

AN ABSTRACT OF THE DISSERTATION OF

Lynne M. Smith for the degree of Doctor of Philosophy in Counseling, presented on February 27, 2014.

Title: An Exploratory Study of the Role of the Child Specialist in Family Law.

Abstract approved:

Deborah J. Rubel

Research indicates that enduring interparental conflict before, during, and after divorce has negative effects on children. Parental conflict can be reduced utilizing alternative dispute resolution (ADR) processes such as mediation and collaborative divorce. The purpose of this dissertation was to produce two manuscripts examining the role of the child specialist in ADR divorce. The first manuscript identified, through an extensive literature review, the effects of divorce on children; the advantages of alternative dispute resolution (ADR) divorce processes; the child's voice in divorce; and the emerging role of the child specialist, the mental health professional who brings the voice of the child into divorce. There is no research on the role of the child specialist. The second manuscript is a classical Delphi study focused on the responsibilities, tasks, and skills of child specialists in ADR. Careful screening and recruitment offered 12 expert participants whose first round qualitative survey generated 41 items in the 3 categories. Likert-scale ranking for the second and third quantitative rounds resulted in 38 (92%) of the 41 items meeting a 70% consensus level. This dissertation addressed a gap in the existing research; expanded knowledge and understanding of the child specialist's role in family law; presented the perspectives of diverse experts in the field, adding to our knowledge base; and may guide in effectively training family counselors as child specialists in the promising, interdisciplinary field of ADR, aiding scholarship in counselor education.

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An Exploratory Study of the Role of the Child Specialist in Family Law

by
Lynne M. Smith

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APPROVED:

Major Professor, representing Counseling

Dean of the College of Education

Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Lynne M. Smith, Author

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CONTRIBUTION OF AUTHORS

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Chapter 1: General Introduction

Dissertation Overview

The purpose of this dissertation is to demonstrate scholarly work by using the *manuscript document dissertation format* as outlined by the Oregon State University (OSU) Graduate School. In following this format, Chapter 1 provides an overview and background for the topic of the responsibilities, tasks, and skills of the child specialist and describes the journal-formatted manuscripts found in chapters 2 and 3, which are thematically tied. Chapter 2 is an article titled *Alternative Dispute Resolution Processes and the Child Specialist's Role: A Review for Family Counselors* and Chapter 3 is an article titled *The Role of the Child Specialist in Alternative Dispute Resolution Processes: A Delphi Study*, including the data collection and analysis. Chapter 4 provides the discussion of the results, limitations, and general conclusions. Chapters 1 and 4 follow the OSU formatting requirements and chapters 2 and 3 are APA formatting.

With over a million children impacted by divorce and parental separation every year, a salient role for family counselors is the child specialist's role and their responsibilities in advocating for children through divorce and custody processes. Non-litigious methods of divorcing are called alternative dispute resolution (ADR). A mental health professional, called a child specialist, brings the child's perspective into the ADR process. ADR reduces conflict and allows a focus on children during divorce.

Both manuscripts are thematically tied and focus on the role of the child specialist in ADR processes. Manuscript one is a literature review introducing ADR and how child specialists serve a valuable function in divorce and custody processes. Manuscript two offers background on the Delphi Method and how this method of research was used in defining the responsibilities, tasks, and skills of the child specialist in ADR.

The first scholarly manuscript of this dissertation is a literature-based overview and conceptual piece directed towards family counselors that offers background on the prevalence of divorce, the effects of divorce on children, and how damaging adversarial divorce can be for children. Also covered is the history and skills required for child specialists, the family counselor who brings the child's voice into divorce. The review of the literature describes alternative dispute resolution (ADR) processes as a choice beyond litigated divorce and the mutual benefits for parents and children. It features two types of ADR processes; mediation and collaborative divorce, both of which provide opportunities for inclusion of children's voices through the mental health professional called a child specialist. No research was identified outlining the responsibilities, tasks, and skills of the child specialist. The manuscript concludes with current understanding of the characteristics of the child specialist's training and qualifications as well as the implications for family counselors and the ADR field.

The second manuscript offers the wisdom of experts in the field of family counseling and ADR regarding the responsibilities, tasks, and skills of the child specialist in mediation and collaborative divorce through a research process called the Delphi study. This research method is both qualitative and quantitative and allows for exploration of the responsibilities, tasks, and skills of child specialists through experts' opinions in an effort to achieve stability in responses or possibly, consensus. The manuscript gives a brief history of the Delphi method, describes how the Delphi is an iterative process, and why the Delphi is the appropriate method for this research topic. This manuscript describes the specific steps that were taken in data collection and analysis to ensure methodological rigor. Finally, this manuscript offers the research findings regarding the responsibilities, tasks, and skills of the child specialist in ADR

processes and possible implications for the multidisciplinary fields of family counselors and family law professionals.

The rationale for this dissertation is that there has been no previous discussion of how the child specialist's role can be filled by family counselors and no scholarly exploration was found in the family counseling journals on the responsibilities, tasks, and skills of the effective child specialist. Responsibilities are described as duties or obligations to satisfactorily perform a role. Tasks are described as a single piece of work assigned or performed as part of one's responsibilities. Skills are described as a learned competency for doing tasks: a developed aptitude or ability. The manuscripts thematically converge on the child specialist as a significant role for family counselors with implications for practice, training, and research in the field. Implications of this research extend beyond mental health professionals and counselor education into multidisciplinary areas of family law and alternative dispute resolution practices.

History of divorce

Vast amounts of research have been and continue to be devoted to the effects of divorce on adults, children, and families. From the legal perspective, divorce has evolved dramatically over the last century. Divorce carried serious social stigma, and it was necessary to find fault with one partner for a divorce to occur prior to the 1970s. Custody of children was paternal up until the late 1800s, and then maternal in much of the 1900s, when the 'tender years' doctrine' assumed that mothers were the most nurturing for children (Schepard, 2004). In 1970, California was the first state to implement no-fault divorces and by 1979, the first joint custody statute was enacted. The court began to consider 'the best interest of the child' as its proviso.

Following unusually low divorce rates in the 1950s and early 1960s, the divorce rates in the United States continued to rise and then peaked in 1981 (Stevenson &

Wolfers, 2007). Subsequently, divorce rates have declined and the trend continues with 3.4 divorces per thousand people in 2009 (U.S. Department of Health and Human Services, 2010). Considerable controversy and uncertainty exists about the impact of divorce on children (Stevenson & Wolfers, 2007), but there is no doubt that millions of children in the United States are affected by divorce.

Effects of divorce on children

Research has shown that children from divorced households may experience several negative outcomes (Amato, 2000, 2003; Booth & Amato, 2001; Kelly, 2000; McIntosh, Wells, Smyth, & Long, 2008; Sun & Li, 2002; Wallerstein & Lewis, 2004). When comparing children of divorce with those whose parents are still married, research suggests that divorced children may become adults with reduced levels of psychological well-being, experience troubled marriages with a greater likelihood of divorce, and have weaker connections to parents, especially their fathers (Amato, 2003; Wallerstein & Lewis, 2004). Divorce may be harmful to children if it increases the amount of stress that they experience or it may be helpful if it reduces stress, as in the case of parents who engage in a long-term process of conflict during the marriage (Booth & Amato, 2001). Children who live in persistent high-conflict marriages may feel relief and benefit when parents separate (Booth & Amato, 2001; Hetherington & Kelly, 2002; Kelly, 2000).

Divorce is not a discrete event but a process that begins while a couple still lives together and ends long after the parental divorce/separation (Amato, 2000; Booth & Amato, 2001; Hetherington & Kelly, 2002; Sun & Li, 2002). In 2004, about 1.1 million children were living with a parent who had experienced a divorce in the last year (U.S. Census Bureau, 2008). Most people marry again within 5 years of divorce and with remarried households, one-half include children under 18 (U.S. Census Bureau, 2008), indicating a significant number of children being subjected to divorce and remarriage.

Research has shown that disruptions to children following divorce include reduced ability to parent from the custodial parent, less involvement from the noncustodial parent, continuing parental conflict, decline in economic resources, moving or changing schools, and subsequent parental relationships/ marriages (Booth & Amato, 2001; Hetherington & Kelly, 2002; Sun & Li, 2002). Considering that the buildup to divorce can last for up to two years, this represents significant stressors for children in these households. If the marital conflict has focused on the children, they may assume some responsibility and feel guilt with the divorce (Kelly, 2000). Parents in high conflict marriages may have diminished emotional sensitivity to their children's needs, tend to engage in more inconsistent disciplinary practices, use guilt or anxiety-producing techniques to discipline their children, and are more likely to respond with negative affect to their children (Kelly, 2000).

Adversarial divorce

Prior to the introduction of the no-fault divorce in 1970 in California, divorce was necessarily a contentious event. Divorcing couples had to find fault with their spouse in order to legally obtain the divorce. Firestone & Weinstein (2004) stated that the adversarial court system "is not the appropriate forum for assisting dysfunctional families to function better. Resolution of the legal case often does little to improve or resolve the underlying family dynamics" (p. 203). The adversarial divorce court system is purported to have a number of shortcomings, including: dehumanizing and disempowering participants; focus on rights over responsibility to children; 'zealous advocacy' of lawyers; delayed outcomes for families; expense of litigation; it is a past-oriented process; experts have polarized roles; legal professionals have no training to deal with complex family issues; and forcing children to participate in the conflict may not represent their best interests (Firestone & Weinstein, 2004).

Child custody battles are frequently a component of adversarial divorces.

Schepard (2004) related a case that occurred early in his career as a law professor supervising at a law clinic, stating the following outcome to a case that was pivotal for him in his experience of contentious custody issues.

The parents' experience in the child custody court taught them nothing but bitterness and anger toward each other. It was highly doubtful that they would ever speak to each other civilly again, much less consult each other about future decisions in their child's life. Their lawyers, though doing their jobs, fueled the parents' hatred through courtroom advocacy that demonized the other parent, magnifying her or her faults and minimizing his or her strengths. The victorious parent would surely lord the court order over the vanquished parent (p. *xiii*).

Such outcomes have tremendous impact on the ongoing quality of parenting and health of reconfigured families. Children must not become the 'hidden and unheard victims' of their parent's inability to get along or live together (Schwartz, 1994).

Since eliminating the need for creating or having reasons to get a divorce, a spectrum of options has developed, allowing for non-contentious processes. These options range from what's called the kitchen table divorce where a couple sits down together and works through the details of their dissolution, all the way to lengthy, adversarial divorces that can go on for years. For divorcing couples with children, the child's level of involvement or inclusion into the divorce process also varies dramatically, from not even being told of their parents' split before it occurs to being required to testify in front of a judge. Instead of working to decide which parent will receive custody after divorce, the child custody court's redefined mission is to determine how best to involve both parents safely in the child's life (Schepard, 2004). Many children do not wish to choose which parent to live with; they want the right to continue loving both parents.

Wallerstein (1986) asserts that children are the hidden clients in divorce. In a few family courts, children will have legal representation, but that is the exception rather than

the rule. They may be represented by lawyers or guardian ad litem (GALs). If children are, in fact, clients in divorce, they are rarely consulted regarding their fears and concerns about what their futures will look like. In 1989, the United Nations Convention on the Rights of Children (UNCROC) established that in all matters affecting the child, the views of the child will be "given due weight in accordance with the age and maturity of the child." Current adversarial family law practices for dissolving marriages focus on parent's rights and do not effectively consider the children's welfare or voice. Children experience long-term effects of their parent's divorce and have no voice in most U.S. dissolution processes. Creating divorce processes that are child-sensitive and child-focused provides an environment conducive to ongoing health of families, reducing litigation and further damage to families. ADR and the child specialist role support the rights of children to be heard and foster healthier postdivorce families.

Alternative dispute resolution

Alternatives to battling out a divorce through the family courts include both divorce mediation and collaborative divorce. Each of these processes allow for divorcing parents to construct agreements that they can 'buy in to' and therefore are more likely to support postdivorce. The practice of parents' making agreements together has the additional benefits of reducing ongoing conflict and sets them up to be more effective coparents after the divorce, each of which has been shown by research to benefit children. Another advantage to ADR is that it creates an opportunity for children's voices to be presented through a mental health professional called a child specialist, sometimes called a child consultant. The child specialist's role is relatively new and no research was found describing the training and skills necessary for family counselors to develop into effectively filling this role.

Research Purpose and Questions

The research topic for this dissertation is concerned with the responsibilities, tasks, and skills of the child specialist in alternative dispute resolution (ADR) divorce processes. A research problem associated with this topic is there appears to be no research on the child specialist's role, likely given that ADR processes are relatively new in family law and especially the role of the child specialist. Consequently, the purpose of this study is examining the responsibilities, tasks, and skills of the child specialist.

Studying the role of the child specialist, a mental health professional in an interdisciplinary setting, is important for several reasons:

1. It addresses a gap in the existing research.
2. It expands our knowledge and understanding of this role in the emerging field of family law.
3. It presents the perspectives and voices of research participants/experts in the field, adding to our knowledge base.
4. It aids in effectively training family counselors in the promising, interdisciplinary field of family law, aiding scholarship in counselor education.

The emerging areas in family law that involve a child specialist include mediation and collaborative divorce. Opportunities for mental health professionals to work in interdisciplinary teams are expanding and no research exists on the child specialist role. As new career areas for counselors are developing, it is important to the profession to assist in defining the available roles and consequently, the training and development of the specialty. "ADR will play a permanent role in family law and will change the face of lawyering in the twenty-first century. Academic programs will play a large role in statewide efforts to encourage ADR and enhance collaborative efforts to resolve family

issues” (Kruse, 2008, p. 8). Academic programs in counseling would be wise to join in efforts to maintain the integrity of the child specialist's role in ADR.

Finally, this research expands my professional expertise and that of other mental health professionals fulfilling the child specialist role. The International Academy of Collaborative Professionals (IACP) describes the minimum requirements for practitioners of collaborative practice for mental health professionals. For child specialists, these include: “expertise in child development, clinical experience with a specialty focus on children and an in-depth understanding of children’s unique issues in divorce” (IACP, 2012). Clarifying and defining the responsibilities, tasks, and skills of child specialists assists not only collaborative practices but additionally, counselor education and scholarship.

Organization

The purpose of this dissertation is to identify critical factors in the responsibilities, tasks, and skills of child specialists in alternative dispute resolution processes. The need to clarify the child specialist's role is based on the dearth of existing research, the importance of this emerging multi-disciplinary field in family law and mental health, expanding scholarship in counselor education, and enhancing the integration of the voice of the child in life-changing events such as divorce. The first article represents an overview of the literature geared towards family counselors on the effects of divorce on children, development and description of ADR, and the emergence of the role mental health professionals have in ADR. The second article reports a Delphi method study of experts in ADR's current understanding in defining the responsibilities, tasks, and skills for child specialists. Both articles converge on the role of the child specialist in ADR processes and its relevance for family counselors.

CHAPTER 2

Alternative Dispute Resolution Processes and the Child Specialist's Role:

A Review for Family Counselors

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Abstract

Over forty years of research into the effects of divorce on children and families has produced the conclusion – it depends; however, ongoing parental conflict and poor interparental relationships post-divorce are known to be harmful to children. Alternatives to litigious divorce support healthier binuclear family functioning. This article represents an extensive literature review on the effects of divorce on children, family law alternative dispute resolution (ADR) methods such as mediation and collaborative divorce, the voice of the child in divorce, and the child specialist. Child specialists are family counselors trained to bring a child's voice into ADR and to support parents' creating healthier ongoing relationships. This article describes an emerging role for family counselors as child specialists in ADR, highlights skills necessary for this role, and offers implications for practice, training, and research.

Keywords: divorce, alternative dispute resolution, ADR, family counselor, child specialist, mediation, collaborative divorce, voice of the child in divorce, binuclear families

Alternative Dispute Resolution Processes and the Child Specialist's Role:
A Review for Family Counselors

Divorce and its effects on children have been researched extensively for over forty years (Amato, 2010, Leon, 2003). Research indicates that divorce is a process, not a discrete event, and that it impacts individual family members in diverse ways (Kelly & Emery, 2003). In cases where parents engage in frequent, intense conflict, children may benefit when their parents finally divorce, especially if post-divorce conflict is minimal. Many children experience negative effects from their parents' divorce, which may have short- or long-term consequences in their lives, creating intergenerational effects. Ongoing conflict – pre-divorce, during divorce, and post-divorce – has been shown to be particularly detrimental to children (Jolivet, 2012; Kelly, 2000; Smart, 2003). Ahrons (2006) reports that family therapists “must make it very clear to parents that the coparental relationship they establish and maintain will have an effect on four generations in the family” (p.63). Traditional, litigious divorce fosters conflict and does not support ongoing family relationships.

Recently, alternative dispute resolution (ADR) methods have been utilized in divorces which facilitate continuing family relationships and support their re-constellation. While adversarial divorce often co-opts the voice of children, ADR creates an opportunity for children to be heard through a specially trained mental health professional called a child specialist. “Specifically, participation of children in separation, divorce, child-inclusive mediation, and other ADR processes is positively correlated with the minimization of harm/risk to children post separation and/or divorce” (Birnbaum, 2009, p. 63). The child specialist is the mental health professional who brings the voice of the child into separation and divorce. The purpose of this article is to increase family counselors' understanding of alternative dispute resolution in divorce, the emerging role

of the child specialist in ADR, and the necessary skills for this role. This article will also provide implications for family counseling practice, training, and research.

In 1989, the United Nations Convention on the Rights of Children (UNCROC) established that in all matters affecting the child, the view of the child will be "given due weight in accordance with the age and maturity of the child" (Article 12, Section 1). Wallerstein (1986) stated that children are the "hidden clients" in divorce, not given an opportunity to express their concerns or feelings regarding the dissolution of their family. Current family law practices in the U.S. for marriage dissolution focus on parents' rights (Schepard, 2004) and do not effectively consider the child's voice or long-term impacts on the child when not given a voice in the divorce. Johnson, Roseby, & Kuehnle (2009) report:

The divorcing process within an adversarial legal system too often becomes a ceremony of degradation and shame. The challenge is to provide alternative forums – responsive to the diversity of families in our communities – that can promote mutual respect and help parents make a solemn redefinition of their rights and a serious commitment to their responsibilities within the postdivorce family. Within these forums, it then becomes possible to go beyond the legal rights of the adults involved, in order to give a voice to the needs of those who have no voice – the children (p. 28).

As UNCROC has specified freedom of expression for children of all countries, life-affecting and potentially altering experiences such as the dissolution of their parent's marriage present the opportunity for addressing the hopes and fears of children of divorce by giving them a voice.

Adversarial and court-based divorce processes bring the child's voice to divorce through several paths and frequently without children's consent or buy-in. Interviews with

a judge, legal representative, or a mental health evaluator bring children's voices to litigious divorces, yet each of these scenarios is rife with competing agendas. The involvement of children in litigation include: children may be interviewed directly by judges in or out of the courtroom or judge's chambers; children may be interviewed by a mental health professional; a Guardian ad Litem (GAL) may be appointed by the court to advocate for the children's interests; an attorney may represent the child; or an evaluator may be appointed to provide a report to the court regarding the children's best interests. A child may have a genuine preference for one parent being chosen as their primary parent, yet the child may feel obligated to pick a parent due to bribery, emotional dependency, or parent-created alienation (Schepard, 2004). The various methods of including children in adversarial divorces may create stress or divided loyalties for the child.

In other countries and recently in some areas of the United States, child-sensitive and child-focused divorce processes are being utilized (Ballard, Holtzworth-Munroe, Applegate, D'Orofrío, & Bates, 2013; Grimes & McIntosh, 2004; McIntosh, Wells, Smyth, & Long, 2008). These ADR processes have been shown to facilitate an environment conducive to ongoing health of families. Family law alternative dispute resolution (ADR) processes include mediation and collaborative divorce. Both of these processes create an opportunity for children's voices to be heard, acknowledging that children are participants in their parents' divorces. Including children in decision-making processes, where appropriate, has been shown to benefit children in several ways; increasing children's sense of belonging and ownership, increasing self-esteem, increasing responsibility and empathy, and laying groundwork for citizenship and participating in democracy (Shier, 2001). Child specialists facilitate children to experience being seen and heard during their parent's divorce through ADR processes.

Family counselors are often the first line of defense when a struggling child – frequently manifesting as a child's acting out, failing school, or threatening suicide – disrupts families. It is important that family counselors understand the options available to families experiencing divorce. Family counselors must be trained to support families experiencing divorce. Furthermore, ADR offers family counselors an emerging role in facilitating the child's voice in divorce processes.

ADR offers children an opportunity to have a voice through a uniquely qualified mental health professional called a child specialist. Family counselors' training is systemic and collaborative, the ideal match for skills necessary to participate effectively in ADR. Family counselors understand the systemic nature of family struggles and conceptualize issues in the holistic manner that benefits the entire family system, allowing them to both represent the voice of children and support parents during a difficult time.

This article reviews research and literature related to the role of the child specialist as part of interdisciplinary family law processes and the skills necessary to fulfill that role. First, we examine a brief history of the child specialist's role and alternative dispute resolution as an alternative to litigious divorce. Next, we investigate both collaborative divorce and mediation as specific forms of ADR that facilitate and support ongoing family relationships while creating an opportunity for family counselors to bring the voice of the children of divorce into the ADR processes.

The purpose of this article is to enhance family counselors' knowledge and understanding of alternative dispute resolution processes in divorce as family-supporting options over adversarial divorce. Through a review of the literature, we describe the emerging role of child specialist in ADR processes and outline the necessary skills for this role. Counselor education programs need to incorporate counselor training in the

role of child specialists and promote understanding of the benefits for long-term family health associated with alternative methods to litigious divorce. This article also presents implications for family counseling practice, training, and research.

ADR Processes and the Child Specialist

This section introduces the child specialist's role and alternative dispute resolution (ADR) as an alternative to litigated divorce as well as exploring some of the benefits divorcing families receive by being the creators of their own agreements, especially around their children. Beginning with the history and an understanding of the child specialist's role, subsequent sections include introductions to two major types of ADR; mediation and collaborative divorce, both of which provide roles for family counselors as child specialists, bringing the voice of the child into divorce and recognizing children's rights to participate.

Child Specialist – Brief History and Description

The literature is sparse on the term child specialist or child consultant as it relates to family law. Currently, in the field of pediatric healthcare, the term "child life specialist" is utilized to designate a professional working with children and families in supporting a child's medical issues. In education, positions designated as "child development specialists" work with disabled young children and their parents. The term "child mental health specialist" appeared in the article by Rieger & Devries (1974), submitted for publication in February, 1973. In 1973, Sapir & Nitzburg introduced the term "child specialist" in their book, *Children with Learning Problems*. Sapir (1984) envisioned a multidisciplinary approach to training child specialists. In the area of family law, Alexander (1977) suggested that "specialists trained in the area of child custody be appointed by the courts. These specialists would educate and assist judges, parents and some children in the decision making process" (p. 380). Walters (1983) wrote of the

increasing number of family law cases that lawyers and judges were required to deal with and how those professionals are “often inadequately equipped to conceptualize efficiently about families” (p. 521). She suggested that family specialists need to address themselves to “family-legal issues” (p. 521). Her article proposed that family and child specialists were collaborating with lawyers on an increasing basis. These few articles appear to represent a compendium of available early references to the idea of the child specialist's role in family law.

With the advent of collaborative law in the 1990s, mental health professionals joined legal professionals to support families through non-litigious divorces. Two roles that emerged for mental health professionals were the divorce coach and the child specialist. In the 2000s in Australia, McIntosh and colleagues were doing research into child-inclusive mediation processes that brought the child's voice into the process through a mental health professional called a child consultant.

Currently, in the field of ADR, child specialists or child consultants have the role of offering the child's voice through a lens of the child's development, family systems, as well as understanding child's needs during separation, divorce, and postdivorce (Deutsch, 2008; Tesler & Thompson, 2006). The child specialist gives “children a rare opportunity to voice their thoughts and concerns and to be heard on the issues that are important to them without having to feel divided loyalty” (Tesler & Thompson, 2006, p. 48). The child specialist's goal is to keep the needs of the child at the forefront of the dissolution process and maintain a neutral relationship with parents.

The child specialist differs from other mental health professional roles such as an evaluator or parent coordinator in that the child specialist is nonjudgmental, does not make decisions about parenting arrangements, and does not work with parenting issues. The child specialist is not the child's therapist but is the child's advocate – supporting

and advocating for the child in identifying their needs, wants, hopes, fears, and core issues; assisting the child in recognizing and coping with their thoughts and feelings during this difficult time; and facilitating the child's ability to maintain optimal relationships with both parents.

The child specialist role supports children's rights to be heard during life-changing events and keeps them from being the "hidden victims" (Wallerstein, 1986). The emerging areas in family law that involve a child specialist (also known as child consultants) include mediation and collaborative divorce. Opportunities for family counselors to work in interdisciplinary teams are expanding and little, if any, research exists on the child specialist role. As new career areas for family counselors are developing, it is important to the profession to assist in defining the available roles and consequently, the training and development of the specialty.

Alternative Dispute Resolution Processes

Recently, family law is moving toward alternative means of resolving disputes and marriage dissolutions that support attachment in the reconfiguration of the family (Tesler & Thompson, 2006). ADR allows participants greater influence over outcomes, comprehensive and customized agreements, decisions that hold up over time, reduced financial expense, and the ability to preserve ongoing relationships which benefits children as parents are able to work together to co-parent post-divorce, do not return to court, and are not financially devastated by long-term legal expenses. Mediation and collaborative divorce work to meet the interest-based needs of both parties in a respectful and constructive manner with more positive, long-term results (Katz, 1994; McIntosh, Wells, Smyth, & Long, 2008; Tesler & Thompson, 2006).

With the crude divorce rate rising 136% between 1960 (2.2) to 1980 (5.2) and then settling at 3.6 in 2006 (Amato, 2010), the family court system and child custody

courts continue to struggle with overwhelming numbers of people filing for divorce and custody determinations. Schepard (2004) reported that the courts function in an “extraordinarily complex environment”, with the staggering number of cases it hears, while burdened with “deep emotional significance for parents and children” (p. 43). He stated that alternative dispute resolution (ADR) emerged from the American Bar Association’s Pound Conference in 1976 where the court’s vision of its role as a dispute resolution center in addition to being a courthouse was developed. Joint custody was becoming more common with the switch to no-fault divorce and the court needed to consider children’s well-being and emotional needs rather than focus on adversarial practices.

ADR includes mediation, parent education, expert evaluation, arbitration (Schepard, 2004), and more recently, collaborative divorce. Custody disputes are seen as a natural fit for ADR as the questions that arise during custody decisions encompass the child’s well-being as careful thought rather than merely looking at where the child spent their time or making judgments about parental conduct as in litigated cases (Schepard, 2004). The overarching consideration for both litigated and ADR divorce continues to be the best interests of the child (BIOC). Two important elements of best interests’ criterion include: (1) that parental conflict does not place children in harm’s way; and (2) creating the opportunity for children to have meaningful contact with both parents, “in which children are able to receive the love and nurture of each of their parents to the fullest possible extent” (Kruk, 2005, p. 125). With the advent of no-fault divorces, the Uniform Marriage and Divorce Act (UMDA) was adopted in 1970 and one of the five criteria for using BIOC standards was the child’s wishes as to his/her custodian (Buehler & Gerard, 1995). In practice, judges use this directive generally for

older children but, in that, acknowledgement exists of the rights of children to help shape their own lives (Buehler & Gerard, 1995).

Economic, co-parenting, and legal issues of divorce regularly are negotiated and resolved in the state court system (Putnam, 2011). Each state and sometimes, each county in the state, have child custody courts that determine the outcome of children of a divorce. State and county courts use principles of local autonomy to differently implement the same statutes (Schepard, 2004) and no uniform divorce and custody law exists such as those that exist in other countries. The courts have diminishing resources for increasingly multifaceted tasks (Schepard, 2004). Increasing numbers of family law cases involve the parties representing themselves due to financial constraints, burdening an already challenged system. Schepard (2004) supports the family court's "paradigm shift to parental self-determination and responsible conflict management" (p. 176) that must include all parents and children of divorce.

The benefits of alternative dispute resolution processes are numerous. ADR can support over-burdened family courts and provide participants with an opportunity to make decisions themselves, rather than asking the court to decide such important issues as child custody. Adversarial processes can exacerbate already strained relationships between parents who need to function as coparents (Gauvreau & Linton, 2012; Emery & Wyer, 1987). "Unresolved conflicts, fueled by miscommunications and unacknowledged powerful emotions, are the driving force behind high-conflict divorces and the high costs (both emotional and financial) that result" (Tesler & Thompson, 2006, p. 55).

Nonadversary dispute resolution processes are more open to direct participation by family members and offer a more enduring and less destructive mode of conflict resolution for ongoing relationships (Singer, 2009). Kelly and Emery (2003) report that "low parental conflict is a protective factor for children following divorce" (p.357).

Children's voices may be brought into mediation or collaborative divorce through a specially trained mental health professional called a child specialist. ADR can reduce future litigation, produce higher satisfaction in participants, and often creates longer-lasting solutions (Kruse, 2008) while supporting ongoing family relationships.

The American Psychological Association's (APA) (2004) overview of the effects of divorce on children reported that parents' psychological health is vital for positive child adjustment. "Research demonstrates that the best predictor of child adjustment following divorce is the parents' psychological health and the quality of the parent-child relationship" (APA, p. 2). Alternative dispute resolution (ADR) processes address psychological needs of divorcing parents, something litigious divorce is not equipped to accomplish. ADR processes also support positive parent-child relationships. Mediation and collaborative divorce create room for expressing the difficult emotions parents are experiencing, and lead to creating shared agreements that better meet their individual needs. Consequently, ADR recognizes and facilitates the ongoing nature of family relationships, which supports adjustment for parents *and* children. The following sections will discuss mediation and collaborative divorce as forms of ADR which support ongoing binuclear family healthy and allow for family counselors to participate as child specialists.

Mediation. Mediation, a type of ADR, is a process of resolving conflict where disputants meet with trained, neutral persons called mediators in a confidential, structured, and voluntary process designed to promote shared solutions to the parties' diverse interests and needs (Schepard, 2004). The resulting settlement agreements are intended to be legally binding. Mediation has roots in a form of conflict resolution dating to ancient Chinese and Greek traditions (Emery & Wyer, 1987). Over the past 20 years in the U.S., courts have utilized mediation in family law cases and it has been institutionalized by courts around the country (Kruse, 2008). Mediation is unique in that it

recognizes both legal and emotional dimensions of dissolving families (Folberg, Milne, & Salem, 2004). Mediators create a structured environment for disputing parties to express their concerns and have a facilitated dialogue that promotes collaboration, with the parties making their own decisions. In adversarial court proceedings, the judge makes important family decisions such as how much time a child spends with each parent; in mediation, parents are empowered to make these decisions for their children (Schoffer, 2005). "Many judges do not believe that they are the best people to be making decisions about children and refer cases to mediators for them to assist parents in making the decisions for their children" (Beck & Biank, 1997, p. 181).

Children benefit from mediation as it is able to limit or manage ongoing parental animosity and provide children's access to both of their parents (Amato, Kane, & James, 2011; Kelly, 2000). Parents, whose emotional needs are being addressed in the process of mediation, are more likely to mediate parenting plans that allow reasonable access for both to their children. Kelly (2000) reports that mediation of custody "leads to more joint custody agreements than do litigated outcomes" (p. 971). Mediation has been shown to reduce coparenting conflict in the year after settlement, while litigation parents reported increased conflict, both short-term and long-term (Sbarra & Emery, 2008). Kelly (1991) reported that parents had more communication about their children during and after divorce when they mediated and appeared to be better coparents.

The potential dispute areas in divorce are: property divisions; spousal support or maintenance; custody and visitation; and child support. Laws encouraging or requiring mediation over child custody and parenting rights exist in most states (Berhman & Quinn, 1994). One of the advantages of mediation is that the process is confidential and only final agreements are entered into the court, keeping the parties' interpersonal issues private and, in this electronic age, not available as public documents which

children could later search for and learn of parental dispute details. Other advantages include mediation most likely being more expeditious than litigation as some courts' backlogs require scheduling hearings more than a year beyond initial filings for divorce and financial costs are generally significantly less expensive for mediated cases. Finally, the parties' respective psychological needs may be better served in a mediated process (Kruse, 2008). If parents are more satisfied with outcomes post-mediation, they are less likely to initiate additional court involvement over time, saving their own money, preserving valuable court resources, and fostering the ability to be more successful as coparents.

Children's involvement in mediation. Lowenstein (2009) stated that it is important to obtain the views of children involved in family law mediation. Including children in mediation is reported to generally have positive effects on the parent-child relationship, yet the same is not necessarily true of the child's participation in litigated divorce (Schepard, 2004). "For many decades, legal and mental health professionals have sought to decrease anxiety levels and loyalty conflicts among children and families by following a policy of not asking children to choose between parents" (Schoffer, 2005, p. 327). This desire to not make children choose created a reluctance to include children in the divorce process; however, it has misguidedly resulted in their having no voice in a course of action which impacts their lives in significant ways and with far-reaching effects (Schoffer). The Association for Family and Conciliation Courts' (AFCC) Model Standards of Practice for Family and Divorce Mediation (2000) dictates that family mediators do not allow children's participation in mediation without the consent of both parents except under extraordinary circumstances.

With the court's movement toward shared parenting arrangements, it is imperative that developmental issues, ongoing parental conflict, and situational needs of

children be considered. Including children in mediation seems to vary greatly in practice, yet having children physically present is not a necessary requirement for including their voices in the divorce process (Schoffer, 2005). Child specialists or child consultants can interview children and bring the results, through a developmentally appropriate lens, of those conversations back to parents. Children's involvement in mediation should be a case-by-case determination and is reliant on the child's age, maturity, and mental capabilities (Schoffer, 2005).

Certainly, parents have the potential to be the experts in determining what is in their children's best future interests (Emery, 1995), with mediation sustaining that position. Family mediation offers the opportunity to shift from rights-based litigation to an interest-based process which is more likely to meet participants' and children's long-term needs in developing individual solutions with better compliance. Mediation's benefits include saving time and money, sense of control and ownership of agreements, and increased satisfaction. Kelly (1991) reports that there is some evidence that "mediation is for many parents a more beneficial process for resolving divorce issues" (p. 398). Inclusion of children into the mediation process allows them to have a voice in life-changing decisions and facilitates grounding parents in what is truly important – their children. Mediation also considers the ongoing family relationships in ways that support effective coparenting and healthier relationships. Mediation provides positive impact on divorcing families; accordingly family counselors need to consider it as a viable resource for clients since it benefits both parents and children (Hahn & Kleist, 2000).

Child specialists' role in mediation. The child specialists' role in mediation is relatively recent and offers children a voice delivered by means of the extensive training of the child specialists, their knowledge of family systems, and how to create healthy families, post-divorce.

While children's voices are not routinely heard in the mediation process (Saposnek, 2004), McIntosh, et al. (2008) presented a study from Australia comparing two groups of separated parents who were entrenched in parenting disputes. Each of the interventions utilized was targeting "psychological resolution of parental conflict, enhanced parental reflective function, and associated reduction of distress for their children" (McIntosh et al., p. 105), and the child inclusive intervention, using a "child consultant", brought children's voices into the mediation. These interventions were a response to instructions by the United Nations Convention on the Rights of the Child (UNCROC) that Australia ratified in 1990, which specifies that a child shall have freedom of expression. Eighty-six percent of children found the interview helpful and the results of the child inclusive process produced several favorable outcomes beyond merely focusing parents on their children in the mediation process (McIntosh et al., 2008).

Recently, at Indiana University in Bloomington, Ballard, et al. (2013) published results of their randomized controlled trial of child-informed mediation, working to correct methodological issues from the work done previously in Australia and to introduce this process to the US. Their study involved teaming of the clinical psychology graduate students, trained as child consultants, and the divorce mediation clinic for law students. They found that both the Child-Inclusive (CI) and the Child-Focused (CF) interventions "were well accepted by parents and mediators, and they led to mediation agreements that should be helpful to family functioning as parents and children adjust to life after separation and divorce" (p. 280).

The Minnesota Alternative Dispute Resolution Collaborative Project (2013) offers best practices for child consultants involved in child-inclusive mediation. They state that child consultants minimally need a master's degree in a mental health field with appropriate license; have a 40-hour family mediation training which includes a domestic

violence component; and have taken a “Jennifer McIntosh-based Child Inclusive Mediation Skills training” (MNADR, 2013). They go on to suggest that practitioners have “significant knowledge” of: child development, family dynamics, interviewing children for forensic purposes, child and adult psychopathology, as well as high conflict divorce cases, ADR processes for family disputes, and relevant and current family law (MNADR, 2013).

The child specialist (or child consultant) in a mediation case will meet with parents in an initial meeting to get a sense of how they function as parents and what their intentions are for their children, post-divorce. The initial meeting involves understanding the parents’ perspectives on who their children are, developmental issues, unique challenges, and other issues about their children that are important to understand. Next, the child specialist will meet with each child, sometimes separately, sometimes together, and work to connect with children in a way that they feel safe expressing their feelings and concerns about their parents’ divorce. Children are *not* asked who they want to live with, rather they are asked about what’s working in their life and what may not be working for them, especially since their parents’ separation. After meeting with the children, the child specialist will meet with the mediator and parents to give the child’s voice – what children want their parents to know about them and their needs.

Collaborative divorce. Distinct from mediation, collaborative law is another form of ADR that emerged in 1990 from a Minnesota lawyer’s frustration with the adversarial nature of his practice (Tesler, 2004; Tindall & Smith, 2012; Webb, 2008). Stu Webb created a four-way agreement process whereby the parties and their counsel agree to participate in the collaborative divorce, sign a binding agreement, and agree to

not proceed to litigation at any point in the duration of the collaborative work (Tesler, 2004; Webb & Ousky, 2011). In 1992, mental health professionals, Pauline Tesler and Nancy Ross joined with collaborative attorneys and financial professionals in California and created the interdisciplinary approach to collaborative divorce (Fishman, 2011). Later, mental health professionals developed the role of child specialists to contribute the children's voices to the divorce process. Collaborative law processes appear to benefit both clients and their attorneys (Tesler, 2004). Both attorneys choosing to practice collaboratively and their clients collaborate to create a respectful divorce that feels satisfying to all involved and ultimately benefits the ongoing health of the restructured families. Mosten (2009) reported that "the collaborative process is designed to maintain respect for all of the participants and to help ensure that the family unit will survive the divorce process as best as possible" (p. 23).

Collaborative divorce offers interdisciplinary teams of professionals, including collaborative lawyers, divorce coaches, a child specialist, and a financial "neutral", the opportunity to work together on a case. These interdisciplinary teams are able to be flexible to the nuances and challenges of individual cases. The addition of collaborative divorce to ADR processes serves to create a "paradigm shift" where collaborative lawyers discard the litigator mentality and focus on solving the parties' problems (Homeyer & Amato, 2009; Slovin, 2004). The ground rules of collaborative law work to responsibly contain and manage conflict (Schepard, 2004), similar to mediation. This shift involves family lawyers rejecting the adversarial divorce model and recognizing that divorce includes ongoing emotional and social processes (Singer, 2009).

In collaborative divorce, each parent must retain their own lawyer so the process may be cost prohibitive for many families (Schepard, 2004). However, the four-way meetings with spouses and their lawyers circumvent much of the back-and forth typical

in the adversarial process. The goals of mediation and collaborative divorce are the same – “voluntary, informed agreements by problem-solving negotiations and parent self-determination” (Schepard, 2004, p. 132). The difference is in the role of lawyers in each of the processes – in mediation, lawyers generally act as consultants for their clients, whereas in collaborative divorce, they are active in advising and negotiating alongside their clients (Schepard). In mediation, mediating attorneys are neutral professionals; in collaborative divorce, lawyers act as advocates for their clients (Tesler, 2004).

Collaborative divorce teams are structured to meet the complex needs of the divorcing family. Collaborative divorce is a unique approach that works to address emotional, financial, and legal needs of divorcing parents by bringing in mental health and financial professionals who work with collaborative lawyers to create a “safe container” (Homeyer & Amato, 2009, p. 28). Interdisciplinary teams in collaborative divorce offer the family counselor an opportunity to expand their understanding of a case from varied perspectives and to expand their ability to work effectively in family law. Collaborative professional teams offer the opportunity to focus clearly on the needs of the child during an emotionally difficult period for clients as well as developing enduring agreements.

Child specialists' involvement in collaborative divorce. Collaborative divorce is the only form of ADR to design in a position for the child's voice as a standard practice. The child specialist is the mental health professional who works with children to assess their needs and interests, provides this and additional information back to parents, and works with other collaborative team members to represent the child's best interests throughout the divorce. The child specialist meets first with both parents to hear and understand each of their perspectives and then with children, privately. This offers

the child an opportunity to ask questions and express concerns to a neutral, trained, empathetic professional in a safe environment (Tesler & Thompson, 2006). These conversations cover how the child is doing at home, at school, and with friends, as well as stressors and challenges they may be facing during the divorce. For younger children, the child specialist may employ “play, sand tray, drawing the family, painting, family sculpting techniques, psycho-therapeutic games, reading children's books on separation and divorce, puppets, and dollhouse play” (Gamache, 2005, p. 1475). Information about the children is then provided first to the collaborative team, and then to parents with the goal of guiding parenting plan decisions that are developmentally appropriate and consider the child's real (not perceived) needs.

The child specialist maintains a firm and unequivocal commitment to the best interests of the child, representing a neutral, impartial source of information about the child's world. The inclusion of children's perspectives in collaborative divorce honors a child's right to be heard in decisions that affect them, empowering them and giving them a voice through the specially trained mental health professional, the child specialist. Tesler (2008) suggests that if clients are unable to agree about the needs of their children, the child specialist brings in general developmental information but also information specifically about their children, thus transforming the conversation “into an information-based and child-centered problem solving conversation” (p. 111).

Collaborative divorce presents a distinct place for the child's voice to be represented by the child specialist, offering children an opportunity to participate in the restructuring of their family. Certainly not all cases in collaborative divorce create a transformative outcome, but the opportunity to address emotional issues of divorcing parents through the process of jointly determining agreements and incorporating the

child's voice offers a powerful alternative to litigation and paves the way toward healthier ongoing family relationships.

Skills of child specialists. Many collaborative professionals offer short summaries, ranging from a paragraph to a couple of pages, describing the role of the child specialist in collaborative law and make them available on the internet. Hansen, Schroeder, and Gehl (2013) depict the role of the child specialist and the benefits of involving them at the initial stages of a divorce. Healy (2012) discusses IACP research regarding child specialists in collaborative cases. Gamache (2006) offers a report on the child specialist in collaborative separation and divorce for the Continuing Legal Education Society of British Columbia. The IACP website offers both The Collaborative Law Institute of Minnesota (n.d.) Protocols for Child Specialists and LA - Protocols - The Child Specialist with Annotations (n.d.). Additionally, books by Tesler and Thompson (2006) and Scharff and Herrick (2010) present brief sections dedicated to describing the child specialist's role in collaborative divorce; otherwise minimal information is available on the responsibilities, skills, and tasks of the competent child specialist based on an exhaustive literature review.

The International Academy of Collaborative Professionals (IACP) is a worldwide professional organization comprised of interdisciplinary professionals including legal, mental health, and financial professionals. The IACP offers minimum standards for collaborative mental health practitioners (IACP, 2012) which include: (a) a wide range of mental health professionals with a license in good standing and "is regulated by a governing body under a code of ethics" (p. 1); (b) 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; (c) at least

12 hours of initial interdisciplinary collaborative training; (d) at least one 30 hour training in client centered facilitative conflict resolution (usually mediation training); (e) an accumulation or aggregate of 15 additional hours of training in any or all of these (basic professional coach training, communication skills training, additional collaborative training, or advanced mediation training); and finally, (f) a minimum of three hours aimed at giving the mental health professional a basic understanding of family law in his/her own jurisdiction. Additionally, for child specialists, the IACP requires expertise in child development, clinical experience with a specialty focus on children and an in-depth understanding of children's unique issues in divorce. These standards are "understood as a point of departure in a continuing journey of education and practice for Collaborative practitioners and trainers" (IACP, 2012).

In Grimes and McIntosh's (2004) article, *Emerging Practice Issues in Child-Inclusive Divorce Mediation*, they describe the skills required for the child consultant. These skills include a sound knowledge of developmental processes in children; comfort and ease in communicating with children of all ages through projective techniques, drawing, and play; strong skills in formulating complex material from children for the purpose of feedback to parents; and the ability to build a child-focused, therapeutic conversation with parents, to know what to say to parent, when to say it, together with what *not* to say, and why not (p. 114).

The professional requirements from the IACP for collaborative mental health practitioners, the child consultant requirements as outlined by Grimes and McIntosh, a few articles, training materials, and several collaborative organizations' protocols (D.C. Metro, Louisiana, Minnesota, South Florida, and Texas) present the bulk of what were located as information on the role of the child specialist in ADR. No research specifically on the child specialist was found. With the voice of the child representing an important

aspect of ADR and the rights of children, how their voice is presented is equally important to the process.

More research is needed in defining the role of family counselors in supporting families through divorce. The child specialist's role is utilized across the country in varying degrees through mediation and collaborative divorce. Efforts to refine our understanding of this important role would benefit the field of counselor education and practice.

Family Counselors' Role in ADR

The role of the child specialist in ADR is a relatively new role with a developing awareness of how and when to utilize the role in order to benefit divorcing families. Collaborative divorce processes have an acknowledged role for family counselors as child specialists in interdisciplinary teams, but mediation, especially in the United States, does not often utilize child specialists. Divorce research has shown that focusing parents on their children's well-being can mitigate conflict and the child specialist's role offers parents that essential focus. The child specialist honors the child's right to be heard during life-changing events and simultaneously maintains the family court's directive to consider the best interests of children during divorce. Gamache (2005) states that collaborative practice combine family law and family therapy, creating a powerful means of supporting families going through divorce.

While the court moved to ADR processes for divorce beginning in the late 1970's, using mediation in child custody disputes is "a relatively recent development" (Schepard, 2004, p. 57). Collaborative divorce processes emerged in the 1990's and continues to evolve for assisting divorcing families. Family counselors can help divorcing families by educating them on non-litigious options for divorce and by bringing children's voices into the process as child specialists. Lande & Herman (2004), state that "professionals

working with divorcing families can assist people to make wise choices by helping them understand their own capabilities, attitudes about professional services, and assessments of and preferences about the risks of various procedures” (p. 6). Family counselors can perform the valuable role of child specialist in ADR processes in both mediation and collaborative divorce. Wallerstein and Kelly, 1996, report that many divorcing parents need the “skilled help of a neutral counselor or clinician who is well versed in the psychology of children and in the knowledge of the expectable effect of divorce on the child’s development and the parent-child relationship” (p. 318). The family counselor is the ideal person to meet divorcing families’ needs. Their systemic training and required expertise in child development, clinical experience with a focus on children and families, and an in-depth understanding of children’s unique issues in divorce present the ideal background for supporting families through divorce.

Conclusions

The vast array of research available on the effects of divorce on children synthesizes into a confusing and unsatisfying – “it depends”. Consensus exists in that adversarial divorce can be harmful to children and damages parents’ abilities to maintain effective coparenting relationships. Ongoing parental conflict is harmful to children and impedes parents’ ability to co-parent. Post-divorce parent functioning and interparental relationships are crucial aspects to children’s well-being (Wallerstein & Kelly, 1996). Family law is slowly evolving towards support of alternative dispute resolution (ADR) processes that engender cooperative parenting and healthy families postdivorce.

Family counselors must understand divorce and its impact on family health while offering parent education about less harmful options such as ADR and the child specialist’s role for dissolving families. Family counselors “must recognize that children are too valuable and too vulnerable to be left as the hidden and unheard victims of their

parents' inability to live together" (Schwartz, 1994, p. 82). Aspiring to not make children choose between their parents in a divorce has created a disinclination to include children in the divorce process; however, it has erroneously resulted in their having no voice in a process which impacts their lives in significant ways and with long-term effects. Family counselors in the role of the child specialist in ADR divorce are facilitative in advancing the development of better postdivorce family relationships by responsibly obtaining and delivering the voice of the child in divorce. Birnbaum (2009) in her report to the Department of Justice in Canada, states:

Irrespective of whether they are heard through child-inclusive mediation, independent child legal representation, judicial interviews, child specialists, parenting coordinators or voice of the child reports, children's voices are important and need to be heard and listened to by their parents, mental health and legal professionals and ultimately, the judges who decide these cases. However, many have also stressed that not every child needs or wants to have a voice and that, too, should be considered. While the debate continues in the social science literature regarding whether or not children's voices should be heard in the process, the research literature to date provides a resounding clarion call—children and their parents have better relationships and there is less parental conflict between the parents when children are part of the process (p. 61).

ADR processes such as mediation and collaborative divorce offer numerous benefits over litigious forms of divorce that include: providing participants with decision-making power in processes around their children; creating lasting agreements that reduce or eliminate conflict; and enhancing coparenting relationships which, in turn, supports children through the family's re-constellation. In addition, ADR divorce

processes coalesce with the responsibility of the child specialist in providing advocacy and support for children's best interests. It is critical that divorcing parents learn how ongoing animosity affects their children in destructive ways and that parents consider alternatives to high conflict litigation such as ADR divorce processes (Jolivet, 2012). The child specialist's responsibilities, tasks, and skills must be understood and elucidated in order for family counselor education programs to stay current with what is needed for divorcing families.

The paucity of research of the role of the child specialist in family law must be addressed. Children's inclusion into the divorce process could have far-reaching impacts on their ability to make sense of and move on from their parents' divorce, including impacting their own relationship choices as adults. Family counselors must be uniquely trained and qualified to understand children's developmental needs and to serve as the child's advocate in parent's divorce. Comparative studies are needed on the effects of including child specialists to bring children's voices into divorce through ADR processes such as mediation and collaborative divorce in contrast to litigated divorces when children's voices are co-opted by judges, lawyers, GAL's, or evaluators.

The purpose of this article was to review alternatives to litigious divorce, describe an emerging role for family counselors as child specialists in ADR, and review the literature on the responsibilities, tasks, and skills of the child specialist. More research is needed on skills and training necessary for effective child specialists in the multidisciplinary field of ADR divorce.

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CHAPTER 3

The Role of the Child Specialist in Alternative Dispute Resolution Processes:

A Delphi Study

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Abstract

The child specialist is a mental health professional trained to bring the child's voice into divorce and no existing research was found on this role. A classical Delphi study conducted via SurveyMonkey identified responsibilities, tasks, and skills of effective child specialists in alternative dispute resolution divorces such as collaborative divorce and mediation. Twelve experts, family lawyers and mental health professionals from across the US, generated 41 items (responsibilities = 13; tasks = 15; skills = 13) in the qualitative first round. Likert-scale ranking for the second and third quantitative rounds resulted in 38 (92%) of the 41 items meeting a 70% consensus level. Limitations are discussed as well as the implications for family counselors.

Keywords: divorce, alternative dispute resolution, family counselors, child specialist, voice of the child in divorce, Delphi study, mediation, collaborative divorce

The Role of the Child Specialist in Alternative Dispute Resolution Processes:
A Delphi Study

Mental health professionals are increasingly fulfilling the role of child specialist in alternative dispute resolution (ADR) processes such as divorce mediation and collaborative divorce, yet no research exists defining the responsibilities, tasks, and skills necessary to effectively perform this important role. The Delphi method is a structured process for gathering the collective wisdom of experts in a field where informed judgment can generate new understanding and knowledge (Mitroff & Turoff, 2002; Ziglio, 1996). It works when there is no previous research and the issue being studied does not lend itself to strict analytical techniques but benefits from subjective judgments. The e-Delphi, in particular, allows for a geographically dispersed group of experts to share their expertise without any one person monopolizing the process, in an environmentally-friendly manner, saving time and money while preserving anonymity of participants to each other – giving each participant an equal voice. The Delphi's four basic features; structured questions, iteration, controlled feedback, and anonymity of responses (Lang, 1994) create an environment for generating "observed expert concurrence in a given application area where none existed previously" (Sackman, 1974, p. 4).

The purpose of this study is to gather the combined wisdom of US experts currently involved in the ADR field who interact with or act in the role of child specialist, in order to define the role of the child specialist, including the responsibilities, tasks, and skills inherent in the process.

Background

Research into the effects of divorce on children has been ongoing for over 40 years and results indicate that the effects on children depend on many contextual factors; however, one overarching theme maintains that ongoing conflict between

divorcing parents is harmful to children and restructuring families. Lansford (2009) reports that each child has a different experience of their parents' divorce with unique "trajectories of adjustment" and "a complex combination of parent, child, and contextual factors that precede and follow the divorce in conjunction with the divorce itself" (p. 149). While the effects vary by child, research has shown that high levels of ongoing conflict between parents can be detrimental to children before, during, and after the divorce (Amato & Afifi, 2006; McIntosh & Chisholm, 2008). With ongoing conflict as a consistent negative finding, contentious divorce processes maintain conflict during what is often a lengthy route to marriage dissolution through the court system. High conflict divorces may have post-dissolution returns to court regarding visitation issues, parenting issues, and other child-related struggles that endure in a continuous climate of conflict.

Over time, the family court has come to understand that an adversarial system of ending marriages does not serve the needs of most children. Courts recognized how adversarial law does not support parents' ability to serve as effective coparents, particularly with joint custody awards, so they began to diversify their processes to include alternative dispute resolution (ADR) methods. Multiple ADR options include mediation, parent education, neutral expert evaluation, collaborative divorce, and arbitration. Two ADR methods, collaborative divorce and mediation, include mechanisms for bringing the child's voice into the process.

Collaborative divorce emerged in the 1990s as an alternative to litigious divorce and with it came the interdisciplinary model of involving mental health professionals as part of the team (Webb & Ousky, 2011). Collaborative divorce offers both the divorce coach and child specialist roles for mental health professionals. Collaborative models include the one-coach and two-coach models as well as the child specialist, and configurations vary by practice group and region. Responsibilities of the neutral mental

health professional and the child specialist also vary by practicing group. All collaborative literature concurs that the child specialist's role is to bring the voice of the children into the divorce process (Hansen, Schroeder, & Gehl, 2013; Healy, 2012; Tesler & Thompson, 2006). In the early 2000s, McIntosh was working in Australia to define child-inclusive dispute resolution processes which gave children a voice in mediation via a mental health person called a child consultant (Moloney & McIntosh, 2004). This work is being researched and implemented currently in the US with goals of helping children to be heard during divorce and creating collaborations between law schools and mental health professionals.

The collaborative divorce and child-inclusive mediation models are being practiced in areas of the US and research indicates that children benefit from inclusion into ADR divorce processes (Ballard, Holtzworth-Munroe, Applegate, D'Orofrío, & Bates, 2013; Grimes & McIntosh, 2004; McIntosh, Wells, Smyth, & Long, 2008). "The goals of collaborative law and mediation are thus the same – to promote voluntary, informed agreements by problem-solving negotiations and parent self-determination" (Schepard, 2004, p. 132). Alternative dispute resolution (ADR) processes such as divorce mediation and collaborative divorce facilitate the creation of shared agreements which in turn, supports the reduction in conflict and increased ability of divorcing parents to coparent more effectively. Both collaborative divorce and child-inclusive mediation offer a means of bringing children's voices into their parents' divorce.

ADR offers family counselors the opportunity to represent the child's voice through the child specialist/consultant role. Child specialists offer the child's perspective and voice through a lens of the child's development, family systems, and an understanding of children's needs through divorce (Tesler & Thompson, 2006; Tesler, 2008). The child specialist strives to keep the child's needs at the forefront of the divorce

process and maintains a supportive, but neutral role towards parents. They function as the child's advocate, supporting the child while facilitating the child's ability to maintain optimal relationships with both parents. With each child having a unique experience and response to divorce, the child specialist has an opportunity to facilitate making sense of the divorce for the child and their having a voice in this process that significantly impacts their life.

The child specialist is not the child's therapist but is the child's advocate – supporting and advocating for the child in identifying their needs, wants, hopes, fears, and core issues and facilitating the child's ability to maintain optimal relationships with both parents. Pickar (2011) reported that the goals of the child specialist include: assist parents in understanding the post-separation/divorce needs of each child; educate parents related to enhancing a child's adjustment to the divorce; facilitate parents' understanding of their child's preferences and concerns about parenting; assist with conflict disengagement and improved co-parenting; and assist in the parenting plan development.

The International Academy of Collaborative Professionals (IACP) is a world-wide professional organization comprised of interdisciplinary professionals including legal, mental health, and financial professionals. The IACP offers minimum standards for collaborative mental health practitioners (IACP, 2012) which include: various licensed mental health professionals; 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; at least 12 hours of initial interdisciplinary collaborative training; at least one 30 hour training in client centered facilitative conflict resolution (usually mediation training); 15 additional hours of training

in any or all of these (basic professional coach training, communication skills training, additional collaborative training, or advanced mediation training); and finally, a minimum of three hours aimed at giving the mental health professional a basic understanding of family law in his/her own jurisdiction. Additionally, for child specialists, the IACP requires expertise in child development, clinical experience with a specialty focus on children and an in-depth understanding of children's unique issues in divorce.

There is no research defining the responsibilities, tasks, and skills of the child specialist in ADR processes. The purpose of this Delphi study is to begin to identify critical elements of the responsibilities, tasks, and skills of competent child specialists. Beginning to understand and define these critical elements of the child specialist's role will help inform the preparation of child specialists and policy around their hiring and work. The need to clarify the child specialist's role is based on the absence of existing research, the importance of this emerging multi-disciplinary field in family law and mental health, expanding scholarship in counselor education, and enhancing the integration of the voice of the child in life-changing events such as divorce.

Research Focus

Child specialists are important because they are the voice of the child in ADR processes and these processes have the potential to reduce conflictual divorce, supporting ongoing family relationships. There is no research on the child specialist, but the literature suggests that the child specialist must have adequate knowledge, skills, and training. The responsibilities, tasks, and skills of the child specialist have not been defined in any systematic way and identification of these is the principal focus in this study. Objectives included eliciting experienced family law professionals and mental health counselors' views around the responsibilities, tasks, and skills of the child

specialist. How do we define the responsibilities, tasks, and skills of the effective child specialist in ADR processes?

The purpose of this research was to understand and define the responsibilities, tasks, and skills of competent child specialists in facilitating children's voices in their parents' divorce, the promotion of healthier families, and in expanding counselor education.

Method

The Delphi method lends itself to gathering information, opinions, and ideas from experts in a systematic manner to collect and distill knowledge of the subject (Mead & Moseley, 2001). This method represents a good choice when there is little previous work on a particular topic or when "available evidence is not yet in the public domain" (Mead & Moseley, 2001, p. 9). The Delphi method has been utilized in numerous disciplines including academia, administration, economics, education, environmental studies, health care, management, strategic planning, and technology (Gupta & Clarke, 1996). It is a survey research design "that elicits, refines, and draws upon the collective opinion and expertise of a panel of experts" (Gupta & Clarke, 1996, p. 185). In soliciting knowledge from experts all over the US, this Delphi study allows heterogeneous panel members with various backgrounds to participate in such a way that no one member monopolizes the results, members are anonymous to each other, online participation facilitates participants' convenience, and members do not incur the time and expense required of in-person meetings.

The Delphi method supports exploration of the responsibilities, tasks, and skills of child specialists in ADR processes by creating a structured process which facilitates development of a shared understanding of those responsibilities, tasks, and skills deemed critical by experts for the child specialist's role. Incorporating both qualitative

and quantitative methods, the Delphi method allows for the wisdom of experts to be gathered, analyzed, and evaluated by participants in a structured manner and can provide “the opportunity to achieve a more complete picture of the phenomenon under study” (Iqbal & Pipon-Young, 2009).

Delphi Method Background

Toward the end of the 1940s, the RAND Corporation (Santa Monica, California) researchers began investigating using expert opinion for scientific purposes (Sackman, 1974). The Delphi method was developed by the RAND Corporation for a military defense project and remained classified by the military until the 1960s when it spread rapidly in varied research around the world (Landeta, 2006). The Delphi is predicated on the understanding that group opinion is considered more ‘reliable’ and ‘valid’ than individual opinions (Keeney, Hasson, & McKenna, 2011). The Delphi, similarly to ADR, has roots in collaboration. Mead & Moseley, 2001, report “the Delphi approach offers a way of handling the opinions of individual experts in a collaborative rather than a combative way” (p.7). Delphi is an iterative, multi-stage process designed to structure group communication processes to address a complex problem (Linstone & Turoff, 1975). The Delphi method can provide a bridge between research and practice (Okoli, & Pawlowski, 2004). After over 50 years of use, the Delphi “is still a widely used technique that brings many benefits to users both in the public and private sectors” (Bolger & Wright, 2011, p. 1511).

Epistemology of the Delphi, with its incorporation of both qualitative and quantitative methods, has been attributed to the positivist paradigm, the interpretative paradigm, and particularly within social constructivism (Keeney, Hasson, & McKenna, 2011). “It is difficult to draw clear conclusions about paradigmatic assumptions underpinning all Delphi studies, since it is reasonably clear that certain parts of the

technique are more coherent with a constructivist paradigm and others more coherent with that of positivism” (Hanafin, 2004, p. 8). Postpositivism offers a logical approach, reductionism, empirical data collection, and is deterministic (Creswell, 2007) all of which are elements of the classical Delphi study. The qualitative first round of the study and subsequent quantitative rounds represent logically related steps, present multiple perspectives from heterogeneous participants, and employ multiple levels of data analysis which support the postpositivist approach (Creswell, 2007). Keeney, Hasson and McKenna (2011) report that understanding of which epistemology is most appropriate for the Delphi is an ongoing debate in the literature “with no real agreement in sight” (p. 19).

The key issues that must be considered before undertaking a Delphi study include: the suitability of the Delphi method for the project; the availability of resources; and if consensus is to be gained, then at what levels (Keeney, et al., 2011). A general set of rules must be followed in a Delphi study in order to compensate for the lack of scientific guidance, flexibility and interpretive freedom with the technique, and must begin with a clear rationale for the use of the Delphi (Keeney, et al., 2011). The Delphi method represents a good choice when there is little work on a particular topic or when “available evidence is not yet in the public domain” (Mead & Moseley, 2001, p. 9).

Skulmoski, Hartman and Krahn (2007) stated that the three-round Delphi is the norm for a classical Delphi. A classical Delphi round 1 is qualitative and unstructured, “allowing the individual experts relatively free scope to identify, and elaborate on, those issues they see as important” (Rowe & Wright, 1999, p. 354). The results of round 1 require content analysis to capture major ideas and create the round 2 questionnaire. The Round 2 quantitative questionnaires typically ask participants to review the

summarized results of round 1 analysis, rating items and allowing for comments. Round 3 questionnaires are developed based on round 2 responses.

Methodological rigor must be considered for both the qualitative and quantitative aspects of the Delphi method at each stage of the process. It is imperative that the Delphi process of acquiring informed judgment be executed in a structured, methodical manner in order to instill confidence in the results of the research (Keeney, et al., 2011). Qualitative research can add to the depth and breadth in understanding of the role and necessary factors for the development of competent child specialists and the Delphi method is particularly well-suited to gathering the collective wisdom of those individuals fulfilling the role and others working with child specialists in family law.

Benefits and Criticisms of the Delphi

The Delphi method is useful when experts are geographically dispersed. The process is designed to afford anonymity – participants do not know who each other are, only the researcher knows identities in order to encourage “free expression of opinion” (Sackman, 1974, p. 17). Anonymity allows participants the ability to not publicly commit to a particular view and to not fear repercussions (Ziglio, 1996). The Delphi process is helpful in avoiding domination of the process by a particular expert, professional, or strong personality in a heterogeneous group (Moseley & Mead, 2001). It draws on the knowledge, experience, and expertise of participants in a systematic way (Ziglio, 1996). Delphi allows a ‘snapshot’ view of experts’ opinions on a topic and likely results in areas of “agreement, overlap and divergence” (Thompson, 2009, p. 422). The asynchronous interaction allows experts to choose when to participate within iteration windows, creating freedom and convenience for participants. According to Iqbal & Pison-Young (2009), the Delphi allows for a more complete review of the issue:

Traditionally, there has been a divide between quantitative and qualitative methods. The Delphi method can straddle the divide. By virtue of its procedural structure (to incorporate both qualitative and quantitative methods), it provides the opportunity to achieve a more complete picture of the phenomenon under study (p. 600).

The Delphi method utilizes a national community of experts in a structured, efficient, and cost-effective manner to gather relevant information on a topic.

The literature on the Delphi contains criticisms, many of which have been shown to be applicable to poorly executed Delphi studies as opposed to valid criticisms of the method itself (Landeta, 2006; Ziglio, 1996). Questionnaires that are poorly constructed and not pretested, poor planning, poor choice of respondents, too narrowly defining Delphi methods, honesty of the research team, misunderstanding of diverse respondents representing multicultural perspectives – these are all potential problems of the Delphi. Linstone (1975) cites humans' tendencies toward simplification as a pitfall and goes on to state that gathering individual experts does not always give researchers a systemic view of an issue. Further, he reports that superficial analysis of responses as a common weakness in the Delphi with the most serious problem being a "basic lack of imagination by the designer" (p. 583) in the execution of the Delphi method. The anonymity aspect of the Delphi has been called quasi-anonymity since the participants must be known to the researcher. Overall, the major criticism of the Delphi method centers on deficient applications rather than methodological weaknesses (Landeta, 2006). Powell (2003) states that it is of key importance to include "a clear *decision trail* that defends the appropriateness of the method to address the problem selected, choice of expert panel, data collection procedures, identification of justifiable consensus levels and means of dissemination and implementation" (p. 380).

Sample

Ziglio (1996) outlined the four components of expertise: (1) knowledge and experience with the topic under investigation, (2) capacity and willingness to contribute to the research, (3) sufficient time to dedicate to the full Delphi process, and (4) effective communication skills, stating, “the first component of expertise is, of course, knowledge and practical engagement with the issues under investigation” (p. 14). Gordon (1994) reports that the selection of participants is key to a successful Delphi study, “since the results of a Delphi depend on the knowledge and cooperation of the panelists, persons who are likely to contribute valuable ideas are essential to include” (p. 9). There is a wide variation in recommended panel size, but indications that adequate size will vary according to the nature of the problem being explored and availability of resources (Powell, 2003). Okoli & Pawlowski (2004) state that the literature recommends a panel size of 10-18 participants and that “the Delphi group size does not depend on statistical power, but rather on group dynamics for arriving at consensus among experts” (p. 19).

Panelists in this study were selected based on their experience and expert knowledge in the responsibilities, tasks, and skills of the child specialist. The heterogeneous panel was published ‘experts’ as well as leaders in the field of family law and family counseling and leading practice experts in ADR; valuing the experiential knowledge of participants and contribution to the child specialist’s role. Panel members were identified from an extensive review of the literature as well as by membership in alternative dispute resolution organizations and by recommendations from peers. The sample included lawyers and mental health professionals from across the US. Inclusion criteria were individuals who have worked extensively with or as child specialists, potentially in different contexts, and through this extensive work and reflection believed

they had substantial understanding of what responsibilities, tasks, and skills are appropriate or necessary for the child specialist.

Data Collection and Analysis

This study was a classical Delphi utilizing an online web survey tool, SurveyMonkey. SurveyMonkey was selected for this study for its ease of use and accessibility for participants, data export capabilities, as well data security measures (Gill, Leslie, Grech, & Latour, 2013). An e-Delphi study has several advantages: an environmentally friendly manner to conduct research; allows rapid feedback and communication with panel members; assists and speeds up data collection and analysis; reminder e-mails are easy to manage; and there are no costs for mailing or printing (Keeney, et al., 2011, p. 149). The e-Delphi allows participants enough time for thinking and reflection (Franklin & Hart, 2007) and then to respond when it is convenient for their busy schedules. It also facilitates the data collection and analysis process. Appendix D outlines the steps used in this Delphi study.

The Delphi Round 1 questionnaire (DQ1) consisted of two sections. The full DQ1 is shown in Appendix B. The first section was demographic data including profession and length of time in the ADR field. The second section was a list of questions to which participants are invited to write qualitative responses. The questions were:

1. What have you observed or believe to be the responsibilities of the child specialist in alternative dispute resolution (ADR) processes such as collaborative divorce and mediation?
2. How would you describe the tasks of the competent child specialist in ADR?
3. What skills are important for effective child specialists in ADR?
4. What else would you like us to know about the responsibilities, tasks, and skills of a child specialist in ADR?

Efforts were made to limit participants' time commitments for each round to no more than 45 minutes in the first round and 30 minutes for subsequent rounds. Round 1 questions were directly addressing what are the responsibilities, tasks, and skills of the effective child specialist in ADR processes.

The ethical consideration of autonomy of participants was provided by informing panel members of their right to terminate participation at any point or to decline to provide specific information without repercussions (Keeney, et al., 2011). Additionally, participants were informed that all necessary precautions would be taken to protect their identities throughout the study and in published results. However, all participants were known to the primary researcher, which created quasi-anonymity, a potential weakness in the Delphi process. Methodological rigor was supported by institutional review board examination and approval of each round of the study.

For the purpose of this study, a consensus level was established of at least 70%. The Delphi literature suggests that defining a consensus level prior to initiating the study is beneficial but argues contentiously regarding appropriate levels of consensus (Keeney, et al., 2011; Powell, 2003). "Consensus measurement plays an important role in Delphi research. Although it is not the technique's aim, the measurement has to be considered an important component of Delphi analyses and data interpretation" (von der Gracht, 2012, p. 1525).

Pilot round. A pilot study, considered to be a crucial element of a good Delphi study (Gordon, 1994) was employed prior to administering DQ1 in order to pre-test for wording ambiguities or administrative issues (Keeney, et al., 2011). Pilot test participants were drawn from the regional ADR community and were not utilized as participants in the actual study. They were invited by email and/or phone call to participate in the first round only of the pilot study employing the questions in Appendix B. Pilot test

participants were given the questions in Appendix B via SurveyMonkey and were also asked to provide feedback about the questions. Feedback from the pilot round was minimal but did not indicate any changes for DQ1 in either wording or administration but examples were added to the questions to facilitate respondents' answers for the actual study.

Round 1. Prior to round 1, 22 potential participants were given an explanation of the study, that it would entail three rounds, an estimate of the time commitment (Hasson, Keeney, & McKenna, 2000) and asked if they were qualified and interested in participating. This recruitment round involved each invited panel member being contacted by email and/or phone and provided the information about the study shown in Appendix A. Several potential participants reported that they weren't currently working as or with child specialists and therefore were not qualified. One person indicated they were supportive of the research but unable to participate due to time constraints. The participant who completed round 1 but dropped out for rounds 2 and 3 due to time constraints indicated that this was a possibility from the onset of the study. Two others potential participants responded after round 1 data analysis had begun and were therefore not included.

The study involved 12 participants for Round 1 and 11 participants for Rounds 2 and 3. Efforts were made to include participants from several professions and from across the US so the panel was a heterogeneous representation of experts in the field from the west coast, mid-west, and east coast regions of the US. Four lawyers and eight mental health professionals chose to participate in DQ1. Years in practice ranged from 10 to 32 years with an average of 19.4 years for all participants. Appendix C shows the demographic characteristics of participants.

The link to DQ1 was emailed to all invited participants of the expert panel who accepted recruitment. Panel members were given two weeks to complete the questionnaire. A reminder was emailed at the beginning of week 2 of the cut-off date. A follow-up strategy of emailing non-responders was an email or phone call to those panel members who had still not responded one week after the deadline. Emails were sent to clarify any issues with responses or to prompt participation from non-respondents.

Iqbal and Pison-Young (2009) suggest using methodological tools for qualitative data such as qualitative content analysis or thematic analysis. This study utilized open coding methods such as generating concepts, conceptualizing phrase by phrase, memoing, and focused coding, in order to clarify participants' views of what the responsibilities, tasks, and skills of the child specialist are in the ADR processes for divorce. No items were added during analysis and efforts were made to use participants' wording as much as possible for items in DQ2. Recommendations from Keeney, et al. (2011) include keeping as true as possible to an original statement from a participant, collapsing similar statements, retaining unique statements, and organizing the final list of statements into themes (p. 85). DQ1 produced 41 statements in the areas of responsibilities, tasks, and skills of child specialists (responsibilities = 13, tasks = 15, and skills = 13). A master code linked each participant's responses to each round and was known only to researchers (Keeney, et al., 2011).

Round 2. Responses to DQ1 were analyzed and used to design Round 2 (DQ2) which was emailed to all participants who completed DQ1 with a link to the survey in SurveyMonkey. A member check process was employed that distributed all qualitative responses to participants as an attachment to the DQ2 and asked them to review the raw data and perform a comparison with the current questionnaire. Additionally, participants were emailed a supplemental .pdf file outlining data analysis of DQ1 and

requesting if they wished to add anything as a means to support transparency and facilitate member checking.

DQ2 took the form of a structured questionnaire using the responsibility, tasks, and skills items generated in DQ1, grouped into categories. These items were presented in five-item Likert-scales as well as providing opportunities for qualitative statements by panel members at the end of each section for responsibilities, tasks, and skills. The scale was *strongly agree, agree, neither agree or disagree, disagree, and strongly disagree*. Panel members were given two weeks to complete the questionnaire. A reminder was emailed at the beginning of week 2 of the cut-off date. A follow-up strategy of emailing non-responders was an email or phone call to those panel members who had still not responded one week after the deadline. Emails were sent to clarify any issues with responses or to prompt participation from non-respondents. One mental health professional declined to finish rounds 2 and 3 of the study due to time constraints.

Panel members' responses were input and attached to their master code. Next, frequencies were run on all items to determine agreement levels. After round 2, responses were analyzed and summarized statistically, using measures of central tendencies and levels of dispersion. By including all statements for all rounds of the Delphi process, "every statement is getting an equal chance to gain the highest importance rating and level of consensus as each other" (Keeney, et. al., 2011, p. 88) and researchers decided to keep all items for round 3. Some of the items were changed to clarify wording, but all 41 items were maintained for DQ3. Additional qualitative statements provided by participants in round 2 were provided to participants in round 3 via a .pdf attachment, supporting member checking and facilitating dialogue.

Round 3. Responses to DQ2 were analyzed and used to design DQ3 which was emailed with a link to the survey in SurveyMonkey to the 11 participants who completed

DQ2. Participants were asked to re-rate the items from DQ2 using the same Likert scale from DQ2 by considering the graphical results of the item answers from DQ2. It was noted if the wording of the item had been changed in DQ3 for purposes of clarifying the intent of the item.

Panel members were given two weeks to complete the questionnaire. A reminder was emailed at the beginning of week 2 of the cut-off date. A follow-up strategy of emailing non-responders was an email or phone call to those panel members who had still not responded one week after the deadline. Emails were sent to clarify any issues with responses or to prompt participation from non-respondents.

Panel members' responses were downloaded from SurveyMonkey and attached to their master code into Excel. Next, frequencies were run on all items to determine consensus levels. Item responses were analyzed and summarized statistically, using measures of central tendencies and levels of dispersion and statistical comparisons between rounds 2 and 3.

Results

Data was collected and analyzed for the DQ3 results exploring the responsibilities, tasks, and skills of effective child specialists. Several measures of central tendency were performed and the consensus percentage based on frequency of response seemed to best represent the expert panel's agreement with individual items. The results for each area are discussed in the following sections. Overall, there were 41 items, 38 (92%) of which achieved the requisite level of consensus at the percentage level by round 3. Appendix E illustrates the 41 items with their respective consensus percentage, median, and mean, although Gordon (1994) suggests the use the "median rather than the mean, since single extreme answers can 'pull' the mean unrealistically (p. 8).

Using the median as a measure of central tendency, the DQ2 survey produced six items with a median of 3 – below consensus. Results of DQ3 had only two remaining items with a median of 3 – items R8 and T14. In discussing consensus, von der Gracht (2012) stated:

The interquartile range (IQR) is the measure of dispersion for the median and consists of the middle 50% of the observations. Thus, an IQR of less than 1 means that more than 50% of all opinions fall within 1 point on the scale. It is a frequently used measure in Delphi studies, and it is generally accepted as an objective and rigorous way of determining consensus (p. 1531).

Interquartile ranges were calculated for both DQ2 and DQ3 results. Next, a relative interquartile range calculation was performed “in order to assess the amount of convergence of group opinions for a statement over successive rounds” (von der Gracht, 2012, p. 1531). Values from the calculation ranged from 0 to 1, with 0 indicating no difference in the IQRs and 1 indicating a higher level of convergence between the two rounds of the participant’s opinions. The relative interquartile range calculation indicated that there was convergence between rounds 2 and 3.

Responsibilities

Consensus, determined prior to initiating research to be at the 70% level, was reached by the expert panel on 9 (81%) out of 11 items in the responsibilities section.

Panelists reached consensus on these responsibilities of the child specialist:

- To ensure the needs and perspectives of the children in a divorce are understood.
- To clearly communicate the voice of the children to parents and professionals.
- To advocate for the children’s needs and best interests in the divorce outcome.

- To maintain neutrality with parents and professionals at all times.
- To understand and assess the needs, perspectives, and capabilities of parents, principally around hearing their child's voice.
- To synthesize and provide professional, child-centered feedback to parents and ADR professionals.
- To ensure, as much as possible, that parents develop and retain a child-centered focus in hearing their child's voice.
- To support parents' learning about healthy parenting and binuclear family functioning.
- In cases where there is only one mental health professional, Child Specialists help parents create research-informed, developmentally responsive parenting plans.
- To provide appropriate referrals and resources for children, parents, and professionals during and after the ADR process.
- To maintain an up-to-date knowledge and skill base for divorcing families.

The items that did not achieve consensus were: (a) to participate as a core member of Collaborative Teams including attending necessary team meetings (69% consensus) and (b) in cases where there is only one mental health professional; Child Specialists use mediation skills to help parents craft creative and customized goals specific to their family (69% consensus); missing consensus level by .01. On the ***attendance of team meetings*** item, one participant commented:

Well, sort of. If, by "necessary" you mean meetings at which the parents and/or the mental health professionals, in consultation with the rest of the professional team, I believe the child specialist should be present, then strongly agree. If by

"necessary" you mean a meeting which is necessary to forward the process, for instance, to discuss the allocation of financial resources, then I strongly disagree. In nearly 20 years of practice, I have never been at a full team meeting at which the child specialist was present.

Another participant stated:

While an argument can be made to include the CS at all meetings, most of the meetings that are Full Team meetings are not about the children, but about financial decision-making. If those meetings included issues regarding the children, then of course the CS should be present. Most of us are assessing the needs of the family as we work with them and are sensitive to including the CS when it would be beneficial to the case and the children.

Another comment was "this depends on the professionals involved. A feedback session is necessary, but beyond depends on the parties' and process needs." On the item regarding *mediation skills*, one participant commented:

Assuming the question means that there is only one mental health professional to assist in facilitating the negotiations on all questions (including financial) and that same mental health professional is the child specialist, then yes, I agree. Even in teams working with a single mental health professional/facilitator, I believe that the child specialist is, or should be, a different mental health professional.

Another participant commented: "It is outside the scope of their role".

Tasks

For the tasks section, there were 15 items, 14 (93%) of which achieved consensus with the expert panel. Panelists reached consensus on these tasks of the child specialist:

- The Child Specialist meets initially with parents; explains the CS role and completes necessary paperwork.
- The Child Specialist gathers information from parents, children, and collateral sources.
- The Child Specialist establishes rapport/comfort with children and a positive working relationship with parents.
- In cases where there is only one mental health professional, the Child Specialist may help parents create a 'We Statement', if necessary, to talk with their children about the separation or divorce.
- In cases where there is only one mental health professional, the Child Specialist may help parents develop temporary parenting time agreements during their separation, as needed.
- The Child Specialist assimilates information from interviews, research, and experience to form child-centered, cohesive understandings of each child in a case.
- The Child Specialist discusses summarized feedback with professional team/mediator before providing detailed feedback in person to parents and professionals.
- The Child Specialist synthesizes family information into presentations that attorneys and other non-MHPs can understand.
- The Child Specialist educates parents about child development and impact of separation, divorce, and the parents' behaviors.
- The Child Specialist uses the child's actual words, with the child's permission, to convey his or her 'voice' to parents and professionals.

- The Child Specialist has update meetings with children and parents during the divorce process, as needed.
- The Child Specialist is available to parents post-divorce as the needs of children change or issues arise.
- In cases where there is only one mental health professional, the Child Specialist helps parents prepare for effective co-parenting.
- The Child Specialist empowers children throughout their parents' separation and divorce.

The one tasks item not meeting consensus was: the Child Specialist gives each child a resilience story at the end of the child-inclusive process (62% consensus). One participant commented: "I'm not familiar with the concept of a "resilience story". It sounds like it might be a useful tool." Another statement was: I haven't heard of this specifically".

Skills

For the skills section, there were 13 items, all (100%) of which achieved consensus with the expert panel. Panelists reached consensus on these skills of the child specialist:

- The Child Specialist is a licensed mental health provider who is knowledgeable and experienced regarding: complexity of family dynamics, systems theory, attachment theory, child development, current research on divorce effects on parents and children, effective binuclear family functioning.
- Child Specialist is able to represent the voice of the child, expressed in a manner that allows the child to feel both heard and understood while neutrally conveying their voice to parents and other professionals consistently and professionally.

- The Child Specialist can differentiate between the therapist role and being the child's advocate – supporting and advocating for the child in identifying their needs, wants, hopes, fears, and core issues.
- In cases where there is only one mental health professional, the Child Specialist can apply expertise in interest-based negotiation, problem-solving, and other mediation skills to help parents craft creative and customized outcomes specific to each family.
- The Child Specialist has ease in communicating and building rapport with children of all ages; talking with them and using expressive techniques such as drawing, play, storytelling, and sandtray.
- The Child Specialist has the ability to build a child-focused conversation with parents, to know what to say to parents, when to say it, together with what *not* to say, and why not.
- In cases where there is only one mental health professional, the Child Specialist is comfortable helping parents with conflict disengagement and improved co-parenting skill development.
- In cases where there is only one mental health professional, the Child Specialist can apply expertise and knowledge of child development, temperament, personality development, and resilience when helping parents create child-centered parenting plans.
- The Child Specialist can combine information from parents and children in a coherent way that creates a description of the child's unique personality including developmental, social/emotional descriptions, as well as how the child is reacting

to the separation/divorce, and effectively communicate this information to parents and other professionals.

- In cases where there is only one mental health professional, the Child Specialist maintains current understanding of ADR best practices and can educate parents about divorce, effects of interparental conflict, child development and the impact of parenting plan decisions.
- The Child Specialist is a sensitive, skilled listener and communicator.
- In cases where there is only one mental health professional, the Child Specialist incorporates assertiveness skills when necessary.
- The Child Specialist has the ability to synthesize material from various sources into coherent, understandable presentations for parents and other non-mental-health professionals.

Discussion

Although the expert panel consisted of different types of mental health professionals and lawyers from across the country, there were high levels of agreement for 38 of the 41 item statements in the categories of responsibilities, tasks, and skills of child specialists. Using participant's qualitative statements from DQ1, the final items in DQ3 appeared to reflect participants overall understanding of the role of the child specialist.

Non-consensus came in the items connected with the child specialist's involvement in the collaborative team meetings, their assistance in development of parenting plans, and giving children a 'resilience-story' at the end of the process. The participants appeared to indicate that a child specialist would not be involved directly in very many team meetings in a collaborative case, saving clients money. Disagreement

seemed to emerge depending on whether experts followed more of a 'classic' child specialist model which offers a more limited interaction with parents versus a child specialist model that incorporated some of the collaborative coach tasks such as working with parents to develop parenting plans. Different areas of the country practice collaborative divorce with a single mental health professional performing several roles or, in others, multiple mental health professionals can be involved in a case. A participant commented:

For many of us, the term Child Specialist in Collaborative Practice has a definitive meaning of a professional who is serving as the child's voice and not involved in the parent's dynamics. As time has passed, and of course, geographic modifications have occurred that role has been confused with the more traditional role of parent coordinator or mediator. Personally, I'd like to think that being called a Child Specialist (Collaborative work) has some distinct meaning from those roles, and only when the Child Specialist is involved as the child's advocate (and as a source for the parents and team members of course) does it make sense to call that person a Child Specialist.

Additionally, the one task that participants did not agree on was the concept of a 'resilience story' for children, although one participant thought it sounded like "a useful tool".

Experts described how child specialists have responsibilities toward children in the divorce and especially in maintaining a focus on the child's best interests throughout the divorce. Additionally, child specialists have responsibilities toward the parents, the other professionals on the case, and to the reconfiguring families during the process. Representing the voice of children accurately as well as creating safety and connection were common themes. Experts suggested tasks centering on building connection,

gathering information, effectively communicating information, and strengthening binuclear families during the divorce process. Finally, they reiterated many of the skills that the literature suggests that child specialists must have and suggested that mental health professionals must differentiate between their therapist's role and that of the child's advocate during the divorce.

The 38 item statements gaining consensus in this study will enable child specialists to understand their role in alternative dispute resolution processes and to facilitate consistency and quality in the delivery of services. Understanding the responsibilities, tasks, and skills of effective child specialists is important for contributing to the research in the emerging area of alternative dispute resolution divorce processes such as mediation and collaborative divorce and specifically, the mental health professionals' role of bringing in the child's voice into those processes. A participant noted: "What you have been describing is the ideal child specialist. All professionals, even mental health professionals, come with different levels of competency. None of us deliver on the ideal, and that should be noted in any discussions of results". Incorporating both qualitative and quantitative methods, this Delphi study was the first of its kind to outline the responsibilities, tasks, and skills of effective child specialists in alternative dispute resolution processes.

Limitations

The results of a Delphi study do not indicate that the correct answer has been found but do point the way toward quantifying the phenomenon being studied. Limitations in this study are the small sample size and the demographics of participants, particularly for gender and race, in terms of generalizability. Additionally, the acceptable level of consensus in Delphi studies is contentiously debated in the literature and is arbitrary. The Delphi is a rich but administratively challenging methodology that requires

ongoing commitment from participants over a period of months and is “only as good as the panel members it includes” (Keeney, et al., 2011, p. 30). Success of this e-Delphi was dependent on participants’ computer skills and email access (Gill, et al., 2013).

Implications for Family Counselors

With over a million children impacted by divorce and parental separation every year, a salient role for family counselors is the child specialist’s role in advocating for children through ADR divorce and custody processes. Child custody battles are frequently a component of adversarial divorce and research indicates that non-litigious means of divorce can facilitate healthier binuclear family functioning. ADR processes such as mediation and collaborative divorce offer numerous benefits over litigious forms of divorce that include: providing participants with decision-making power in processes around their children; creating lasting agreements that reduce or eliminate conflict; and enhancing coparenting relationships which, in turn, supports children through the family’s re-constellation. With both mediation and collaborative divorce, there is an opportunity to bring children of divorce’s voice into the process via the child specialist, thereby honoring their rights to be heard and supporting recovery and health of the binuclear families post-dissolution. In addition, ADR processes uphold the responsibility of the child specialist in providing advocacy and support for children’s best interests. Family counselors must educate clients toward non-litigious divorce and healthy binuclear family functioning as well as informing them of the benefits of including a child specialist into the process.

The desire to not make children choose between their parents in a divorce has created a reluctance to include children in the divorce process; however, it has misguidedly resulted in their having no voice in a course of action which impacts their lives in significant ways and with possible intergenerational effects. Children’s inclusion

into the divorce process could have far-reaching impacts on their ability to make sense of and move on from their parents' divorce. Family counselors must be uniquely trained and qualified to understand children's developmental needs and to serve as the child's advocate in the parent's divorce.

This Delphi study addressed a gap in the existing research; expanded knowledge and understanding of the child specialist's role in family law; presented the perspectives and voices of research participants/experts in the field, adding to our knowledge base; and facilitated training family counselors in the promising, interdisciplinary field of ADR. The implications for family counselors from this study are that experts appear to agree on the responsibilities, tasks, and skills of child specialists in ADR and that further research and refining of this important role is necessary. The child specialist's role represents an emerging role for mental health professionals to work in interdisciplinary teams to support families experiencing divorce.

Implications for Future Research

The Delphi method is a structured process for gathering the collective wisdom of experts in a field where informed judgment can generate new understanding and knowledge (Mitroff & Turoff, 2002; Ziglio, 1996). It works when there is no previous research and the issue being studied does not lend itself to strict analytical techniques but benefits from subjective judgments. Kennedy, (2003) states:

The Delphi method is an intriguing and complex research process that can produce helpful guidance on multifaceted issues. As with most research, findings are never completely definitive but can be strengthened, clarified and enhanced by judicious and sound follow-up research (p. 511).

This e-Delphi allowed for a geographically dispersed group of experts to share their expertise without any one person monopolizing the process saving time and money

while preserving anonymity of participants to each other – giving each participant an equal voice. Utilizing the Delphi method in carefully designed and implemented studies could benefit the field of counselor education.

This study addressed the paucity of research on the child specialist's role and employed a Delphi study soliciting experts' understanding of what the effective child specialist's responsibilities, tasks, and skills are in ADR divorce processes. Further research on the role of the child specialist, particularly around how much involvement the child specialist should have with parents, is needed to understand and create a clear conceptual model for this role. Additionally, the results of the Delphi study launch interdisciplinary discussion around child specialist's practice standards based upon research findings. Future researchers may want to explore how family counselors benefit the re-constellation of divorcing families when they represent the voice of children as child specialists. This research has implications for both practice and training of mental health professionals who bring the voice of children into divorce. More research is needed regarding how ADR methods benefit children and to expand family counselors' understanding of the role of the effective child specialist in ADR divorce.

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CHAPTER 4

General Conclusions

This dissertation included two manuscripts which are thematically tied and examined the responsibilities, tasks, and skills of effective child specialists in alternative dispute resolution (ADR) divorce processes of mediation and collaborative divorce. An extensive review of the literature on the effects of divorce on children, how ADR processes reduce ongoing conflict between parents, and the need for children to have a voice in their parents' divorce converge in the role of the mental health professional called a child specialist. The child specialist's role in ADR is recent and there is no research or clear guidelines for what the responsibilities, tasks, and skills are for effective functioning in this role. Studying the role of the child specialist, the mental health professional who brings the child's voice into divorce, is important for several reasons: it addresses a gap in the existing research; it expands our knowledge and understanding of this role in the emerging field of family law; it presents the perspectives and voices of research participants/experts in the field, adding to our knowledge base; and it aids in effectively training family counselors in the promising, interdisciplinary field of family law, aiding scholarship in counselor education.

The purpose of this study was to initiate research on the child specialist's role through a Delphi study soliciting experts' understanding of the effective child specialist in ADR. By examining the responsibilities, tasks, and skills of the child specialist, we sought to begin the process of formally studying this important role in ADR divorces so as to facilitate protecting children through their parent's divorce as well as to guide counselor training programs. The Delphi method works to gain the collective wisdom of experts where "informed judgment" (Ziglio, 1996) is sought to generate new understanding and knowledge.

The first article explored over 40 years of research on the effects of divorce on children, the benefits of ADR methods of divorce, and how children are often the hidden clients in their parents' divorce. Ongoing conflictual relationships between parents have been consistently identified as harming children of divorce. Frequently, children are not given a voice in the divorce process, a life-changing event. Reviewing the literature on both mediation and collaborative divorce, it maintains ADR as a less conflictual means of dissolving marriages, suggesting that ADR works to support the health of binuclear families and, through the role of the child specialist, offers children a voice.

The article provided an important overview of ADR divorce options of mediation and collaborative divorce; both of these processes offer the opportunity to include children's voices and discussed that process. The history of the role of the child specialist was reviewed as well as the existing literature on the training requirements for child specialists. It is critical that family counselors understand what options divorcing families have that support ongoing healthy interaction for binuclear families. The article demonstrated through an exhaustive literature review how the responsibilities, tasks, and skills of the child specialist have not been previously researched and in fact, little information exists quantifying this role.

The second article discussed the Delphi method, its history, and appropriate uses for discovering new knowledge in a specific area. The article offered a clear decision path for the selection of the Delphi method, and particularly, the e-Delphi, as well as the type of participants who were selected, the data collection procedures, and consensus levels. It addressed other potential problem areas as follows: careful attention to the choice of participants, pilot testing DQ1 questions, online format to protect anonymity and ensure data collection accuracy and efficient handling, rigorous data analysis, member-checking by feeding responses to participants individually and

collectively, and worked to continuously engage participants to minimize drop-out and maximize the benefits of the Delphi process. The e-Delphi allows a group of geographically dispersed experts to share their ideas in such a way that no one person monopolizes the process – giving participants an equal voice in a collaborative process. Other advantages of the e-Delphi include participants' ability to complete surveys within iteration windows allowing for convenience and contemplation time; environmentally friendly with no printing or mailing costs; and rapid feedback and communication with panel members.

Poor execution is a major criticism of the Delphi method and stringent efforts were taken to maintain methodological rigor in this study. The consensus level of 70% and the three rounds of survey were determined before initiating the study. Participants were kept anonymous from each other and known only to the researcher. The initial survey, DQ1, was pilot tested to determine if wording ambiguities or administrative issues existed (Keeney, Hasson, & McKenna, 2011). Panelists were carefully chosen and recruited to meet the four components of expertise: knowledge and experience with the topic; capacity and willingness to contribute to the study; sufficient time to complete the study; and effective communication skills (Ziglio, 1996). Member checking occurred when data and data analysis from DQ1 were provided participants for reviewing DQ2 and also with graphical results from DQ2 and participants' qualitative comments for reviewing DQ3.

This classical Delphi study utilized a qualitative first round and two quantitative rounds of surveys to the expert panel. Incorporating an e-Delphi study via SurveyMonkey, participants completed an initial qualitative round of this study examining the responsibilities, tasks, and skills of child specialists in alternative dispute resolution (ADR) divorces. Twelve participants representing several professions from across the

US accepted recruitment and participated in round 1. Round 1 responses varied by participants between 15 phrases up to two pages of comments. Qualitative data was open coded using generating concepts, conceptualizing phrase by phrase, memoing, and focused coding. Rounds 2 & 3 were administered via SurveyMonkey and requested ranking via a 5-point Likert-scale for the items 41 representing responsibilities, tasks, and skills of child specialists in ADR processes derived from the round 1 analysis, providing space for additional comments from participants.

Data from DQ2 and DQ3 were analyzed using Excel after each survey closed. Inter-quartile ranges were determined and then compared, using the relative interquartile range formula (von der Gracht, 2012). Results were that 38 of the 41 statements in the three categories of responsibilities, tasks, and skills achieved consensus with participants over the 3 rounds and the relative interquartile range calculation indicated that there was convergence between rounds 2 and 3.

This study provided insight into how experts agree on the responsibilities, tasks, and skills of competent child specialists in alternative dispute resolution divorce processes of mediation and collaborative divorce. While practices vary somewhat regarding the extent of the child specialist's interactions with parents and professionals, panel members had clear agreement on the child specialist's role of bringing the child's voice and perspective into the divorce. The Delphi method appeared to capture the wisdom of a heterogeneous group of experts from across the US around the responsibilities, tasks, and skills of child specialists and was the first study of its kind on this subject.

This Delphi study worked to address a void in the existing research; expanded knowledge and understanding of the child specialist's role in ADR divorce; presented the perspectives and voices of research participants/experts in the field, adding to our

knowledge base; and supported effectively training family counselors in the promising, interdisciplinary field of ADR, aiding scholarship in counselor education. The child specialist's role represents an emerging role for family counselors and other mental health professionals to work in interdisciplinary teams to support families experiencing divorce.

Throughout the literature there are two terms for the mental health professional who brings the child's voice into divorce – child specialist and child consultant. Child specialist is most commonly used for collaborative divorce work. Typically, the term child consultant is used for child-inclusive mediation processes based on McIntosh's work in Australia. Universally using one term for the mental health professional bringing the child's voice into all divorce processes would strengthen and clarify this role. This researcher suggests that in the US the mental health professional who brings the child's voice into divorce be consistently called the child specialist.

Research is needed to further define the role of the child specialist in alternative dispute resolution divorce processes. This exploratory study attempted to clarify experts' understanding of the responsibilities, tasks, and skills of competent child specialists working in ADR. Future research is needed to address the lack of clarity around how the field conceptualizes the role of the child specialist's interaction with parents. Consensus in the field around what to call this role, whether bringing the child's voice into mediation or collaborative divorce, would strengthen the child specialist's identity and scope of practice. Further research is needed about education and interdisciplinary training for family counselors working with families going through divorce.

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APPENDICES

APPENDIX A

Email to Invited Participants

Dear [Participant's Name]:

You are invited to participate in a research study. Before you decide if you want to participate, you should understand why the research is being done and what it will involve. Please read the following information carefully. Please ask us if you are unsure what is entailed or if you would like more information.

The purpose of this Delphi study is to begin to identify the responsibilities, tasks, and skills of child specialists in ADR processes. The Delphi method is an iterative process that seeks the wisdom of experts in a particular area with the goal of attaining consensus and/or stability of responses. Delphi method studies usually involve 2 – 3 rounds of questions, and we anticipate that this study will include 3 rounds. This study is being conducted by a student for the completion of a dissertation.

You are being invited to be in this study because you have been identified as an expert in this area and are a mental health, legal or mediation professional who is currently working in the collaborative divorce or mediation field and have worked extensively with or as child specialists, potentially in different contexts. We believe that through this extensive work and reflection, you may have substantial understanding of the roles and responsibilities that are appropriate or necessary for child specialists.

Inclusion criteria for participating in this study include:

- Knowledge and experience of child specialists in ADR
- The capacity and willingness to contribute to this study
- Assurance that sufficient time will be dedicated to the Delphi study rounds
- Ability to access the internet and email

Prior to study participation, you will be asked to verify that you meet the inclusion criteria and asked to give verbal consent to participate.

If you choose to participate, you will be asked to provide some information about yourself including your gender, age, ethnicity, educational status, job status, and profession. You will also be asked to fill out a series of survey questions related to what you believe are the responsibilities, tasks, and skills of child specialists in alternative dispute resolution processes for divorce. You may skip any questions in the survey that you do not wish to answer. You may stop participating at any point. Overall, you will be asked to respond to 3 surveys, and each round in the process should take 30-45 minutes to complete.

The following points are important:

- Your participation is entirely voluntary
- You may decide to withdraw from this study at any time
- You will remain anonymous to the other participants through this Delphi study and only the researchers will be able to identify your specific answers
- All records are confidential. Identifying information will only be available to members of the research team.

- Any information you provide will be kept confidential and when the results of this study are reported you will be not identifiable in the findings

Following the study, information gathered will be sent for publication in professional journals and may also be presented at conferences. Identities of participants will not be disclosed in publications or presentations. I will keep the information you provide confidential, however federal regulatory agencies and the Oregon State University Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. You will be assigned a study ID number which will be linked to the order of your entry to the survey, and your responses will be identified by this ID code. Your study identification code will be stored in a separate location that is accessible only to the researcher. Study data will be stored in password protected computer files. There is a chance that we could accidentally disclose information that identifies you. Any identifying information collected in this study is intended to paint a demographic portrait of the sample.

You will be asked to provide information over the Internet. Information provided via the internet may be viewed by individuals who have access to the computers where the information is collected or stored. It is also possible that your responses could be viewed by unauthorized persons. I will use a secure web site to collect the study information and password protected computers to store the study information.

You will not be paid for being in this research study and will not benefit personally from being in this study. However, I hope that others may benefit in the future from what we learn as a result of this study.

Taking part in this study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify. If you do not wish to continue participating in the study, you may close your web browser window without submitting the survey at any time.

If you have questions regarding this study, please feel free to contact me at lynne@heartccc.com or (360) 606-9059. My faculty advisor, Dr. Deborah Rubel, is also available for questions and/or concerns at deborah.rubel@oregonstate.edu or (541) 737-5973.

If you have questions about rights of research subjects, please contact the Institutional Review Board, Office of Research Integrity, Oregon State University, A312 Kerr Administration Building, Corvallis, Oregon 97331-2140. Telephone: (541) 737-8008 Fax: (541) 737-3093 e-mail: irb@oregonstate.edu

To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Office of Research Integrity at the number above.

Your submission of the online survey will indicate your agreement to the use of your responses in our research study.

APPENDIX B

Delphi Questionnaire I (DQI)

Research Title: The Role of the Child Specialist in Alternative Dispute Resolution Processes: A Delphi Study

Principal Investigator: Deborah J. Rubel, Ph.D.

Student Researcher: Lynne M. Smith, MA, LMFT, LMHC

Introduction:

Thank you for agreeing to participate in this survey on the responsibilities, tasks, and skills of child specialists in alternative dispute resolution (ADR) processes.

We appreciate your willingness to contribute toward our understanding of this role in ADR and how ADR divorce processes can reduce conflict, supporting children and ongoing family relationships.

The survey includes a few questions regarding how you understand the responsibilities, tasks, and skills of child specialists.

Demographic Information:

Name:

Gender:

Age:

Ethnicity:

Educational status:

Job status:

Profession:

Length of time working in the ADR field:

Study definitions of roles and responsibilities:

Responsibilities are described as duties or obligations to satisfactorily perform a role

Tasks are described as a single piece of work assigned or performed as part of one's responsibilities

Skills are described as a learned competency for doing tasks: a developed aptitude or ability

Instructions Given to Participants for Answering Questions:

Please write down items as you think of them without censoring. When in doubt, feel free to put it down. All responses are welcome!

Example Given to Participants:

Role – Classroom Teacher

Responsibilities: Assess children's learning
 Manage classroom dynamics
 Implement curriculum

QUESTION:

1. **What have you observed or believe to be the responsibilities of the child specialist in alternative dispute resolution (ADR) processes such as collaborative divorce and mediation?**

Example Given to Participants:

Role – Classroom Teacher

Tasks: Record grades
 Identify potential distractions
 Plan lessons

QUESTION:

2. **How would you describe the tasks of the competent child specialist in ADR?**

Example Given to Participants:

Role – Classroom Teacher

Skills: Can enter grades in computer database
 Can distinguish between helpful and distracting communication
 Can write learning objectives

QUESTION:

3. **What skills are important for effective child specialists in ADR?**
4. **What else would you like us to know about the responsibilities, tasks, and skills of a child specialist in ADR?**

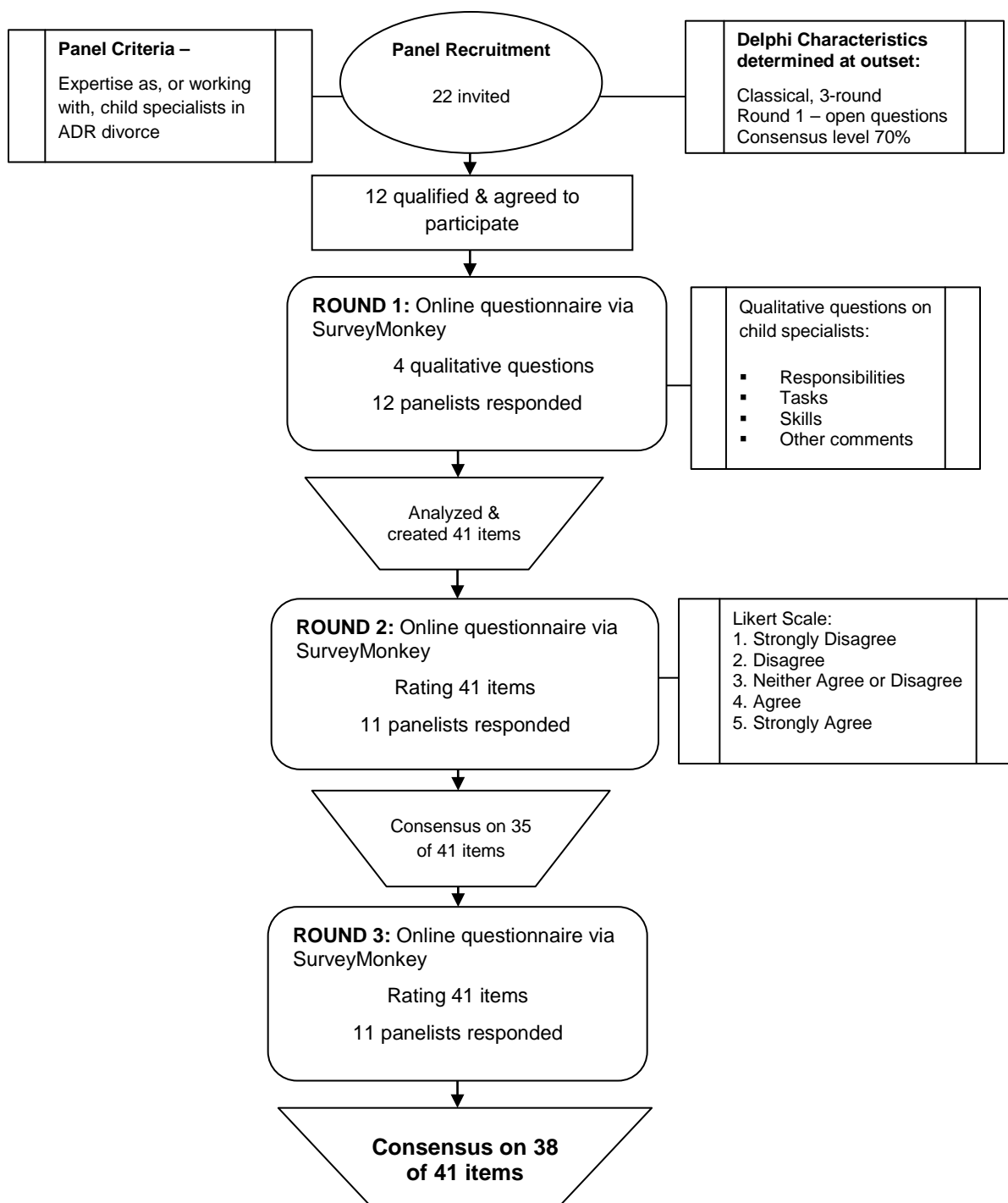
APPENDIX C

Participant Demographics

Identifier	State	Age	Gender	Profession	Years in Practice	License
1	DC	56	Female	MHP	13	Psychologist
2	TX		Female	MHP	10	LPC/LMFT
3	CA	66	Male	Law	20	JD
4	OH	59	Female	Law	26	JD
5	WI	63	Female	MHP	11	Psychologist
6	MO	66	Female	MHP	32	Psychologist
7	VA	63	Female	MHP	13	Psychologist
8	MN	63	Female	MHP	13	Psychologist
9	CA	77	Female	MHP	25	LCSW
10	CA	76	Female	MHP	20	LMFT
11	CA	63	Female	Law	25	JD
12	WI	63	Female	Law	25	JD

APPENDIX D

Child Specialist Delphi Study Process



Flow chart adapted from Hodkinson & Wallis, 2010, p. 767

APPENDIX E

Child Specialist Delphi Study Results

	<u>CONSENSUS LEVEL</u>	<u>MEDIAN</u>	<u>MEAN</u>
RESPONSIBILITIES:			
R1. To ensure the needs and perspectives of the children in a divorce are understood	1.00	5.00	5.00
R2. To clearly communicate the voice of the children to parents and professionals	1.00	5.00	5.00
R3. To advocate for the children's needs and best interests in the divorce outcome	0.91	5.00	4.55
R4. To maintain neutrality with parents and professionals at all times	0.95	5.00	4.73
R5. To understand and assess the needs, perspectives, and capabilities of parents, principally around hearing their child's voice	0.71	4.00	3.55
R6. To synthesize and provide professional, child-centered feedback to parents and ADR professionals	1.00	5.00	5.00
R7. To ensure, as much as possible, that parents develop and retain a child-centered focus in hearing their child's voice	0.95	5.00	4.73
R8. To participate as a core member of Collaborative Teams including attending necessary team meetings	0.69	3.00	3.45
R9. In cases where there is only one mental health professional, Child Specialists use mediation skills to help parents craft creative and customized goals specific to their family	0.69	4.00	3.45
R10. To support parents' learning about healthy parenting and binuclear family functioning	0.91	5.00	4.55
R11. In cases where there is only one mental health professional, Child Specialists help parents create research-informed, developmentally responsive parenting plans	0.95	5.00	4.73
R12. To provide appropriate referrals and resources for children, parents, and professionals during and after the ADR process	0.98	5.00	4.91
R13. To maintain an up-to-date knowledge and skill base for divorcing families	1.00	5.00	5.00
TASKS:			
T1. The Child Specialist meets initially with parents; explains the CS role and completes necessary paperwork	1.00	5.00	5.00
T2. The Child Specialist gathers information from parents, children, and collateral sources	0.95	5.00	4.73
T3. The Child Specialist establishes rapport/comfort with children and a positive working relationship with parents	1.00	5.00	5.00
T4. In cases where there is only one mental health professional, the Child Specialist may help parents create a 'We Statement', if necessary, to talk with their children about the separation or divorce	0.87	5.00	4.36
T5. In cases where there is only one mental health professional, the Child Specialist may help parents develop temporary parenting time agreements during their separation, as needed	0.80	4.00	4.00
T6. The Child Specialist assimilates information from interviews, research, and experience to form child-centered, cohesive understandings of each child in a case	0.98	5.00	4.91
T7. The Child Specialist discusses summarized feedback with professional team/mediator before providing detailed feedback in person to parents and professionals	0.82	5.00	4.09
T8. The Child Specialist synthesizes family information into presentations that attorneys and other non-MHPs can understand	0.91	5.00	4.55
T9. The Child Specialist educates parents about child development and impact of separation, divorce, and the parents' behaviors	0.95	5.00	4.73

	CONSENSUS LEVEL	MEDIAN	MEAN
T10. The Child Specialist uses the child's actual words, with the child's permission, to convey his or her 'voice' to parents and professionals	0.82	4.00	4.09
T11. The Child Specialist has update meetings with children and parents during the divorce process, as needed	0.84	4.00	4.18
T13. In cases where there is only one mental health professional, the Child Specialist helps parents prepare for effective co-parenting	0.93	5.00	4.64
T14. The Child Specialist gives each child a resilience story at the end of the child-inclusive process	0.62	3.00	3.09
T15. The Child Specialist empowers children throughout their parents' separation and divorce	0.82	4.00	4.09
SKILLS:			
S1. The Child Specialist is a licensed mental health provider who is knowledgeable and experienced regarding: complexity of family dynamics, systems theory, attachment theory, child development, current research on divorce effects on parents and children, effective binuclear family functioning	0.98	5.00	4.91
S2. Child Specialist is able to represent the voice of the child, expressed in a manner that allows the child to feel both heard and understood while neutrally conveying their voice to parents and other professionals consistently and professionally	1.00	5.00	5.00
S3. The Child Specialist can differentiate between the therapist role and being the child's advocate – supporting and advocating for the child in identifying their needs, wants, hopes, fears, and core issues	0.96	5.00	4.82
S4. In cases where there is only one mental health professional, the Child Specialist can apply expertise in interest-based negotiation, problem-solving, and other mediation skills to help parents craft creative and customized outcomes specific to each family	0.76	4.00	3.82
S5. The Child Specialist has ease in communicating and building rapport with children of all ages; talking with them and using expressive techniques such as drawing, play, storytelling, and sandtray	0.96	5.00	4.83
S6. The Child Specialist has the ability to build a child-focused conversation with parents, to know what to say to parents, when to say it, together with what not to say, and why not	1.00	5.00	5.00
S7. In cases where there is only one mental health professional, the Child Specialist is comfortable helping parents with conflict disengagement and improved co-parenting skill development	0.89	5.00	4.45
S8. In cases where there is only one mental health professional, the Child Specialist can apply expertise and knowledge of child development, temperament, personality development, and resilience when helping parents create child-centered parenting plans	0.93	5.00	4.64
S9. The Child Specialist can combine information from parents and children in a coherent way that creates a description of the child's unique personality including developmental, social/emotional descriptions, as well as how the child is reacting to the separation/divorce, and effectively communicate this information to parents and other professionals	1.00	5.00	5.00
S10. In cases where there is only one mental health professional, the Child Specialist maintains current understanding of ADR best practices and can educate parents about divorce, effects of interparental conflict, child development and the impact of parenting plan decisions	0.93	5.00	4.64
S11. The Child Specialist is a sensitive, skilled listener and communicator	1.00	5.00	5.00
S12. In cases where there is only one mental health professional, the Child Specialist incorporates assertiveness skills when necessary	0.84	4.00	4.18
S13. The Child Specialist has the ability to synthesize material from various sources into coherent, understandable presentations for parents and other non-mental-health professionals	0.98	5.00	4.91