her area discussed the notion of mentoring new professionals as an extension of formal Collaborative training:

Interviewer: What do you think needs to be punctuated and stressed in training mental health professionals to do this work?

MHP 8: When you get your first case get a mentor. I think that's number one and that it's a good thing. It's not a sign of weakness. As therapists we're always behind closed doors. It should be like working out. When you go to the gym to workout you get a mentor . . . so it's similar to when as interns we have the supervisor for two years. (MHP8)

A financial professional discussed the potential of having professionals with varying levels of experience on a team:

. . . part of the push has been to get more people involved and one of the things that the mental health professional has going for them that the financials don't is that you can take someone who's newer in the Collaborative field and you can put them on a case with someone who's more experienced and they will hopefully be able to model some of that behavior. (FP6)

Although mentoring programs are being considered in many of the practice groups, there seem to be some concerns about the challenges that a mentoring program may cause.

Interviewer: What about mentoring?

FP6: If you want me to mentor somebody that's a huge commitment . . . if I'm going to take somebody from 0 to 60, that's a lot of work and a tremendous amount to learn and to do the networking necessary to be able to come into this process.

Shared Attitudes

The interview data suggest that in order for professionals to effectively and efficiently come together to assist divorcing couples, they must commit to attitudes and values that promote and maintain the integrity of the Collaborative process. The next section will present data from the theme labeled Shared Attitudes, which emerged out of the core category of Common Values.

- **Shared Attitudes:** Defined as ideas and behavior related to the development of trust, honesty, integrity, professionalism, and ethics that contribute to the potential for successful ICFL.

Pauline Tesler punctuated this idea when she talked about the ultimate goals of the team process:

It's a determination to work in a genuine team . . . It's a kind of a determined authenticity and transparency, and honesty, and willingness to be held accountable in a collegial mode. The professionals have an express understanding that nothing's working if the team isn't working. There is no, "I'll go do my thing, you do yours, and I won't worry about it." There is no, "I'm an MHP, and I'll do my job and if you're not good at your job, not a problem." In integrated interdisciplinary team collaboration, the team (not the individual professional) constitutes the service delivery model and if any member of the professional team is not delivering high-quality services it is a problem for the entire team. (L12)

Common Values

The core category of Common Values was defined this way:

- Common Values: Defined as shared beliefs in the benefits of the process and about what it takes to create a positive Collaborative environment and safe environment for professionals and clients.

The categories under this core category are:

- Trust
- Professionalism
- Honesty and Integrity
- Ethics

Trust. Trust was a predominant topic throughout every interview. The establishment of trust was perceived to be the single most significant factor in the successful team functioning. It was repeatedly stated that all topics previously discussed are directly related to the development of trust, and trust is equally related to the significance of all other things. In other words, if trust is not established between the members of the team, and between the members of the team and the divorcing couple, the process cannot move forward. Additionally, it is critical that throughout the process, the professionals maintain trustworthiness as they guide the clients to maintain trust in each other and in the process.

- Trust: Defined as familiarity and safety, which creates the context to take risks and explore possibilities.

Peggy Thompson (MHP10) spoke about the significance of trust and

successful ICFL:

. . . Here in Sonoma County they really gel together. They trust each other. The level of trust you have with other team members . . . I think it's a thing.

Interviewer: What do you think in terms of training? What would be important for a mental health professional to know in order to be able to adapt to the different personalities?

MHP10: I don't think it's just an adapt thing. I think the key is learning to work together in different combinations. I think that's the benefit of our Collaborative groups: getting to know people, getting to trust people.

An MHP in the comparison group spoke about the ways in which she is beginning to develop trusting relationships with other professionals by developing relationships with them:

I think team trust comes out of familiarity with each other first and foremost, and then respect and positive regard. It is very difficult and very challenging work. So for me I think we will be more effective and things will run smoother; we'll do a better job if we have a high level of trust in one another as professionals, and trust comes out of familiarity . . . if you're just getting familiar with each other at the beginning of the case, that's harder . . . you don't know each other—you don't know each other's style, you don't know what to expect. (MHP7)

One of the attorneys spoke about the fact that he will only invite someone to work on a case with him if he has a degree of trust in them:

It would be a challenge to bring in somebody that that I didn't know or haven't

worked with before. I mean, that's just always harder . . . trust among the professionals is such a big deal and I mean you really want to know this person knows what they're doing. So for instance [the MHP] could suggest probably some of the most outlandish wacky thing on the case, but if she suggested it, I mean I'm good to go with it because I worked with her so much and I trust her. But if somebody else is there and they're kind of suggesting something that to me doesn't seem to make sense then I'm gonna have some concerns about that.

(L2)

When asked about how trust and confidence benefit the team, as well as the clients, one of the attorneys said the following:

. . . I know all these people so well and I have such a high level of trust in them and in their process . . . I don't have any concern that anybody's advancing agendas behind somebody's back or doing something that isn't ultimately for the benefit of the team and not just for their own client . . . (L9)

An FP spoke of the significance of the attorneys' trusting the team process:

Too often it's [a breakdown in the process] because the team isn't skilled enough to work with the couple and that usually comes down to a few simple things in my mind . . . it is the trust issue . . . the attorneys come into this process and haven't learned or come to an understanding that they don't have to give up advocacy . . . they can see the team as a resource and advocate for their client . . . those are the ones that turn out to be a mess, when the attorney withholds [information], doesn't communicate. (FP1)

Professionalism. Another category that developed into the core category of Shared Attitudes was Professionalism. Under this category, participants discussed professionalism on a multitude of levels: with themselves in the context of the team, with the team, and with the clients. The following sections are examples from the participants' discussing their ideas of what it took to uphold the attitudes and values intended and be a "Collaborative Professional."

- Professionalism: Defined as going beyond ethical codes, professional rules and regulations, and sense of personal and professional responsibility – for the clients and the team.

Peggy Thompson spoke about the necessary professional attitude of an MHP when interacting with the team and clients in this process:

I think that the attitudinal stance is one that we've been talking about, and that is openness to people but a deep understanding of who they are. Typically you don't run into bad people or evil people. You are with people who are under a fair amount of stress and are trying to figure out how they can manage the situation. It is our responsibility to help them to do that. (MHP10)

This attorney spoke about the way that engaging in ICFL upholds her values and contributes to her sense of professionalism:

I was already a mediator for several years and very much believed in alternative dispute resolution already, and this just really fit my temperament and the way I deal with people . . . (L1)

Another attorney spoke about his professional obligation to the other professionals and the couple. He suggested, "Quite frankly, I feel that I should as a lawyer in this process be required to be objective, be fair-minded, and to create a result

that the other side will be comfortable with . . .” (L5).

An MHP spoke about her professional and apparent moral obligation not only to the team, but to the families that she worked with:

I feel tremendously responsible to do whatever we can to support the healthiest possible future for the family, particularly for the children. We know that unresolved conflict is like acid for them in their child’s emotional life, and for me, that’s one of the great possibilities of Collaborative practice. (MHP3)

An FP talked about the ways in which a competent MHP can promote professionalism by all of the members of the team and preserve the goals of peaceful negotiation:

The attorneys—a lot of attorneys unless they’re very experienced in collaborative— if they get to a sticking point will basically fall back on the skill sets that they’ve had in litigating cases . . . maybe they’ll start working on negotiations or compromises and the like or short-circuiting the Collaborative process . . . and if you have strong mental health practitioners they actually are able to reframe it and get it back on track and make sure that people are doing things in the Collaborative process and not falling back on other negotiation techniques. (FP6)

Honesty and Integrity. Many of the professionals spoke about the relationships that they are building and supporting through the Collaborative process, and how they have been transformational for them on a multitude of levels. They perceive that they are providing a service that is in sync with their values and the values of those around them. The category of Honesty and Integrity developed into the theme of Common Values and

Shared Attitudes.

- **Honesty and Integrity:** Defined as upholding the shared values of the process with truth, transparency, openness, and respect.

The professionals interviewed in the following section discuss the ways that the MHPs working in conjunction with the team of professionals and the divorcing couples help to maintain the integrity of the process and the dignity of the participants. They explained that MHPs do this through their facilitation of respectful interactions and the maintenance of positive relationships, within the process and beyond:

Interviewer: In this research process I am hearing a lot about integrity. I am wondering what you think about that idea.

L7: I think that's a great point, your point about integrity is a very good one. I explained to my client that in my opinion Collaborative Divorce allows everyone to go through this process with dignity and integrity and sit in the same pew at your daughter's wedding.

This attorney discussed the importance of humility and the need to keep one's ego out of the room:

I also want to work with folks who don't have a swelled head, don't think they're the greatest thing since sliced bread . . . those who are humble and seeking to improve the process. As with anybody who becomes good at what they're doing, there is a potential propensity for them to feel pretty good about themselves, and that's fine as long as you don't go overboard. (L7)

Commitment to the Collaborative Process. The next category in this group was Commitment to the Collaborative Process. Commitment to the process was perceived as

an essential attitude for creating a successful outcome.

- Commitment to the Collaborative process: Defined as a pledge to the spirit, philosophy, and mission of ICFL.

Pauline Tesler summed up the way that our shared attitudes, values, ethics, commitment, and professional behavior provide divorcing couples with the opportunity to achieve their “highest intentions” and divorce in the most amicable way. She punctuated how it is our responsibility as Collaborative practitioners to join together and do whatever it takes to accomplish this goal:

Interviewer: Can you say more about that piece where we are promising clients the best possible opportunity in the best possible forum?

Tesler: We are promising the best possible opportunity and forum in which they can have a civilized process that leads to self-determined and mutually agreeable resolution . . . I would say all but about the most disturbed 5 or 10% of divorcing people would say that what they want is “the good divorce . . .” That leaves a very large segment of people who have the will to get to complete resolution using the Collaborative Process, and the intentions do so, but they don’t have the skills to get there . . . that is why getting a team on board from the beginning matters so much.

Peggy Thompson stressed the importance of commitment to the process in perpetuating one’s own and shared values. She said, “It really is a commitment to the Collaborative process on the part of all the team members. It’s a dedication to, “This is the way I’m going to practice, and the type of person I want to be” (MHP10).

This MHP spoke about how commitment to the process means a commitment to

working through challenges with colleagues as well as helping the divorcing couples to do so:

MHP8: I think that a lot [of people] will give lip service to that [commitment to the process], but once you're on the team and it's not going well, there's all kinds of problems with people attributed to different people on the team.

Interviewer: What about the team dynamics?

MHP8: I think more understanding of team dynamics and how the dynamics of the couple and family divorcing will be replicated on the team. We have to do a better job of working through that. People know what to do but it's the doing it that's really significant.

Another MHP shared the same ideas. She said, "I've often pointed out to the two attorneys when they start taking on the characteristics of the marriage, and my job is to step in and say, "You may want to step back and attend to that" (MHP2).

The responses from professionals about their commitment to the Collaborative process, their belief in their ability to help families, and their willingness to do whatever it would take to develop this practice within their practice groups—throughout the country and the world—was overwhelmingly positive. At the same time, some of the professionals spoke of their concerns that, as much as they want this process to be helpful to everyone, the possibility exists that that may not be so. An MHP shared her thoughts about her ethical responsibility to the clients and her commitment to the process:

I've noticed that we're talking a lot here about when and how a case is appropriate . . . and we talked about experiences of when you see red flags and they don't go away. I think as mental health professionals oftentimes we're in

the best position to do this—to bring this to the attention of the team and to be considering on an as-needed basis whether this process is still the right one for this couple. It's not that I want to keep people from the process because obviously I don't, but I've also had enough negative experiences when screening wasn't done well and it's just problematic to continue the case. I'm thinking specifically when there is any kind of domestic violence. I am not someone who says definitely that domestic violence rules out the case, but on the other hand, as a trauma specialist I am usually pretty in tune with the idea that if someone's getting traumatized at the table, one of the professionals are not reigning in one of the parties that needs to be reined in. (MHP5)

In contrast, when considering the appropriateness of clients for this process, another MHP questioned whether she had the right to tell someone that this process was not appropriate for them. “Who am I to judge them and tell them that?” she said. “For right now, I don't turn anyone away” (MHP7).

Ethical Responsibility. This last section provides an appropriate segue for the final category under the core category of common values.

- Ethical Responsibility: Defined as allegiance to a moral philosophy, including and beyond one's professional code of ethics, that upholds the mission statement of ICFL as defined by the IACP.

Pauline Tesler writes about the way that working together as a team fosters a sense of ethical responsibility:

Given our human brain's propensity for self-deception, the integrated Collaborative team offers unique potential as a sort of hyperbaric oxygen

chamber in which the otherwise rough and fallible human processes of self-reflection and change can become systematized and supercharged, taking lawyers into realms of reflective learning where we are unlikely to venture on our own.

(P. Tesler, personal communication, March 17, 2011)

An attorney spoke of the way that ICFL provides a system of checks and balances and accountability for each professional member and the member of the divorcing couples:

We have to do it in such a way as it [Collaborative Practice] doesn't allow any type of abuse or any type of ongoing conduct that's outside the parameters of appropriate conduct and fairness. It's more or less everybody on the same page, that is. If we are going to have a successful outcome, it must be fair as it can be; "firm for fairness." If somebody acts inappropriately or makes a mistake, we're going to pick them up. We need to explain to them how what they are doing is inappropriate and will not create a good result. When they do that too many times, it wouldn't work with these folks if we were to judge them. (L5)

An FP suggested that the MHP was the pivotal person on the team to ensure the maintaining boundaries and appropriate behavior of all participants:

I think the mental health professional is critical to making sure that everybody maintains their role when it comes to professionals keeping themselves within the bounds of the agreement that we've made about how the process will work and should work. (FP5)

An MHP who participates as a child specialist and is also a well-known trainer and writer in the field suggested her ethical responsibility to the clients:

I see that as my ethical responsibility to really keep the parents on the hook for the values about themselves as parents and their own vision of themselves as parents, and to really educate them to the absolute reality that their conflict is a huge risk factor for their children no matter what their marital status. I feel that is the opportunity that Collaborative practice brings them. (MHP 3)

Conclusion

This concludes the presentation of data gleaned from the in-depth interviews with a sample of 29 professionals from multiple disciplines participating in ICFL. The intent of this research was to gain the perspectives of the highest level of practitioners about what is working, what is not, and what needs to be further developed to ensure the most competent team practice.

My initial intention was to gain insight and understanding solely about the MHP participating on the Collaborative teams. What emerged from the data was that the *competency* of the MHP on the team is related to the effective functioning of each member of the team as they perform their role both individually and together. As suggested earlier, success in this process, as it is referred to by systemic thinkers, is about the whole being greater than the sum of its parts. To that point, it appears from the responses of the participants in this study that when these professionals from various disciplines are working efficiently and effectively together, the process is deemed successful. As it is seen in the sports arena and anywhere that teams function, an individual player (no matter how skilled) cannot lead a team to win if the team does not play well together.

All of the themes that emerged reflected the significance of the notion that no one and nothing stands in isolation. The exemplars from each category depict quite a

large degree of overlap with other categories. This indicated to me that there is a connection of ideas, process, and people. Each time I returned to the data, it was clear that each code was related to a category and each category was related to another category, which was related to a theme, which was related to another theme, which was then related back to the original codes. The recursion of codes, categories, and themes characterized the ways in which the ideas of the participants were interrelated, as are the participants and their effective functioning on the team interrelated.

Subsequent to my analysis, I sent excerpts of the data to all 29 participants, which were exemplars from their individual interviews that I selected to support the specific themes in an attempt to further verify the data and my interpretation of it. Each contributor received segments of the data in order to comment on, clarify, or correct my interpretations to ensure the validity of my findings. Twenty-two of the participants responded with suggestions for minor changes. These changes were primarily grammatical changes, although two of the participants asked me to delete something that could possibly identify them. None of the participants who responded to the “member checking” suggested that I had misinterpreted or misquoted them. A few did change a minimal number of words to clarify what they intended to say. A few expanded on something that they wanted to say and may have omitted in our initial conversation. Out of respect for the participants, if they expressed concern about a particular segment that was going to be put in the final document, I either deleted the entire excerpt or wrote it in the way that they asked me to.

I sent three notices to the participants who did not respond. In the third notice I stated that I would be using the excerpts that I sent to them and would assume that if they

did not respond by a given date, they were acknowledging the accuracy of my interpretation.

It may be important to note that the MHPs who responded to questions about their notions of competent practice on the interdisciplinary teams did so based on their beliefs about themselves, their knowledge, skills, and abilities, as well as their own determination to do this work. Considering that the ideas coming from the MHPs may represent their own particular biases, it was interesting to discover that the legal and financial professionals shared very similar ideas about the qualities and characteristics of the MHP that led to their competent and effective practice. This idea is further discussed in the limitations section in Chapter V. It is also important to note that although inherent in the title of this process is the notion that people will work well together, the data shows that this is not necessarily the case in practice. The data strongly support the theory that successful practice is dependent upon “effective and efficient” collaboration. This theory is the basis for a unique approach to training in team building also to be presented in the following chapter.

In Chapter V, I also discuss the subsequent comparison I made between the themes that contributed to the development of the emergent theory about successful interdisciplinary practice, the existing Protocols of Practice, and existing theories of MHP competency. I discuss the implications of these research findings and the utilization of the theory that has been developed as the basis for a training program that will guide professionals to establish the contextual and relational understanding they need to enhance the way in which they participate as an effectively functioning team.

CHAPTER V: IMPLICATIONS OF THE RESEARCH

My intention in conducting this research was to explore the experiences of professionals from multiple disciplines who have been practicing ICFL, in order to gain their perspectives about how they have experienced working with mental health professionals (MHPs) participating on the Collaborative teams in this process. I was curious to discover, from their individual and collective lenses, what expectations they hold about the *competency* of the MHP on the team: what they view is working, not working, and what they would like to see change in this practice in order to advance the success of this specific model of Alternative Dispute Resolution.

As I discussed in Chapter IV, my goal was to develop a theory about the *competencies* expected and required for MHPs to most efficiently and effectively engage in this work. I discovered a vast amount of information, much of which was more alike than different, related to the utility of the MHP not as a separate entity, but as an integral part of the Collaborative team.

From the data analysis, I discovered that there are expected and required competencies of the MHP, many of which are acquired as a result of education, credentialing, and the licensure process. I found that these competencies necessitate adept application, not only with clients, but also with the entire Collaborative team of professionals, in order for MHPs to be effective in this process. It is apparent from the data that the qualifications and qualities of the mental health professional alone are not enough for them to contribute to or facilitate a successful process.

To that point, my theory is that success in ICFL is predicated on competent professionals from multiple disciplines (MH, Law, and Financial) who effectively

develop and integrate their shared attitudes and complementary skills and knowledge on the interdisciplinary team.

In this chapter, I will discuss aspects of my methodology for developing the theory that emerged from the data and the realizations that I came to during this endeavor. I will also share my interpretation of the interrelationships that I discovered between the existing Protocols of Practice, two theories of MHP competency (Nelson et al., 2007; Sperry, 2010), and the themes that emerged from the interview data related to MHP competency used to develop this theory.

Further, I will talk about the strengths and limitations of this study, including, but not limited to, the potential challenges of utilizing a grounded theory methodology as a researcher who is both a mental health professional and a Collaborative practitioner. I will also discuss my thoughts about subsequent possibilities and applications of the developed theory to real life practice, as well as my plan for the creation of an advanced multidisciplinary training program based on this theory. As explained by Strauss and Corbin (1998), “Grounded theories, because they are drawn from data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action” (p. 12). The implications for the potential future directions of ICFL will also be included.

Strengths and Limitations of the Study

Charmaz (2006) describes qualitative research as a “journey” and an “adventure” (p. 1). It is a journey in which people’s stories unfold and new information develops, both from the perspective of the researcher and the researched. Although it is the investigator’s role to make sense of the accounts that are shared, this is a continuous interactive process between the researcher, the participants, and the data as constant comparisons are made

to discover the theory from the ground up. This particular methodology has with it inherent strengths and limitations. According to Charmaz (2006):

Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories “grounded” in the data themselves . . . thus, data forms the foundation of our theory, and our analysis of these data generates the concepts we construct. (p. 2)

Charmaz points out that what distinguishes grounded theory methodology from other qualitative methods is that unlike many qualitative methods that allow for the flexibility and freedom of the researcher to “follow-up” on interesting data in whatever way they choose, grounded theory has specific methods to guide the researcher in how they must proceed through this process” (p. 3). This may enhance the legitimacy of the findings. However, this is both strength and a limitation of utilizing this methodology. Grounded theory methodology is rigorous and time-consuming.

Researcher bias is another potential limitation of this study. Charmaz (2006) discusses the notion that “interviews are contextual and negotiated and reflect what interviewers and participants bring to it, impressions during it, and the relationship constructed through it” (p. 27). I am aware that my own experiences of divorce as a child, a spouse, a therapist, a mediator, and a Collaborative practitioner may have impacted the questions I asked, my interpretations and responses, others’ responses to me, as well as the theory that has evolved from the data I gathered.

I began this process with the belief that the mental health professional is an integral part of the interdisciplinary team, and that this process is beneficial to divorcing

families. To that point, I had to pay careful attention to the overall passion that I brought to the interview process. By continually reviewing the recordings at the end of each interview and making memos to myself, I was able to adjust the pacing, timing, and tone of the questions that I asked and responses that I myself provided. I was careful not to lead the respondents in any particular direction and to leave the questions open-ended. When a participant asked me what I was looking for, I was specific in stating that I was looking for their perspective. Additionally, as I checked-in with the participants throughout the interviews to gain clarification, I was attentive to noting their words. As I did, I clarified the meaning that I thought was implied. At times when coding, I used *in vivo* codes to help me preserve participants' meanings of their views and actions in the coding itself. When I coded other interviews, I was attentive to ensuring that the implied meaning in one code fit the implied meaning of others' responses. In this research project, approximately one-third of the interviews were held via Skype, two of the 29 were face-to-face, and the rest were conducted over the telephone. I was acutely aware of the differences in myself as I conducted these interviews using these different modalities. I was also mindful of the differences in the participants. I wondered if those who were not speaking with me more directly felt that they could be more candid in their responses or were as attentive to the conversation as those who were in full view.

As I moved through the interview process, I repeatedly asked questions and made memos to myself about my thoughts, experiences, and progression in these interviews, and with the data that was emerging. I considered how the interviews might have been different if they were all held in the same format. I returned to the data to see if there were inherent differences in the responses from the participants that I met with face-to-

face, on the phone, and via Skype. It appeared to me that there were not distinctions. The participants appeared to be candid in their responses, regardless of the interview modality; whether in person, by telephone, or via Skype, the participants depicted similar information. The similarities and differences that I noted appeared to be more closely related to the geographic location, model of practice, theoretical orientation, and profession of the participant rather than the interview modality.

Another significant point and possible limitation is that approximately one-quarter of the professionals interviewed are people whom I know through my work in ICFL over the past several years. I was fortunate to participate in training with Pauline Tesler at the University of Florida this past year. I also had the opportunity to meet and speak with Peggy Thompson and her husband and co-coach, Rod Nurse, this past summer at their office in San Francisco, informally interviewing them about the history, development, and implementation of the Two-Coach Model that they co-created. I have also attended several trainings with Linda Solomon, and have been formally trained to practice as a Neutral MHP. Some of the other respondents were professionals I have worked with on cases, know through practice groups, or have interacted with at trainings and conferences. Their participation was self-initiated in response to the announcement of my study. Two-thirds of the respondents were people with whom I had no prior relationship.

It is important to discuss the potential influence that these relationships may have had on the interviews, data, and findings. I am aware that because of the lack of anonymity inherent in this process, the possibility exists that participants may have intended to provide the correct or best answer to the questions being posed. Although it was required that I submit a set of proposed interview questions to the Institutional

Review Board for approval prior to engaging in this interview process, as is inherent in grounded theory, these questions were open-ended and utilized only as a guide to promote the development of understanding of this phenomenon. As I also discussed in Chapter IV, additional questions emerged from the responses of the participants as our conversations unfolded. To that end, although the questions were semi-structured, the participants were encouraged to utilize them only as a springboard for conversation and elaborate in any way that they chose.

As I returned to the data, I compared and contrasted the responses of the practitioners I know to those with whom I did not have a prior relationship. I did not note any significant differences in their responses that could be related to our relationship. Again, the variations in responses appeared to be due, in part, to other variables identified above. Reviewing the data allowed me to validate this notion and my emergent theory.

Additionally, it is important to mention that the MHPs may have had a particular stake in the outcome of the data analysis, suggesting the significance of the MHP on the team. I made an extra effort when formulating the research questions to structure them such that they were not geared toward any particular response. As I reviewed the responses from MHPs by myself and with my peer de-briefers, I noted that the MHPs' perspectives were congruent with the perspectives of the other professionals related to their role and responsibilities as a participant in the process. When reporting the data to substantiate my findings, I attempted to incorporate responses from each profession to exemplify this point. It did not appear that the responses from the MHPs were skewed in any specific direction.

Because of my prior assumptions about this subject, as I pursued my inquiry and gathered and interpreted my data, I continually checked-in with participants to clarify my interpretations of what they had said. Subsequent to my analysis, I sent each participant excerpts of the data that I was utilizing to test the theory and substantiate the findings that had emerged. Largely, all of the participants acknowledged that I had captured the meaning of their responses. A few participants did add additional comments for clarification of their perspectives, along with correcting what they perceived as grammatical errors. This appeared to be important to some and not others, which again led me to consider my notion about their desire to “say the right thing.”

As the process unfolded, I also frequently engaged a member of my dissertation committee to serve as a peer de-briefer, to assist me in developing a strategy for making sense of the information being provided, analyzing the data, and ensuring the most accurate representation of responses. I employed the use of a data analysis map to guide me through the process of analyzing the data and understanding the relationships between the codes, categories, and themes, and ultimately, the development of a theory about the role of the MHP in ICFL.

I am not implying that my engaging in these activities was an attempt to verify my analysis. As stated by Charmaz (2006):

Checking hunches and confirming emergent ideas . . . does not equal verification, particularly if one defines verification as entailing systematic quantitative procedures that presuppose establishing firm definitions of the phenomena before studying them. Rather than contributing verified knowledge, I [Charmaz] see grounded theorists as offering plausible accounts. (p. 132)

In an effort to increase the quality and credibility of this study, I attempted to gather sufficient data to provide me with a global view of the professionals practicing in this model. The selected sample spanned eight states, as well as two regions in Canada, where ICFL is widely practiced (See Table 1 and Table 2). I continually accepted volunteers for this study beyond the initial point of saturation and engaged additional participants from multiple disciplines as a theoretical sample to ensure that the responses were not skewed in any particular direction.

As I mentioned in the findings section in Chapter IV, because of the timing of this study, I was faced with the challenge of engaging financial professionals as participants. Given my belief about the importance of the voices of these professionals in this project, I made a concerted effort to recruit them through other study participants and practice groups. I developed this theoretical sample to engage individuals who could contribute to this evolving theory. In constantly comparing the data from their interviews to that from the interviews of the other professionals, I noted that their responses in large part were similar to the responses from others and no new information was being provided. I considered this to be the point of saturation. I ended up with half as many FPs as lawyers and MHPs. Having an equal number of participants from each discipline may be something to consider when conducting future research.

Additionally, I recognize that those who participated in this study did so because they share a passion for and belief in this process. They willingly shared their time and their voices in an attempt to add to the ongoing dialogue and contribute to the development of understanding that will guide other practitioners to action in the future development of CFL. The inclusion criteria mandated that the participants be those who

were trained professionals with experience practicing ICFL. Their training and practice were guided by the protocols set forth by the IACP (See Appendix B). Approximately one-third of the participants were trainers themselves.

Because of these factors, it strikes me that these participants also brought their own biases to the interviews. Their views of effective and successful practice and practitioners were based on their definition of those concepts, their values, and belief systems. A larger sampling of professionals, who perhaps had different experiences and/or less than successful experiences in this process, may have provided alternate perspectives. This could possibly have enhanced my and the reader's understanding of what might be considered the shortcomings of this process and requires further attention. As I reviewed the interview data, I recognized that many participants did discuss issues related to less than desirable circumstances and outcomes in this process and what might be done to contribute to more successful outcomes. It is my perspective that these ideas were carefully considered as a basis for the theory that was developed. Further testing of these ideas and the emergent theory might also be considered for future research endeavors. This is explored in the next section.

To my mind, constructivist grounded theory recognizes the potential limitations of the research process. Concurrent with the constructivist view of grounded theory that is explained in detail in Chapter III, I suggest that my theory developed out of the interactive nature of the process (Charmaz, 2010). My intention in this study was not to determine the truth about what is right or wrong, or good or bad about any single model of practice, position, or point of view. Rather, it was intended as a journey about

discovery to generate new meaning and understanding about the participation of mental health professionals in this process.

Comparison of Theories of Competence

Subsequent to the development of this theory, I made a further comparison between the domains of the American Association of Marriage and Family Therapy (AAMFT) Core Competencies, the Domains of the Core Competencies in Counseling and Psychotherapy developed and identified by Sperry (2010), the Protocols of Practice for Mental Health Practitioners in Collaborative Practice, and the themes that emerged from the data in this study. I discovered in this comparison that there was significant (100%) overlap between these multiple data sources. This overlap appears to suggest the connection of ideas among different groups of professionals about the core components of competency required to provide quality services in this process (See Table 6).

The core competencies developed by both the AAMFT taskforce (2007) and Sperry (2010) set the context for understanding the basic minimum skills required to provide quality health care and offer a framework for the education and training of mental health professionals to be prepared to do so. As is suggested in the Protocols, and incorporated into the theory that has been developed from the data of this study, competency is not confined to a specific set of standardized skills; it emerges out of an integration of the skills, knowledge, and attitudes across disciplines that contribute to effective team collaboration and successful outcomes in the ICFL. As stated by Sperry (2010), “Competency is the capacity to integrate knowledge, skills, and attitudes reflected in the quality of clinical practice that benefits others, which can be evaluated by

professional standards and be developed and enhanced through professional training and reflection” (p. 5).

My initial intention in engaging in this subsequent comparison was to utilize the results to develop a list of core competencies necessary for mental health professionals to successfully participate on Collaborative teams. As I discussed in Chapter II, there are inherent challenges when attempting to develop a list of attributes that one must have in order to be successful. In doing so, the possibility exists that one might limit a practitioner’s opportunity for innovative practice (Miller, 2003). Additionally, I discovered that being a competent professional was not enough to ensure effective team practice. Through this study, I discovered that competent practice is directly related to all parts coming together productively as a whole.

From this comparison, I also recognized that there were additional qualities and requirements related to competent interdisciplinary practice that emerged from the interview data that were not identified in the existing theories of competence or the Protocols (e.g., sense of self, confidence, commitment, compassion, honesty, integrity, trust, problem-solving ability, etc.).

As a result of this new understanding, I suggest that although many of these qualities and requirements cannot be directly taught and measured, they can be brought into awareness and developed through advanced multidisciplinary training programs. As stated by Miller, Todahl, and Platt (2010):

Equifinality tells us that many different behaviors on the part of the practicing clinician may lead to competent outcomes with real-world clients. The challenge of establishing competency standards therefore includes addressing the

complexity of setting a standard that is meaningful and clear while also leaving room for the many varied paths possible in successful practice. (p. 63)

The following section will discuss a suggested model for a *path* to successful ICFL, taking into consideration the past and present research on ICFL.

Implications for Competency Development

Included in the review of the literature was a discussion by Yingling and Hance (2001) explaining the requisites for the family therapist to join with other disciplines to engage in successful collaboration. They stated:

Partnering involves the interrelatedness of multiple systems . . . family therapists must understand the strengths of each system separately as well as in the partnering relationship in order to build on strengths and not be blindsighted [sic] by ignored weaknesses. (p. 1)

The majority of existing and emerging multidisciplinary training programs center on the professional-client process and interactions. Based on the existing literature as well as the findings of this study, it will be beneficial for additional training to focus on the development of competency within each discipline as it pertains to successful integration of the various parts into the whole team process. A reflection of the existing literature will present the basis for a unique interdisciplinary training program directed toward team building.

Review of the Literature and Comparison to the Findings

As discussed in the literature review, Macfarlane (2005) conducted a groundbreaking qualitative research study about CFL. Her study incorporated information from 66 initial interviews in nine states across the United States and Canada,

where CFL groups are active. The following year, four locations—Vancouver and Medicine Hat in Canada, and San Francisco and Minneapolis in the U.S.—were selected to represent variations in practice models and philosophies of practitioners and explore perspectives of clients who had gone through this process. Only two were team cases.

The findings from Macfarlane’s study suggest that lawyers felt that they did not have the training, skills, attitude, desire, or mindset to deal with the emotional issues of divorcing couples. Additionally, her study included implications for the use of mental health professionals as divorce coaches and Neutral MHPs in this process and made recommendations that this practice be further explored. In a review of the current research discussing the use of “other professionals” on Collaborative cases, Lande (2011) illuminates the questions regarding this issue.

Macfarlane (2005) identified several topics related to effective implementation and practice of CFL that warranted additional investigation and development, many of which are concurrent with the data of this study some seven years later. To that point, the significance of developing training programs that are specifically geared toward addressing those issues is even clearer. The similarities in the findings between the studies, as well as new information that has been discovered, will be presented.

Macfarlane (2005) recognized the necessity for all participants to be “team players” in order to enhance the success of this process. Being a team player was a theme that permeated the data analysis in the current study as well. Macfarlane also reported the necessity and desire for practice groups to develop practice norms for the uniform practice of CFL. All of the participants included in this study stated that they belonged to practice groups that established protocols; however, it did not appear from the interview data that these protocols were exclusively followed by practitioners in a

uniform way. Included in Macfarlane's discussion was mention of the notable tension that appeared to be present between groups of practitioners having different perspectives and preferences for the various models. As was discussed in the findings section, the beliefs of various practitioners about which model was the correct or best model to follow accounted for the most significant difference in perspectives between and among the groups of practitioners interviewed in this study as well.

However, the data from the present study did suggest that within the context of these differences, the common factor among professionals was their intention to preserve the integrity of the clients and values of the Collaborative process. Practitioners' primary goal appeared to be to utilize whatever model was necessary and deemed a "fit," to promote the facilitation of peaceful resolution in the divorce process and the sustenance of family relationships beyond the divorce decree. Macfarlane's (2005) study documented the intention of practitioners to preserve family relationships and the healing potential of CFL:

The primary motivator for lawyers embracing CFL was finding a way to practice law that fit better with their beliefs and values than the traditional litigation model did . . . Additional purposes for participation from the clients' perspective was for them [clients] to learn more effective role-modeling for their children and experience personal growth. (p. viii)

Interestingly, the data from this current study suggest that presenting a positive role model for clients related to effective communication, working together, and finding solutions to problems was of significant interest to the professionals. They also spoke about the value of their own process of personal growth. Many participants spoke of a "parallel process" between the role of the team and the families that they served.

The most important distinction between the Macfarlane (2005) study and the present one is in the overwhelming consensus about the benefits of having an MHP as a necessary entity on the team in this process in whatever role they play from the onset. When Macfarlane reported results about the use of the team model, she suggested that future training endeavors should be geared toward practitioners' becoming adept in this approach. The data from this study suggest that although these programs have been developed and implemented, there has not yet been enough of a focus on the development of the team process to meet the "highest intentions" of ICFL.

Currently, the existing Protocols of Practice for practitioners vary, and are intended to set guidelines for professionals when engaging in this process. The focus of these documents has been on the provision of separate guidelines for each discipline, highlighting professionals' roles and responsibilities, as well as their legal and ethical obligations. The Protocols address the potential for multiple disciplines coming together in a multitude of ways to work as a team to facilitate this process. The research data from this study imply that there is a growing awareness on the part of the professionals of the need to come together as a team with common understandings about best practice; however, there seems to be a gap in the consensus about *how* they come together and develop the synchronicity required to accomplish this very complex task.

As Tesler (2010) points out, there is a wide range of service delivery models available to clients. Tesler suggests, "The challenge for the next decade will be finding ways to differentiate meaningfully between these emerging modes of collaborative practice and ADR cousins . . ." (p. 2).

In a review of the mediation literature, Raines et al. (2010) determined that among the many things identified, developing rapport, showing respect, compassion, empathy, caring, neutrality, integrity, and trustworthiness are significant aspects of successful outcomes in the process. Much of this research cited suggested that the personality characteristics inherent in the mediator, as well as the context of the mediation, led to positive outcomes as well.

Implications for Training

These findings are concurrent with the outcomes in this study, which suggest that competent practice and successful outcomes are directly related to a fit between the participants, which fosters successful team building and positive working relationships. It is my contention that this fit can be developed through the implementation of experiential activities that cultivate the familiarity and the strengthening of collegial relationships; develop integrity, trust, safety, mutual respect, and compassion; teach approaches for communication and problem-solving for clients and professionals alike; create strategies for the handling of practical matters such as assessment of family and team dynamics, screening participants, choreographing Collaborative conferences in preparation for team meetings, delineating roles and responsibilities between and amongst participants from multiple disciplines, and de-briefing after each Collaborative meeting; managing legal and ethical issues related to confidentiality and transparency, and the general sharing of information. All of these topics warrant further attention in the advanced training process.

In addition, means of informing the clients, as well as educating the public and other professionals about the benefits of the Interdisciplinary approach

of CFL, and the development of marketing strategies for professionals and their practice groups are topics to be addressed in advanced training programs.

These implications for training are in no way intended to “standardize” the group process and diminish the benefits of the freedom and creativity inherent in this practice or to develop a template for each family that presents for services. Recommendations for training are intended, as are the existing Protocols of Practice, to suggest the teaching of guidelines for professional conduct and decorum, to create awareness for practitioners about best practices for groups of professionals embarking on this relatively new and unfamiliar territory, and to enhance the connections necessary to set the context for successful team practice. A sample of this training model is provided in Appendix G.

Implications for Collaborative Practice Groups

Practice groups may inform their members of these research findings, to be utilized as a springboard for discussion and brainstorming about what findings might be relevant to possibly enhancing their current practices. Practice groups may also consider offering a series of mini trainings to their members at their monthly meetings, utilizing segments of the sample two-day workshop that is presented here in order to enhance the relationships, knowledge, skills, attitudes, and case productivity of their members. It is also recommended that practice groups consider organizing retreats for their members that can offer opportunities for personal and professional development. Additionally, as an ongoing learning process, practice groups can begin conducting their own research exploring the benefits and challenges of ICFL to their professional members and their clients.

Implications for Community Education

Many participants shared information about current efforts to raise community awareness about ICFL and its potential benefits for the future of families. The possibility of raising awareness as a result of effective practice and client testimonials may be a byproduct of strengthening this practice through research and training endeavors such as this one.

Implications for Mental Health Professionals

It is extensively illuminated in the literature review that a contentious divorce can have a devastating impact on families (Wallerstein, 1989, 2002). However, it has also been revealed through the research that working in the field of divorce can be emotionally destructive for practitioners as well (Miller et al., 2009; Yingling & Hance, 2001). According to researchers, a “good divorce” is possible, and creates the potential for the restructuring of family relationships and the ability for individuals and families to experience a degree of peace and hope for their future that they likely could not have imagined (Ahrns, 1984).

Accomplishing a good divorce is not an easy task. It takes a tremendous amount of motivation, fortitude, and perseverance on the parts of all involved to manifest into a reality. It also takes creativity and the integration of skills, knowledge, and attitudes on the part of the participants. As the literature has depicted, there are many ways for mental health practitioners to utilize their training and expertise to join with professionals from various disciplines to facilitate successful outcomes in this process when working with families in this situation (Ahrns, 2007; Karpf & Schatz, 2005; Miller et al., 2009; Nurse

& Thompson, 2006; Schatz, 1999; Tesler, 2008; Tesler & Thompson, 2006; Yingling & Hance, 2001).

As has been punctuated throughout this dissertation, divorce is not simply a legal process. It is a process that involves a multitude of people and circumstances all tied together by relationships. Mental Health Professionals are trained to understand and work within the context of those relational ties; whether they are to money, the pain of anger, hurt, loss and betrayal; or most importantly, to children. Relationships involve multiple perspectives. MHPs are adept at facilitating the understanding of multiple perspectives and can assist individuals to identify unproductive patterns in their relationships, to guide people through an understanding of what works, what does not, and what they want to do differently to change patterns that have been undoubtedly in place throughout family systems for generations. Additionally, the MHP can guide people to discover solutions and create more positive outcomes for themselves and each other.

ICFL provides an exceptional opportunity for MHPs to come together with professionals and families alike, implementing their skills, knowledge, and attitudes to make a significant difference in the lives of others. This study documents the multitude of ways that MHPs can accomplish this.

It is my hope that through research such as this, the possibility exists that all professionals embarking on this endeavor will be able to maintain an awareness of the complexity involved in competently carrying out this role. Through ongoing dialogue and *in vivo* experience, participants from the various disciplines can come together to learn to develop the ability to trust, relate, communicate, and collaborate in a way that will be beneficial to all parties involved.

Implications for Future Research

As I discussed in the introduction to this research project, there is little research documenting the efficacy of CFL, and most specifically, ICFL. There are a multitude of voices speaking out throughout the Collaborative Community about how this process makes sense and is far superior for the well-being of families than traditional litigation (Ahrons, 1994; Tesler, 2006; Wallerstein, 1989; Webb, 2006). Future research might focus on documentation of the benefits and utilization of the various roles for the MHP (i.e., Coach, Neutral MHP, Child Specialist), as well as the different models of CFL and the ways in which this process should be implemented to best meet the needs of divorcing families, in order for the highest aspirations of this practice to be realized.

In an attempt to minimize the debate and reduce the dissention between and among professionals regarding notions of the “right” model, it is suggested that future research efforts be geared toward the exploration of the various service delivery models and the development of a clearer understanding about the appropriate use of the various models with diverse populations. It is also suggested that research be focused on ICFL that includes participants who are involved in Domestic Violence. Doing so would be intended as an effort to provide more quality care, not as an attempt to standardize practice or an effort to define one model as superior to another. This dissertation is only the beginning of a dialogue in that direction.

As training programs are developed and implemented, additional studies are recommended to determine the influence that they have on the productivity of teams and enhancement of client outcomes. To accomplish this goal, process research using a controlled design might be considered to test this theory and discover if strengthening interdisciplinary

teams is directly related to successful outcomes. To that end, longitudinal research with couples and their children who have experienced a Collaborative Divorce utilizing an interdisciplinary team might be considered. It will be useful to study their perspectives about the benefits for them on their family functioning and relationships. Moreover, process research may aid in discovering if what professionals say they are doing in the Collaborative process to ensure successful outcomes resembles how it is actually being practiced.

As discussed earlier, it is recommended that future studies select a different population of professionals to provide a wider sample, by engaging diverse groups that offer multiple experiences. It is further suggested that these research endeavors be expanded to countries outside of the United States—such as England, Ireland, and Australia—where CFL is widely practiced. Longitudinal research with clients should also be conducted, to gain their perspective on the long-term benefits of utilizing a team approach in their divorce process.

Implications for Mentoring Programs

Training programs and research efforts such as the ones discussed in this chapter offer the potential to provide the scaffold necessary for newcomers and “seasoned professionals” alike to develop the skills, knowledge, and attitudes required to provide quality care. It can also set the context for the team process to be an ongoing learning environment for professionals who have an interest in becoming adept at this practice. The possibility for the development of mentoring programs might be considered, whereby experienced professionals can team up with less-experienced professionals to provide opportunities for them to learn more about effective practice.

Concluding Remarks

This journey has taken me to places that I had only imagined: a place of hope and possibility for me and for others who embark on this highly complex path. As I discussed in my initial proposal to conduct this research, I became involved in this “movement” because of the painful personal and professional experiences I have had with divorce throughout my life. I have seen the perils of divorce wars on a multitude of levels for many years. Because of this, I had a drive and determination to “team up” with like-minded professionals who share my passion to do something different and create a difference in the lives of divorcing families. In doing so, I have experienced the kind of healing and transformation that I believe can only come from experiencing positive change in oneself and utilizing the insight gained from personal transformation for the benefit of a shared community. In the process, I became more curious about myself, first and foremost as a divorced woman, then as a mental health professional, family therapist, Collaborative practitioner, and researcher. I now understand more about how much I did not know, and what is yet to be explored in an attempt to develop my competence and engage in this process in the most productive way.

I am grateful to the Pioneers in this field who have come before me and stepped up to speak out about developing and promoting a better way to restructure families and guide them to thrive in the midst of a potentially devastating situation. While working in this process, I have recognized the continued benefit of collaborating with other professionals and couples to learn new ways to resolve issues related to marital dissolution with honesty, integrity, and respect and without being at war. I have learned more about myself: more about what seems to be working—and not working—as I engaged

in this challenging endeavor. I am what Pauline Tesler would refer to as a “beginner”: an experienced practitioner who is learning to utilize my therapeutic skills in a new arena, and is willing to acquire knowledge and a new set of skills and abilities to develop the competency necessary to successfully do this work (P. Tesler, personal communication, March 17, 2010).

The findings in this study are intended for all of the “beginners” who are interested in discovering an understanding about the next “best way” to embark on unfamiliar territory. Through the in-depth interviews and interactions that I have had with the participants, I have gleaned a deeper appreciation of the term *collaboration*. Ideas about joining together, sharing multiple perspectives while maintaining respect for alternative points of view—not in search for the determination of good and bad or right and wrong, but for the purpose of continuing to consider all options and joining together to create a positive outcome.

During this research study I have gathered a wealth of information from a diverse group of dedicated professionals who have been engaging in this process and discovering from their own experiences and the shared experiences of others how to make this process work. Also, we have discovered what we have not yet mastered and considered what must happen to bring this practice to the next level—with practitioners and the public at large.

It is my intention and hope through the information that is brought forward in this study, as well as by future research endeavors, that ICFL will become more the norm—more the way it has to be, with the substantiated understanding that it is the *better way*.

I have also learned from this research journey that divorce, typically thought of as a bad thing, can become “less bad” (L. Mobley Corral, personal communication, September, 2010), and that we as competent Collaborative practitioners, can facilitate a process that can offer families hope for their future, and the future of their children, beyond divorce. Divorce does not have to be a negative legacy that one carries with them throughout their lives; it can be the end of one segment, a time for renewal and hope, and the beginning of new opportunities and possibilities.

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Appendix A
Competencies

AAMFT (Nelson et al., 2007)

The first four primary domains reflect the developmental trajectory by which clients enter a therapeutic system. The latter two domains capture the importance of ethical and legal issues in the practice of MFT as well as the value that research and evaluation play in the delivery of effective services (Nelson et. al, 2007, p. 422). Each domain was defined as follows:

- Admission to Treatment-All interactions between clients and therapist up to the point when a therapeutic contract is established.
- Clinical Assessment and Diagnosis-Activities focused on the identification of the issues to be addressed in therapy.
- Treatment Planning and case Management-All activities focused on directing the course of therapy and extratherapeutic activities.
- Therapeutic Interventions-All activities designed to ameliorate the identified clinical issues.
- Legal Issues, Ethics, and Standards-All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
- Research and Program Evaluation-All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

Core Competencies in Counseling and Psychotherapy (Sperry, 2010, p.13)

1. Conceptual Foundation – Apply a conceptual map to understand and direct the therapeutic process.
2. Relationship Building and Maintenance – Develop of an effective therapeutic alliance
3. Intervention Planning- Assessment, diagnosis, case conceptualization, and treatment planning (Spitrull, Rozensky, Stigall, Vaques, Bingham, et al., 2004 as cited in Sperry, 2010).
4. Intervention Implementation – (1) Establish a treatment focus, (2) maintain the treatment focus, and (3) recognize and resolve treatment interfering factors
5. Intervention Evaluation and Termination – (1) Monitor progress and modify treatment accordingly and (2) evaluate progress and prepare clients for termination
6. Culturally and Ethically Sensitive Practice – (1) Develop an effective cultural formulation, (2) plan and implement tailored and culturally sensitive interventions, and make ethically sensitive decisions (Sperry, 2010, p. 16).

Appendix B

Texas, D.C. Metro, and South Florida (Broward & Miami-Dade Counties) Protocols of Practice for the MHPs in Interdisciplinary Collaborative Family Law

Texas Protocols of Practice

DIVORCE COACH/COMMUNICATIONS SPECIALIST

- As a divorce coach/mental health professionals participate in the following ways:
 1. Help the participants:
 - a. identify, formulate, and prioritize goals.
 - b. identify shared goals.
 - c. stay goal oriented and goal accountable.
 2. Maximize effective communication by modeling, teaching and encouraging the participants to:
 - a. use conflict resolution skills.
 - b. use active listening skills.
 - c. be respectful.
 - d. identify and communicate personal interests.
 - e. recognize and respect the interests of the other participants.
 - f. identify conflicting interests.
 - g. defuse high conflict issues.
 - h. manage irreconcilable tensions.
 - i. normalize thinking and emotions.
 3. Assist the participants in negotiating by modeling teaching, and encouraging participants to:

- a. identify interests.
 - b. explore options for decision making.
 - c. search for external standards of legitimacy to evaluate options.
 - d. identify the best alternative to an agreement.
 - e. maintain two way communication.
 - f. build good working relationships.
 - g. encourage the participants to explore future issues to ensure effectiveness of current decision making.
 - h. make clear, careful commitments at the end of the process.
4. Collaborative teams are strongly encouraged to include a communications specialist and particularly when:
- a. The clients' relationship history includes family violence.
 - b. The clients' interaction pattern is characterized by heightened negative emotions, particularly around parenting and financial issues.
 - c. One or more of the clients have a history of psychopathology or mood disorder.
 - d. One or more of the clients have a history of substance abuse.
 - e. One or more of the clients have a lengthy history of psychotherapy.
 - f. A significant discrepancy exists between the clients' respective negotiating skills.
 - g. One consequence of divorce, or other family matters, is that the standard of living of one or more clients will significantly change.

h. The clients' particular interpersonal dynamics may impede the Collaborative process.

CHILD SPECIALIST

- As a child specialist, mental health professionals participate in the following ways:
 1. Assist parents and the other participants to:
 - a. assess the emotional, social, academic and parenting needs of the children.
 - b. identify the risks and concerns associated with those needs.
 2. Encourage the participants to:
 - a. remain focused on the needs of the children.
 - b. identify the changing developmental and emotional needs of the children.
 - c. identify the children's specific risks and concerns.
 - d. identify common parenting goals.
 - e. identify differences in parenting styles and manage the resulting tensions.
 - f. develop co-parenting skills.
 - g. understand the impact of their decisions on the children.
 3. Guide the participants to a parenting plan that:
 - a. meets the needs of the children.
 - b. satisfies the parents' respective parenting interests and goals.

- c. optimizes the relative contribution of each parent to the development and experience of children.
 - d. provides satisfactory accommodations for parenting differences.
 - e. provides necessary safeguards
 - f. anticipates future concerns, and developmental and emotional issues.
4. Assist the children, in consultation with the child's therapist, in any/all of the following ways:
- a. identify their core issues, needs, wants, and hopes.
 - b. communicate their wishes and concerns.
 - c. provide them with an opportunity to ask and receive appropriate answers to their questions.
 - d. offer them comfort, support, and safety.
 - e. recognize and cope with their thoughts and feelings.
 - f. maintain optimal relationships with both parents.
 - g. help them avoid unhealthy alliances with either parent.
- Collaborative teams are strongly encouraged to include a child specialist, particularly when:
 1. A child has a significant learning disability, medical issue, developmental disability, or mental health or emotional concern. One or both parents have significant medical or psychological problems, such as a chronic debilitating illness or substance abuse problem or mood disorder, that are likely to affect parental functioning.
 2. One or both parents are considering relocation.

3. One or both parents may remarry quickly, thereby introducing stepfamily issues.
4. A history of child abuse is present.
5. The parents have widely varying parenting philosophies.
6. The parents have strong disagreements about the children's school placement, participation in extracurricular activities, religious education, or access to extended family members.
7. A statutory possession schedule may not adequately address the developmental and emotional needs of the children.
8. The family includes children varying widely in age.
9. The parents initially disagree about designating a primary residence.
10. A parent who has been relatively peripheral in the lives of the children is anticipating becoming more involved.
11. A fulltime parent is anticipating having to go to work, thereby significantly reducing their parenting time.
12. The parents want to consider special access schedules to accommodate unique circumstances (e.g., to accommodate the work schedules of a firefighter).
13. The family has experienced other recent significant losses, such as the death of a grandparent or a geographic move. (pp. 8-11)

MODELS OF PRACTICE

- Collaborative participants in Texas are in a continuous process of defining their roles and varied models of practice. Varying models are used throughout the international Collaborative Community.
- Participation of mental health professionals varies in different models of practice and in different cases regarding:
 1. Time of initial involvement: before, during, or after the first joint session between lawyers and clients.
 2. Terms of involvement: mandatory versus optional utilization of mental health professionals.
 3. Planned versus ad hoc inclusion of mental health professionals.
 4. Role(s): single versus multiple roles.
 5. Number of mental health professionals involved: one or more.
- Timing of involvement. In general, mental health professionals are most effective when they are part of the team from the outset of the Collaborative process.
 1. Many collaborative teams find it helpful to have a mental health professional come to the first joint meeting to help the clients and collaborative lawyers assess if and in what role(s) a mental health professional (s) will be helpful.
 2. Although bringing in a mental health professional can be helpful when clients reach an impasse, it is usually more effective to initiate the mental health professionals' involvement before impasses occur, potentially preventing disruptions to the Collaborative process.

- With respect to these categories, some models of practice which currently exist are:
 1. Collaborative Divorce Model. The team includes collaborative lawyers, a financial professional, a divorce coach for each spouse, and a child specialist for the children. One mental health professional functions as a case manager. All of the professionals participate throughout the process. The involvement of the mental health professionals is mandatory from the outset.
 2. Consultation Model. This model is similar to the consultation model developed by industrial/organizational psychologists. The number of mental health professionals involved and the extent of their involvement depends upon the family's needs and the team's practice preferences. In many cases, one mental health professional will function as both a divorce coach and child specialist. In other cases, one mental health professional will be involved as a child specialist; the team will not include a divorce coach. In other cases, two mental health professionals will be involved, one as a divorce coach and one as a child specialist. A neutral expert may be utilized in any case to address a specific, narrowly defined issue.
 3. Training Model. Prior to or immediately after the first joint meeting, the clients attend negotiation training with a mental health professional to increase their negotiating skills and to help them make the 'paradigm shift' to a collaborative process.

ADDITIONAL ROLES

- Additional roles for mental health professionals include:
 1. Program evaluator. Many mental health professionals have training in research method and program evaluation. Evaluating the effectiveness of Collaborative Law practices may broaden practitioners' understanding of effective approaches.
 2. Negotiation trainer. Couples going through a collaborative divorce, benefit from increased knowledge about and skills of negotiating. In an educational model, mental health professionals train couples to use the basic elements of negotiation before the start of joint meetings.
 3. Arbitrator. In rare instances, collaborative participants may agree to have a mental health professional arbitrate narrowly defined issues such as choosing a school, inpatient program, or therapist.
 4. Parenting plan evaluator. There may be instances when a collaborative team decides to employ a mental health professional as a neutral expert to conduct a formal evaluation to make recommendations regarding a parenting plan. (Collaborative Law, pgs. 6-13)

Best Practice Protocols for the MHP in Interdisciplinary Collaborative Family Law:

Excerpt from the Protocols of Practice -

Drafted by the D.C. Metro Protocols Committee (2009)

Divorce Coach

- Helps party present his/her "best self" in the collaborative process

- Assists party to identify and prioritize concerns and goals for him/herself and his/her family now and in the future
- Works to reduce party's level of stress and manage emotions related to divorce
- Helps each party develop effective communication and, when there are children, co-parenting skills
- Supports party in dealing with different levels of acceptance/feeling about the divorce
- Assists party to develop a shared narrative for extended family, friends, and the children, if any
- Works collaboratively with couple, their attorneys, and other involved professionals to anticipate problems and resolve problems as they arise
- Helps attorneys understand their parties' emotional "hot spots", fears, and concerns
- Helps attorneys understand impact of marital dynamics on collaborative process in creating impasse, stalling, or positional behavior
- Helps attorneys and other team members resist being drawn into the couple's dynamic or positions
- Makes real time interventions during meetings to identify psychological roadblocks
- Facilitates focused and efficient pacing of meetings and process
- Assists parties to stay focused on the present and future
- Facilitates option development in meetings with the parties

- Normalizes parties' intense emotions so they can remain active and able to think creatively and without taking a position
- Assists parties in generating and evaluating options in parenting and sometimes financial meetings
- Guides and enforces the structure of the collaborative process with parties and assists the professional team in promoting the collaborative process
- Does not serve as therapist for the party or anyone in the party's family before, during, or after the process
- When there are children involved, works with parties to develop child-focused parenting plan
- Expertise in child development and psychological impact of divorce on family members facilitates creation of child-focused parenting plan
- When there are children involved, assists parties in making the transition from an emotionally engaged couple to a business, problem-solving co-parenting relationship

Child Specialist

- Serves in a short-term, focused capacity during the divorce process
- Focuses on the needs and interests of the child
- Allows for the child to have a "voice" in the process and the development of the parenting plan without the child experiencing feelings of divided loyalty
- Meets with parents and child to assess level of child's functioning and adjustment to separation and divorce
- Assists child in voicing feelings, thoughts, and concerns

- Ensures that the child has a safe, private place in which to ask questions, share feelings, express needs and address problems related to the divorce
- Advocates for child's needs by providing direct information on the "child's eye view" to the parents and team as a foundation on which the parenting plan is built
- Has a private and not confidential relationship with the child
- Child specialist will discuss this with the child to ensure that the child is comfortable with sharing the information and will work to find ways to address any concerns the child has about sharing the information
- Does not make recommendations
- Does not participate in the development of the parenting plan
- Does not serve as a child therapist before, during or after the collaborative process
- Does not switch from child therapist to child specialist and vice versa (D.C., 2010).

Comment: There is another model in use in which the child specialist assumes a larger role, in addition to the more limited role described above. In this model, the child specialist works with the parties to help them develop the parenting plan and to communicate. The coaches may help the parties prepare for child specialist meetings, particularly by identifying how the parties' issues and behaviors affect their children and explaining their children's developmental needs. The coaches may participate in the child specialist meetings with the parties. In this model the child specialist may occasionally serve as a coach in the one-coach model.

**Excerpt from the Protocols of Practice - Drafted by the Broward & Miami-Dade
Counties South Florida Protocols Committee (2009)**

**CHAPTER 2 - COLLABORATIVE MENTAL
HEALTH PROFESSIONALS' ROLES**

MHPs may undertake one or more of the following roles in the Collaborative Process.

2.1 The Collaborative Mental Health Professional who works as a member of the Collaborative team:

A. Helps the participants with the development of efforts including, but not limited to:

- Communication training
- Negotiation skills
- Improved parenting
- Management of difficult emotions

B. Maximizes effective communication by modeling, teaching and encouraging the participants to:

- Use conflict resolution skills
- Use active listening skills
- Be respectful
- Identify and communicate personal interests and set goals
- Recognize and respect the interests of the other participants
- Identify conflicting interests
- Diffuse high conflict issues
- Explore options for decision making
- Search for external standards of legitimacy to evaluate options

- Identify the best alternatives for an agreement
- Build positive working relationships
- Maintain communications
- Explore future issues to ensure effectiveness of current decisions
- Normalize thinking and emotions
- Make clear commitments at the end of the process

C. Acts as a child specialist who may provide the following services:

- Encourage the participants to remain focused on the needs of the children
- Identify the changing developmental and emotional needs of the children
- Identify the children's specific risks and concerns
- Identify common parenting goals
- Identify differences in parenting styles and manage the resulting tension and disparity
- Develop co-parenting skills
- Guide parents to develop an understanding of the impact of their decisions on the children
- Guide the parents in the preparation of a parenting plan that will ensure the emotional and physical safety and meet the ongoing needs of the minor children. These provisions include, but are not limited to, matters related to shared parenting, geographical location of the parents, schooling, religious education, communication between parents and between the parents and the children, etc.

2.2. The Collaborative Mental Health Professional may also aide the children via consultation with the child(s) therapist working to assist the minor children in communicating their feelings and needs in order to make the necessary adjustments to manage the circumstances and develop fully.

2.3. The MHP who is retained by the Collaborative team as a Consultant may:

A. Provide consultation for specific and narrowly defined issues including, but not limited to: competency, substance abuse treatment, out of state residence or domestic violence.

The Consultant may conduct needed assessments and convey a professional opinion/recommendation as to the best option(s) to resolve the issue.

B. Provide consultation as a child specialist particularly when there is a matter related to the well-being of the children that is outside of the scope of training and/or practice of the Collaborative MHP. In this case, it will be the role of the Collaborative MHP in conjunction with the Collaborative team members to make a referral to the appropriate resource for evaluation and care.

Appendix C

Florida Statute Parenting Plan Recommendation

- A parenting plan approved by the court must, at a minimum, describe in adequate detail how the parents will share and be responsible for the daily tasks associated with the upbringing of the child; the time-sharing schedule arrangements that specify the time that the minor child will spend with each parent; a designation of who will be responsible for any and all forms of health care, school-related matters including the address to be used for school-boundary determination and registration, and other activities; and the methods and technologies that the parents will use to communicate with the child.
- The court shall determine all matters relating to parenting and time-sharing of each minor child of the parties in accordance with the best interests of the child and in accordance with the Uniform Child Custody Jurisdiction and Enforcement Act, except that modification of a parenting plan and time-sharing schedule requires a showing of a substantial, material, and unanticipated change of circumstances.
 1. It is the public policy of this state that each minor child has frequent and continuing contact with both parents after the parents separate or the marriage of the parties is dissolved and to encourage parents to share the rights and responsibilities, and joys, of childrearing. There is no presumption for or against the father or mother of the child or for or against any specific time-sharing schedule when creating or modifying the parenting plan of the child.

2. The court shall order that the parental responsibility for a minor child be shared by both parents unless the court finds that shared parental responsibility would be detrimental to the child. Evidence that a parent has been convicted of a misdemeanor of the first degree or higher involving domestic violence, as defined in s. 741.28 and chapter 775, or meets the criteria of s. 39.806(1)(d), creates a rebuttable presumption of detriment to the child. If the presumption is not rebutted after the convicted parent is advised by the court that the presumption exists, shared parental responsibility, including time-sharing with the child, and decisions made regarding the child, may not be granted to the convicted parent. However, the convicted parent is not relieved of any obligation to provide financial support. If the court determines that shared parental responsibility would be detrimental to the child, it may order sole parental responsibility and make such arrangements for time-sharing as specified in the parenting plan as will best protect the child or abused spouse from further harm. Whether or not there is a conviction of any offense of domestic violence or child abuse or the existence of an injunction for protection against domestic violence, the court shall consider evidence of domestic violence or child abuse as evidence of detriment to the child.

a. In ordering shared parental responsibility, the court may consider the expressed desires of the parents and may grant to one party the ultimate responsibility over specific aspects of the child's welfare or may divide those responsibilities between the parties based on the best interests of the child. Areas of responsibility may

include education, health care, and any other responsibilities that the court finds unique to a particular family.

b. The court shall order sole parental responsibility for a minor child to one parent, with or without time-sharing with the other parent if it is in the best interests of the minor child. (Florida Statutes, 2009, Chapter 61.122)

Appendix D

Recruitment Letter

Dear Colleagues,

My name is Randy Heller. I am conducting a dissertation study as a Doctoral Student of Family Therapy at Nova Southeastern University. As a practicing Marriage and Family Therapist, Mental Health Counselor, and Certified Family Mediator, I have become increasingly aware of the pain and suffering, emotional discord and financial ruin that often results from “high conflict” divorce. I, like you, want to do something to make a difference and facilitate a change in these alarming statistics. It is my hope that becoming more educated about the practice of Interdisciplinary Collaborative Family Law will provide me an avenue to do this.

I am interested in exploring the team members’ experiences of the role of the Mental Health Professional in Interdisciplinary Collaborative Practice. For my dissertation study, I will be conducting in person, telephone, and/or Skype interviews with family law attorneys, financial, and mental health professionals who have taken part in this process.

I have accessed your names through your Collaborative practice groups. Partaking in this study will involve your engaging in an interview with me (a maximum of one hour and thirty minutes). A follow-up interview (a maximum of one hour) may be necessary. Face to face interviews will be arranged to accommodate your time, schedule, and ensure your confidentiality and privacy to the best of my ability. Interviews will be conducted at either yours or my private offices (whichever is more convenient for you).

I am hoping that you will be willing to join me in this effort. There may be benefits to the Collaborative Community and clients which may enhance the growth, development, and implementation of professional education and training toward competency, best practices, and the future direction of Interdisciplinary Collaborative Family Law. If you would like to become involved, please contact me at 954.236.4490, hrandy@nova.edu, or thefamilynetwk@aol.com.

Sincerely,

Randy Heller, Ph.D. (Cand.), LMHC, LMFT

Appendix E Inclusion Criteria

INCLUSION CRITERIA:

- Participants will be contacted from across the country via the listservs of their Collaborative practice groups as accessed by the researcher from the IACP website.
- These participants will be professionals who have participated in the collaborative process utilizing the interdisciplinary team approach including at least one MHP on the team.
- The lawyers, FPs, and MHPs will have received specialized training that meets the IACP Collaborative Practice standards.
- Participants will be professionals who meet the IACP practice standards.
- Participants will have concluded a minimum of 3 Collaborative cases utilizing a participation agreement and a withdrawal provision.
- Participants will be an active member of a local practice group and the IACP

International Academy of Collaborative Professionals Minimum Standards for Collaborative Professionals

1. General Requirements:

- 1.1 The collaborative practitioner is a member in good standing of:
IACP; and local Collaborative Practice group.
- 1.2 The collaborative practitioner accepts the IACP Mission Statement.
- 1.3 The collaborative practitioner diligently strives to practice in a manner consistent with the: IACP Principles of Collaborative Practice; and IACP Ethical Standards for Collaborative Practitioners.
- 1.4 The basic trainings referred to in 2.2, 3.3 and 4.3 must be trainings that meet the IACP Minimum Standards for trainings delivered by trainers who meet the IACP Minimum Standards for Trainers.

2. IACP Minimum Standards for Collaborative Lawyer Practitioners:

- 2.1 Membership in good standing in the administrative body regulating and governing lawyers in the lawyer's own jurisdiction
- 2.2 At least twelve hours of basic collaborative training to be either:
Collaborative Law training; or Interdisciplinary collaborative training.
- 2.3 At least one thirty hour training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest based, narrative or transformative mediation programs).
- 2.4 In addition to the above, an accumulation or aggregate of fifteen further hours of training in any of the following areas:
 - Interest-based negotiation training
 - Communication skills training
 - Collaborative training beyond minimum twelve hours of Initial Collaborative training
 - Collaborative training
 - Advanced mediation training
 - Basic professional coach training.

3. IACP Minimum Standards for Collaborative Mental Health Practitioners

- 3.1 Mental Health professional license in good standing in one of the following:
 - PhD - Doctor of Philosophy
 - Psy D - Doctorate of Psychology
 - LCSW - Licensed Clinical Social Worker
 - RSW - Registered Social Worker
 - MFT - Marriage and Family Therapist
 - RCC - Registered Clinical counselor
 - CCC - Canadian Clinical counselor
 - R Psych - Registered Psychologist
 - C Psych - Chartered Psychologist
 - Psychiatrist
 - LEP - Licensed Educational Psychologist
 - LPC - Licensed Professional Counselor or equivalent in state, province or country
- 3.2 Background, education and experience in:
 - Family systems theory
 - Individual and family life cycle and development
 - Assessment of individual and family strengths
 - Assessment and challenges of family dynamics in separation and divorce
 - Challenges of restructuring families after separation

For child specialists:

- expertise in child development, clinical
- experience with a specialty focus on children and an in-depth
- understanding of children's unique issues in divorce

3.3 At least twelve hours of initial interdisciplinary collaborative training.

3.4 At least one thirty hour training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest based, narrative or transformative mediation programs).

3.5 In addition to the above, an accumulation or aggregate of fifteen hours of training in

any or all of the following areas:

- Basic professional coach training
- Communication skills training
- Collaborative training beyond minimum twelve hours of initial collaborative training
- Advanced mediation training

3.6 A minimum of three hours aimed at giving the mental health professional a basic understanding of family law in his/her own jurisdiction

4. IACP Minimum Standards for Collaborative Financial Practitioners

4.1 Professional license or designation in good standing in one of the following:

- CFP - Certified Financial Planner
- CPA - Certified Public Accountant
- CA - Chartered Accountant
- CMA - Certified Management Accountant
- CGA - Certified General Accountant
- ChFC - Chartered Financial Consultant or equivalent in state, province or country

4.2 Background, education and experience in:

- Financial aspects of divorce
- Cash management and spending plans
- Retirement and pension plans
- Income tax
- Investments
- Real estate
- Insurance
- Property division

- Individual and family financial planning concepts
- 4.3 At least twelve hours of basic interdisciplinary collaborative training
- 4.4 In addition to the above, an accumulation or aggregate of twenty hours of education in the financial fundamentals of divorce giving the financial professional a basic understanding of family law in his/her own jurisdiction, including:
- Divorce procedures
 - Property - valuation and division
 - Pensions and retirement plans
 - Budgeting - income and expenses
 - Child and spousal support
 - Future income projections
 - Financial implications of different scenarios for settlement
- 4.5 At least one thirty hour training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest based, narrative or transformative mediation programs).
- 4.6 In addition to the above, an accumulation or aggregate of fifteen hours of training in any or all of the following areas:
- Communication skills training
 - Collaborative training beyond minimum twelve hours of initial collaborative training
 - Advanced mediation training
 - Basic professional coach training

(IACP - Minimum Standards, 2010).

Appendix F

Sample Interview Questions

For Family Law Attorneys

1. How long have you been practicing Family Law?
2. How many cases have you had to date?
3. What led you to Collaborative Family Law?
4. When have you utilized a mental health professional in divorce cases?
5. How has that been useful?
6. What are the challenges/decisions that you face when including a mental health professional?
7. What are the backgrounds of the mental health professionals that you refer to/include on your team?
8. How do your clients respond to the idea of having a mental health professional on the team?
9. How do you/and or your clients understand the title – Mental Health Professional?
10. What does the term “coach” mean to you; Communication Specialist, Neutral MHP, Child Specialist? How do you decide when you will include each or all of these on your cases?
11. What are the skills/competencies that you are looking for in an MHP when you work with them on the Collaborative team?
12. What difference have you noted when including an MHP and when not in your cases?

13. What would you like to see further developed or explored in order to utilize a mental health professional in the most efficient and effective way?

For Mental Health Professionals

1. How do you/and or your clients understand the title Mental Health Professionals?
2. What is your background and training in the mental health profession?
3. What is your experience working in the area of divorce?
4. What led you to Collaborative Practice?
5. What is your background and training and experience in Collaborative Practice?
6. How do you perceive that your background and training prepared you for your role on the team?
7. How did you develop that experience? How many cases have you had and what role were you in?
8. How do you perceive that your background and training contributed to the role you were in?
9. What are the skills/competencies associated with your role as an MHP on the Collaborative team?
10. When you have been involved in cases, what has worked and what has not worked? What have been the most significant challenges/benefits?
11. What do the terms “Divorce Coach”, “Communication Specialist, Neutral MHP, Child Specialist” mean to you?
12. What do you think would make this process most beneficial to all involved?

13. What would you like to see further developed or explored in order for this process to be most efficient and effective?

For Financial Professionals

1. What is your background and training in the Financial Profession?
2. What is your experience working in the area of divorce? How many cases have you had?
3. What is your background and training in Collaborative Family Law Process?
4. How did you develop that experience?
5. What led you to Collaborative Family Practice?
6. What is your understanding of the Interdisciplinary Collaborative Practice Model?
7. How do you perceive your role in the Interdisciplinary approach of Collaborative Practice?
8. What do you understand about the use of the mental health professional on the team?
9. How have MHPs been useful to you?
10. In what ways do you work directly with each other?
11. What has worked/not?
12. What is your understanding of what makes the team function in the most effective way?
13. What are the skills/competencies associated with your role as an MHP on the Collaborative team?
14. What do you perceive to be the obstacles to effective team functioning?
15. What would you like to see happening differently?

Appendix G

Sample Training Model

TEAM: A Model for Training Interdisciplinary Collaborative Practitioners

Training Together to Enhance Competency and Achieve More

This two-day workshop will present information based on the results of this work about the knowledge, skills, and attitudes required of professionals to most effectively integrate mental health practitioners to participate in their various roles on the teams. Based on the theory that has been developed from the research, participants will learn ways to work “collaboratively” as an entire team; to identify the relationship patterns that are interfering with successful resolution of issues, while simultaneously attending to the interactions of all team members and the divorcing couples to develop more effective communication, problem solving, interpersonal, relational, relaxation and emotional self-regulation techniques and skills. Opportunities to practice the implementation of these techniques will be provided through the use of video demonstrations, interactive exercises, and discussions.

Outline of Training

Day 1 (6 hours)

Part A – 2 hours

- I. Introduction of Trainer(s)
 1. Educational background and credentials
 2. Presentation of research, description of participants, significant findings, and theory development
 3. Implications for training development

4. Application to practice

II. Introduction of Participants

1. Discipline, educational background, and credentials
2. Experience in Collaborative Practice
3. Cultural and ethnic background and its potential influence on Collaborative Practice
4. Development of values and morals

III. Interactive Discussion

1. Sharing perspectives on the various divorce processes and belief systems about divorce and co-parenting in divorce and peaceful resolution

Part B – 1 hour

IV. Presenter and participants engage in experiential exercise

1. Video presentation and critique of a mock Collaborative team meeting demonstrating a pre-conference meeting, meeting with clients, and de-briefing session
2. Follow-up discussion to include, but not to be limited to, “dos and don’ts”
3. Interactive role play about the delineation and implementation of roles, responsibilities and actions

Part C – 2 hours

V. Trainer and participants interact for practical application and learning

1. Experiential exercises through use of presentation of vignettes and role plays of scenarios presenting challenges in the team process – Focus on “What would you do?”

Day 2 (6 hours)

Part A – 2 hours

- I. Presentation of information about neurophysiology of the brain and effective functioning
- II. Guided meditation and relaxation exercises
- III. Interactive discussion about team building – Presentations of research and implications
- IV. Interactive discussion about what has and has not worked on cases thus far

Part B – 3 hours

V. Outside “In the Ring”: Developing Competent Teams in Interdisciplinary

Collaborative Family Law: An Equine Assisted Approach

Interactive activities in an “unnatural environment” utilizing the horses as metaphors for clients as well as potential obstacles in the process. This unique training is intended to guide participants to develop deeper connections, trust, understanding, compassion, and insight into themselves, each other, and their clients, and to develop strategies for working with each other, the ambiguous, and the unknown. Group processing of experiences and discussion of the connection between the exercises and utilization in ICFL will follow activities. Activities will follow a map for the effective implementation of the Collaborative process (i.e., initial interviewing, brainstorming and pre-conference consultation, first Collaborative conference, debrief and processing)

Part C – 1 hour

- VI. Provisions and review of templates for forms and other information
- VII. Marketing strategies

VIII. Mentoring programs

IX. Brainstorming about your experience

X. Questions and answers

Appendix H

Trainer Criteria: IACP Minimum Standards for Collaborative Trainers

The IACP Standards for Trainers, Trainings, and Practitioners are drafted with an awareness of the aggregate nature of learning. Knowledge comes from the interface between education and practical experience. Skill is acquired from the successive application of education to experience. With those principles in mind, these Standards should be understood as a point of departure in a continuing journey of education and practice for Collaborative practitioners and trainers.

The IACP sets the following basic requirements for a professional to hold herself/himself out as a Trainer who satisfies IACP Standards for Training in Collaborative Practice:

1. Experience:

- 1.1 A trainer should have participated in at least eight different Collaborative cases, accumulating at least fifty hours of practice in the Collaborative process. For interdisciplinary team trainers, such cases and hours shall include a minimum of five cases and twenty-five practice hours in the interdisciplinary team model.
- 1.2 A trainer should, during the five years immediately prior to the training, have had at least twenty hours of actual, hands-on experience as a teacher, trainer, or presenter of programs each of which was at least three hours in duration. Such experience shall be as a person primarily responsible for the presentation of all or significant components of such programs.
- 1.3 A trainer should have completed at least twenty-four hours of training in the Collaborative process. Not less than twelve of such hours shall include

- a) a basic training that satisfies the IACP Training Standards
- b) a training of at least six hours directed at that trainer's professional discipline.

The additional twelve hours may be earned by participating, as a student or assistant, in Collaborative Practice trainings conducted by trainers who satisfy these Trainer Standards.

2. IACP Practitioner Standards: A trainer should satisfy the highest IACP practitioner standards. A trainer should have completed at least forty hours of mediation training approved by ACR or approved for continuing education credits by professional organizations. When training in the divorce area, such mediation training shall include a substantial amount of divorce mediation.

3. Licensing/Certification: A trainer shall be licensed or certified, and be in good standing and not restricted in practice or subject to any conditions or monitoring of his or her conduct by the licensing board governing the trainer's field of practice. A trainer shall have no public record of discipline of any nature within the last five (5) years.

4. IACP Training Standards: A trainer should have the skills to conduct a training that meets the IACP Training Standards.

5. Skills Training: A trainer should be qualified by education, training, and experience to inform and educate about skills relative to communication, problem-solving, facilitative dispute resolution, mediation, interpersonal relationships, couples' conflict management and resolution, interest-based negotiation, team, and process. A trainer should be able to teach adults through meaningful dialogue and didactic presentations, and be able to set up demonstrations, structure role plays, and employ other experiential learning models.

6. Knowledge about Area of Dispute: A trainer should have an appropriate understanding of the general area to which the dispute relates, including, a recognition that financial decisions may have far-reaching and long-term financial and tax implications and, when training in the divorce area, knowledge of the grief process, child development, and the dynamics of the divorcing/restructuring family.

7. Particular Professions: In addition to the above, those offering training in particular disciplines as part of the Collaborative process shall satisfy the following:

7.1 Attorneys:

- A minimum of five years in active practice, including five years of experience in the particular discipline which is the subject of the training (e.g., five years of family law experience for Collaborative trainings dealing with divorce and separation).

7.2 Child Specialist:

- A minimum of five years clinical experience with specialty focus on children.
- In-depth understanding of children's unique issues in divorce.

7.3 Financial:

- A minimum of five years in financial consulting with significant experience in assisting separating and divorcing couples specifically with respect to the financial and tax aspects of the general area to which the dispute relates.

7.4 Coaches:

- A minimum of five years of post-licensure experience in a clinical area, including clinical experience focusing on couples and families, and in-depth knowledge of:

- a) short-term therapy and coaching models
 - b) divorce and the psychosocial impact of divorce on families
 - c) basic elements and guidelines for creating parenting plans.
- In depth knowledge of family dynamics and systems theory and child development.

8. Trainers in the Interdisciplinary Model of Collaborative Practice: The

interdisciplinary model of Collaborative Practice includes the mental health, financial, and legal disciplines as part of the fundamental Collaborative team assisting clients. In addition to the above, a trainer in the interdisciplinary team model should have:

8.1 Completed a minimum of one basic interdisciplinary team training.

8.2 Knowledge of team interactions and specific issues unique to the interdisciplinary model. (Trainer Standards, 2004)

Appendix I

Member Check Letter

March 24, 2011

Dear Research Participant:

I am completing my dissertation research on Exploring Competency and the Role of the MHP in Interdisciplinary Collaborative Family Law and as I spoke with you about, I want to “check-in” with you about my interpretation of the data that I have collected from our interview. The data will appear coded and written exactly as it appears in this document. The words were taken directly from the audio-taped transcripts. Please recognize that it is out of context.

I realize that you are quite busy. If you have the opportunity, I would appreciate you reviewing it and making any comments or asking any questions about it that you’d like. If there is anything that you do not want me to publish, please make that clear. I have also included a chart related to demographic information. Please fill it out in the space provided for your designated code.

This has been a wonderful learning experience and I am grateful to you for your participation in this very important project. Feel free to contact me with any questions or concerns. I will look forward to our ongoing collaboration.

Thank you so much!

Warm regards,

Randy Heller

Biographical Sketch

Randy Heller graduated from Hollywood Hills High School in 1975 and shortly thereafter began her academic career and pursuits in the “helping professions.” Ms. Heller has been an educator, Exceptional Student Specialist, and Family Counselor for the Broward County School Board. She is now a Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, Certified Supreme Court Family Mediator, State Approved Parenting Coordinator, State Approved Hypnotherapist, and founder of The Family Network, a counseling center in Davie, Florida established in 1994. She has had successful experience working with individuals of all ages, including parents, couples, step-families, children of divorce, and students with educational, motivational, and behavioral challenges—facilitating positive change in their behavior, interactions, and relationships.

Ms. Heller has a special interest in working clinically and conducting research with families in divorce, having received specialized training in Interdisciplinary Collaborative Family Law. In the Collaborative process, she works together with members of a divorcing couples, family law attorneys, and financial professionals as part of a team. The goal of this approach is to facilitate the peaceful resolution of issues related to marital dissolution in order to maintain the integrity of family relationships, particularly surrounding the children.

Ms. Heller serves as a consultant for other mental health professionals engaged in this approach, and is chair of the committee for development of the Protocols of Practice for the Mental Health Professional in Collaborative Practice for the State of Florida. She is on the Board of the Collaborative Family Law Professionals of South Florida,

a member of the Collaborative Family Law Council of Florida, and has completed a qualitative research study entitled “Exploring Competency and The Role of the Therapist in Interdisciplinary Collaborative Family Law: What do “they” do?”

Ms. Heller participated in a presentation on this topic for the Florida Psychological Association in July 2009, and presented on this topic to the Florida Association of Marriage and Family therapists in Orlando, Florida in December 2009, Deerfield Beach, Florida in April 2010, and at the National conference of American Association of Marriage and Family Therapists in September 2010 in Atlanta, Georgia. She will be presenting her research on this topic at the American Association of Marriage and Family Therapists National Conference in Fort Worth, Texas in September, 2011 and will submit this work for presentation in the IACP’s *Collaborative Review: Special Research Edition*.

Ms. Heller aspires to train Collaborative Practitioners in a unique approach to effective teamwork developed from her research incorporating equine-assisted learning. She is also currently teaching and supervising emerging master’s and doctoral students in the field of Mental Health Counseling and Marriage and Family Therapy, as an adjunct professor at Nova Southeastern University. Ms. Heller is an AAMFT Approved and State of Florida Approved Clinical Supervisor.